

Strategic Plan 2021-2023





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Similarly, the contribution of the Darling Downs and West Moreton PHN Board, staff and partner health care providers are also acknowledged for their respective input and feedback for this 2021-2023 Strategic Plan.





1. Introduction

As a precursor to the strategic plan, we outline our mission, governance and regional profile, alongside reflections of what was achieved over the course of our previous Strategic Plan.

Our mission

Established by the Federal Government in July 2015, Darling Downs and West Moreton PHN is tasked with undertaking extensive population health planning to identify service gaps and the development of local strategies to meet these needs. This is achieved in collaboration with general practice, the primary health sector, Hospital and Health Services (HHS), the social sector, and the community.

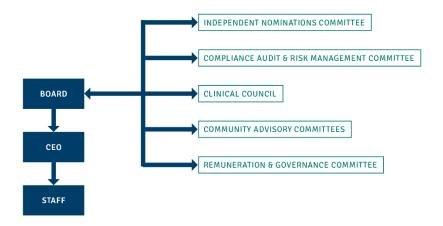
Where gaps exist, our role as a PHN is to commission health care services from health care providers throughout the region. The PHN implements the Federal Government's seven key priorities as follows for targeted work and also provides feedback to the Government about specific health care which would assist with planning for health services into the future.



Our governance

To accomplish our mission and fulfil our role, the PHN operates under a governance framework with a Board and in partnership with a Clinical Council and a Community Advisory Committee for both the Darling Downs and the West Moreton regions (see Figure 1.1). While the Board provides oversight and guidance to our PHN's Executive Team and staff, the Clinical Council and Community Advisory Committees represent the voices of community stakeholders and provide advice to the Board to inform decision-making processes.

Figure 1.1: The PHN governance structure





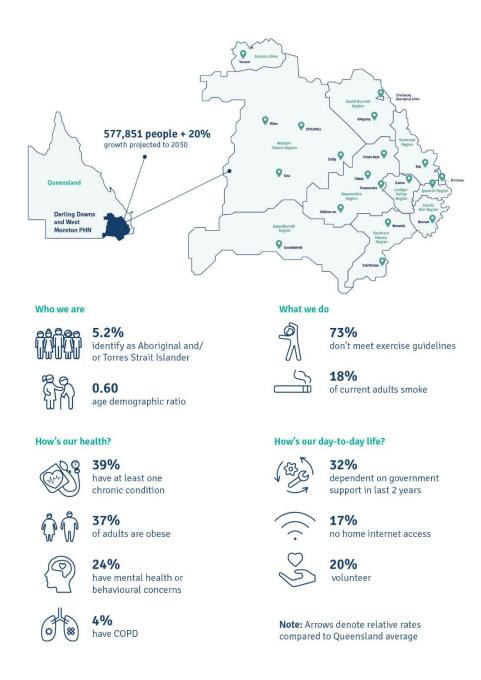


Our regional snapshot

The Darling Downs and West Moreton region is made up of a diverse population, which is predicted to grow by 20% in the period to 2030. In terms of health behaviours and outcomes, the region performs poorly against the state average. With 37% of the region obese, 39% living with at least one chronic condition and 24% with mental health and behavioural concerns.

In regard to social supports 32% of the population have relied on Government support in the last two years, which is higher than the state average. This is an indicator of financial stress which could be related to the impacts of bush fires, floods and drought which impact this region, as well as COVID-19. This has flow on implications for mental health and other conditions. There is much that needs to be done in our region as outlined in Figure 1.2 and we are prepared, in partnership, to address our regions challenges.

Figure 1.2: A regional snapshot







Our time in review

During 2019 - 2021, our PHN focused on transitioning towards being an organisation that embraces changes to technologies, improved best practices and evolved strategies. We continued our successes and welcomed improvements toward a position of quality and excellence as an integrated and collaborative PHN. The areas of priority during this period included:

- people with an emphasis on health consumers;
- processes with a focus on data as an enabler;
- workforce including staff in our PHN as well as the broader catchment; and
- innovation and technology with strategies to encourage and optimise the use of innovative technologies and systems.

