Children's Health Queensland Hospital and Health Service and the Institute for Urban Indigenous Health

A protocol and schedule of activities for working together to enhance health outcomes

2021-2024

Children's Health Queensland Hospital and Health Service and the Institute for Urban Indigenous Health Engagement Protocol

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An electronic version of this document is available at https://www.childrens.health.qld.gov.au/chq/about-us/our-hospital-and-health-service/

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Parties

- Children's Health Queensland Hospital and Health Service (CHQ HHS), (ABN: 62 254 746 464) of 501 Stanley Street, South Brisbane Qld 4101
- Institute for Urban Indigenous Health Limited (IUIH), (ABN: 32 140 019 290) of 22 Cox Road, Windsor Qld 4030.

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.

IUIH is Australia's largest Aboriginal Community Controlled Health Service (ACCHS) and its vision is Healthy, strong and vibrant Aboriginal and Torres Strait Islander children, families and communities. It was established in 2009 as a regional strategic response to the significant growth and geographic dispersal of Indigenous people within South East Queensland (SEQ). It has resulted in the IUIH network developing the IUIH System of Care, which is an integrated regional ecosystem of services delivering health and social support services across SEQ.

In late 2020, the Chief Executives of CHQ HHS and IUIH agreed to pursue a partnership to improve health outcomes by sharing resources, collaborating in service delivery and designing culturally safe integrated care models.

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 partnership and collaboration between parties.

Objectives

The parties have a shared vision to work in partnership to improve health outcomes for Aboriginal and Torres Strait Islander children and young people in South East Queensland by reducing system barriers to equitable care.

This protocol is aligned with CHQ's Service Agreement with the Queensland Department of Health.

The objectives of this Protocol are to:

a) collaborate in the planning, delivery, and integration of health services
b) develop, guide and support the governance of joint initiatives
c) work together to engage other providers in the health and disability sector in improving outcomes for Aboriginal and Torres Strait Islander young people in South East Queensland
d) enable the sharing of data and information to support integrated care initiatives
e) co-design funded initiatives including application, development, and implementation
f) eliminate system barriers that exist and prevent Aboriginal and Torres Strait Islander children and young people from receiving equitable health care.

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. Shared vision

The parties are committed to a joint and coordinated approach to the development of strategic and operational priorities to achieve the objectives of this agreement.

2. Co-commissioning

The Parties are committed to ensuring that projects (funded and unfunded) for the delivery of better care for Aboriginal and Torres Strait Islander children and young people within the respective remits of CHQ and IUIH, are co-designed, co-developed and co-implemented.

3. Sharing information

The parties will work towards building shared data systems and protocols, recognising that disjointed information systems and unnecessary restrictions on data sharing are barriers to providing high quality, integrated care.

Subject to privacy and confidentiality requirements, each party agrees to work towards enhancing appropriate data and information sharing to improved shared service delivery and clinical decision-making.

4. Reducing Barriers

The parties (and their respective leadership teams), commit to identifying system barriers that exist for Aboriginal and Torres Strait Islander families accessing care for their children and young people and developing strategies to remove them.

5. 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.

6. Working together

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 across sectors, 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 short-term projects.

7. Reviewing what works

The parties are committed to adopting a collaborative approach to evaluating the impact of system improvements. 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. Learning from each other

The parties will work towards promoting cultural and professional development between organisations. By doing this a skill set will be developed across the sector that will better meet the needs of the community by providing culturally and clinically safe care and supporting transition between the various parts of the health system. CHQ values IUIH's cultural guidance and expertise in providing care designed for Aboriginal and Torres Strait Islander people, by Aboriginal and Torres Strait Islander people.

9. Engaging with our workforce and our communities

The parties are committed to community and workforce engagement mechanisms and will endeavour to share and/or jointly participate in these mechanisms. This will include collaborative, joint communication and engagement opportunities, and awareness raising efforts.

10. Innovation

The parties share a commitment to fostering 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 in a culturally safe and appropriate context.

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.

Delegation to Executive and other leadership roles may occur for targeted collaboration initiatives outlined in the Schedule.

(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.

The CHQ key contact person will be the Executive Director Clinical Services and Director – Aboriginal and Torres Strait Islander Engagement as nominated proxy.

The IUIH key contact person will be the Director Network Development and General Manager Family Health and Wellbeing as nominated proxy.

(c) Board visibility

Both parties will provide routine updates of the key collaborative initiatives being undertaken and any issues discussed/decisions made to each of their respective Boards.

The Chief Executives of each party will be invited to attend Board meetings of the other party from time-to-time throughout the lifespan of this protocol.

(c) Meetings

The parties (through the key contact personnel of this Protocol) agree to meeting quarterly at times and locations to be agreed between relevant personnel from time to time. The parties agree to participate in meetings actively discussing progress against the key collaborative initiatives and reflecting on the principles of the Protocol.

