

# enliven

## AGM and Member Workshop

**10th November 2016**

This report is a summary of participant notes provided during the workshop components of the AGM. They have been collated by the independent facilitator.



# Hopes

Participants shared what they wanted to achieve from attending the session.

Collaborate to learn / share something new.

Focus on specific direction and partnerships.

Know where Enliven heading in future.

Learn, collaborate, prioritise directions and activities.



Clear vision for year ahead.

Know what resources are available in SE for refugees.



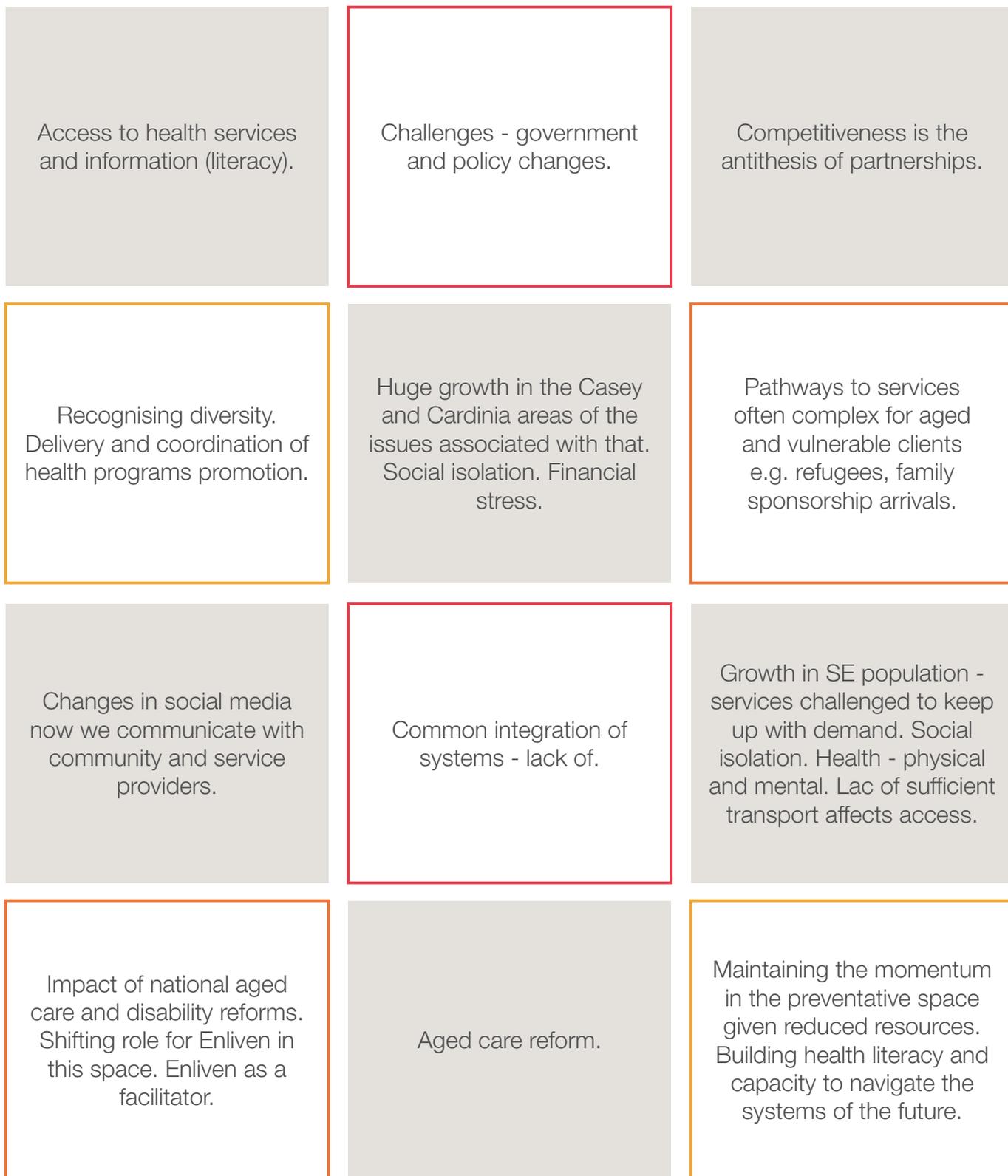
Better insight into what Enliven does.

New connections and new understanding.

Work together to improve people's health (refugees / LGBTI).

