

Children's Health Queensland Hospital and Health Service and Brisbane South PHN Ltd

A protocol for working together to enhance health outcomes

2017-20

phn
BRISBANE SOUTH

An Australian Government Initiative



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September 2017	0.8	Hannah Johnson	Final review by BSPHN

Children's Health Queensland Hospital and Health Service and Brisbane South PHN Engagement Protocol

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Parties

Children's Health Queensland Hospital and Health Service ABN 62 254 746 464 of 501 Stanley Street, South Brisbane Qld 4101 (CHQ)

Brisbane South PHN Ltd ACN 151 707 765 of 1st Floor Building 20, Garden City Office Park, 2404 Logan Road, Eight Mile Plains Qld 4113 (BSPHN)

Background

CHQ is a specialist statewide hospital and health service dedicated to caring for children and young people from across Queensland and northern New South Wales. BSPHN is a not-for-profit public company limited by guarantee and commissioner of primary health care services with a recognised role in local coordination of and support for community and primary health care providers.

The parties have, in all of their previous forms, a long history of working together and achieving improved health care outcomes for the communities of their region.

The nature of these endeavours has varied but all have been built on the good relationships that exist between the parties.

The parties recognise they have a shared responsibility for the health and wellbeing of children and young people within the community of Brisbane South.

Under the National Health Reform Agreement (2011) and subsequent Acts and Regulations in Queensland, there is a requirement to document an overarching engagement Protocol between the parties (PHNs formerly Medicare Locals). The Australian Government Department of Health PHN Grant Programme Guidelines (2016) also supports the need for Primary Health Networks (PHNs) and Hospital and Health Services (HHSs) to develop collaborative working relationships.

This document is not a legal instrument, but provides a general framework for working together. This document is not exhaustive and serves to support future local agreements between parties.

Objectives

The key objective of the Protocol is for the parties to adopt a shared and coordinated approach in seeking to address the health needs of the local population in the most safe, effective, efficient, patient-centred, timely and equitable manner possible.

This is in line with CHQ's [Service Agreement](#) with the Queensland Department of Health and the Australian Government's Department of Health PHN [Grant Programme Guidelines](#).

The additional objectives of this Protocol are to:

- a) promote cooperation between the parties in the planning, delivery and integration of health services;
- b) outline how together the parties can contribute to the joint objectives of their respective organisations;
- c) provide context, guidance and governance to joint initiatives that will continue to be developed and will continuously improve cooperation by the parties;
- d) ensure alignment of approach between parties when engaging with other entities and providers in the local health and disability sector regarding improved service delivery and health outcomes;
- e) identify the key priority areas and initiatives which form the basis of the cooperative approach between the parties; and

- f) improve the health outcomes and service planning, development and delivery for the community of Brisbane South.

In order to achieve these objectives, the parties will work together to:

- Identify and prioritise local health needs;
- Share health information and data;
- Identify and provide plans and an evaluation mechanism for the key issues identified as requiring cooperation;
- Respond to relevant State and National strategies, policies, agreements and standards;
- Meet performance requirements as measured by State and National authorities;
- Determine the most efficient method of service delivery to meet current and expected future demand;
- Enhance service access, coordination and integration across the health continuum;
- Influence and reform those areas of the health system for which they have responsibility;
- Engage with clinicians, consumers and community members; and
- Ensure care is delivered in the right place at the right time by and to the right people.

Key Guiding Principles of Working Together

The activities undertaken by the parties under this Protocol will be guided by the adoption of the following ten principles:

1. Joint planning

The parties are committed to a joint and coordinated approach to the development of strategic and operational plans that are grounded in a common understanding of the health needs of the Brisbane South community.

2. Integrated information and communication (ICT) systems

The parties recognise that integrated information system infrastructure is essential for effective care coordination and communication across the care continuum. The parties will work towards building systems of data sharing and data management.

3. Change management

Successful system integration will require institutional change. The parties therefore commit to developing an effective change management strategy to underpin the integration initiatives being undertaken.

4. Shared clinical priorities

The parties will work towards consulting available data and engage clinical leaders, community members and consumers to assist in identifying agreed clinical priorities for service improvement. The parties are committed to developing integrated service delivery models in these priority areas that will optimise care across the continuum through improved patient care planning and coordination and the development of care pathways.

