



**OUTCOMES OF WORKING IN
COLLABORATION**

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Vision - to improve the health and wellbeing of people - now, across their life and for future generations

We achieve our vision by:

- ▶ Partnering with others: government, non-government, academic and beyond
- ▶ Developing equity focused policies and programs for the NSW Health system, including where it connects with social care
- ▶ Considering individuals, families, communities and populations.

When we do our work, we think about:

- ▶ Social determinants of health
- ▶ Evidence about what works
- ▶ How our work will add value
- ▶ How we will know if it did
- ▶ Building connections and integrating care.

Aged Care, Integrated Service Response, Maternity, Child, Youth and Paediatrics, Primary and Community Care, Priority Programs.



Equity is fundamental to public health and public value

- ▶ Principles of equity
 - ▶ Fair and just opportunity
 - ▶ Removing obstacles
 - ▶ Understanding drivers
- ▶ Public Value
 - ▶ Individuals adjust priorities in light of others
 - ▶ Deliberation through democratic process
 - ▶ Outcomes & outputs, balanced with inputs & processes
 - ▶ Considering opportunity costs
 - ▶ Delivered by many – not just public providers



In this space

- ▶ Redistribution of resources (tax etc.)
 - ▶ Health for all
 - ▶ Weighted by need
 - ▶ Intentional
 - ▶ Considering drivers and delivers of 'health'
- ▶ Creation of legislation, market drivers (acting and getting out of the way), balance multiple needs of society
- ▶ Creation of 'wealth'



Collaboration and partnerships – driving change and equity

► Collaboration and Partnerships

- ▶ Essential
- ▶ Intentional
- ▶ Considered - different approaches for different needs
- ▶ Broad - across sectors, providers and communities

