

Blueprint objective **1. A nationally unified and regionally controlled health system that puts patients at the centre**

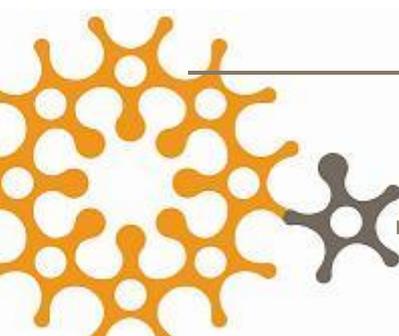
Case example **Collaboration for shared outcomes - A memorandum of understanding between the Victorian Department of Health and Human Services, Victorian Primary Health Networks, and the Victorian Primary Health Network Alliance**

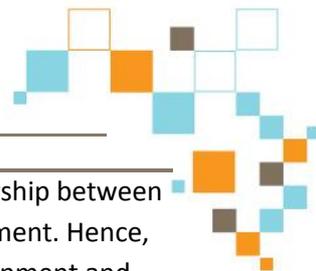
What is the community need or problem being addressed? The Australian health care system is complex and prone to fragmentation. Many of the pressures impacting system capacity are outside the sphere of influence of any single health care participant, including governments, to solve independently. Within the context of primary care, the Commonwealth retains a lead role in funding, yet many roles are shared with the States and Territories in relation to funding, policy, and regulation.¹ Furthermore, the States and Territories and the non-government sector hold key roles in primary care service delivery.² Hence, advancing primary care reform and its implementation relies on a cohesive and collaborative approach.

What is the approach being implemented? Primary Health Networks (PHNs) were established in 2015 as an Australian Government initiative. The Victorian and Tasmanian PHN Alliance was consequently convened to optimise the collective capabilities of the seven Victorian and Tasmanian PHNs as a sector, proactively align efforts with a jurisdictional purview and advance primary care reform. Key Alliance roles include a Chair, Deputy Chair, and a Manager. Statewide coordination and programmatic roles are appointed to a lead PHN.

From a Victorian perspective, the six Victorian PHNs and the Victorian Department of Health and Human Services established mechanisms for engagement and planning from the point of PHN establishment. This was formalised through shared strategies, scoped programs of work/proof of concepts (details available at the Alliance website), and governance mechanisms. This included an annual Victorian Department of Health and Human Services and PHN Strategic Directions Forum which is attended by senior state government leadership, PHN Chief Executive Officers and PHN Chairs. The Forum is chaired by the Secretary, Victorian Department of Health and Human Services.

Building on these collaborative structures, a memorandum of understanding (MOU) was executed between parties in 2018. The purpose of the MOU is to “confirm the commitment of the parties to a collaborative working relationship, in order to optimise the health outcomes of Victorians. [The] commitment will aim to support and enable the successful implementation of national and State health policies, strategies, plans and initiatives.” The MOU outlines shared principles of joint working, roles and responsibilities of the parties, monitoring mechanisms, and other details. It is accompanied by detailed schedules focused on i) joint planning and ii) data management.





What have been the key enablers to the success of this approach?

- The MOU formalises a mechanism for joint jurisdictional leadership between PHNs as an Australian Government initiative and State Government. Hence, it provides a direct relationship between PHNs and State Government and complements other arrangements between the two tiers of government such as the Bilateral Agreement 2018: Coordinated care reforms to improve patient health outcomes and reduce avoidable demand for health services.
- The MOU marks a formalised commitment to joint working which reflects a track record of engagement and delivery. Its development reflects the maturity of the partnership and commitment to a strategic approach for future endeavours.
- The MOU is accompanied by more detailed schedules. The suite of accompanying schedules may expand over time. Hence flexibility is afforded in response to changing circumstances.
- The Victorian MOU builds on exemplar approaches. The MOU between Primary Health Tasmania, the Tasmanian Health Service, and Tasmanian Department of Health and Human Services was executed in 2016.

What have been some of the challenges to the success of this approach?

The MOU provides in-principle support for joint working. From this, further investment and commitment to operationalising the intent of the MOU is essential to realisation of intended outcomes. Hence, MOU implementation planning is underway and three shared staff resources (joint Victorian Department of Health and Human Services and PHN appointments) serve the collective agenda.

What is needed to scale-up the successes?

The MOU framework provides a foundational framework for shared health efforts. There is the potential to scale this approach and apply it to other departmental agencies that intersect with primary care, to generate outcomes consistent with the biopsychosocial model of health. This includes but is not limited to justice, education, and regional planning and development.

More information Victorian and Tasmanian PHN Alliance website:

<https://vphna.org.au/>

References

¹ Australian Government Department of the Prime Minister and Cabinet, 2014, Reform of the Federation White Paper – Roles and responsibilities in health, available at https://ahha.asn.au/sites/default/files/docs/policy-issue/rotf_issues_paper_3_-_roles_and_responsibilities_in_health.pdf, accessed 18 September 2018.

² Ibid.