5. Aligned incentives

The parties will work towards providing incentives that are aligned across the continuum in order to promote inter-professional and cross-sectorial teamwork, shared accountability for cost and quality and to ensure the whole sector is working towards a shared vision. The parties are committed to exploring cross-sector system redesign, for example, alternate funding models, and to promote the goal of improved health and service delivery at a population level. The parties are also committed to pursuing sustainable partnerships within the sector, including the building of strategic alliances to effectively manage shared risks and rewards. This may also include pooling of resources and consolidating expertise for shared priorities and life-limited projects.

6. Population focus

The parties are committed to promoting a culture of shared responsibility for the health and wellbeing of the community. This requires a shift in focus from health services delivered in separate units, facilities or sectors to a focus on care that can be provided across organisations for the Brisbane South population and an emphasis on upstream health and wellbeing promotion and disease prevention.

7. Measurement and evaluation

The parties are committed to adopting a collaborative approach to evaluating the impact of system improvements. Developing targets that extend beyond organisational boundaries allows clinicians and managers to see areas of improvement from a consumer rather than an organisational perspective. This

will include evaluation of the effectiveness of working relationships, planning processes and outcomes, in relation to this Protocol. Status of effectiveness of the implementation of the Protocol will be evident in the parties' annual reports.

8. Continued professional development

The parties will work towards promoting inter-organisational and inter-sectorial multidisciplinary professional development. By doing this a skill set will be developed across the sector that will better meet the needs of the community by enhancing continuity of care and supporting transition between different types of care.

9. Community engagement

The parties are committed to community and clinician engagement mechanisms and will endeavour to share and/or jointly participate in these mechanisms.

10. Innovation

The parties share a commitment to fostering collaborative innovation, particularly in the areas of care coordination and transition, chronic care optimisation and service redesign to ensure consumers are seen at the right time, in the right place by the right provider.

Reference:

¹ Nicholson C, Jackson C, Marley J. A governance model for integrated primary/secondary care for the health-reforming first world – results of a systematic review. BMC Health Serv Res 2013; 13: 528.

Governance

To achieve the objectives of the Protocol, close collaboration and joint agreement of reporting structures will be agreed by both parties through the following engagement structures:

(a) Key accountability

The Chief Executive of each of the parties will be the accountable officers responsible for the promotion, implementation and carriage of this Protocol.

(b) Key contact person

A key contact person will be nominated to manage matters related to this Protocol. The nominated person will act as a single point of reference and coordination. Proposed initiatives, queries and/or disputes should be discussed with this person, to ensure consistency of approach.

The key contact person will be responsible for:

- Ensuring proposed joint initiatives match agreed strategic direction, objectives and priorities;
- A consolidated activity reporting structure;
- Providing Board summary reports; and
- Coordinating each party's involvement in the Protocol.

(c) Board summary

Both parties are required to provide a summary of the key issues discussed and decisions made in each of their Board's meetings to the key contact person for distribution, subject to the Board's obligations relating to confidentiality and privacy. A schedule of both party's Board meetings should be shared between the key contact people for each party.

Joint Board meetings may be convened at the discretion of both Boards.

(d) The Children's Health Collaborative

(i) Membership

Each party is part of the Children's Health Collaborative (CHC). Membership of the CHC is reflected in the flowchart on the following page. The CHC also has representatives from other metropolitan PHNs, Metro North Hospital and Health Service (MNHHS), Metro South Hospital and Health Service (MSHHS), the Mater Health Services, and the Queensland Child and Youth Clinical Network (QCYCN). The Chairperson of the CHC is CHQ's Health Service Chief Executive, with Secretariat support being provided CHQ's Senior Project Officer, Integrated Care, including the preparation of agendas, direction of meetings and taking minutes of meetings.

