

NSW Health and NSW Primary Health Networks: Working together to deliver person-centred healthcare

JOINT STATEMENT



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Foreword

NSW Health, the 18 Local Health Districts (LHDs) and Specialty Health Networks (SHNs), the Commonwealth Department of Health and the 10 NSW Primary Health Networks (PHNs), are committed to working in partnership to deliver patient-centred healthcare.

We recognise that patient-centred care requires collaboration between, and integrating care across, the primary, community, hospital and social care areas. Providing patient-centred healthcare is important because evidence shows that when systems work together the outcomes for people and communities are improved.

We have been working together to achieve coordination and integration of health care services at the regional level since 2015 when the Australian Government established PHNs.

PHNs are not-for-profit organisations that support primary healthcare through service and system level integration, commissioning of services to address identified gaps and needs in their regions, and general practice transformation. NSW Health is the State's public health system and includes 15 local health districts, three specialty networks, statewide services, statutory health corporations and the NSW Ministry of Health.

In developing this document, we considered our individual and collective strategic directions, broader processes such as the National Health Reform Agreement, and what we could learn from other Australian states and territories and

other countries. We also undertook extensive consultation within NSW.

This Joint Statement expresses our commitment to deepen our collaboration to respond to the challenges and realise the emerging opportunities of today's health system. This combined collaboration brings many benefits, but importantly creates recognition regarding enhanced opportunities for partnering with others. Further to this joint statement we will seek to formalise collaborative arrangements with other key system participants including Aboriginal and Torres Strait Islander people, health consumers and other vulnerable populations to build strong, safe, healthy and vital communities and a sustainable future.

We see this document as supporting current NSW Health, LHD, SHN and PHN agreements, programs, projects and services at the regional and state level and facilitating how we work together on new ones. This Joint Statement can be used to guide how we work together at the regional, State and Federal level, inform shared governance arrangements and agreements, and facilitate shared ownership, initiation, implementation and evaluations of programs, projects and services.

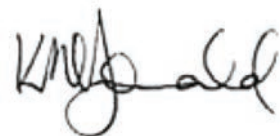
We can make the biggest improvements in the health of the people of NSW by working as one system; harnessing our shared goals, resources and investment in prevention and primary and community healthcare, and by providing person-centred healthcare.



Brendan Murphy
Secretary, Department of Health
Australian Government



Elizabeth Koff
Secretary
NSW Health



Keith McDonald
Chair
NSW PHN Chief Executive Officers



Aboriginal family living locally on Darug land in the Nepean Blue Mountains PHN region.

Our shared commitment

Our shared commitment reflects our understanding that across all four parts of the commitment, we consider what the system needs to do to provide patient-centred healthcare.

A one health system mindset which supports us to think and act beyond our current healthcare structures and boundaries in healthcare.

Working together with shared principles and shared focus areas to address shared challenges.



Planning and evaluating our actions to improve healthcare experiences, population health outcomes and health system cost efficiency.

A regional focus for planning, commissioning, designing and delivering healthcare backed by the right system support from the State and the Commonwealth.



1. A one health system mindset

Working as one health system means our policies, planning and service delivery put the person at the centre so that they experience their care as coming from the same system. To work with a one healthcare system mindset, we need a change in our culture and ways of working across our different boundaries, organisational structures and funding mechanisms.

A one healthcare systems mindset means:

- Involving our communities and hearing their voice in everything we do together
- Providing the authorising environment to collaborate across the different settings of care and enable care provision in the community
- Recognising the strengths in our communities to enable investment in social infrastructure, healthy lifestyles, health prevention and community development to keep people healthy
- Being open to exploring new ways of working together to achieve better outcomes for our people and communities
- Reducing or eliminating learned assumptions and misconceptions
- Removing the structures and barriers that reinforce silos
- Working together to creatively solve problems and overcome the obstacles to greater collaboration and integration
- Continuing to build the foundation for our working relationships so we can collaborate on complex challenges, including working with other sectors to address the social determinants of health in particular for populations who are at risk of poorer health outcomes

- Identifying and advocating for short and longer-term policy shifts that will reduce fragmentation and encourage a more cohesive healthcare system.

We know that we face challenges in working as one healthcare system. Some of the challenges are specific to NSW PHNs and NSW Health working together, while others are broader challenges. Some of the challenges are:

- Funding sources and models are varied and fragmented
- Payments reward volume when they should reward value
- Differences in how we define health outcomes
- An increasingly challenging fiscal environment
- Limited data sharing and limited data governance
- Lack of communication about care planning, referrals and treatment
- A training focus on specialisation, rather than multi-disciplinary care
- Different organisational structures, boundaries, goals, business models, value propositions and working practices
- Different professional cultures and values, including in relation to quality, safety and risk.

