

Our Journey

From Provider to Advocate

Background

- We were a provider of a range of aged and disability services over a long period of time
- We had a lot of 'skin in the game'
- Wind the clock back 5 years and we ran three residential aged care facilities, plus HACCC, Community Options, NRCPP.....
- 60+ employees engaged

Background

- Move forward to today – no longer a provider of any aged or disability services
- A massive transformation for our organisation over a relatively short period of time
- The decisions that we have taken reflects our particular circumstances and the environment that we were facing in our region
- As you will hear later, I still firmly believe that local councils should be at the core of aged and disability service delivery and I applaud councils like Kiama for remaining committed to the cause

Our 'U-Turn' from 2013

- Sold our residential facilities in 2011 and 2012 to focus on the community care projects
- At the 2013 forum I spoke about how we were committed to staying in the game as a provider
- We had prepared a new Strategic Plan and a new business model for GHACS moving away from the traditional local government structure

Our 'U-Turn' from 2013

- Over the next few months what became clear is that the type of organisation that we were trying to develop already existed in our local area – in fact there are quite a few!
- Understandably we started to ask ourselves WHY are we doing this?

Our 'U-Turn' from 2013

- Why are we setting up a new organisation that will effectively be competing against existing Not For Profit providers?
- Why are we duplicating service delivery into our shire and the broader region?
- Why are we investing all this time and energy to create something that already exists?

Our 'U-Turn' from 2013

- After asking ourselves these questions we came to the conclusion that we no longer needed to be a service provider
- We enjoy excellent relationships with a number of the NFP providers in the region, many of whom have a significant service delivery presence in our Shire.
- Why not just work with the specialist providers rather than trying to replicate what they are already doing?

Withdrawal

- In March 2014 Council formally resolved to exist as a service provider effective from 1 July 2014
- So started four months of negotiation, consultation, frustration, heart-ache, doubt and more than a few tears
- Our focus from day one was to ensure that the people who were relying on us for the delivery of services were not disadvantaged – that was our ‘not negotiable’ position

Withdrawal

- We worked closely with ADHC and DSS throughout the exit process – some parts went well, others not so well!
- I won't go through all of the details of our exit – that is another story in itself.
- Happy to provide advice and guidance at any time

Outcomes

- Significant adjustment to our structure and workforce
- As mentioned, over the past 5 years we have downsized by approximately 60 staff, or almost 1/3 of our workforce
- Changes flowed through into general administrative areas such as finance where we have also downsized

Outcomes

- Do I miss it – the honest answer is probably yes
- I still believe that Local Government has a critical role to play in the delivery of community services. Who else has the governance framework, community knowledge and access to facilities that a local council has to draw on?

Outcomes

- Personally, I am concerned about how the aged and disability care environment has become more and more competitive and business focused.
- For us, the challenge to transition from a ‘caring first’ model to a ‘business first’ model was too great – we didn’t voluntarily choose to exit, we simply had to make a choice given the environment that we were facing.

The Future

- Development of the Greater Hume Shire Health & Wellbeing Alliance; and
- Development of the Greater Hume Shire Health & Wellbeing Plan

Our Future

The Profile, The Plan & The Alliance

Our Role

- To ensure that providers continue to deliver services into our communities
- To support and promote the service providers doing so
- To advocate for the people receiving services
- To encourage and support funding applications for increased services
- To provide, maintain and promote Council infrastructure and policy that supports the needs of people in our communities in an age-friendly, accessible way

How?

- Firstly by joining the board of the service provider that took on the majority of our services, this wasn't an initial intention, however the opportunity arose and we saw it as a natural fit
- We then needed a plan, but firstly needed to work out who we are, what are the shire's health and wellbeing needs, what are the strengths?
- To do this we completed a full profile of the shire from:
 - Health service and ABS data
 - Service provider data
 - Qualitative data from charities and church groups to give a voice to the most disadvantaged in the communities who we wouldn't otherwise hear from

The Profile - We found that we:

- Are ageing, smoke too much, are fat, have higher than normal chronic obstructive pulmonary disease, have higher than normal incidences of falls in older people and sit about half way on the SEIFA index with large variations in between
- Have really low crime rates, have good access to services (although many are outreach) and a great level and quality of volunteering

The Plan

- We looked at the Victoria model where legislation requires that all councils have a Health and Wellbeing Plan, good examples:
 - Bendigo for a big one
 - Indigo for a smaller one
- Our Plan has been informed by the Profile and reinforces Council's commitment to leading local policies and developing programs and infrastructure to improve the health and wellbeing of the community
- There are four Health and Wellbeing Indicators that provide the framework for the Plan:
 - A sense of belonging, a sense of community
 - Community engagement
 - A perception of safety
 - Access to resources
- These indicators each have assigned Measures, Strategies, Data and Responsibility linked to them.
- Obviously there are many strategies which Council are not responsible for and we recognise that this is a Plan for our communities – so how do we engage the other players?

The Alliance

- We recognise that strategic collaboration is essential in the success of the Plan
- So we formed an Alliance comprising of:
 - Service providers
 - Volunteers
 - Police
 - Hospitals
 - Church groups

to further develop the plan, assist in monitoring the Plan and indicators and address the issues

Health and Wellbeing in Greater Hume Shire

- We have a fully completed Profile
- We are still in the very early stages of the Plan
- We have received great support from members of the Alliance and Council. The plan will be implemented through all of Council's IPR documents and we will be accountable to it.
- While not a direct provider of community services, as the Health & Wellbeing Plan and Alliance come together, we are confident that this is Greater Hume Shire Council's most effective way of ensuring our communities receive the services that they require and enjoy a high level of health and wellbeing.

Questions?