(ii) Meetings

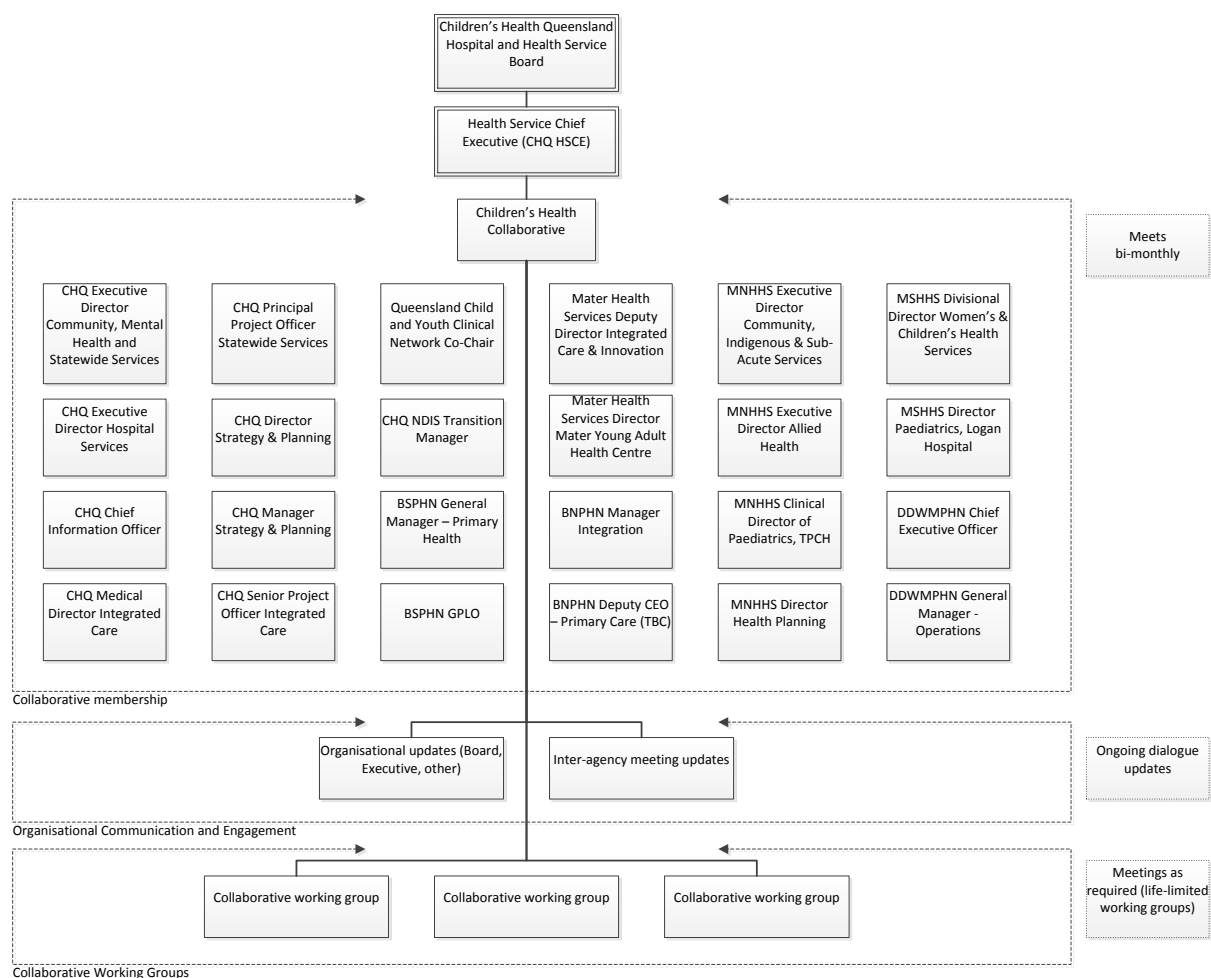
The CHC meets bi-monthly. In these meetings, subject to each member's obligations in relation to confidentiality and privacy, a summary of key issues discussed and decisions made that are of relevance to the other members will be shared.

(iii) Approach

The CHC establishes their own rules and conventions in relation to the running of meetings and oversight of outcomes of meetings. The members discuss the progress and issues involved or encountered in activities of the members, as set out in [Schedule 1](#), at meetings. The CHC provides a forum whereby the members can

develop cooperative approaches to addressing each other's organisational objectives, joint initiatives, program development, leading toward improved service delivery and health outcomes for children and young people and Queensland.

