HealthWest

Active Service Model Projects

Final Report

October 2014

Contents

Introduction

This report documents the findings from the final phase (2013-2014) of the HealthWest Active Service Model (ASM) Project (the Project). The Project is supported by funding from the Commonwealth and Victorian Governments under the Home and Community Care (HACC) program. HealthWest Partnership received an initial 12 months of funding under the ASM seeding grants program in 2011, this was extended for an additional 24 months with projects ceasing in September 2014.

Background

Project Aims & Objectives

The early phases of the Project (2011-2013) brought together major HACC funded organisations in the HealthWest catchment in a collaborative approach to ASM implementation, developing shared principles and priorities across the region. The Project evaluations found that the Project was successful and the objectives, outputs and outcomes of the Project were all met or partially met. Building on the success and recommendations of the initial phases of the Project, in particular, the Evaluation Report December 2012, it was recommended HealthWest pursue an implementation model based on the five local government areas of the western metropolitan region, underpinned by a regional approach. As such a key strategy in the final phase of the Project was to establish localised projects with existing Project partners in each of the local government areas.

The objectives of the final phase of the Project (2013-2014) were:

- To deliver initiatives that strengthen ASM practices in the West.
- Support agencies to develop and implement a plan to embed consistent ASM practices across the West.

Key Activities

For the period 2013-2014 key activities included:

- Establishment and implementation of four local area projects.
- Coordination and development of a sustainability plan for the Western Intake Network Group (WING).

Project Partners

The Project partners included ten HACC agencies who receive significant HACC funding in the western region of Melbourne. These partners included:

- Royal District Nursing Service (RDNS)
- Djerriwarrh Health Services
- ISIS Primary Care
- cohealth (formally Western Region Health Centre)
- Hobsons Bay City Council
- Maribyrnong City Council
- Melton City Council
- Wyndham City Council
- Brimbank City Council
- mecwacare

Project Governance & Structure

Each of the four local area projects were guided by a project Steering Committee, which consisted of varying levels of management and team/area leaders representing each organisation. To help guide, develop and implement project activities working groups were established. The working groups consisted of management, team/area leaders and clinicians.

Evaluation Framework

The following outlines the evaluation framework for the HealthWest ASM Project 2013-2014. The objectives and strategies of the project relate to HealthWest's strategic directions for 2013-2017. When the localised projects were established, a program logic and evaluation plan were completed for each project, see ASM Program Logics.

Objectives	Strategies	Outputs	Outcomes - Impact			Evaluation
			Short-term	Medium-term	Long-term*	
To deliver initiatives that strengthen ASM practices in the West. Support agencies to develop and implement a plan to embed consistent ASM practices across the west.	Provide information, resources and professional development to assist agencies to address identified challenges and embed ASM into practice. Work with project partners to develop a regional approach to operationalising ASM practices. Initiate and resource local area working groups to operationalise ASM at a local level.	Training which address identified needs in the region. WING meetings and leadership group. Four local area ASM projects and action plans.	Increased communication, strengthened interagency relationships and enhanced collaboration. Enhanced understanding of ASM, awareness and skills which support ASM.	Consumers experience improved efficiencies and reduced duplication in the coordination of their care. Consumers experience enhanced person-centred and goal-directed care. HACC service staff are highly skilled and confident implementing person-centred and goal directed care. Consumers have more opportunities to improve their health and wellbeing.	Collaborative relationships between providers for the benefit of people using services. Timely and flexible services that respond to the person's goals and maximise their independence. A holistic person and family-centred approach to care that promotes wellness and active participation in goal setting and decisions about care. Capacity building, restorative care and social inclusion to maintain or promote a person's capacity to live as independently and autonomously as possible.	Conduct self-administered surveys or focus groups with participants, measuring perceived benefits, outcomes and impact of the activities. Collate additional information about activities for quality improvement purposes. Measure number of attendees and representation from project partners. Develop and report on outcomes of collaborative ASM action plans in each local area. *(Please refer to local area ASM action plans for more information)*

* The HealthWest ASM Project does not have the capacity to measure the longer term outcomes. We expect that if accomplished these activities will lead to these outcomes in the long-term, beyond the completion of this project.

Project Outputs

This section of the report outlines the findings of the key activities which have been implemented to date in the final phase of the Project.

As per recommendations from the 2012 evaluation, four local area project groups were established. This was based on local government areas, and the HACC organisations that provided services within that catchment. As can be seen by Figure 1.1, many of the agencies had representation across more than one project due to covering a larger catchment. Notably, partners in Hobsons Bay and Wyndham elected to work together on two distinct projects.