Progress was made and successes were achieved across these four priorities:

People

- Played an integral part in the COVID-19 roll out of General Practice Respiratory Clinics.
- A valued partner leading the charge in COVID-19 vaccinations for our region.
- Implemented our Community Engagement Action Plan.
- Implemented our Talk About Campaign.
- Established our Data Governance and Information Security Committee which includes representation from General Practice, Aboriginal Medical Services and Health Consumers.
- Established our Mental Health Steering Committee overseeing the implementation of the MHSPAOD Plan.

Processes

- A new look HealthPathways web page created in collaboration with West Moreton Health and Darling Downs Health.
- A number of staff successfully completed Internal Audit Training.
- Implemented our Information Management and Security Policies.
- Implemented Microsoft TEAMS as a platform for all business processes including internal communications, internal and external meetings and utilising the soft phone feature.
- Sophisticated PIP QI Data Analytics that will support future planning.

Workforce

- The Red Ant Round-up Medical Conference was held for the fourth time with a record attendance.
- Regular communicated with our stakeholders through a number of channels including our fortnightly Health Professionals Newsletter, monthly PHN News and social media platforms.
- Successfully capitalised on the learnings of our new working environment as a result of COVID-19 through Project Springboard.
- Implemented our Capability Framework, Behavioural Charter and new position descriptions.
- Conducted regional Meet and Greet events with a wonderful turnout from our Health Consumers.
- Implemented our Reflect Reconciliation Action Plan





Innovation and Technology

- Our PHN became a replication partner for Project ECHO.
- Rolled out our Regional Safe to See Your GP Campaign through social media, radio and television.
- Implemented a number of new systems such as our Customer Relationship Management System, Supplier Relationship Management System, PHN Exchange, Primary Health Insights and our PHN Intranet.
- Successfully migrated our servers to the Cloud and increased Information Technology Security.
- Implemented a soft phone telephone system to ensure our staff are more accessible to our stakeholders.

2. Our vision, purpose, objectives, goals and guiding values

While our objectives are set by the Commonwealth Department of Health, our vision, purpose, objectives, goals and values have been identified, committed and endorsed by the Board and our people.

Vision

Building healthier communities through a connected, responsive and sustainable primary health care system.

Purpose

We work to understand our communities' primary health care needs and, with our partners, to create an integrated primary health care system that delivers better health outcomes for our communities.

Objectives

Our objectives are focused on:

- Increasing the efficiency and effectiveness of health services, particularly for patients at risk of poor health outcomes.
- Improving the coordination of care to ensure patients receive the right care in the right place at the right time.

Goals

Healthy Partnerships: Primary care health partners working together to deliver better health outcomes

Healthy Systems: Coordinated, integrated care delivered in the right place, at the right time.

Healthy People: A well-trained and supported health workforce delivering better health outcomes.

Guiding Values

We pride ourselves on our commitment to continually enhancing our organisational culture, which is guided by six key values. These values (depicted in Figure 2.1) represent the voices of our staff members and have been endorsed by the PHN's Board. They underpin everything we do internally and externally.





Figure 2.1 Guiding Principles



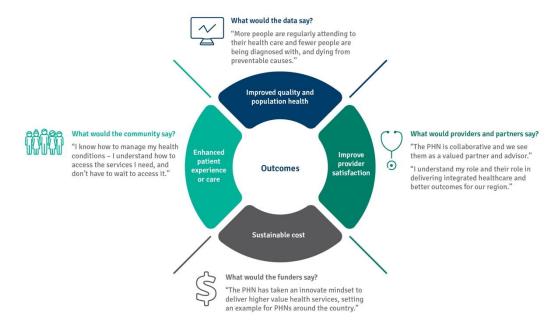
Quadruple aim outcomes

The quadruple aim considers what success looks like in health care provision and reform from the perspectives of the:

- person's experience of care,
- quality and population health outcomes,
- · cost perspective, and
- provider perspective.

Our goal through this strategic plan will be to deliver all aspects of the quadruple aim to support improved outcomes from several perspectives as outlined in Figure 2.2.

Figure 2.2 Quadruple aim outcomes for our PHN







3. Our roles and enablers

Our future actions will focus on six key roles while optimising our enablers to drive success and achieve our goals.