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 agreement between the parties. Any major amendments (such as activities or priority level) must be agreed in writing by the key party representatives. Schedule 1 will sit as a separate document to the Protocol so it can remain a living document throughout the term of the Protocol, with priorities adapting with the needs identified by the two parties.

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

- E.g: Health Needs Assessment as published from 2021 onwards;
- CHQ Strategic Plan 2020-2024;
- CHQ Integrated Care Strategy 2018-2022;
- CHQ Children's Health and Wellbeing Services Plan 2018-2028.
- IUIH Strategic Plan 2017-2021
- IUIH Southeast Queensland Indigenous Health Profile/IUIH Information Pack October 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 any of the following apply:

(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 confidential information or identifiable patient information;
(d) On any other grounds determined by either party (such as the development or use of significant intellectual property or secondment of clinical staff).

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 parties' 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 9 day of August 2021
by an authorised officer:

Frank Tracey, Health Service Chief Executive

Signature of authorised officer

in the presence of: Karina Hogan

Signature of Witness

SIGNED for and on behalf of **Institute for Urban Indigenous Health Ltd**
this 9 day of August 2021
by an authorised officer:

Adrian Carson, Chief Executive Officer

Signature of authorised officer

in the presence of:

Signature of Witness

Abbreviations that may appear in this protocol

ANFPP	Australian Nurse Family Partnership Program
ATSICHS Brisbane	Brisbane Aboriginal and Torres Strait Islander Community Health Service
BNPHN	Brisbane North PHN
BNPHN	Brisbane North PHN
CCHW	Centre for Children's Health and Wellbeing
CHQ HHS	Children's Health Queensland Hospital and Health Service
CYCHS	Child and Youth Community Health Services
CYMHS	Child and Youth Mental Health Services
EDCS/COO	Executive Director Clinical Services / Chief Operations Officer
EDMS	Executive Director Medical Services (QCH)
IUIH	Institute for Urban Indigenous Health
HSCE	Health Service Chief Executive
GPLO	General Practice Liaison Officer
MATSICHS	Moreton Aboriginal and Torres Strait Islander Community Health Service
MNHHS	Metro North Hospital and Health Service
MSHHS	Metro South Hospital and Health Service
QCH	Queensland Children's Hospital
QCYCN	Queensland Child and Youth Clinical Network
TOR	Terms of Reference

Schedule 1 – Schedule of activity

This Schedule of activity relates to initiatives that will be collaboratively undertaken between the parties to the above Protocol 2021-2024. The activities within the Schedule will be updated every 12 months based on the needs of the parties and as pilot initiatives transition to business as usual.

This part of the document is designed to be a living document throughout the term of the Protocol to support these progressive changes as needed. Any major amendments (such as activities or priority level) will be agreed to by the key party representatives.

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

- Relevant Health Needs Assessment as published from 2021 onwards;
- CHQ Strategic Plan 2020-2024;
- CHQ Integrated Care Strategy 2018-2022;
- CHQ Children's Health and Wellbeing Services Plan 2018-2028
- IUIH Strategic Plan 2017-2021
- IUIH Southeast Queensland Indigenous Health Profile/IUIH Information Pack October 2020.

Various other high-level state and federal Department of Health strategic documents may be consulted to enhance both organisations' capability to collaborate on shared priorities. These initiatives can 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 any of the following apply:

(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 confidential information or identifiable patient information;
(d) On any other grounds determined by either party (such as the development or use of significant intellectual property or secondment of clinical staff).

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.

Schedule of activities for 2021-22

	Initiative / priority area	Activities	Level of Involvement	Key Contacts

1.	Paediatric Ear Nose and Throat surgery pathways	• Develop and implement paediatric Ear, Nose and Throat surgery pathway;
		• Deliver additional ENT outpatient clinics at QCH for priority referrals of children and young people coordinated from IUIH services.
		• Execute funding agreement between CHQ and IUIH for 3 years + recurrent funding in line with Department of Health investment:
		  ○ Year 1 2021-22: ENT
		  ○ Year 2+ 2022-beyond: ENT and Ophthalmology
			Level 2	• Dominic Tait, CHQ
				• Angela Young, CHQ
				• Dr Nicola Slee, CHQ
				• Donisha Duff, IUIH
				• Serin Borton, IUIH