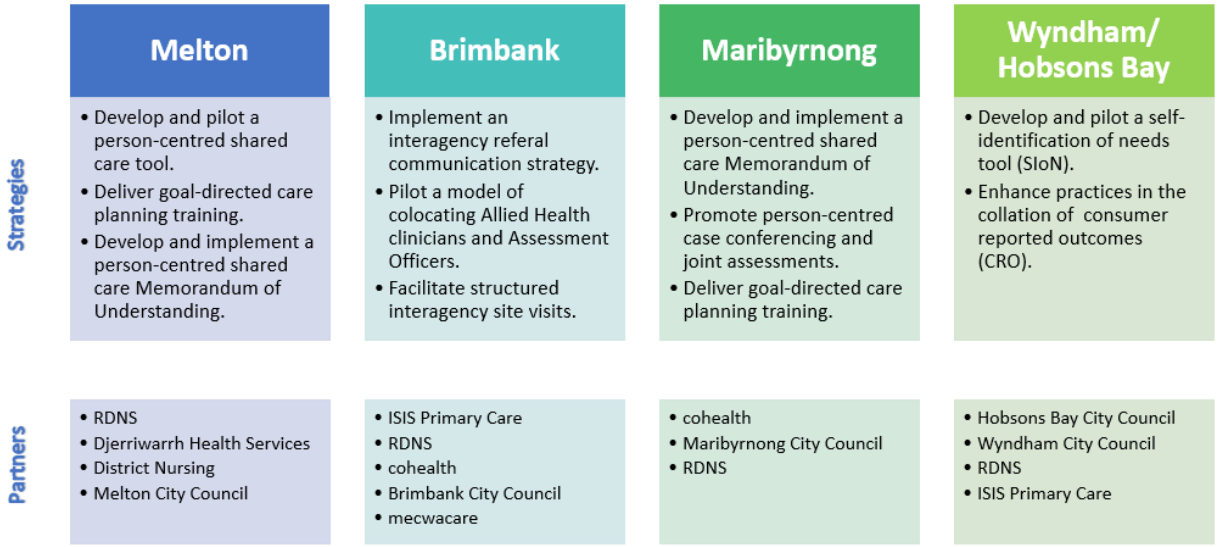


Figure 1.1

Melton

Aims

- Deliver person-centred and goal-directed shared care planning amongst the identified agencies.
- Empower consumers to have greater involvement and ownership of their goals and care plans.
- Train and support practitioners to implementing person-centred, goal-directed shared care plans.

Strategies

- Develop a signed agreement between the identified agencies regarding person-centred shared care planning.
- Identify/develop an agreed person-centred shared care planning tool, using health literacy principles.
- Coordinate training for staff in goal-directed care planning.

Discussion

The Steering Committee met in July 2013 and determined that there was a need to focus on shared care planning, including the development of a signed agreement, creating a specific tool and introducing training to support staff to successfully implement and practice shared care planning.

To design the tool and process, a working group was created. This group used resources from across multiple sectors, including disability and mental health to create a tool that reflected health literacy principles, could be used alongside the SCTT tools, was person-centred and was in the consumer's voice. The final product has been labelled the 'My Plan'. This plan has been distributed amongst HealthWest members and shared at a statewide level.

To help implement the tool successfully and further enhance staff knowledge of the ASM, training in Goal Directed Care Planning and Shared Care Planning was coordinated in February 2014. This training was held over a day, and was ran by Meg Henderson. Overall the training was highly successful in heightening the participants' understanding of Goal Directed Care and Shared Care Planning, with most participants rating their understanding as *very good or excellent* for Goal Directed Care Planning and *good or very good* for Shared Care Planning. The feedback on the training offered was overwhelmingly positive, with participants commenting that it prompted them to reflect upon their current practices and that they had acquired some valuable skills and knowledge. See Melton Evaluation for more information.

In October 2013 the group began piloting the My Plan. Due to several barriers and constraints, the pilot was extended from an initial 3 month pilot, to a 9 month period. Throughout the pilot the working group and Steering Committee continued to meet on a regular basis to discuss barriers and strategies with implementing the My Plan.

During the pilot a total of 13 plans were completed by 4 staff members. In mid-September the group met to discuss and evaluate the pilot project. From the staff that completed the My Plan, there was an overall consensus that there was a definite need for the My Plan or similar document to be available via an e-health platform. Feedback indicated that sharing and completing the My Plan via Connecting Care, fax or other means was not often reliable, and meant that an updated version was not being circulated. Time was also a barrier, as the group found that the staff member had to complete a paper version at the home visit, type when back in the office and then return to visit the client to obtain a signature. If a version was available on a portable device, this could be done in one visit and then distributed immediately to the key stakeholders. Across the board the group found that the My Plan was a good tool to start discussions around goal setting with clients and encourage sharing of information amongst key stakeholders involved. Overall the Project encouraged staff to start discussing and implementing shared care planning across the catchment. Until a suitable e-health platform is developed, shared care planning will remain challenging for staff to complete.

Learnings & Successes

- Creation of person centred shared care planning tool 'My Plan' which has been shared amongst PCPs across the state.
- Increase in staff knowledge and use of shared care planning and goal directed care planning.
- The process enabled agencies to reconsider their internal goal directed care planning and shared care planning processes and make adaptations.
- The tool provided a good insight into recognising a consumer's goal/s and better management in consumer's care.
- The tool enabled a more holistic approach to be achieved with the consumer.
- The pilot provided an opportunity to recognise what services other organisations provided and enhanced communication with other organisations for e.g. case manager.

Enablers

- Commitment and engagement from upper and middle management in developing and implementing a shared care planning tool and process.
- Willingness and commitment from health professionals and clinicians involved, in particular trialling a new tool and process on top of their already busy schedules.
- Having quick access to a variety of allied health staff made it easier to access information and be able to share knowledge.
- The format of the My Plan was seen as user friendly, straightforward and easy to use.
- The ongoing support and education that was provided in terms of understanding of goal directed care planning, its purpose, how to complete goal directed care plans.

Barriers & Constraints

- Ability to ensure training was provided to all relevant staff, in particular staff who were absent or unable to attend on the scheduled day.
- No access to an e-shared care planning tool or template made it difficult to securely send the My Plan and ensure that the copy that was being distributed was up-to-date.
- Commitment and understanding of roles and responsibilities from all levels of staff during initial stage of the pilot project.
- Lack of knowledge, awareness and use of secure messaging to appropriately send and receive the My Plan.
- Staff found it difficult to find suitable clients, due to the complexity of the clients they work with, their role and the geographical location of their clients.
- Not having a wider range of clinicians/staff involved made the sharing of the tool difficult.
- The time taken to complete and share the tool.
- Managing the unforeseen circumstances experienced during completing goal directed care planning for example, consumer admitted to hospital.

- Having multiple copies of goal directed care plans due to the number of organisations involved, in particular for organisations that worked across multiple municipalities.

Brimbank

Aims

- Enhance the client journey by improving communication and efficiencies in referral processes.
- Enhance collective knowledge of early intervention at assessment.

Strategies

- Implement a communication strategy to improve interagency communications following referral.
- Co-locate Occupational Therapy (OT) services with assessment services.
- Develop an orientation tool that can be accessed by new and existing staff to enhance their knowledge of HACC and local services in the Brimbank catchment.