# Drivers

A key driver challenging us as a community - Participants reflected on some current operational contexts



# Ideas for future action

Participants worked to identify 'Key Considerations', "What we need to do more of" and "What needs to change" in thinking of the future planning for the Enliven Community.

## Change...

Linking in the Local Area Coordinator (once appointed) for the region to work collaboratively to build capacity of individuals to navigate NDIS - action.

### **All health services working together in an accessible space e.g. hub.**

Alignment state / local / comm government policy drivers - role of SEMPHN.

### **Documented plans agreed and shared ownership.**

Streamline service pathway and remove bureaucracy.

### **Clients can access health services in a smooth way.**

Health services are provided in a variety of settings not just the big building.

### **Innovative communication mechanisms are explored to improve utilisation of social media - for community and service providers. Info exchange.**

Better outcomes for the community.

### **More partnership and collaborative work.**

Community capacity building programs.

### **Agreed common pathway of care - that can be measured for outcomes, impacts and continuously strives to improve.**

Common frameworks / tools used across partner organisations.

### **System interface - private providers a service for vulnerable communities.**

Showcase work more often.

### **Drivers for good ideas without resources.**

## Key Considerations

Tap into peak organisations.

### **A commitment as a group to maintain and strengthen completed projects.**

Identification and clarity of common shared areas of work.

### **Capacity to participate with reduced funding.**

Support action in priority prevention areas e.g. obesity by hosting information and capacity building hub.

### **Support smaller organisations to participate in larger scale projects.**

Collect information into one place about areas and localities which have the most pressing primary health and risk prevention needs.

### **Use a systems approach - develop multi-layered evaluation so we can collect information on impact across all areas of partnership work.**

Embrace innovations especially in the space of collaborative work e.g. virtual teams that can navigate through access programs.

### **Key partners align strategic planning cycles.**

Backing of local and state government to fund health promotion and literacy.

### **Listen to the needs of the community.**

Local need assessment, local planning, working with community.

### **Work out how to focus on community / place needs rather than organisational constraints.**

## More of...

Coordinate services across agencies.

### **Take advantage of neutral (non service provider / competition) role of Enliven.**

Community education re prevention of lifestyle diseases and better health.

### **Share and use common data sets / resource base documents etc.**

Build on resource capacity of arguments through enliven.

### **Improve health and services literacy in the community for better understanding.**

Deliver services in an accessible way to a diverse consumer group.

### **Awareness raising around a particular issue.**

Share local insights about the needs of the region with other levels of government to advocate for increased investment to address service gaps.

### **Advocate for the most vulnerable group of people and bring about social change and policy change.**

Focus / advocacy for prevention.

### **Capacity building of emerging issues / concepts e.g. place based initiatives.**

More focus on health literacy for vulnerable communities.

### **Tap into existing work and support partnerships.**

Link to alliance and existing networks in the south east - what are their priorities i.e. Cardinia network.

### **Bring together all health networks for a holistic approach to better health e.g. AOD, mental health, GP network.**

Have GP input.

### **Capacity building - website host resources / training e.g. health literacy / systems thinking etc. Service providers. Community (person centred service plans).**

Enliven acts as a neutral convenor / facilitator of partnerships in new and emerging areas.

### **Identify what can be better done together (collective impact) rather than duplicating effort across sub region etc.**

Learn to let go of historic approaches and sole organisations internal focus.

### **Apply for funds to facilitate more healthy ageing initiatives across the region.**

Work beyond boundaries.



# Priorities For Action

Participants worked across small teams to identify some salient concepts for consideration in the Enliven strategic planning process.

## MAPPING

<p><b>CONSIDERATION</b></p> <p>Focus on a partnership approach to service gaps resulting from population growth to improve health and social outcomes in the most vulnerable communities.</p>	<p><b>MORE</b></p> <p>Enliven's role as a neutral to review partnership, embrace innovation in space of collaborative work.</p>	<p><b>CONSIDERATION</b></p> <p>To be place and people focused instead of organisation focused.</p>	<p><b>CHANGE</b></p> <p>Involve the community in design, co-projects and co-design. Embrace the voice of the community.</p>
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## PROJECTS