Governance Model for CHC



Cooperative Initiatives

All initiatives undertaken between the parties within the context of this Protocol are to be outlined in the register of initiatives contained in [Schedule 1](#) and updated from time to time with the signed agreement of the Chief Executives.

The initiatives and correlating activities have been developed from the priority areas and objectives identified in:

- Brisbane South PHN Whole of Region Needs Assessment as published from 2016 onwards;
- Brisbane South PHN Strategic Plan 2017 onwards;
- CHQ Strategic Plan 2016-2020; and
- CHQ Consumer and Community Engagement Strategy 2016-2020.

Various other high level state and federal Department of Health strategic documents were also consulted. These initiatives range from funded contract arrangements through to cooperative endeavours based on in-kind support and initiatives for each party's information as follows:

(a) Funded Contracts (Level 1)

A Contract will be used where:

- (a) Funding passes between the parties;
- (b) Project activities involve significant risks to one or both of the parties;
- (c) There is any proposed use or sharing of identifiable patient information;
- (d) On any other grounds determined by either party.

All Funded Contracts will be recorded in [Schedule 1](#) as Level 1 Initiatives.

(b) In-kind Initiatives (Level 2)

An in-kind initiative shall involve provisions for sharing information, staff resources including staff co-location if appropriate, and facility access described in relevant initiative implementation plans. These initiatives shall be recorded in [Schedule 1](#) as Level 2 Initiatives.

Neither party shall be legally bound to perform any activity under an in-kind initiative, except in the case where a separate agreement is executed by the parties. Each party shall generally support the performance of the in-kind initiatives.

(c) Initiatives for Information (Level 3)

The parties may from time to time undertake initiatives that may be of interest to each other but will not require a contractual or in-kind arrangement. These initiatives shall be recorded in [Schedule 1](#) as Level 3 Initiatives.

Protocol Particulars

1. Purpose

This Protocol is an overarching agreement setting out the governance of the relationship between the parties and is not intended by the parties to be legally binding.

2. Term

The term of this Protocol shall be three (3) years from the date the last party signs this Protocol (Term). The parties may extend the Term of this Protocol by written agreement, however note that joint annual review, or sooner if deemed appropriate or necessary, should occur prior to extension, commencing from the date of signing.

3. Termination

Either party may terminate this Protocol by thirty (30) days written notice to the other party.

4. Publication

This Protocol will be publicised through the parties' publications and websites. Any resources and content developed under a joint initiative should reflect the involvement of both parties and be agreed to by both parties. This would include use of the two corporate logos in the publication of paper-based and electronic documents.

5. Privacy and confidentiality

Information marked as confidential by either party will be treated as confidential.

The parties will observe, and will ensure that they comply with all applicable legislation in relation to any planning processes or initiatives under this Protocol including where it involves the exchange of patient data.

6. Conflict of interest

Each party will actively manage any perceived or real conflicts of interest in relation to their employees, officers, contractors, consultants and agents participating in initiatives relating to the Protocol.

7. Dispute Resolution

All disputes between the parties in relation to this Protocol will be dealt with in a collaborative manner in good faith.

8. Status of Protocol

For the avoidance of doubt, the parties are independent entities and are not engaging in a joint venture, agency or partnership arrangement.

9. Inconsistency

If there is any inconsistency between an agreement entered into by the parties and this Protocol, the other agreement will prevail to the extent of the inconsistency.

Execution as an agreement on the respective dates set out below.