Discussion

To enhance communication at the point of referral the Brimbank Steering Committee developed a communication strategy. This strategy involved providing staff with tools and templates such as, email reminders and prompt cards that encouraged contact with key stakeholders at the point of sending and receiving referrals. This strategy aimed to improve referral pathways and experiences for consumers and create more opportunities for joint assessments and shared care planning.

To evaluate the communication strategy informal focus groups were held at both Brimbank City Council and ISIS Primary Care. Staff feedback was overall positive with organisations seeing the benefits of the strategy. In particular the group found the prompt card useful in reminding them to notify the referrer when a referral was received. Staff provided feedback on enhancing the process and prompt card that management took on board.

To further enhance the communication and knowledge of each others services, the Steering Committee discussed the need for colocation or networking opportunities to occur across the catchment. The group considered colocation during the initial meetings and colocation became a regular agenda item. After considerable discussion, it was found that funding constraints, timing issues and staffing barriers were proving to be bigger barriers than thought, and colocation was put on hold. As there was still an identified need to further enhance staff knowledge of services, the group created a series of orientation sessions, which involved setting up a schedule to attend each others team meetings. At these sessions, a member of the guest organisation presented on referral pathways, services offered, key contacts and expectations on what was needed in a referral. Feedback from these sessions was positive, with staff reporting an increase in knowledge of each others services and an opportunity to put a name to the face.

After the initial orientation sessions, the Steering Committee determined that a more sustainable option was required. It was determined that attendance at each others meeting was improving knowledge, but was time consuming, difficult to coordinate and concern around staff turnover were discussed. To address this the group came up with the idea to create an orientation tool that provided new staff with an introduction to HACC services in the Brimbank catchment. A working group was established and an orientation tool was created. This tool is an interactive online tool that provides new staff and current staff with information on what services are provided by the key HACC providers in the catchment and other supplementary information which is not easily accessible elsewhere.

Learnings & Successes

- Successful implementation of the communication strategy amongst the key agencies.
- Increased awareness and knowledge of each organisations services and referral pathways.
- Development of an orientation tool for HACC staff in the Brimbank area.

Enablers

- Commitment and engagement from upper and middle management in the creation and implementation of processes that support ASM principles.
- Willingness and commitment from health professionals and clinicians to change and enhance their current work practices.

Barriers & Constraints

- Due to funding constraints, Brimbank City Council were no longer completing assessments for a period of the project and therefore unable to provide Assessment Officers to participate in colocation.
- Each agency had various commitments and added responsibilities due to the HACC reforms, this resulted in the inability of agencies to commit staff F/T to colocate.
- Key information on the communication strategies prompt cards may date due to change in key contacts and referral pathways.

Maribyrnong

Aims

- Increase consumer-centred case conferencing between the identified agencies.
- Enhance shared care planning/coordination and the consumer experience through the identification of a key agency and contact.

Strategies

- Develop a signed agreement between the identified agencies regarding person-centred shared care planning for consumers with more than one provider, to include:
- Protocols for identification and responsibilities of key agency/contact.
- Implement a 12 week pilot of the agreement.

Discussion

In July 2013 the Maribyrnong Steering Committee met and determined that there was a need to focus on shared care planning, including the development of a signed agreement, developing a specific shared care planning tool and introducing training to support staff to successfully implement and practice shared care planning.

Over an 11 month period the group continued to meet at a Steering Committee level to design and discuss a shared care planning project. Dates were often set for the pilot to start, but due to staff resourcing issues or an organisations commitment to the HACC transition, piloting the project was unable to start. During this time the group considered a wide variety of shared care planning tools and processes to assist in determining what was suitable for the group. The group initially chose to use the Melton project's My Plan tool as they approved of the layout, content and positive consumer language.

To help implement the tool successfully and further enhance staff knowledge of the ASM, training in Goal Directed Care Planning and Shared Care Planning was delivered in February 2014. This training was held over a day, and two sessions were scheduled to ensure staff were able to access the training. Overall the training was highly successful in heightening the participants' understanding of Goal Directed Care and Shared Care Planning. The feedback on the training offered was positive, with participants commenting that it encouraged them to consider their current practice and take on board new techniques to implement in their day to day practice. See Maribyrnong Evaluation for more information.

At the beginning of June 2014 the group were able to commit to piloting the project and a pilot timeline was established. Due to staff resourcing issues at Maribyrnong City Council, RDNS offered to take on a lead role, as staff members had been consistently involved in the project and were willing to take on the key contact role. It was determined that Maribyrnong City Council would remain involved in a minimal capacity. An agreement was drafted, signed and distributed to all staff involved. Due to RDNS taking on the lead role, it was decided that the new RDNS Goal Directed Care Plan would be utilised. The group found that this tool reflected consumer driven language, was simple to use and understand and was in the process of being rolled out across the Altona RDNS site.

The pilot is due to end in mid-October. Anecdotal feedback has been provided by key stakeholders involved.

Learnings & Successes

- Creation of an agreement detailing purpose and structure for shared care planning, signed by upper management.
- Increase in staff knowledge and use of shared care planning and goal directed care planning.
- The importance of encouraging various levels of staff to participate in the creation and implementation of the project to assist with ensuring that the process/tool is user friendly and fits in with daily practice.

Enablers

- Commitment and engagement from upper and middle management in implementing a shared care planning tool and process.
- Willingness and commitment from allied health professionals and clinicians involved to implement a shared care planning tool and process.

Barriers & Constraints

- Conflicting priorities for upper and middle management due to staffing resources and HACC reforms.
- Ability to ensure training was provided to all relevant staff, in particular staff who were absent or unable to attend on the scheduled day.
- Having no access to an e-shared care planning tool or template made it difficult to securely send the shared care plan and ensure that the copy that was being distribute was up-to-date.
- Commitment and understanding from all levels of staff during initial stage of the pilot project.
- Lack of knowledge, awareness and use of secure messaging to appropriately send and receive the shared care planning tool.