<p><b>MORE</b></p> <p>Establish an online resource e.g. "The Well" - outer pcp. Links to URLs, events, tools, shared resources - because no centralised sport to info on issues.</p>	<p><b>CHANGE</b></p> <p>To investigate how Enliven might support a collective approach to facilitate service system navigation for agencies and individuals.</p>	<p><b>MORE</b></p> <p>Link in with LAC for region to work collaboratively to build capacity of individuals to navigate NDIS. Also aged care reform.</p>
<p><b>MORE</b></p> <p>Planning and collaborative consultation to inform health and wellbeing plans across the 3 LGA.</p>	<p><b>CONSIDERATION</b></p> <p>Evaluation's using collective impact approach. Collect information on impacts across all areas and partnership work.</p>	<p><b>CHANGE</b></p> <p>Provide a forum for discussion around innovative communication i.e. online.</p>

## CO-DESIGN

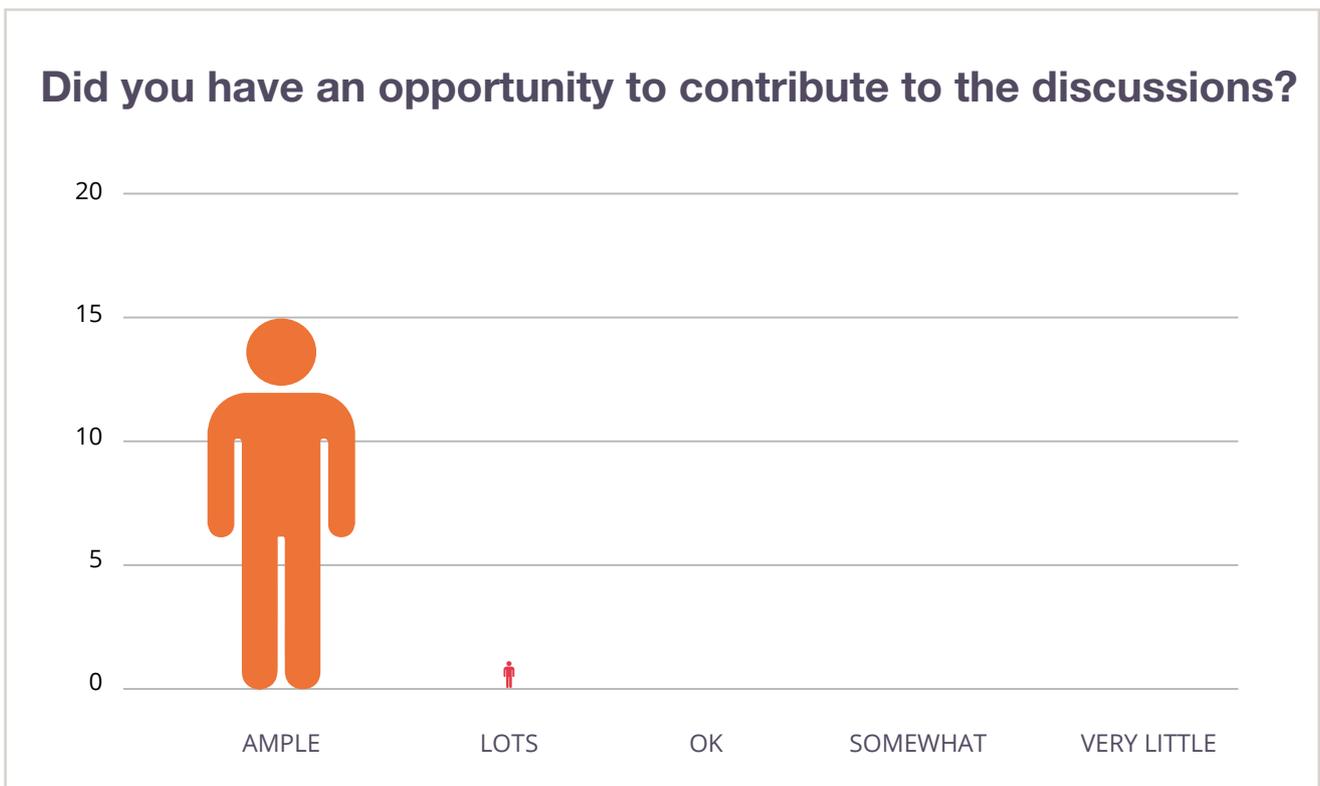
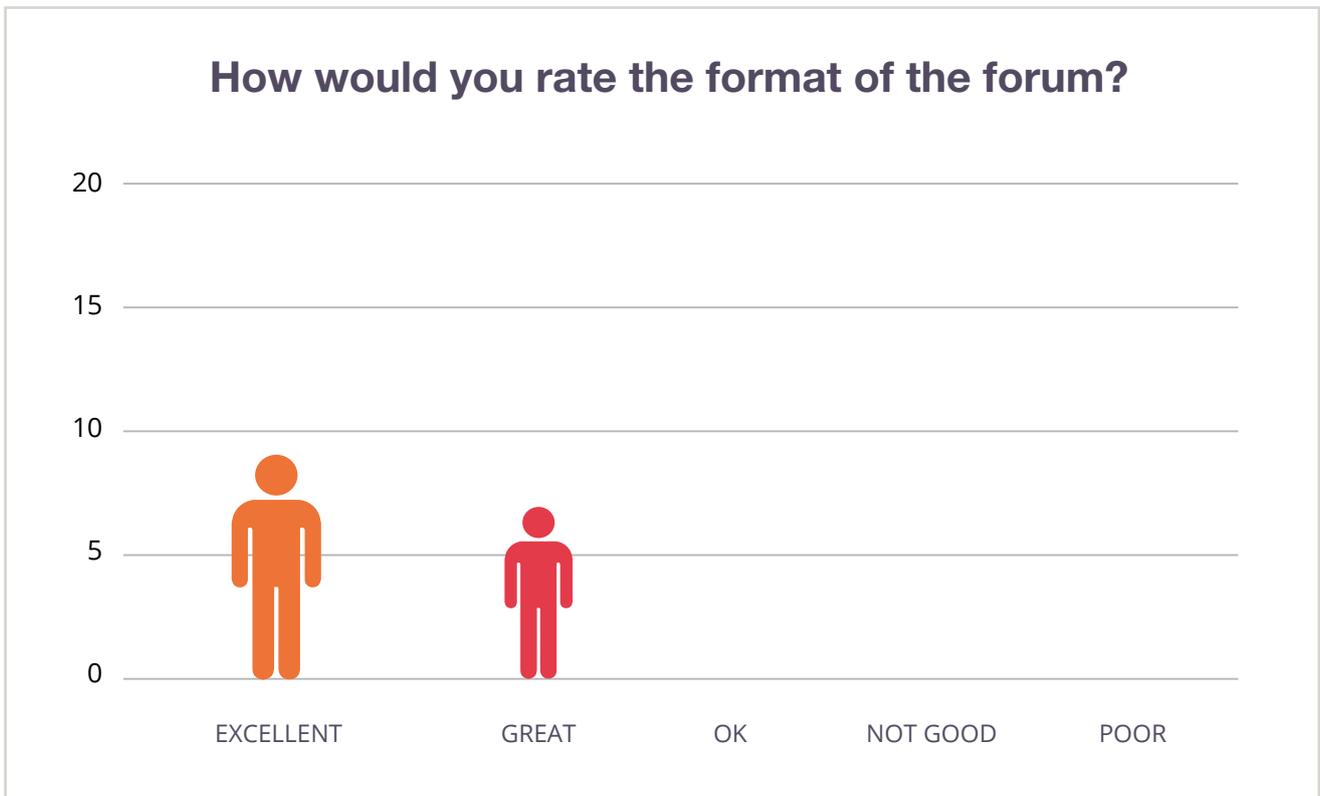
<p><b>MORE</b></p> <p>Improve health and services literacy in the community for better understanding through Enliven, because Enliven can bring in service providers and have regional focus.</p>	<p><b>CONSIDERATION</b></p> <p>Collaborate with community and service providers to improve health and wellbeing e.g. a regional approach to improving health literacy.</p>	<p><b>CHANGE</b></p> <p>Development and implementation of a best practice health literacy program with partner agencies to improve and skills of community to understand the services and health.</p>
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## COLLECTIVE PARTNERSHIPS