Our PHN roles

System coordination and integration

Our PHN considers this role critical to achieve equitable health outcomes for our communities. We will undertake activities to leverage our current success including scaling up our place-based projects, strengthening relationships with key stakeholders and continuing to advocate for our role as a 'knowledge broker'. A major focus moving forward will be utilising current and future relationships to embed system coordination and integration. Our PHN will also strive to be acknowledged as a national leader in rural primary care innovation.

Data Custodian

Building trust as a data custodian, accessing complementary data sources such as community indicia and crime and justice statistics and then combining these with data mining and analysis to provide insights and use these as evidence to achieve better system coordination and integration and drive evidence-based policy changes. Build relationships and trust with stakeholders to enable data sharing

Emergency Response

Our PHN plays a critical role in ensuring our health partners and consumers continue to have access to the right care in the right place at the right time in addition to the COVID-19 pandemic. Our region has seen many disasters and emergencies such as drought, bushfires and floods. Our PHN will continue to excel in ensuring our communities have access to the COVID-19 Vaccine and assisting our health partners in their emergency preparedness and response. Our PHN will also build links, establish frameworks, identify resources and collaborate with internal and external stakeholders.

Regional commissioning

Our PHN has taken a proactive role in driving the concept of collaborative commissioning. Progress has been made in our work aligned with the 2020-25 National Health Reform Agreement and joint initiatives with our Hospital and Health Service partners (for example the palliative care project between our PHN and West Moreton Health and our aged care collaboratives). Key enablers for future achievements include co-investment and inputs from partner organisations and their leaders.

Primary care system stewardship and management

Our PHN actively supports general practice and other primary health care providers to deliver improved health outcomes for the community. Partnerships with general practice is central to initiates such as the Practice Incentives Program Quality Improvement Incentive Payment, rewarding quality improvement in the delivery of care. Our PHN has identified the need to further improve access and equitable outcomes based on consumer feedback. Our future focus is on increasing access to allied health and private services, such as mental health services and continuing to develop links with Aboriginal Community Controlled Health Organisations.

Primary health care education, training and workforce development

This is a role our PHN is currently performing well. Examples include Project ECHO, Red Ant Round Up, Goondiwindi Medical Muster and Dalby Harvest Medical Conference. In the future, our PHN will seek to invest time and resources in data to demonstrate and monitor achievements against milestones. Our PHN will also aim to design solutions in collaboration with other stakeholders such as education providers. This may help to manage risks and challenges in this respect, including workforce disruptions and shortage. A future focus will be to foster cultural change by supporting ongoing leadership development in primary health care.





Health system innovation

Our PHN has taken a proactive role in this respect by staying abreast of contemporary technologies. Our achievements to date include the work with our two Health regions to track progress against the National Health Reform Agreement objectives and the co-design of our Avatar Family with our South Burnett partners. In this upcoming period, our PHN will focus on gathering evaluation data to demonstrate our impacts and informing evidence-based best practice in innovation. This will be undertaken by contextualising the data to enable relevant and rapid needs analysis to address service delivery issues facing our region. Our PHN will continue to focus on Closing the Gap for Aboriginal and Torres Strait Islander people through innovation of primary health care systems.

Our key enablers to fulfill roles

Our key enablers will assist us deliver key actions that support our overarching goals. These actions are outlined in Table 3.1.

Table 3.1 Key enablers to our success

| Key enablers to our success | Actions | | |
|-----------------------------|--|--|--|
| Governance | Focus on evaluations to demonstrate our achievements of outcomes and impacts, as well as to understand lessons learnt for any future improvement. | | |
| | Embed learning loops to capture outcomes and respond to input from stakeholders including healthcare consumers. | | |
| | Consider inclusivity of governance and consultation framework, in terms of proximity and importance. | | |
| Health system intelligence | Use data, including both quantitative and qualitative, to demonstrate impacts and outcomes. | | |
| | Share actionable insights and be proactive in identifying emerging issues. | | |
| | Demonstrate processes and experience for the external audience by opening up to gain traction. | | |
| | Build relationships and trust with stakeholders to enable data sharing to enrich our Health Needs Assessment and facilitate the future implementation of one integrated person-centered health system. | | |
| | Facilitate collaboration and codesign with our partners to focus on a patient-centred health care journey. | | |
| Investment and | Undertake impact analysis to inform investment decisions. | | |
| financing | Consider how we continue to build relationships with our key funder, the Federal Department of Health. | | |
| | Scale efficiently, reduce waste and maximise existing investment of current projects. | | |
| | Make smart investment and seek alternative funding sources. | | |
| | Co-commission and co-invest with or health partners. | | |





