

## **TITLE: Supporting practitioners working with older people and people living with a disability in the EMR**

### **BACKGROUND**

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A complex and fragmented service system can be challenging for consumers, carers and practitioners to navigate and can present barriers to the delivery of a quality person-centred response. These issues can be partly addressed by supporting service practitioners to implement service coordination principles and practices, including sharing information about each other's roles, service eligibility criteria, and ways to streamline access pathways, as well as opportunities to collaborate.

While the Service Coordination Practitioners Network (SCPN) was originally established by the IEPCP to support practitioners with the implementation of service coordination principles and practices, it continued to be relevant as a way of networking and supporting the development of good practice during more recent and significant reforms such as My Aged Care and the NDIS.

The SCPN aimed to provide primary health and community service practitioners with the platform to share best practice in the coordination of services that enhanced the health, wellbeing and independence of people, particularly older people, living in the IEPCP catchment.

The SCPN:

- Connected people who worked in the field and provided an opportunity for communicating and sharing experiences.
- Promoted collaboration to facilitate the coordination of services and address issues that affected clients, practitioners and their organisations.
- Stimulated learning and helped people towards best practice.

Assisted practitioners working in the Inner East PCP catchment to better meet the needs of clients and their organisations.

### **PARTNERS**

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Membership of the Network was open to all practitioners working in health and community services in the IEPCP catchment.

In August 2017 there were 155 SCPN members from more than 40 organisations. Membership was spread across a range of sectors including aged care, disability services, community health, health, primary health network, mental health, homelessness, disability palliative care, counselling, peak bodies, government departments and volunteer organisations.

### **METHOD**

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The SCPN activities included:

#### Network meetings

5 meetings per year were held with guest speakers with the aim of building capacity of practitioners; opportunity for information sharing, and service updates – vital in a reform environment. The IEPCP

provided the platform for collaboration and supported practitioners with capacity building and network secretariat.

### Information Updates

Since July 2015, the IEPCP sent monthly information updates in a newsletter to all members of the SCPN to keep them informed about current reforms, research, services, tools, resources and events related to the areas practitioners work in. The aim of the newsletter was to summarise key items of interest from a range of electronic sources together in one convenient location. The objective - practitioners are time poor and benefitted by being able to quickly access the contents and headings to find information of most relevance to them and their work.

Topics vary each month but may include: active healthy ageing, aged care reforms, aged care and older people, carers, disability/NDIS, death and dying, dementia, diabetes, health, mental health, transport, and volunteering. The information update also provided a calendar of the most relevant events, forums, seminars and professional development activities on offer, including details about cost and links to registration.

Practitioners were also able to provide input to this.

### Practitioner Seminars

Since 2016 the IEPCP provided practitioners with an opportunity for discussion and reflection on complex areas of practice and reform. The seminars were targeted to experienced practitioners working directly with complex clients such as assessment officers, allied health professionals, intake workers, care coordinators, case managers, social workers and others.

The seminars aimed to improve the delivery of preventative health care for older people with complex needs through expert guest presenters, small group case discussions and provision of resources and information.

The IEPCP organised 5 seminars in 2016 and 2017 – 2 on dementia diagnosis and support, 2 on supporting older people experiencing mental health issues, and one on advance care planning. A total of 126 local practitioners attended the seminars.

The Network was supported by a small Reference Group of practitioners that provided input to content and support with the running of the Network and a Chair for each meeting.

## **OUTCOMES**

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The achievements of the SCPN were most directly related to the practitioners who were members, and indirectly to their organisations and clients.

In 2014/15, prior to the aged care reforms and transition to My Aged Care, there is evidence of the successful implementation of Service Coordination principles and practices as seen in the e-referral numbers for the catchment: 6941 were sent and 7354 were received. This has a direct effect on clients and their ability to access the right services at the right time. While this evidence is not wholly connected with the achievements of the SCPN, the network has played a part in ensuring service coordination is well understood.