Wyndham & Hobsons Bay

Aims

- Empower consumers through the provision of information and options to self-identify needs.
- Explore consumer-reported outcome evaluation practices.

Strategies

- Develop and pilot a tool which enables consumers to self-identify their needs.
- Map current consumer centred evaluation practices and conduct a gap-analysis.
- Apply health literacy principles to the above strategies.

Discussion

Due to a successful history of working together in the past, Wyndham City Council and Hobsons Bay City Council chose to work together on an ASM localised project, alongside the community health organisation ISIS Primary Care.

At the beginning the group established the Self-Identification of Needs (SIoN) Pilot Project. This came about as the Project Steering Committee recognised the need for early identification of needs and better outcomes for consumers. A project working group was established comprising of a member from each organisation, to help create a process and tool to meet this need. The outcome was the creation of the Self Identification of Needs (SIoN Tool). This tool was developed to provide consumers with the opportunity to reflect on their experiences and current needs before assessment. It was anticipated that the consumer would feel encouraged and empowered to take greater control of the services they require to live full and independent lives. The SIoN aimed to provide an opportunity for consumers to think beyond domestic assistance and traditional HACC services, to a more holistic approach.

HealthWest Partnership held focus groups with both Wyndham City Council and Hobsons Bay City Council with Intake Workers and Assessment Officers. Participants provided information in a group setting. The focus groups were provided with a set of five questions (Survey) that gave staff the opportunity to give feedback on the effectiveness of the tool, the barriers and constraints and the tool in the context of their daily work practice. Clear themes emerged from the discussion, in particular how the SIoN enhanced goal-setting and assessment practice and provided an opportunity for the consumer to have input from the beginning. The group acknowledged that goal-setting conversations were already occurring, but the SIoN was a great additional resource to have added to their 'toolkit'. Staff felt that the SIoN provided the opportunity for easier conversations that extended beyond the traditional HACC expectations. The group found that the consumers considered the process beneficial and there were no objections to completing the form. Overall the staff from both organisations were engaged and showed interest in the SIoN Tool and how it could be used to assist consumers to become more active participants in their care. As a group the staff came up with the recommendations and future considerations for the SIoN Tool.

The second objective for the Steering Committee was to explore consumer-reported outcome practices. To start this process the working group spent time considering the current ways each organisation used consumer feedback to drive system and service delivery change. Across the board this consisted of annual satisfaction surveys, ad hoc surveys and consumer groups. As a whole the group felt current processes in collecting consumer feedback were not adequate and a consistent process was not followed. To address this the group created a consumer experience survey, reflecting ASM principles of goal directed care and consumer choice. This brief pilot was ran for a month and staff were encouraged to ask clients to participate after each session, meeting or client visit. Overall 64 surveys, across 3 organisations were completed by consumers. The feedback was overwhelmingly positive for the work that practitioners were providing clients. On reflection the Steering Committee believed that the survey was a great opportunity to start exploring ASM from the consumer perspective, but were unsure how accurate the responses were due to staff members asking the questions and clients understanding of the questions. The information was collated and provided to management to further explore consumer feedback.

At this point it was determined that further consumer input was required to determine how and why consumers want to have input into service delivery. A forum with consumers was discussed and initial planning was started, but due to time constraints and the availability of consumers this was put on hold.

To continue the discussion and further involvement of consumers, HealthWest provided information and resources to the key partners on the benefits of using consumer narratives to shape change in policy, planning and service provision. HealthWest will continue to provide support to the organisations involved through the work that the HealthWest Consumer Engagement Project Manager is completing.

Learnings & Successes

- Development and implementation of the Self-Identification of Needs Tool (SIoN).
- Improved communication with consumers at the initial assessment.
- Enhanced awareness of the value of consumer participation for driving system change and quality improvement.

Enablers

- Commitment and engagement from upper and middle management in supporting staff to implement the SIoN tool and process.
- Willingness and commitment from allied health professionals and clinicians involved in implementing the SIoN tool.
- The enthusiasm from all staff to involve consumers in service delivery and system change.

Barriers & Constraints

- Due to ongoing commitment to the HACC transition and day to day functioning of their organisations, it was often difficult to implement strategies that required staff time and commitment.
- Staff found difficulty in implementing and storing the SIoN Tool due to it being paper based.
- When assessing the SIoN tool it was found that each catchment had varying results due to the varying complexities, backgrounds of their client group.
- Time and capacity of staff resulted in consumer feedback not being sought on their experience with the SIoN.

Western Intake Network Group (WING)

Discussion

The Western Intake Network Group was established in 2011 after it was identified that Intake Workers in the west needed a forum of their own to share ideas, swap resources and network. The group convenes every 3 months and has covered topics, such as mental health, diversity, ASM and health literacy.

Since the beginning of WING a wide range of staff from a broad set of agencies have participated in the meetings, survey data and attendance records have indicated that:

- Over 25 organisations have been represented at WING, from community health, local government, disability, mental health and ethno-specific agencies.
- An average 22 participants attend each meeting.
- 30% of participants over the past year have attended 2 or more meetings.

WING is governed by a leadership group which comprises of Intake & Access and Support Workers from across the west. An expression of interest process was used to recruit into this group. Currently there are 4 members on the leadership group. The group's roles and responsibilities are to provide leadership to the network and

plan meetings, including chairing and providing administrative support. WING Terms of Reference

In October 2013, the Department of Health created the Access and Support Worker role. This role plays an important function in engaging community members from diverse backgrounds and it was determined that this group would be a valuable addition to future WING meetings. As well as Access and Support Workers the leadership group have been further exploring the idea of expanding to include Intake Workers from other sectors, including mental health and disability.

