



The Maranoa Health Accord

Western Queensland Primary Care Collaborative

2020 - 2023



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INTRODUCTION

1. The peak primary health care organisations within the Western Queensland health system have agreed to work together to develop and implement a Primary Health Care Plan for Western Queensland. This decision was made on 29 November 2016 by senior representatives of the Central West Hospital & Health Service, North West Hospital & Health Service, South West Hospital & Health Service, and Western Queensland Primary Health Network.



2. Western Queensland Primary Health Network (WQPHN) is a Commonwealth-funded independent company with responsibility for planning and commissioning of primary health care services, as well as coordination of planning and health service delivery across the Western Queensland region in accordance with National Health priorities.
3. The three Hospital & Health Services (HHSs) are independent statutory bodies within Queensland Health, and are key providers of public primary and community health services, as well as acute hospital care in Western Queensland.
4. The Aboriginal and Torres Strait Islander Health Organisations (ACCHOs) of Western Queensland include Gidgee Healing, Charleville and Western Areas Aboriginal and Torres Strait Islanders Community Health (CWAATSICH), Cunnamulla Aboriginal Corporation for Health (CACH) and Goondir Health Services. The WQPHN and the Four ACCHOs have established the Nukal Murra Alliance, a regional co-commissioning framework to guide approaches to improving the health and wellbeing of Aboriginal and Torres Strait Islander people of Western Queensland.



5. The Alliance has an emphasis on co-design and innovation with an emphasis on a universal Social and Emotional Well Being (SEWB) Framework, comprehensive care for complex and chronic long-term conditions, universal child and family health care in the first 3000 days, and in integrated workforce strategy.
6. This document, termed the *Maranoa Health Accord*, describes the aspiration of these organisations to work together, co-design, and provide leadership and cooperation to drive system and whole of population improvements in Western Queensland.
7. The Accord builds on an initial Protocol¹ agreed between the WQPHN and HHS organisations in 2016 and reflects the organisations recognition of the opportunity to further strengthen their working relationships through:
 - Alignment within a shared vision for health outcomes and health services across Western Queensland;
 - Collaboration to integrate Western Queensland's health services and resources; and
 - Development and implementation of plans to deliver on the vision and objectives.

8. The shared vision is: ***All Western Queenslanders will experience the same quality of health and wellbeing as other Queenslanders.***

Shared ambitions include:

- A coordinated and integrated approach to ensure Western Queenslanders are empowered to obtain the best available health service matching their needs, unique circumstances and values.
- A seamless patient journey across public and non-government health care providers, primary health care providers and specialist clinical services.
- A shared responsibility with the patient for the highest standards of personal health.
- Minimal duplication of effort across all public, non-government and private health service providers that guarantees an efficient and high-quality service delivered as close to home as possible.
- Strategic intent that shifts the focus from 'output' to outcome, from transactional contracting to transformational commissioning and co-design, that places the patient, their community and clinicians at the centre of this process.
- An intent to ensure services are 'wrapped around patients' commensurate to their individuals need.

RATIONALE FOR THE ACCORD

9. The Maranoa Accord is the next step in actioning the Protocol, and responds to a unique opportunity to advance the parties' first objective – the development of a single comprehensive primary health care strategy for Western Queensland – as well as other objectives in respect of integrated information and communications technology, shared clinical priorities, aligned incentives, integrated health service models, shared use of data, development of the professional workforce, consumer engagement, clinical leadership and engagement, and support for innovation.



10. Factors that were fundamental to the development of this Accord include:

- The launch in June 2016 of WQPHN's Strategic Plan 2016-2020² with endorsement from the three HHSs, together with QAIHC and other health service partners;
- The Western Queensland Comprehensive Health Needs Assessment 2017-2018³ and associated technical papers;
- The launch of the Queensland Health Integrated Care Innovation Fund, and continuing collaboration across these initiatives in each of Western Queensland's HHS districts;
- The Innovation activities to strengthen comprehensive primary health care services in local communities through the development and adoption of the Western Queensland Health Care Home Model of Care⁴ (WQHCH);
- Collaborative development and adoption of strategic frameworks for commissioning under the *Commissioning for Better Health*⁵ including integrated approaches to mental health and suicide prevention, child and family health and chronic disease frameworks including support for joint commissioning in proof of concept sites.