SIGNED for and on behalf of **CHILDREN'S HEALTH
QUEENSLAND HOSPITAL AND HEALTH
SERVICE**

this 29 day of Sept 2017
by an authorised officer:

MR FRANK TRACEY, Acting HSCE
Ms Fionnagh Dougan, Health Service Chief
Executive

in the presence of:

Signature of authorised officer

Signature of Witness

KAYLA MCGHIE

Kayla McGhie

SIGNED for and on behalf of **BRISBANE SOUTH
PHN LTD**

this 25th day of October 2017
by an authorised officer:

Ms Sue Scheinpflug, Chief Executive Officer

in the presence of:

Emma Matthews

Signature of authorised officer

Signature of Witness

EMatthews

Abbreviations

BNPHN	Brisbane North PHN
BSPHN	Brisbane South PHN
CCHW	Centre for Children's Health and Wellbeing
CHC	Children's Health Collaborative
CHQ	Children's Health Queensland Hospital and Health Service
CYCHS	Child and Youth Community Health Services
CYMHS	Child and Youth Mental Health Services
DDWMPHN	Darling Downs and West Moreton PHN
EDHS	Executive Director Hospital Services
EDMS	Executive Director Medical Services
EDCMHSS	Executive Director Community, Mental Health & Statewide Services
HSCE	Health Service Chief Executive
GPLO	General Practice Liaison Officer
ICIF	Integrated Care Innovation Fund
MNHHS	Metro North Hospital and Health Service
MSHHS	Metro South Hospital and Health Service
MOU	Memorandum of Understanding
QCYCN	Queensland Child and Youth Clinical Network
TOR	Terms of Reference
WTA	Working Together Agreement – used interchangeably with Engagement Protocol

Schedule 1

Initiative / priority area	Activities	Level of Involvement	Key Contacts
1. Children's Health Collaborative	<ul style="list-style-type: none"> Bi-monthly meetings convened and supported administratively by CHQ <ul style="list-style-type: none"> Attendance from senior CHQ, Metro North and Metro South HHSS, Brisbane North, Brisbane South and Darling Downs West Moreton PHNs, and Mater Health Service leaders as relevant. Facilitate a peak engagement forum to share information and develop shared priorities and actions to improve service delivery and health outcomes for children, young people and families 	Level 2 Level 3	CHQ: <ul style="list-style-type: none"> Senior Project Officer, Integrated Care Executive Director CMHSS BSPHN: <ul style="list-style-type: none"> Chief Executive Officer (CEO) General Manager – Primary Health
2. Potentially preventable hospitalisations, including acute, chronic and vaccine-preventable conditions	<ul style="list-style-type: none"> Identify 'frequent flyers' and link them with primary care providers, or other appropriate health services Identify common high-volume conditions and develop strategies to minimise admissions Develop risk stratification tool for children and adolescents 	Level 2 Level 3	CHQ: <ul style="list-style-type: none"> Medical Director Integrated Care Senior Project Officer, Integrated Care Executive Director Hospital Services BSPHN: <ul style="list-style-type: none"> General Manager – Primary Care
3. Digital health strategies, including HealthPathways, eReferral processes, Health Provider Portal	<ul style="list-style-type: none"> Improve the continuity of patient care between primary, community and hospital care settings through the creation of paediatric HealthPathways for a range of priority clinical areas and services, in conjunction with the promotion and development of Clinical Prioritisation Criteria (CPC) <ul style="list-style-type: none"> Engage with Metro South Health SpotOnHealth HealthPathways team as well as BSPHN Promote GP registration for access to The Viewer via the Health Provider Portal (HPP) Improve communication (e.g. discharge summaries) from Lady Cilento Children's Hospital (LCCH), Child and Youth Community Health Services (CYCHS) and Child and Youth Mental Health Services (CYMHS) to referring practitioners 	Level 2 Level 3	CHQ: <ul style="list-style-type: none"> Medical Director Integrated Care Senior Project Officer, Integrated Care GPLO Program Manager, Integrated Care - Digital Enablement Program BSPHN:

Initiative / priority area	Activities	Level of Involvement	Key Contacts
	<ul style="list-style-type: none"> Improve referral quality from referring practitioners 		<ul style="list-style-type: none"> General Manager – Primary Health Program Development Manager – Primary Health Innovation
4. Clinician, community and consumer engagement	<ul style="list-style-type: none"> Explore options for establishing interfaces to connect with existing joint Clinical Councils and joint Community Advisory Bodies Investigate viability and opportunity to hold a joint Children's Health Forum Support capacity building, learning and development of health professionals so that meaningful consumer engagement is embedded in practices and services, including enhancing understanding and support for health literacy 	Level 2 Level 3	<p>CHQ:</p> <ul style="list-style-type: none"> Senior Director Communications And Engagement Manager, Media and Communications Patient Experience and Consumer Engagement Manager CCHW <p>BSPHN:</p> <ul style="list-style-type: none"> General Manager – Stakeholder Engagement and Communication
5. Mental health	<ul style="list-style-type: none"> Identify strategies to improve access to mental health services for children and adolescents Develop culturally appropriate strategies to reduce stigma and improve access to mental health services for children and adolescents from disadvantaged communities, e.g.: <ul style="list-style-type: none"> People living in low socioeconomic areas Aboriginal and Torres Strait Islander peoples Maori and Pacific Islander peoples Culturally and linguistically diverse and refugee populations 	Level 2 Level 3	<p>CHQ:</p> <ul style="list-style-type: none"> ED CMHSS Divisional Director Child and Youth Mental Health Services <p>BSPHN:</p> <ul style="list-style-type: none"> General Manager – Commissioned Programs
6. Health promotion, disease prevention, & health literacy	<ul style="list-style-type: none"> Develop culturally appropriate strategies to improve health literacy of disadvantaged communities, e.g.: <ul style="list-style-type: none"> People living in low socioeconomic areas Aboriginal and Torres Strait Islander peoples Culturally and linguistically diverse and refugee populations Promote existing Government-funded services, programs, and accessible resources, e.g.: 	Level 2 Level 3	<p>CHQ:</p> <ul style="list-style-type: none"> Centre for Child Health and Wellbeing <p>BSPHN:</p> <ul style="list-style-type: none"> General Manager – Stakeholder Engagement

Initiative / priority area	Activities	Level of Involvement	Key Contacts
	<ul style="list-style-type: none"> ○ Playgroups ○ State Library services ○ Online resources ○ Kindergarten ○ Child Health Nurses <ul style="list-style-type: none"> • Promote the integration of health promotion advice into all health service delivery, including primary, secondary and tertiary care providers. 		<ul style="list-style-type: none"> • and Communications • General Manager – Primary Health
7. Integrated Care Innovation Fund	<ul style="list-style-type: none"> • CHQ HHS, in collaboration with BSPHN and BNPHN, has been successful in two grant applications and agree to work collaboratively on the development, implementation and evaluation of the projects: <ul style="list-style-type: none"> ○ ADHD – Actively Decreasing Hospital Dependence ○ Children and Young People in Out of Home Care (OOHC): Managing their health and developmental needs through integrated care 	Level 1 Level 2 Level 3	CHQ: <ul style="list-style-type: none"> • EDCMHS • Medical Director Integrated Care • Dr Ryan Mills • Principal Project Officer, Statewide Services BSPHN: <ul style="list-style-type: none"> • General Manager – Primary Health • General Manager – Commissioned Programs
8. CHQ Integrated Care Strategy	<ul style="list-style-type: none"> • Contribute to system-wide governance of CHQ's integrated care plan • Develop appropriate shared-care initiatives • HealthPathways and CPC • Project ECHO 	Level 2 Level 3	CHQ: <ul style="list-style-type: none"> • EDCMHS • Medical Director Integrated Care BSPHN: <ul style="list-style-type: none"> • General Manager – Primary Health • Program Development Manager – Primary Health Innovation
9. Childhood development	<ul style="list-style-type: none"> • Promote existing Government-funded services, programs, and accessible resources, e.g.: <ul style="list-style-type: none"> ○ Playgroups ○ State Library services ○ Online resources ○ Kindergarten 	Level 2 Level 3	CHQ: <ul style="list-style-type: none"> • ED CMHSS • Divisional Director Child Development Service • Divisional Director Child Health

Initiative / priority area	Activities	Level of Involvement	Key Contacts
	<ul style="list-style-type: none"> ○ Child Health Nurses • Upskill GPs and other health professionals in identifying at risk versus normal developmental delay and appropriate referral pathways • Engage with the Queensland Child and Youth Clinical Network's Child Development Sub-Network 		<ul style="list-style-type: none"> • GPLO <p>BSPHN:</p> <ul style="list-style-type: none"> • Program manager – Child, Youth and Family