Throughout the past 2 years WING members were surveyed to help determine future meetings and to determine the value of attending WING for professional practice. Feedback has always been overwhelming positive and has included praise for not only the networking opportunities, but also the ability to gain professional development, improve their skills and knowledge and most importantly improve their day to day work practices to achieve better outcomes for the clients. For example at the beginning of 2014 the group participated in health literacy training, facilitated by HealthWest. At the end of this session it was found that 93% of participants demonstrated an increase in knowledge and understanding of health literacy principles.

Members reported they valued the opportunities to share their stories, ideas, strategies, difficulties and knowledge. Furthermore, they felt this helped them generate ideas that could integrated into individual roles. Members also stated that the network validated and supported them in their role. This was also supported by management, who during a partnership interview, spoke of the intake worker role as being quite isolating and how WING has provided the opportunity for intake workers to come together and share their knowledge and experiences.

The members are enthusiastic about the continuation of WING and taking more ownership of the network to ensure its ongoing success and sustainability.

Learnings & Successes

- The need for the WING Leadership Group to ensure the ongoing sustainability of WING beyond HealthWest's involvement.
- The continued high participation rate at each WING, with an average of 22 participants attending WING each meeting.
- The expansion of WING to include Access & Support Workers and other Intake Workers from the community and health sector.

Enablers

- Management support in permitting staff to attend WING meetings and participate in the leadership group.
- Enthusiasm and ongoing interest from Intake and Access and Support Worker in the continuation of WING.
- HealthWest Partnerships ongoing commitment to support the running of WING, in particular supporting the leadership group.
- The effort and input contributed by the WING Leadership Group.

Barriers & Constraints

- Staff capacity to attend each session due to workload and other commitments.
- Ensuring the group remains relevant to all participants and does not lose the Intake Worker focus.
- The future of WING if HealthWest is unable to participate in coordinating the meetings.

Western ASM Alliance

The Western ASM Alliance was established as a virtual network that consisted of an email distribution list. Information distributed varied from training opportunities, Department updates, project updates and informative papers or articles. The distribution list was made up of 38 participants, from 19 HACC organisations in the west. The Alliance worked closely with the North West Alliance, which was an established network meeting on a regular basis. The Western ASM Alliance disbanded at the beginning of 2014, but the distribution list is used to remain in contact with the key agency contacts in the HACC space.

Consumers

Over the past few years, national and state community service reforms have highlighted the significance in engaging consumers and communities in actively shaping policy, planning, and service provision.

Throughout the lifespan of the of the local area projects, consumer participation was discussed at varying levels, including the involvement of consumer feedback in evaluation strategies, inviting consumers to participate in working groups and the involvement of consumer feedback on tools and processes that were developed. At the completion of the projects, it can be seen that there was no or little consumer engagement in any of the projects. This could be due to due to the historical value of consumers in the HACC space, which has been focussed on collecting quantitative data or general survey satisfactions or to the time taken to actively engage consumers.

Although a great deal of progress has been made, there is still a need for further encouragement and guidance for HealthWest member organisations to actively engage consumers to address change at both service delivery and system levels.

Partnership Outcomes

Throughout the duration of the local area projects, HealthWest observed an increase in collaborative partnerships between key stakeholders. To further measure this an external evaluation was completed by Adele Hamlyn Consulting to capture the features of the partnerships developed through the HACC Active Service Model (ASM) local area projects, see Partnership Evaluation

This report found that there was overwhelming support of the partnerships and relationships developed through the ASM projects and the positive impact working

in partnership has on their clients, staff and themselves as managers. Participants reported on the importance of getting to know other organisations and their services. The reported benefits stated, included improved communications at multiple levels, joint client assessments and better quality referral information.

The participants reported the challenges of competing organisational priorities which impact on their ability to participate in collaborative cross organisational projects. Whilst they saw the benefits and outcomes in working collaboratively, issues within their own organisations often had to be prioritised. Despite these constraints, the project partners continue to be committed to finding ways to work together to improve the health and wellbeing outcomes for clients across their catchment.

This report recommends for HealthWest to continue to create opportunities for member organisations to share resources and ideas. It highlights the need for ongoing encouragement and to develop continuous improvement. The report also recommends further work to be done to address the common challenges relating to poor IT interoperability. The report also outlines recommendations for HealthWest members, in particular it encourages stakeholders to continue to work collaboratively to identify areas for quality improvement initiatives and to continue to provide opportunities for enhanced communication and staff orientation to each others services.

Discussion

Across the four local area projects there were a number of enablers and barriers that were consistent across the board, as outlined below.

Key Learnings & Successes

- The establishment of strong and productive partnerships.
- The commitment from staff and executive management in encouraging staff members to work in partnership.
- Having a dedicated project officer position (HealthWest) enabled the work of the partnership to progress in between Steering Committee meetings.
- Creating a joint sense of purpose to help facilitate and maintain momentum on partnership work.

Key Enablers

- The strategic engagement of the upper and middle management from partner organisations at these local area project meetings.
- The continued work by the key stakeholders to build on the trust and knowledge of each others services following on from the first phase of the Project.
- The provision of training that further enhanced the project outputs and commitment from staff in putting the training into practice.
- The level of stakeholder engagement in the projects, which remained reasonably consistent across the lifespan of the project.

- The participation and enthusiasm from clinicians, allied health staff, assessment officers and intake workers in implementing and evaluating the project from a ground level perspective.

Key Barriers

- Competing organisational priorities impinged on the ability of project partners to participate in collaborative projects, this was often due to multiple demands on organisations, management and clinicians as a result of the transition to a commonwealth funded program.
- Inconsistency in the level of management attending Steering Committee meetings resulted in a difficulty to reach decisions and foster innovative thinking.
- Evaluating the outcomes of ASM activities remained a challenge in the absence of a state-wide evaluation framework and evaluation was heavily reliant on the efforts of the project partners.
- Across each organisation there were varying levels of access to computer systems that were mobile and supported shared care planning, this was further enhanced by the lack of a shared care planning platform and lack of confidence or experience in using electronic systems in general.
- The challenges in promoting ASM projects across and within large and diverse organisations due to lack of knowledge and enthusiasm for ASM practice and principles.