LOCAL PRIORITIES WITHIN A REGIONAL FRAMEWORK

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11. Through this Accord, and the structures and processes described in the Protocol, the parties agree to work jointly to support a regional approach that enables greater innovation, cultural competency, clinical integration and system effectiveness within a local primary health model of care, and to explore integrated approaches through:

- a. Shared health intelligence across primary care provider networks and services
- b. Adoption of an integrated WQ HealthPathways Platform
- c. Uptake and adoption of the Western Queensland Health Care Home Model of Care
- d. Support Universal Child Health strategy across the first 3,000 days
- e. Digital Health and technology enablement in primary care
- f. Integrated mental health, suicide prevention and alcohol and drug strategy
- g. Specific place-based initiatives including:
 - Lower Gulf Strategy
 - Far South West Alliance
 - Project West
 - Healthy Outback Kids
 - Better Health CW.

12. Other commitments the parties are making through this Accord are to:

- Adopt a place-based commissioning approach across the seven localities of Western Queensland to broaden the scope and scale of the primary health care team, and establish a critical mass of locally based health practitioners to serve Western Queensland's larger towns and through them also the surrounding remote communities;
- Promote clinically integrated, general practice-led, multidisciplinary team-based care to ensure a sustainable, professionally supportive work environment for the local health practitioners, and support from a diverse referral base including social, primary and specialist care sectors;
- Enable culturally informed, responsive and appropriate clinical practice, and a strong, robust and vibrant community-controlled sector in Western Queensland;
- Facilitate shared health intelligence on the health status of Western Queensland populations, the effectiveness of health services and the configuration and allocation of resources against shared health priorities and empower local evaluation frameworks and clinical leadership;
- Strengthen primary health care workforce through alignment and adoption of universal of Models of Care, integration across care pathways, and strategic investment including workforce training and development, shared staffing and joint appointments;
- Support respectful and productive partnerships with consumers and their carers to optimise engagement, co-design and joint advocacy in the design, delivery and evaluation of primary care services.



MEETING THE UNIQUE NEEDS OF WESTERN QUEENSLAND

- 13.** Western Queensland's population and geography mean that a well-coordinated, culturally competent and effective system of primary health care is of critical importance to maximise access to care, to empower consumers of our services, and secure better health outcomes.
- 14.** Western Queensland is characterised by a small population (approx. 62,000 people), dispersed across a very large land area covering 56% of the state. People need to travel large distances to access health services, and public transport is poor.
- 15.** Compared with Queensland as a whole, the Western Queensland population has a high burden of illness, low life expectancy, and high rates of health risk factors, especially for older residents, Aboriginal and Torres Strait Islanders and children.
- 16.** The historical approach to primary care service configuration and delivery is not meeting Western Queensland's needs. General Practice is available through a range of settings including private (traditional models), ACCHO, HHS and RFDS, as well as a number of smaller towns supported by nurse led clinics. HHSs are significant providers of primary and community health services and collaboration across provider networks and settings is essential.
- 17.** Implementation of the WQHCH Model of Care will increase the capacity of general practice networks to inform more comprehensive primary health care, patient activation and system improvement through:
 - Responsible data stewardship
 - High quality shared practice population data
 - Population risk stratification
 - An emphasis on Access to Care, prevention and early intervention, and planned and structured care
 - Enabling referral networks and linkage to primary, social care and secondary care services
 - Shared registers of priority patient cohorts to optimise referral, follow-up, promote team care arrangements
 - New workforce roles
 - Culturally competency in clinical practice and redesign
 - Alignment with HealthPathways linking primary health care with specialist services
 - Optimising access to MBS and PBS support for eligible patients
 - Integrate PREM and PROM tool to enable patient activation and continuously improve care quality.