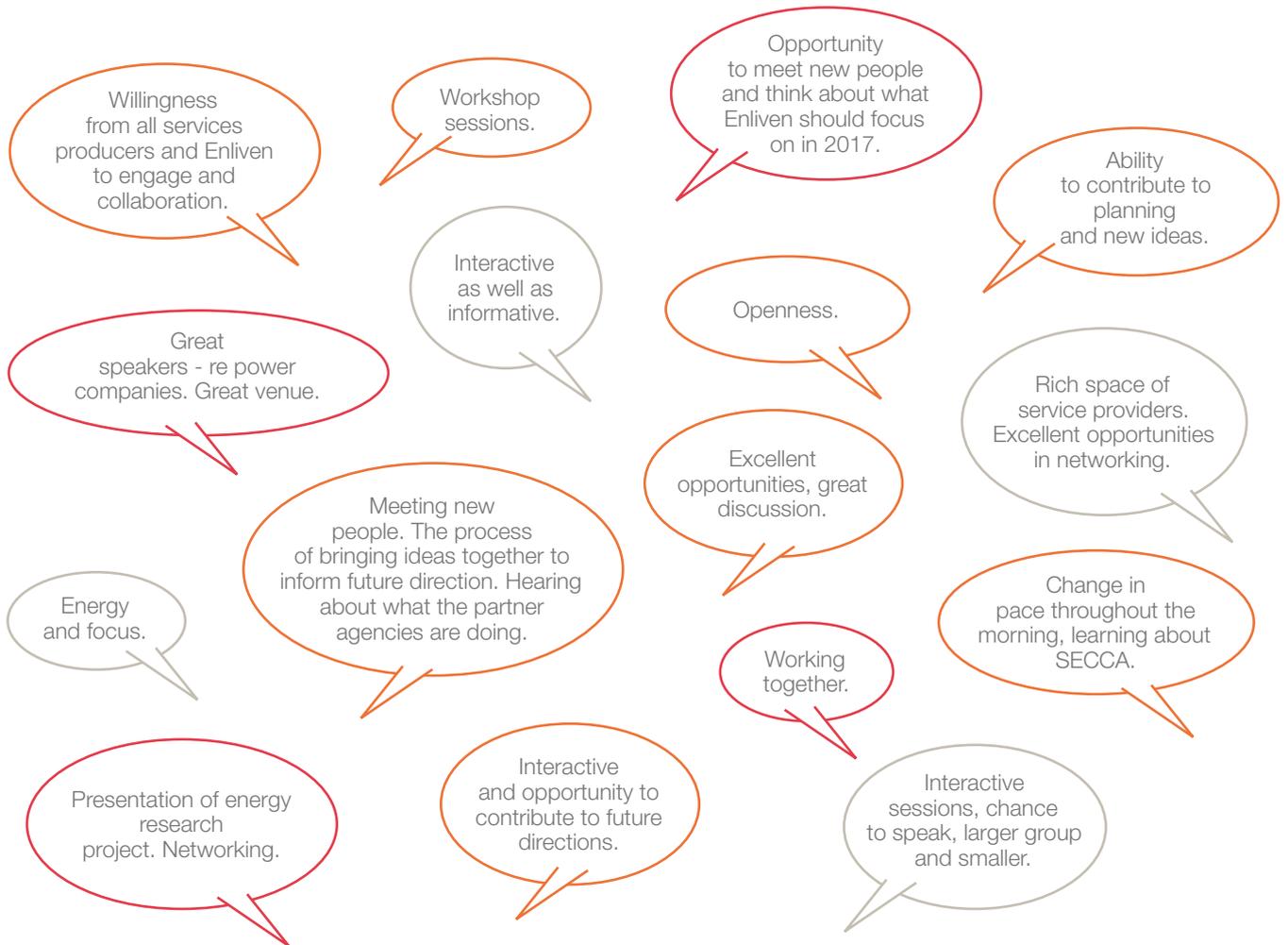
<p><b>CONSIDERATION</b></p> <p>Common shared areas of work with the commitment of organisations to maintain and strengthen projects. To enable smaller organisations to participate and utilise a pool of expertise and resources.</p>	<p><b>CONSIDERATION</b></p> <p>Capacity building both for service providers and the community e.g. health literacy systems thinking (exploring the bigger picture). Collective impact approach working with both service providers and community use as planning approach.</p>	<p><b>CHANGE</b></p> <p>Documented agreed plans with shared ownership.</p>	<p><b>MORE</b></p> <p>To work together to identify common issues and develop collaborative strategies, agreed key messages.</p>
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# Final reflections