Conclusion & Recommendations

Conclusion

The Project has been successful in delivering initiatives that strengthen ASM practices, and supporting the Project partners to develop plans to embed ASM practices across the West.

Across the health and community care sector there has been considerable changes, including the introduction of models of care and changes in reform. The Project has provided HealthWest member organisations with a collaborative and supportive environment to actively discuss and implement strategies that not only helped embed service delivery practices, but provided them with a supportive and collaborative environment to discuss, shared and learn from each other.

Overall the Project was able to successfully engage stakeholders across the HealthWest catchment at varying levels to work actively in implementing ASM strategies and processes. Throughout the lifespan of the Project, there was a huge amount of time and effort put in by HealthWest members. Many took on various roles and responsibilities to implement pilot projects and activities, all above and beyond their current roles. This was somewhat hindered by the impending HACC reforms and the National Disability Insurance Scheme (NDIS) as organisations responded to the introduction of new systems, supporting staff through the transition and preparing for the changes ahead. These conflicting constraints were a key contributor to the amount of time and effort that key stakeholders were able to commit to the localised projects.

HealthWest will continue to encourage and support member agencies to implement strategies, processes and tools that reflect the key objectives of ASM, integration and service coordination.

Recommendations

HealthWest recommends:

- Facilitate sharing of the outcomes and learnings from the local area projects across the west.
- Encourage our member agencies to engage with consumers to help drive change in service delivery and at a system level.
- Encourage the expansion of WING to include Intake Workers from across the health and community services sectors, thereby supporting Intake Workers to be resource ready for current and future reforms.
- For HealthWest to continue deliver initiatives that strengthen Service Coordination and shared care practices.
- Encourage HealthWest member organisations to continue to collaborate, identify areas for service improvement and provide opportunities for enhanced communication.

Appendix A

HealthWest Active Service Model (ASM) Local Area Projects

Partnership Evaluation

September 2014

Prepared by Adele Hamlyn Consulting

1. Introduction

This report sets out the findings of an evaluation of the partnerships developed through the HealthWest's Local Area Active Service Model (ASM) Projects (the Projects).

1.1 Background

The Active Service Model (ASM) is a key initiative of the Home and Community Care (HACC) Program in Victoria. This quality improvement initiative is designed to promote capacity building, restorative and person centred care in the delivery of HACC services in Victoria.

Since 2011 HealthWest has brought together nine HACC funded organisations in a collaborative approach to ASM implementation, developing shared principles and priorities across the region. This work was funded by the HACC Program, supported by the Commonwealth and Victorian Governments. The nine partnering organisations included:

- Royal District Nursing Service (RDNS)
- ISIS Primary Care
- Djerriwarrh Health Services
- Cohealth (formerly Western Regional Health Centre)
- Brimbank City Council
- Melton City Council
- Wyndham City Council
- Hobsons Bay City Council
- mecwa*care*

Early in 2013, building on work undertaken by HealthWest at a regional level, four localised ASM projects were conceived with the aim of embedding ASM through localised collaborative action. The Projects cover the five local government areas (LGAs) of the HealthWest partnership: Melton, Brimbank, Maribyrnong, Wyndham and Hobson's Bay.

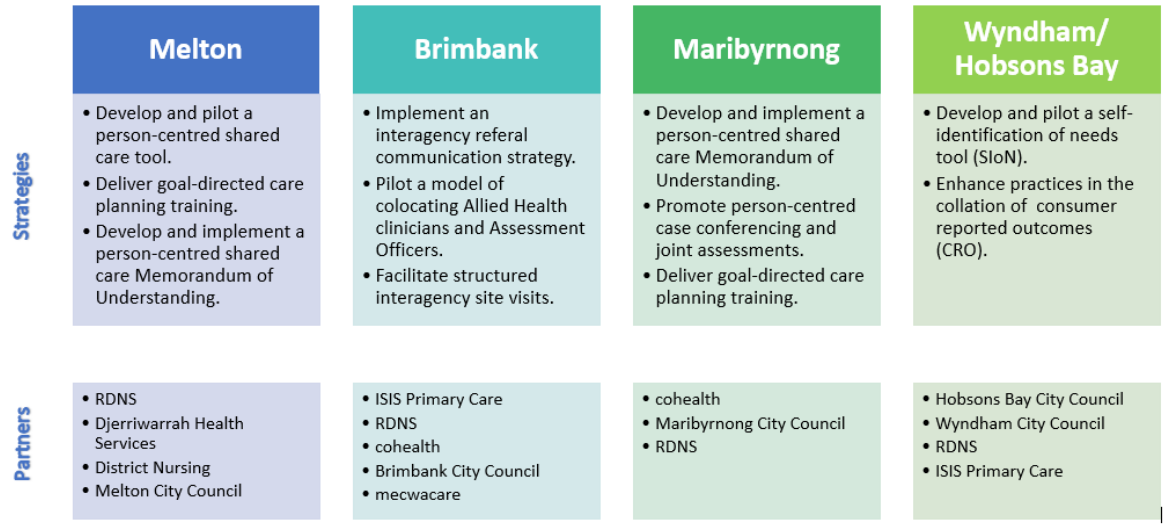
The Projects concluded in September 2014. In addition to evaluating each of the Projects, HealthWest identified an opportunity to evaluate the partnerships that had developed through this localised approach.

1.2 Objective

This evaluation sought to gain an understanding of the nature of the partnerships forged between the HACC funded organisations involved in the four localised ASM projects, and to demonstrate the value of a more targeted local approach to systems change.

This included, but was not limited to, capturing the critical success factors, benefits and impacts of the partnerships and how they could be improved and sustained into the future.

Figure 1. An overview of HealthWest's Local Area ASM Project strategies and partners



2. Methodology

A qualitative research methodology was chosen, featuring semi structured face-to-face interviews (see Attachment 1). This methodology allows for a focused, conversational, two-way communication style and provided the interviewer with the opportunity to explore particular themes or responses in greater depth.