2.	Clinical care integration across partner agencies services – including GP Connect and IUIH Connect+	• Bring senior clinicians together to map CHQ's GPConnect and IUIH Connect+ functions with the objective of developing an integrated care model for children with clinical and/or social complexity; • Review client case studies to reform and improve discharge planning processes; • Agree on a clear communication process between services for single point conduit within each organisation; • Measure impact in 3/6/12 month intervals – joint review of data/testimonials.	Level 2	• Dominic Tait, CHQ • Craig Kennedy, CHQ • Louise Van Every, CHQ • Kaava Watson, IUIH
3.	Youth outreach, children in care and youth justice – including forensic CYMHS, mental health, alcohol and other drugs, Navigate Your Health	• Bring clinicians together to map existing services and highlight gaps that can be addressed within existing resources; • Identify priority areas and develop an action list for ongoing improvement across CHQ and IUIH services to better support this population; • Measure impact in 3/6/12 month intervals – joint review of data/testimonials.	Level 2	• Craig Kennedy, CHQ • Tasneem Hasan, CHQ • Sonya Preston, CHQ • Kaava Watson, IUIH • Alfred Davis, IUIH • Raymond Brunker, ATSICHS Brisbane
4.	Right@Home and Australian Nurse Family Partnership Program	• Bring clinicians together to map existing services and highlight gaps that can be addressed within existing resources; • Identify priority areas and develop an action list for ongoing improvement across CHQ and IUIH services to better support this population; • Measure impact in 3/6/12 month intervals – joint review of data/testimonials.	Level 2	• Craig Kennedy, CHQ • Kaava Watson, IUIH
5.	Mentorship, Learning and Workforce Development Opportunities	• Bring together workforce development and integration leads to explore opportunities for professional development, mentorship, and workforce development collaborations between clinical and professional streams across CHQ HHS and IUIH: ○ Peer mentorship and work shadowing;	Level 2	• Angela Young, CHQ • Dr Dana Newcomb, CHQ • Kim Anderson, CHQ • Kristine Kelly, CHQ

	Initiative / priority area	Activities	Level of Involvement	Key Contacts
		○ Project ECHO – virtual communities of practice underpinned by de-identified case-based learning; ○ Graduate and post-graduate placements; ○ Grand Rounds; ○ Collaborative research and innovation projects.		• Dr David Levitt, CHQ • Kristie Watego IUIH
6.	Future priorities to be explored by CHQ HHS and IUIH during 2021 and beyond	• Bring together clinical, technical and professional leads to explore opportunities for shared priorities across CHQ and IUIH including the following: ○ Joint-funded initiatives utilising existing resources/funding streams; ○ Pursuing joint-commissioning initiatives by collaborating to attract new funding streams – this will include co-design of proposals, joint implementation and evaluation and subsequent expansion/transition to business as usual functionality; ○ Data integration, information sharing (including population health dashboards and similar aggregated datasets), joint performance reporting opportunities; ○ Cultural Immersion activities for staff in both organisations; ○ Health Equity Strategy – co-design; ○ System Integration: GPs in Schools, new Project ECHO® Networks for professional development; ○ Clinical workforce rotations/secondments – Junior Medical Officers, Allied Health, Nursing staff. ○ Commitment to reducing duplication and fragmentation across services to improve efficiency and delivery of care closer to home; ○ Research and Competitive/Philanthropic Grant collaborations; ○ Formalise a joint consumer engagement strategy.	Levels 1, 2, 3	• Dominic Tait, CHQ • Angela Young, CHQ • Adi Gafni, CHQ • Craig Kennedy, CHQ • Dr Dana Newcomb, CHQ • Adrian Clutterbuck, CHQ • Andy Moore, CHQ • Sandra Pavey, CHQ • Dr Steve McTaggart, CHQ • Dr Otilie Tork, CHQ • Dr Honey Heussler, CHQ • Tania Hobson, CHQ • Callan Battley, CHQ • Serin Borton, IUIH • Dr Carmel Nelson, IUIH • Dr Gaj Panagoda, IUIH • Kristie Watego, IUIH
7.	Partnership Governance	• Annual Chief Executives meeting. • Routine Board update summaries on collaborative initiatives, milestone progress, Chief Executive guest attendance at partner Board meetings. • Quarterly Steering Committee meeting to be co-chaired by CHQ and IUIH, with attendance from a core committee membership, with ad hoc guest participation for targeted priorities. Core membership to include Dominic Tait, Angela Young (co-chair), Dr Dana Newcomb, Donisha Duff, Kaava Watson (co-chair), Wayne Ah Boo.	Level 2, 3	• Frank Tracey, CHQ • Helen Ceron, CHQ • Adrian Carson, IUIH • Charmaine Harch, IUIH • Dominic Tait, CHQ • Angela Young, CHQ • Dr Dana Newcomb, CHQ • Donisha Duff, IUIH

	Initiative / priority area	Activities	Level of Involvement	Key Contacts
				• Kaava Watson, IUIH • Wayne Ah Boo, IUIH
Note:	**Schedule to be revised every 12 months for currency**			