Continuing to address these challenges over the short, medium and long term will support us to work in a more integrated way to deliver patient-centred healthcare. We can address these challenges collaboratively, with time, active planning and action, and a concerted effort to continue building relationships and establishing new ways of working.



2. Working together

OUR SHARED PRINCIPLES

Listening to our communities	<p>Our vision of providing truly person-centred care means working hand in hand with our people and communities to fully understand their needs, preferences and aspirations, and the outcomes that matter to them. More than consultation, this means engaging, involving and empowering communities to participate, and valuing the community voice. This will help to ensure that community strengths are recognised and used effectively and appropriately.</p>
Investing in building our relationships	<p>Building relationships based on trust and mutual respect takes time and requires us to go beyond the good will that we have built between us. To build our relationships we should continue to advance our skills such as influencing, creative problem solving, navigating conflict, negotiating productive decisions, and building a high level of interpersonal and organisational self-awareness.</p> <p>Investing in relationships means starting with a person-centred focus. This work builds on what is in place already through formal and informal structures. Building on this will be the establishment or expansion of developing joint working practices and to commit to work together to resolve more complex challenges now and into the future.</p>
Valuing each other's perspectives	<p>Misconceptions and a lack of confidence in different parts of the health system can stand in the way of real collaboration. We need a shared paradigm where organisations understand, value and can collaborate through their different perspectives, this includes cultural perspectives. Then we can draw on the strengths and assets that others bring to the table. Understanding the depth of expertise across the system and establishing a shared language to build trust is key across all levels of organisations.</p>
Building the right leadership capability	<p>Health system leaders in NSW are increasingly required to lead the sector through reform and transformation, while building confidence, capacity and capabilities within their organisations and more broadly. This also means stepping outside of our comfort zones, being vulnerable as leaders, and letting go of individual leadership to embrace a one health system mindset. For change to be successful, and current efforts to be realised, everyone needs to lead and drive new ways of working. Building the right leadership capability means:</p> <p>Enabling senior leaders to:</p> <ul style="list-style-type: none">• Establish the vision and desired outcomes for the system• Set the pace of change• Clarify roles and responsibilities• Develop senior relationships• Provide the authorising environment for cultural change• Drive accountability and cascade down through their organisations• Remove barriers to new ways of working. <p>Enabling all staff to lead by:</p> <ul style="list-style-type: none">• Identifying collaboration and service integration opportunities• Establishing and developing peer level relationships• Escalating systemic risks, issues and barriers• Adopting necessary mindset and behaviour changes to embody a one health system culture.
Thinking as one workforce	<p>Current perspectives of the workforce as belonging to a particular organisation can result in a lack of cooperation in the health system, and even competition. To support a person-centred health system, we are considering new ways of operating as a collective workforce (both paid and volunteer), regardless of organisational structures and funding mechanisms. This is a particular opportunity for settings where workforce shortages are especially challenging.</p>



2. Working together cont.

OUR SHARED AREAS OF FOCUS

Enabling care in the community	<p>There is an opportunity to deliver more services within community settings and closer to people's homes; inclusive of culturally appropriate care, as evidence suggests this provides a better patient experience, allows issues to be addressed earlier and is more cost-effective. This means there is a need for integrated pathways into and out of the community setting taking a person-centred focus to enable people to receive the right care in the right place at the right time.</p> <p>This means enabling people who do not need to be in hospital to achieve healthcare at home or in the community, with the appropriate multidisciplinary teams irrespective of the setting of care those teams usually work from. Doing so will better balance our health system and ensure the right setting of care is used for the right services. This proactive shift of care in the community requires continued investment and capacity building in primary care.</p>
Commissioning in collaboration	<p>PHNs and NSW Health have commenced collaborative commissioning approaches that encourage shared models of care and pathways. Moving forward, opportunities for collaborative commissioning will become increasingly important to how we design and deliver services.</p>
Developing shared models of care	<p>PHNs and NSW Health are increasingly working together utilising shared health pathways and models of care across settings, and we are committed to continuing to mature these ways of working. The next level of integration will involve sharing and collaborating around a much broader range of health system enablers. These include training and education to build capacity and capability particularly in primary care and general practice, shared clinical governance, redesigning pathways into and out of hospital, more effective communication, information and data sharing, and shared decision making.</p>
Reducing duplication	<p>Separate funding streams, and the development of new ideas, responses and care models in isolation, has often created duplication. In becoming truly person-centred, there is an opportunity to collaborate on service planning, population health, regional commissioning and shared service delivery to identify and reduce duplication. Doing so will increase the efficiency and reach of the healthcare system, and particularly for the most vulnerable communities in NSW. Moving forward, this will mean working together from the outset, and encouraging participation from each other to establish a cohesive rather than duplicative approach.</p>
Enhancing digital approaches	<p>Emerging digital approaches present an exciting opportunity for the healthcare system in NSW, with the potential to increase integration, improve the patient experience, expand the reach of healthcare and increase cost-effectiveness. Specific opportunities include real time sharing of clinical information across care boundaries, virtual healthcare and remote monitoring and care, and better utilising the secondary use of data.</p>