Eleven middle and senior managers from the partnering HACC funded organisations participated in the interviews, which were administered over 40-60 minutes.

Each interview was recorded (with the permission of the interviewee). The interview protocol provided assurance that material quoted would not identify the informant or the organisation who they worked for. This was important as an honest and open dialogue could otherwise be compromised.

The data was analysed using thematic analysis and classified into five themes.

3. Key Findings

There was overwhelming support for the value that the partnerships and relationships developed through the Projects have brought to the ASM work. Many interviewees described how the partnerships have impacted positively on client care, their organisation, themselves and their staff. All Project partners expressed their admiration and respect for the work of HealthWest in supporting and facilitating the Projects.

Getting to know other Project partners and the services their organisations provide facilitated a deeper understanding of the breadth of services available for clients. This led to reported benefits including but not limited to, improved communications at multiple levels, joint client assessments and better quality referral information.

The Project partners reported the challenges of competing organisational priorities which impact on their ability to participate in collaborative interagency projects. Whilst they saw the benefits and outcomes in working collaboratively, issues within their own organisations often had to be prioritised.

Despite these constraints, the Project partners continue to be committed to finding ways to work together to improve the health and wellbeing outcomes for clients across their catchment.

The evaluation findings are discussed below under five themes. Some informant quotes are provided to support the descriptions and interpretations of the data from the interviews. As previously mentioned, all quotes are de-identified as per the interview protocol.

3.1 Strong support for HealthWest's role

HealthWest staff were seen as pivotal facilitators of the Projects. They organised meetings, disseminated agendas, meeting minutes and were described as getting people engaged and involved.

Project partners felt supported by HealthWest staff and valued their *'honest and open approach'.*

In addition, the role that HealthWest plays as a broker was recognised by the Project partners. They are seen as independent and successfully mediated a range of perspectives.

> *'[HealthWest's] independence has been the greatest success'.*

HealthWest staff were regarded as excellent communicators, sharing a diverse range of relevant information.

There was concern expressed by the interviewees that if HealthWest staff ceased their facilitation of the Projects, the collaborative work may not be sustained by the Project partners alone.

3.2 Relationships evolved and strengthened

The relationship and partnership building was highly valued by the Project partners. Many people were not previously known to each other. While some people had met

before, relationships have evolved and strengthened through involvement in the Projects.

Project partners felt that the relationships were positive and everyone was willing to contribute in sharing their knowledge, experiences and ideas to improve service provision.

> *'We have a good rapport and we are able to communicate confidently to ensure a common outcome'.*
>
> *'The relationships have been positive with everyone wanting to contribute and share their experiences'.*

Beyond the middle and senior managers, relationships between allied health and HACC Assessment Officers were also reported to have developed over time as a result of the Projects.

> *'Staff have been given the permission and support to work differently, it's that relationship development'.*
>
> *'The relationship building is invaluable and relationships have strengthened'.*

The Project partners identified a range of factors that supported the success of the relationships and partnerships. The notion of shared leadership and the development of trusting working relationships were all important elements.

Good communication and working towards a common goal that was established early in the Projects were also seen as key factors in contributing to the success of the partnerships.

> *'Having agreements articulated at the beginning and clear goals that everyone agrees on were important'.*

3.3 Benefits and achievements

The Project partners described a diverse range of benefits and achievements as a result of the partnerships developed through the Projects. These included opportunities for learning and sharing experiences, gaining a better understanding of services available and improved quality of client referral information.

Joint training and interagency staff orientation aided in a better understanding of services. Shifting meetings around to each other's organisation was also seen as beneficial.

> *'One of the most valuable aspects of the group has been getting to know staff from other agencies and being able to see how the maze of all the various agencies and the services they offer fit together'.*

The deeper knowledge and understanding of services led to collaborative work around improving the quality of referral information. Managers and their staff could now appreciate the varying types and depth of client referral information required by specific services and/or professionals.

> *'One of the intake workers and I identified what was written in referrals and what is needed to refer to allied health. This was communicated to other organisations and referral information to us has now improved. This is good for the client'.*
>
> *'Client referral information has improved. It is more relevant for the services we provide'.*

3.4 Impacts of the relationships and partnerships

A diverse range of impacts at multiple levels, was recognised by the Project partners. These are reported at client, organisation, manager and staff levels.

> *'Having better relationships with other organisations is positive for our workers and our clients – better communications can create better outcomes for our clients'.*

Clients

Improved communication between services, better quality referrals and more joint case conferencing for common clients were all seen as positive impacts on client care. This all contributes to *'... building confidence in the services for clients'*.

The increase in joint case conferencing has meant that changes in clients are identified in a more timely manner.

> *'We are picking up changes in clients straight away'.*

Staff are more comfortable in contacting other services where they have a common client. There is a recognition that it is about a regional approach to care and not just about single organisations providing services in isolation.

> *'It is now about a group of services providing care to the client, not just our service'.*

Previously clients had been assessed (and often reassessed) by a number of organisations. This has certainly diminished as a result of the Projects.

> *'Clients are not being assessed by four different programs. There is more control for clients'.*

There is a greater focus on client outcomes through improved and integrated pathways for clients.

Organisations

A clear understanding of what organisations do, improvement in the quality of referrals and a decrease in client complaints were among a number of organisation level impacts.

> *'The allied health workers have a better understanding as to what services are out there'.*

One interviewee reported that the Projects helped their organisation to look at different approaches to consumer engagement. This provided the impetus for them to participate in benchmarking with a partner organisation.

In addition, one Project partner reported that their organisation's profile had increased as a result of the partnerships forged with others. This included being asked to participate in other forums with a more diverse range of stakeholders.