| | Actively seek additional revenue sources to give our PHN greater flexibility while minimising sole-source funding risks. |
|-----------------------------|---|
| Relationships and alliances | Continue developing relationships and shared actions with Hospital and Health Services and Aboriginal Community Controlled Health Organisations. |
| | Undertake stakeholder mapping in the current and future state. |
| | Step up at a peer-to-peer level within the PHN network. |
| | Consider proportionate governance and meaningful contribution. |
| | Collaborate with our partners to improve our disaster-response capability and processes. |
| A drive to innovate | Continue to innovate freely in the internal environment with what is in our remit and control. For staff and providers, stimulate interest and encourage the embedding of innovation. |
| | Utilise evaluations to understand our impacts and lessons learnt. |
| | Invest in translational research and evaluation in primary health care to address service delivery and primary care innovations. |

4. Our 2021-2023 Strategic Plan

As outlined in the regional snapshot, there are several areas that we need to address in our community if we are to achieve our vision of "Building healthier communities through a connected, responsive and sustainable primary health care system".

Darling Downs and West Moreton PHN's 2021 – 2023 Horizon Planning

Our Strategic Priorities over next three years are:

- Enhancing Primary Care
- Creating innovative solutions to the health needs of our community
- Supporting delivery of integrated and collaborative care
- Applying outcomes-based commissioning to deliver more effective and efficient care

Each of these Strategic Priorities has a number of objectives which will be used to guide investment and activity, as outlined in Figure 4.1.

Figure 4.1: Strategic priorities and objectives

| Enhancing primary care | Innovative solutions to meet the health needs of our community | Integrated and collaborative care | Outcome-based commissioning |
|-----------------------------|---|-----------------------------------|-----------------------------|
| Invest in digital solutions | Partner with key | Facilitate primary, | Optimise outcomes- |
| to demonstrate and | stakeholders to design, | secondary and tertiary | based commissioning |
| monitor primary care | trial and implement | health sector integrations | practices by utilising an |
| improvements. | health reforms and | to work together to | evidence-based approach |
| | continually seek out new | improve the patient | to the planning and |



Support the development of skilled and sustainable local primary healthcare workforce.

Collaborate with our partners and networks to promote social prescribing.

Collaborate with stakeholders to ensure service continuity for our community.

Increase the cultural appropriateness of mainstream general practice.

Assist our older Australians to access safe, equitable and appropriate care in a place of their choice. ways and means to scale services to improve health outcomes for our community.

Encourage health information and data sharing with our providers and effective service delivery.

Support primary healthcare providers to implement models of care that reflect best practices, support wellness and are culturally appropriate.

Engage with primary and secondary care providers to deliver better care for older people.

Co-design solutions by engaging stakeholders to develop evidence-based and outcome-focused solutions to improve health inequities.

healthcare journey.

Build partnerships to close current service gaps, reduce duplication and design services that best meet the needs of our community.

Further develop innovative models for collaboration with partnerships from primary care, secondary care, local and state government and community groups.

Work as a key health partner in disaster/pandemic planning.

Embed the Aboriginal and Torres Strait Islander Strategic Plan.

purchasing of services targeting local priorities and needs.

Embed outcomes-based reporting across all priority areas.

Embed an evaluation culture to ensure programs are efficient and effective.