3. A regional focus backed by the right system supports

OUR SHARED PRINCIPLES

At the system level, we need to provide the right support for effective collaboration at the regional level. This support could include:

- joint policy development
- joint governance
- joint measurement.

Integration at the regional level also requires a focus on appropriate policy levers supported and developed by State and Commonwealth. The NHRA plays a significant part in the development of policy levers. Examples of state-wide joint initiatives include: Joint Development Phase for collaborative commissioning, enabling PHNs and local health districts to pool resources and further develop shared models of care; and the Lumos Project (Primary Care Linkage Program) which links data from general practice health records to NSW Health administrative data, enabling monitoring of value-based care.

It is at the regional level where we can have the greatest impact, with PHNs and local health districts working together on more complex and challenging needs. Regional and local connections are critical to joint work for several reasons, including:

- Involvement of regional stakeholders in the design and delivery of healthcare is key to building a cohesive and integrated system that meets local needs. Community voice, through lived experience, carers, vulnerable groups and cultural diversity is critical to this.
- Actively working together to jointly plan, problem solve, and design shared care models will enable the development of strong partnerships. These activities will be key to building relationships, trust and mutual respect between local partners.
- Pooling of resources is most effective when used to address specific needs in a locality, cohort or co-morbidity. In this way,

the health system can wrap services around a specified population to meet their unique needs, rather than implementing generic solutions.

- Some communities suffer disproportionately from circumstances that limit their health and life opportunities. We have not yet mastered approaches to reduce health and social inequity.
- Local forums, such as community, consumer and clinical committees, enable the community to utilise and optimise existing assets, while building capacity to increase local assets to meet their needs. This again highlights the importance of the community setting as the default for most of the healthcare, where appropriate as well as to recalibrate the balance between 'upstream' i.e. preventative and 'downstream' i.e. disease management approaches to improve outcomes and save costs.
- Working at the local level will enable ongoing maturation of governance arrangements as new initiatives are designed and implemented. Recent collaboration and shared planning around mental health, suicide prevention, population-focused and co-morbidity approaches have already started to establish and mature governance and working arrangements at the local level.

Moving forward, we are committed to working collaboratively at the regional level in a way that:

- Builds on existing plans to deliver our shared commitment for integrated, person-centred healthcare services
- Identifies challenges to joint working and develops plans to overcome these, including identifying policy levers that may need to be addressed
- Reflects the principles for how we work together set out in this statement.

4. We plan and evaluate our actions together



Our approach of a regional focus backed by the right system supports means that we plan and evaluate our actions together at the regional and at the system level through the Quadruple Aim:

- Improving the patient experience of care (including quality and satisfaction)
- Caring for the carer
- Improve health outcomes for the population
- Improve cost efficiency of the health system.

Measuring our progress in these areas helps us understand the impacts of our actions at each level of the system. Measuring progress at the system level helps us understand the impact across NSW and measuring progress at the regional level helps us understand the impacts of local changes, such place-based programs or initiatives focussing on population groups in a particular location.

Below, the enablers are mapped to our principles for working together to identify which new ways of working the various enablers will support.

Enablers	How we work together				
	Listen to our communities	Value each other's perspectives	Think as one workforce	Build the right leadership capability	Invest in building our relationships
Policy shifts	✓		✓	✓	✓
Trust and mutual respect	✓	✓	✓	✓	✓
Collaboration capabilities	✓	✓	✓	✓	✓
Health Pathways	✓	✓	✓	✓	✓
Human Resources and Industrial Relations awards	✓		✓	✓	
Aligned systems and processes for workforce planning	✓		✓	✓	
Primary care linkage program	✓	✓	✓		
Data sharing between care settings	✓	✓	✓		
Joint decision making on investment	✓	✓	✓		✓



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