Consortia in aged care
A framework for success

A consortium is an organisation of several businesses joining together as a group for a shared purpose.

While consortia can take various forms, Brisbane North PHN has adopted a Lead Partner/Supply Chain model to deliver its contracts with the Australian Government Department of Health for the Commonwealth Home Support Program and its Regional Assessment Service.

The Lead Partner/Supply Chain model involves more than just the sub-contracting of services and also includes a focus on collaboration to achieve service and system improvement.

Collective Impact Framework
Key features of a Collective Impact Framework include a centralised infrastructure approach and a backbone organisation, which has dedicated staff whose function is to help participating organisations shift from acting alone to acting in concert.

The Collective Impact Framework requires five key elements for success.

Brisbane North PHN performs the role of the backbone organisation modelled on the six functions as defined by the Collective Impact Framework table below.

**Backbone effectiveness: 27 indicators**

| Guide vision and strategy | • Partners accurately describe the common agenda  
| • Partners publically discuss/advocate for common agenda goals  
| • Partners' individual work is increasingly aligned with common agenda  
| • Board members and key leaders increasingly look to backbone organisation for initiative support, strategic guidance and leadership |
| Support aligned activities | • Partners articulate their role in the initiative  
| • Relevant stakeholders and engaged in the initiative  
| • Partners communicate and coordinate efforts regularly, with, and independently of, backbone  
| • Partners report increasing levels of trust with one another  
| • Partners increase scope/type of collaborative work  
| • Partners improve quality of their work  
| • Partners improve efficiency of their work  
| • Partners feel supported and recognised in their work |
| Establish shared measurement practices | • Shared data system is in development  
| • Partners understand the value of shared data  
| • Partners have robust/shared data capacity  
| • Partners make decisions based on data  
| • Partners utilise data in a meaningful way |
| Build public will | • Community members are increasingly aware of the issue(s)  
| • Community members express support for the initiative  
| • Community members feel empowered to engage in the issue(s)  
| • Community members increasingly take action |
| Advance policy | • Target audience (e.g. influencers and policymakers) is increasingly aware of the initiative  
| • Target audiences advocate for changes to the system aligned with initiative goals  
| • Public policy is increasingly aligned with initiative goals |
| Mobilise funding | • Funders are asking non-profits to align to initiative goals  
| • Funders are redirecting funds to support initiative goals  
| • New resources from public and private sources are being contributed to partners and initiatives |

Adapted from FSG and Greater Cincinnati Foundation
Consortia philosophy

The following principles underpin the philosophy of Brisbane North PHN’s consortium model:

• shared belief of ageing well in one’s home
• commitment to best practice
• working together to define what quality support means for consumers
• strong linkages with the Hospital and Health Service, Department of Social Services/Department of Health, consumer representatives, peak bodies, and other providers
• collaboration rather than competition
• encourage and facilitate capacity building within our local communities.

Benefits

Where a consortium is built around a Collective Impact Framework and has a highly-effective backbone organisation, this can alleviate pressure on service delivery organisations in areas such as tendering, performance monitoring and management and reporting.

Funding bodies may also perceive this model to be less ‘risky’ if the backbone organisation has established a good reputation. Under this model, the backbone organisation is able to focus on quality services, contract management and policy advocacy.

Drawbacks

A consortium may initially lack the necessary levels of trust and integration needed to be effective and may have to work harder to establish a clear identity and ‘brand’ in order to differentiate their approach. These critical elements can often take considerable time to develop.

Aims and motivation

Organisations that choose to form a consortium will generally do so for a range of reasons. Increased sustainability and financial security is a major motivating factor.

Participation in a consortium may present members with more funding opportunities and can increase their ability to bid for services, rather than position them in competition with each other.

This can advantage small to medium enterprises in particular as they will have the support and backing of larger member organisations, which can translate into increased influence and voice to help all partners achieve shared goals.

Consortia structures can offer better value for money, reduce duplication of services and improve or innovate service standards.

They provide an infrastructure for mutual support and development and, in this way, can increase opportunities to share expertise, skills, knowledge, resources and training, or to pursue opportunities for business development and expansion.

For example, innovation as part of a consortium can allow organisations to deliver services to wider geographical areas and extend their activities to include new services and/or service different client groups.

They may also find they are in a better position to offer a service at a scale that a commissioning organisation may want to purchase.

Consortia are also attractive because they can offer a single point of contact for service users/carers and a single gateway for consultation, involvement and/or service delivery for commissioning organisations. For member organisations, more efficient and robust governance arrangements have a direct bearing on their reputation, particularly in terms of professionalism, credibility and accountability. Additionally, these arrangements can offer a sustainable role for infrastructure organisations functioning as the consortia hub.

Time and resources

It is important to recognise from the outset that working in a consortium requires an investment in time and resources.

Organisations should not expect to achieve results overnight because learning how to work together effectively and getting people to change the way they work is a long-term process.

In addition to the time and resources needed to develop the consortium, member organisations also need to allocate resources and plan for the time it will take to actually deliver the services or contracts.

Taking a meaningful, consultative approach also requires openness, honesty and consistency at both operational and strategic levels across all organisations in the consortium.

Other considerations

Consortia must suit the needs of local communities. Within this context, member organisations must consider how they will navigate leadership, governance and membership matters, as well as partnerships with other organisations operating in the same sector.
They should jointly agree on a clear vision and values statement for the consortium, which acknowledges the importance of trust and communication to the relationships between member organisations.

Documented dispute resolution procedures are another critical element to consortia success and can help to establish an atmosphere that fosters cooperation, rather than competition.

It is also critical to document the roles and responsibilities of governing bodies, the consortium’s relationship with commissioning organisations, how funding and resources are distributed, and the capacity within the consortium to provide support and mentoring to member organisations.

External collaboration

The PHN takes a planned approach to sector engagement and service improvement. Key stakeholders include:

- Hospital and Health Services
- General Practices
- Private hospitals
- Regional Assessment Service agencies
- Community service providers (not-for-profit and for-profit)
- Department of Social Services
- Department of Health.

Strengths of a Consortium

It is often said there is strength in numbers and consortia structures exemplify this thinking. To begin with, they spread risk while also distributing available funding more widely and equitably across the sector.

Data and funding transparency leads to greater information and resource sharing, and an environment that enables mutual support and collaboration, rather than competition.

Furthermore, consortia are empowered to provide more responsive and flexible services, and have increased capacity to support special needs groups e.g. culturally and linguistically diverse people, Aboriginal and Torres strait islanders and people experiencing multiple disadvantage.

Ongoing skills and capacity building across multiple organisations can help to establish a ‘Community of Practice’ which is well informed about the reform agenda and its potential impacts on clients and the sector. Such consortia are able to manage change effectively and can respond with a collective voice to better inform policy makers about impacts.

Current challenges

As Australia’s aged care reforms are progressively implemented, achieving consistency in an unstable environment will remain a major challenge for consortia operating in this sector.

An example is the confusion arising from the issues associated with the implementation of the My Aged Care reforms and system gateway.

Such systems are not designed to support use by consortia and can impede their ability to refer clients to more appropriate services. Maintaining a positive consumer experience as clients access services will be a further challenge in this environment.

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