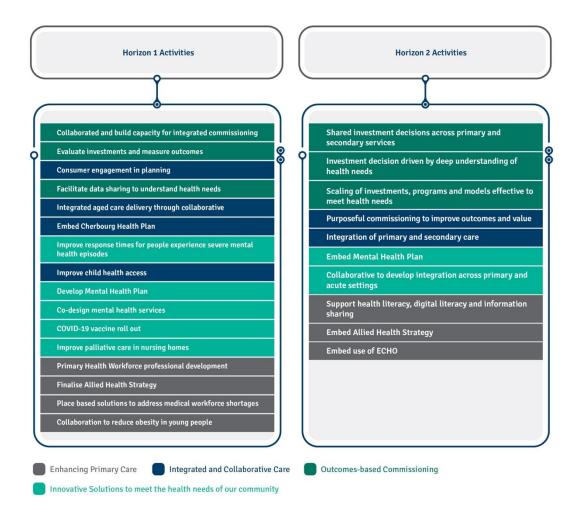
Strengthen the capability and capacity of services to help older people navigate the health system.

To deliver on these strategic priorities and objectives we will invest in a number of initiatives which ultimately will enhance outcomes for the community. We will implement these actions over the next three years, across two horizons, where the initiatives will build on previous success. Figure 4.2 outlines each of the initiatives which will be delivered, relative to the two horizons.





Figure 4.2 Horizon planning



Horizon 1 Activities

Enhancing Primary Care

- 1. Collaborate with Health & Wellbeing Queensland, West Moreton Health and the Ipswich Hospital Foundation to reduce obesity in young people in the West Moreton region.
- In partnership with local Government, Darling Downs Health, West Moreton Health and other key stakeholders
 codesign and implement replicable place-based solutions to medical workforce interruptions in rural
 communities.
- 3. Provide opportunities for the Primary Health Workforce to undertake cultural and professional development.
- 4. Engage Allied Health through collaborative approaches.
- 5. Continue to support the primary care response to COVID-19 through both private practices and GP-led Respiratory Clinics

Innovative Solutions to meet the Health Needs of our Community

- 6. Improve Palliative Care in nursing homes through education.
- 7. Collaborate with key stakeholders to ensure our community has timely access to COVID-19 vaccinations.
- 8. Co-design initiatives to improve access to mental health services for young people in the South Burnett.





- 9. Improve health response times for people experiencing severe mental health episodes.
- 10. Implement the Mental Health, Suicide Prevention, Alcohol and Other Drugs (MHSPAOD) Plan.
- 11. Provide timely access to mental health services for people in the community.

Integrated and Collaborative Care

- 12. Coordinate Aged Care, Primary care and Secondary/Tertiary care to reduce avoidable hospitalisations and presentations to Emergency Departments for older people through embedding the Aged Care Collaborative.
- 13. Embed the Aboriginal and Torres Strait Islander Strategic Plan.
- 14. Improve access to health care for Children in Cherbourg.
- 15. Continually provide opportunities for consumers to inform decision making.

Outcomes Based Commissioning

- 16. Facilitate data sharing across stakeholders to improve understanding of health needs in our region.
- 17. Build capacity for integrated commissioning.
- 18. Respond to national priorities utilising the integrated commissioning framework.
- 19. Collaborate with providers to capture outcomes-based measure that inform decision making.
- 20. Evaluate current programs for efficiency and effectiveness to inform our Health Needs Assessment.

Horizon 2 Activities

Enhancing Primary Care

- 1. Embed the use of Extension of Community Healthcare Outcomes (ECHO) as our core primary care education platform.
- 2. Establish health intelligence infrastructure including tools to support health literacy, digital literacy and data information sharing across the system.
- 3. Implement targeted quality improvement programs in identified priority areas in General Practice.
- 4. Embed the Allied Health collaboration.

Innovative Solutions to meet the Health Needs of our Community

- 5. Embed the Mental Health, Suicide Prevention and Alcohol and other Drug Plan.
- 6. Collaborate to develop locally informed solutions to promote integration across the primary and secondary health settings with a focus on reducing potentially preventable hospitalisations and enhancing primary care capability.

Integrated and Collaborative Care

- 7. Collaboratively commission with Health partners to improve health outcomes for longer term value-based healthcare.
- 8. Partner with WM Health to integrate primary and secondary care to reduce pressure on Emergency Departments.

Outcomes Based Commissioning

- 9. Make investment decisions through a deep understanding of health need and effectiveness of programs.
- 10. Scale investments, programs and models effective to meet health needs.
- 11. Share investment decisions across Primary and secondary services to optimise outcomes improve efficiency.







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