> *'Our profile with other organisations outside of the ASM organisations has strengthened. We are now invited to participate in other forums'.*

Managers

Not all Project partners were able to identify how the relationships and partnerships developed had impacted on them as managers. One interviewee described how the HACC personal care staff were feeling more confident in their work with clients and they felt '*more professional'*. This had a positive impact on them as a manager.

One Project partner felt that their increased knowledge of other services assisted them as a manager.

> *'Having that knowledge and understanding, helps me better support the team. It has put me in a better position to provide that support and advice to my team'.*

HACC workers

It was reported that staff felt more confident and the impacts have been positive for HACC staff.

> *'It is easier for my staff to get on the phone and feel comfortable asking about services and client referrals. It has opened up communication between services about client care'.*

3.5 Sustainability

There was concern expressed as to how the partnership work could be supported if HealthWest did not continue in their current role with the Projects.

On the one hand there was acknowledgment that the partnerships can take responsibility for the ongoing work and lead this themselves. However, given the pressures that managers are under in their own organisations, most managers were pessimistic about the work continuing in the way it has under the guidance of HealthWest staff, if HealthWest ceased to facilitate the Projects.

> *'I can see how it would be very easy for us to get bogged down into our own organisation'.*
>
> *'HealthWest have done a fantastic job at facilitating and driving the meetings. I would be happy for them to continue. It might fall off the radar if they are not there'.*

4 Constraints

4.1 Competing organisational priorities

Project partners reported on the competing organisational priorities and demands that impact on their ability to always attend Project meetings. These included aged care and disability reform activities, organisational restructure/merger, service relocation and staff shortages and retainment issues. One manager said that they often had multiple meetings scheduled (internal and external to the organisation), forcing them to prioritise one over the other. It was also not always possible or appropriate to send another staff member to the Project meetings due to the limitations inherent in their service delivery role and/or funding constraints.

Despite these limitations, Project partners continue to be committed to working collaboratively, recognising the benefits and incremental change that can result in joint effort on shared priorities.

4.2 Information management and information technology

Interoperability between health and community service information systems remains poor and affects the ability of services to share client information and therefore the ability to implement shared care planning.

There was frustration expressed that IT systems do not universally support the electronic sharing of client information to fully implement shared care planning.

5 Demonstrating a localised approach

The regionally focused activity undertaken previously by HealthWest helped the partners to identify issues and challenges that were common across the services in the HealthWest catchment. It provided the foundations for developing a greater understanding of other organisations, their structures and processes. However, the regional level work only involved higher level management and took a high level strategic focus.

> *'Do not get to the level of conversation as you do with project work'.*

The Projects have enabled the partners to respond collaboratively to the unique needs identified in their local area. There was a greater focus on direct service provision and coordination and staff at all levels were able to contribute, in addition to senior and middle management.

> *'Better working relationships with staff from different services that work on the ground with clients'.*

Understanding and trust between partners was strengthened and goals were more focused, leading to tangible outcomes.

6 Conclusion and recommendations

6.1 Conclusion

The foundations of a collaborative approach to the ASM was laid in previous years when the partnering organisations began working together at a regional level. However, the localised Projects enabled new relationships to develop, strengthened trust and facilitated a deeper knowledge of each other's services.

This resulted in many benefits described by the Project partners including positive impacts for clients, organisations, managers and staff.

The findings of this small and targeted evaluation demonstrates what can be achieved by building and nurturing interagency relationships through collaborative goal focused activity aimed at improving service system integration and ultimately resulting in improved client care.

With the ongoing reforms in the HACC program and implementation of the National Disability Insurance Scheme (NDIS), organisations must continue to work collaboratively to support integrated client care in their communities.

HealthWest and their member organisations must continue to develop a range of strategies to improve the coordination and integration of services for clients in their catchments. This can only be achieved through collaborative action.

Future Commonwealth and State service improvement initiatives could leverage the work of PCPs and the targeted activities of HealthWest.

6.2 Recommendations

HealthWest

It is recommended that HealthWest consider the following when designing future projects:

- Continue to create opportunities for staff (including service delivery staff) to share resources and ideas to encourage continuous improvement.
- Continue to address the common challenges relating to poor IT interoperability across the health and community services sectors.

Project partners

It is recommended that HealthWest member organisations consider the following:

- Continue to work collaboratively to identify areas for service improvement;
- Assess what service improvement activities can be led by a third party or by the project partners themselves.
- Continue to develop formalised interagency agreements for quality improvement activities.
- Continue to provide opportunities for enhanced communication and staff orientation to each others services.

Attachment 1
Interview Questions

Could you please tell me briefly about the project?

I am interested to know how the relationships with other managers have evolved

Can you tell me about the role of HealthWest in supporting the relationships/partnership?

- What role do they play?
- What has worked well?
- What could be done differently?

I am interested in factors that may support or hinder the success of the relationships/partnership

- What factors do you think support the success of the relationships/partnership?
- What factors do you think limit the success of the relationships/partnership?
- How could the relationships/partnership be improved?

I would like to understand what you see as the benefits of being involved in the partnership

Please describe these

Can you tell me about the impacts of the relationships/partnership?

I would like to understand if there have been any subtle impact changes, such as shifts in attitude, culture change and/or enduring interactions brought about through the work of the partnership. Consider this over the short, medium and long term.

What has changed?

What impacts have ensued or seem to be in the process of developing?
What do you anticipate might occur?

- client impacts
- impacts on your organisation
- impacts on you as a manager
- impacts on the HACC staff

I would like to understand what you see as the achievements of the partnership

- What outcomes do you attribute to the relationships/partnership?
- Have there been any unintended outcomes?

Have the relationships forged with others in the partnership resulted in unexpected developments in other areas?

What are your thoughts on what makes a partnership work well and achieve its intended outcomes?

Can you suggest ways in which the gains made as a result of the relationships/ partnership can be sustained and/or built upon?

- How will you maintain relationships into the future?
- How will the work of the partnership be supported into the future?

Is there anything else you would like to tell me about the partnership and relationships developed over the past 12 months in the ASM local project?