In July 2016, **SCPN Network** members were surveyed to find out their level of satisfaction with the Network. 28% of all members responded to the survey (33 surveys). The survey found:

- 93.8% acquired useful knowledge about primary health and other services and programs, and benefitted from the ability to disseminate information about their own organisation's services and activities;
- 90.6% were satisfied with the Network discussion about aged care and disability reforms;
- 67% said their work was assisted by information provided from guest speakers, resources made available, services updates, and the monthly information update, increasing their knowledge and enabling them to learn new things about services and resources available;
- Participants most highly valued the opportunity for networking and peer support.

The Network also increased its membership from 130 in 2015 to 155 in 2016, and had good attendance at meetings (between 20 and 30 people). Anecdotally, members regularly commented on the usefulness of the meetings and information updates in providing relevant information and opportunity for discussion about changes that affect them and their clients. At the November 2017 meeting participants were consulted about the network. Overall the network provided an opportunity to learn about each other's services and was particularly useful for new practitioners. The smaller size of meetings provided opportunity to ask questions. Participants generally felt they were learning new information relevant to their work.

The **Information Updates** were evaluated via a survey in November 2017. Over 87% of respondents were very or extremely satisfied with the relevance of the information updates to their work with 80% saying they were very or extremely likely to share the information with others. 35% do not receive the information from elsewhere and 58% said it was likely to extremely likely that ceasing the updates would impact on their work.

Feedback was elicited from participants in the **practitioner seminars** immediately after and 6 months after the session. Overall, 85% of all participants found the seminars useful, very useful or extremely useful for their work; 88% of participants were likely, very likely or extremely likely to put what they learned into practice; and 86% said the seminars were interesting, very interesting or extremely interesting.

Of the 50 people who attended the 2 dementia diagnosis seminars, 15 responded to a 6 month post-seminar survey to determine the impact of their attendance on their work. 87 % reported a medium to very high increase in their knowledge and 73% reported a medium to very high increase in their skills. Over half reported they had used what they learned to support families and clients they were working with, and 87% shared what they learned with their colleagues.

The significant aged care and disability services reforms alongside the new Commonwealth funded Primary Health Networks (PHN), that focus on improving primary care through health system redesign, have impacted on whether the IEPCP are best placed and should continue supporting all of the SCPN activities, given the prospect of duplication. In addition, practitioners were reporting they have less time to attend meetings due to funding and practice changes but are still interested in information sharing and networking opportunities.

The IEPCP canvassed other networks that potentially could pick up the work of the SCPN and noted the network could transition. Based on this, the IEPCP decided to hold the last SCPN meeting in April 2018. Nevertheless, the IEPCP continues to support practitioners with the monthly information updates (Practitioners of Older People Update - POP UP) to keep practitioners informed about the

reforms and other practice tools, resources, evidence, and events. In addition, the IEPCP committed to the practitioners to holding intermittent meetings and events where a gap is identified, and will support the continuation of the EMR Alliance (another network in the region that supports Commonwealth Home Support Program organisations) to meet the needs.

The IEPCP was the instigator of the network as a way to embed service coordination principles into agency practices. Over time this provided a platform to have broader discussion and information sharing that supported service coordination and the delivery of more integrated services. The IEPCP role was significant to the ongoing planning of meetings, sourcing guest speakers and presenters for events, and seeking content for regular electronic updates. In more recent years, this role was supported by the Reference Group.

The success of the SCPN was based on:

- Having a shared goal to come together (eg. Service Coordination implementation and later understanding the aged care reforms);
- Providing speakers and presentations that are relevant for the member's needs;
- Communicating in a timely way about meeting dates, times and venues;
- Being open to feedback and responding to suggestions in a constructive way;
- Recruiting a leadership group to advise on and support the network activities and direction;
- Providing opportunity at meetings for participants to talk to each other (such as morning tea time).