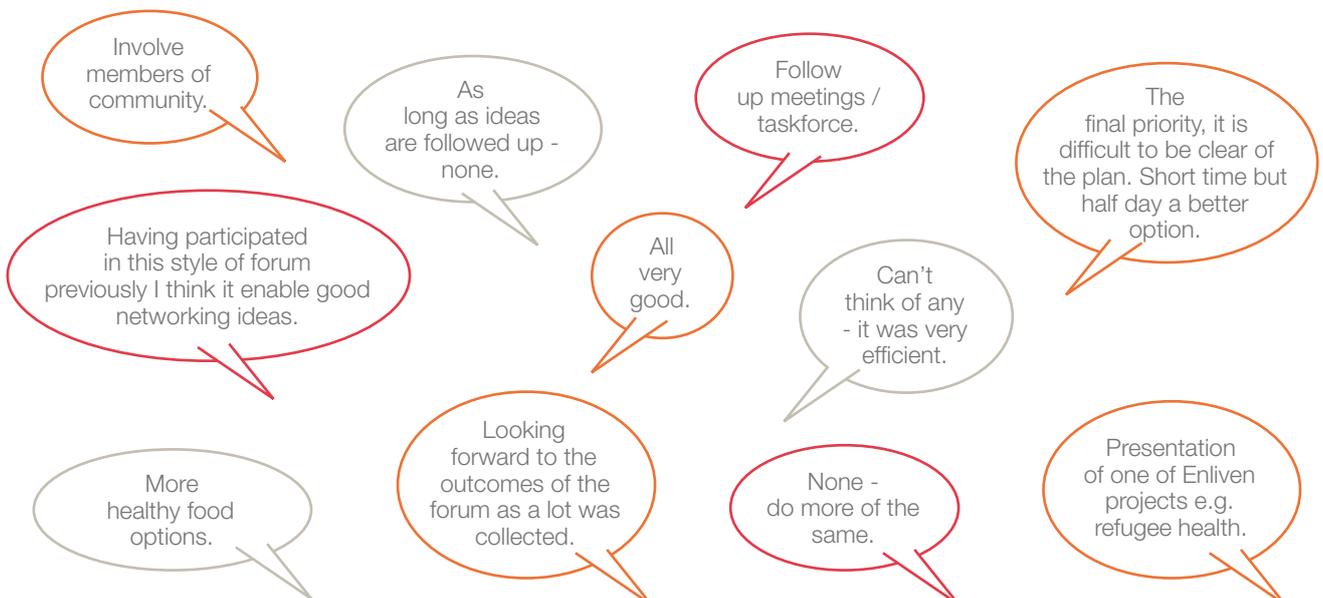
Participants offered some feedback on how they felt the session had gone.

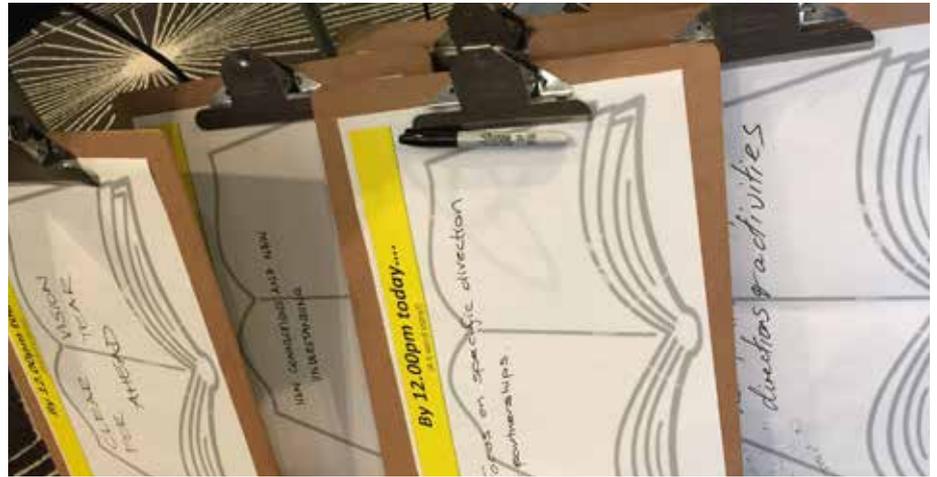


## What did you like most about the forum today and why?



## What improvements, if any, could be made to how we worked together today?







Report prepared by:  
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**PLEASE NOTE:** While every effort has been made to transcribe participants comments accurately a small number have not been included in this summary due to the legibility of the content. Please contact Keith Greaves at [Keith@mosaiclab.com.au](mailto:Keith@mosaiclab.com.au) for any suggested additions.