18. Implementation of comprehensive primary health care is expected to bring measurable benefits through:

- Better access for patients to services in their local communities
- Patient enrolment within the WQHCH for defined population segments
- Better system effectiveness and value for money
- Better skilled, supported and integrated local health workforces
- Reduction in unnecessary attendances to hospital emergency departments
- Reduction in avoidable hospitalisations and hospital transfers
- Greater uptake of technology-enabled services for patients and clinicians
- A better quality service that empowers patients and their carers
- Greater innovation for priority segments of the population including those most vulnerable to experience poor health outcomes and long-term conditions.

19. Implementation will be monitored to track progress and evaluated to assess the system and population impacts. A contemporary performance measurement framework will be adopted to provide evidence of health improvement at a system and patient level, as well as patient reported experiences of care.



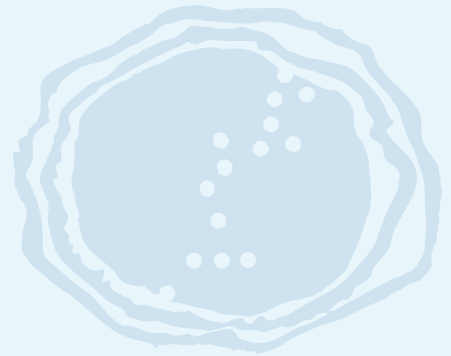
OUR APPROACH



- 20.** All parties have committed to a co-design approach which are founded on universal coverage of the WQPHN population, regional approaches to care, and shared intelligence to enable an evidence informed approach.
- 21.** The WQHCH Model of Care collateral and commissioning approaches are intended to support local primary health care systems at the forefront of contemporary innovation and redesign within their local and regional jurisdictions and inform place-based commissioning aligned with defined population health priorities and local implementation plans.
- 22.** A fundamental principle of this Accord is an agile co-design process that allows sharing of learnings across the region and scalability of commissioning approaches where better health and system outcomes are by evidence.

MEASUREMENT AND REPORTING

23. Parties to the Accord have agreed to share data and health intelligence to ensure a common understanding to presenting evidence that support the value of joint projects, investments and agreed approaches to primary health care reform and innovation.
24. Reporting mechanisms and minimum data sets will be developed for Regional Priorities identified in Clause 11 above to enable members of the WQHSIC to monitor and evaluate key outcomes across health improvement, system innovation and patient experience domains.
25. The Maranoa Accord and its membership represents a significant change and reform mechanism in Western Queensland and an Annual Report of progress against agreed priorities will be published annually.



GOVERNANCE

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- 26. This Accord respects the respective independence of each Party and aims to create a structured dialogue and opportunity for enterprise and joint stewardship for better health outcomes for the communities of Western Queensland.
- 27. The parties to this Accord will work without prejudice to reduce low value care and maximise the collective impact through collaboration, evidence informed redesign, and leadership.
- 28. Overarching Governance to provide strategic support for the Maranoa Accord will be overseen by the Western Queensland Health Services Integration Committee (WQHSIC), comprising the Chairperson and CEO and a Board member of each of the three HHSs, CEOs from the four (4) representative ACCHOs, together with the Chairperson and CEO and three board members of WQPHN.
- 29. Meetings of the WQHSIC will occur two times per annum, with one meeting coinciding with the WQPHN Annual General Meeting.
- 30. The WQHSIC will be Chaired by the WQPHN Chairperson with Secretariat services for the meetings provided by the WQPHN.
- 31. Attendance at meetings is voluntary and all decisions made will be deemed to be by consensus in a spirit of cooperation and not binding on parties to this Accord.
- 32. A Working Group of the three HHS CEs and WQPHN CEO and two ACCHO representatives will direct implementation of activities under the Accord.
- 33. The revised Accord will be for a period of three years (2020 – 2023) at which time it will be reviewed again by all members, with an option for a further three years.

REFERENCES

- 1 A protocol for collaborating and integrating all public and private health services to improve the quality of life for all Western Queenslanders (2016).
- 2 Western Queensland Primary Health Network Strategic Plan 2016 – 2020 (revised) https://wqphn.com.au/uploads/documents/WQPHN%20Strategic%20Plan_June%2011_FINAL_WEB.pdf
- 3 The Western Queensland Health Comprehensive Population Health Needs Assessment https://wqphn.com.au/uploads/documents/WQPHN_2017-2018%20HNA_Final%20Report_web.pdf
- 4 Western Queensland Health Care Home Model of Care https://wqphn.com.au/uploads/documents/WQ%20HCH%20Model%20of%20Care%20Policy%20Overview_FINAL.pdf
- 5 Commissioning for Better health, A Bushman's Guide to Commissioning in Western Queensland (2017). <https://wqphn.com.au/uploads/documents/WQPHN%20CFBH%20Singles%202023%20May%2018.pdf>

EXECUTION AS AN AGREEMENT ON THE RESPECTIVE DATES SET OUT BELOW

SIGNED for and on behalf of SOUTH WEST HOSPITAL AND HEALTH SERVICE
this 22nd June day of 2020 as an authorised officer:

Ms Karen Tully
Chairperson

Signature of authorised officer

Karen Tully

In the presence of:

Signature of Witness

Joseph Tully
Joe Tully

SIGNED for and on behalf of CENTRAL WEST HOSPITAL AND HEALTH SERVICE
this 26/7/2020 day of 2020 as an authorised officer:

Mrs Jane Williams
Chairperson

Signature of authorised officer

Jane Williams

In the presence of:

Signature of Witness

D. SEARLES
D. Searles

SIGNED for and on behalf of NORTH WEST HOSPITAL AND HEALTH SERVICE
this 29th July day of 2020 as an authorised officer:

Mr Paul Woodhouse
Chairperson

Signature of authorised officer

Paul Woodhouse

In the presence of:

Signature of Witness

Nicola Thompson
Nicola Thompson

SIGNED for and on behalf of GIDGEE HEALING this _____ day of 2020 as an authorised officer:

Mr Shaun Solomon
Chairperson

Signature of authorised officer

Shaun Solomon

In the presence of:

Signature of Witness

Andrea Casey
Andrea Casey

SIGNED for and on behalf of GOONDIR ABORIGINAL AND TORRES STRAIT ISLANDERS CORPORATION FOR HEALTH SERVICES this 21st August 2020 day of 2020 as an authorised officer:

Mr Gary White
Chairperson

Signature of authorised officer

Gary White

In the presence of:

Signature of Witness

Samantha Fuller
Samantha Fuller

SIGNED for and on behalf of CHARLEVILLE AND WESTERN AREAS ABORIGINAL AND TORRES STRAIT ISLANDERS COMMUNITY HEALTH this 25th July day of 2020 as an authorised officer:

Mr Norman Burns
Chairperson

Signature of authorised officer

Norman Burns

In the presence of:

Signature of Witness

Sheryl Hamilton
Sheryl Hamilton

SIGNED for and on behalf of CUNNAMULLA ABORIGINAL CORPORATION FOR HEALTH
this _____ day of 2020 as an authorised officer:

Ms Julie Fox
Chairperson

Signature of authorised officer

Julie Fox

In the presence of:

Signature of Witness

Kerry Crumbl
Kerry Crumbl

SIGNED for and on behalf of WESTERN QUEENSLAND PHN this 17/8/2020 day of 2020 as an authorised officer:

Mr Dallas Leon
Chairperson

Signature of authorised officer

Dallas Leon

In the presence of:

Signature of Witness

Stuart Gordon
Stuart Gordon



Australian Government



An Australian Government Initiative



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