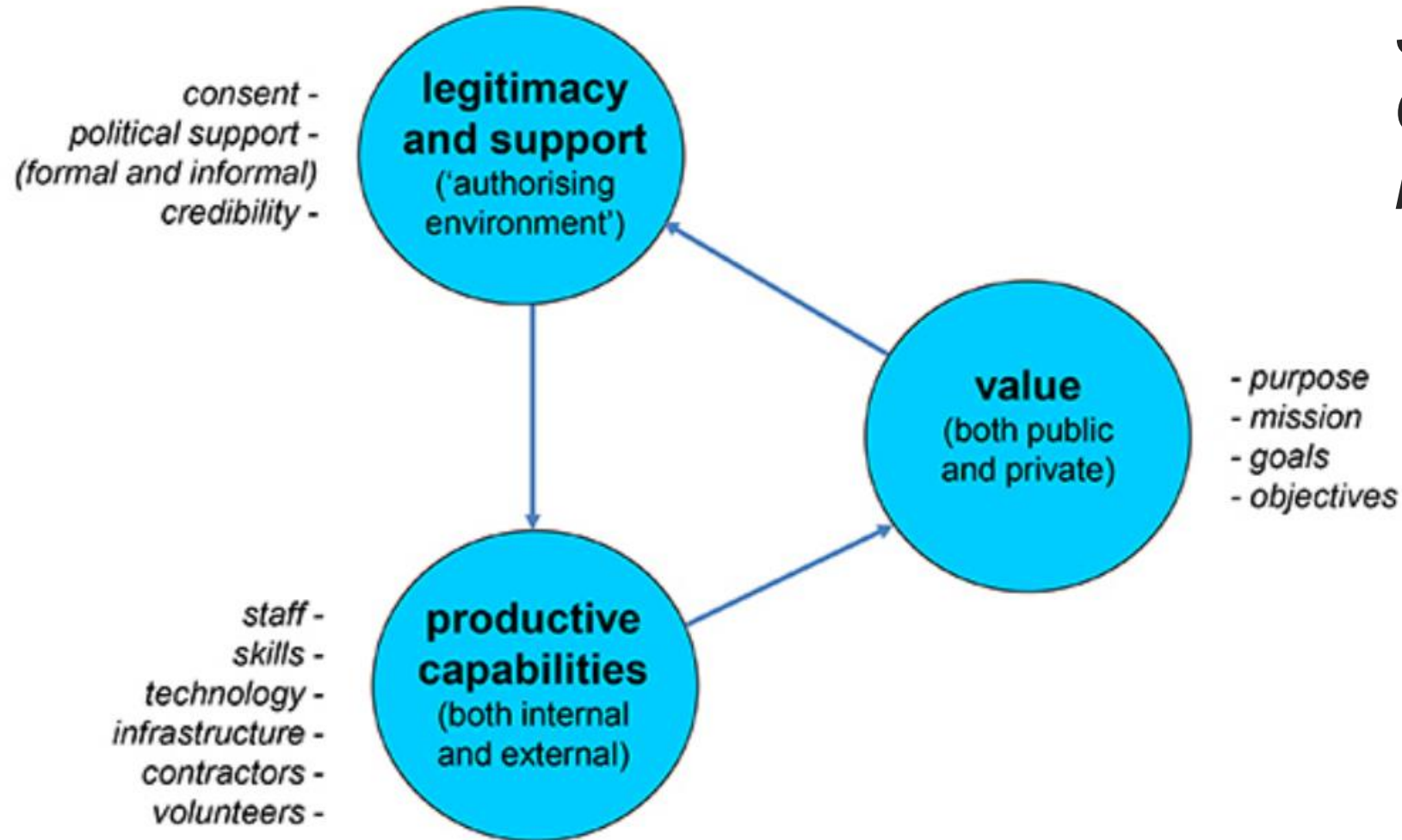
► Expressed in NSW Health

- ▶ Commonwealth – Bilateral agreement; COAG, AHMAC
- ▶ State funding, planning and delivery – LHD/Networks, Pillars, NGO/NFP, Private providers, PHNs
- ▶ State strategies and guidelines – Integrated Care Framework, Leading Better Value Care, First 2000 Days, Commissioning and Collaboration, Targeted work

Outcomes for equity through collaboration and partnership

- ▶ Driving outcomes at various levels
 - ▶ Individual/family
 - ▶ Communities
 - ▶ Population
- ▶ Driving outcomes
 - ▶ What does 'success' look like
 - ▶ Logic modelling
 - ▶ Whose outcome, whose input - attribution
 - ▶ The usual – what to measure, can it be measured, by whom, value

Considering action



Should I do it
Can I do it
May I do it

The Strategic Triangle (derived from Moore 1995)

NOaCRAPS – Integrated Service Response

▶ Necessity

- ▶ Widespread agreement about gaps in NDIS
- ▶ Agencies directly experiencing impact

▶ Opportunities and triggers

- ▶ Agreement about required agencies
- ▶ Transition funding available

▶ authorising environment

- ▶ NDIS Board and Treasury, Premier, NDIA
- ▶ Multi-agency MOU at Secretary level, governance
- ▶ Board/ISR leads in all agencies
- ▶ Regular report to Board (feedback to agencies)

▶ Capacity



- ▶ Intent of program – build capacity

▶ Relationships

- ▶ Existing, develop over time – authorising and informing level
- ▶ Strong governance structure underpinned multi-agency MOU and partnerships at state and local level
- ▶ Strengthen / build local ISR agency leads and teams

▶ Action

- ▶ Model of care – jointly designed
- ▶ Clear accountability
 - ▶ Local level for actions specific to case
 - ▶ State level for success of the initiative

▶ Evaluation

- ▶ Independent evaluation – individuals, services and system

▶ Sustainability

- ▶ Being assessed as part of the evaluation



ISR – Outcomes - equity, partnership, collaboration

- ▶ Individuals and families
 - ▶ Resolution of ‘crisis’, reduction in impact of complexity, certainty, effective team working with them (reduction in future escalations or more effective systems response)
- ▶ Communities (service providers)
 - ▶ Improved collaborative capability, experience of impactful collaboration, strengthened relationships (for same and other clients)
- ▶ Population (NSW)
 - ▶ Understanding of characteristics of cohort – individuals, providers, drivers
 - ▶ Identification of system wide issues that need to be resolved collectively
 - ▶ Understanding of system barrier to collaboration and cross agency solutions
 - ▶ Inform state planning (and other jurisdictions, NDIS)



NOaCRAPS – Palliative and End of Life Care

▶ Necessity

- ▶ Widespread interest across many sectors

▶ Opportunities and triggers

- ▶ Performance audit
- ▶ Commitment of an additional \$100M

▶ authorising environment

- ▶ Government commitment and oversight
- ▶ NSW Ministry of Health Strategic Plan priority
- ▶ Statewide consultation

▶ Capacity

- ▶ Current programs, policies and resources
- ▶ Additional workforce and resources
- ▶ Capability development for existing workforce



▶ Relationships

- ▶ Strong governance structure
- ▶ Clearly articulated roles and responsibilities

▶ Action

- ▶ Development of a state End of Life and Palliative Care Framework
- ▶ Implementation plan for elements of \$100m
- ▶ Implementation plan for Framework being developed
- ▶ Alignment of work in MoH, Pillars and LHDs/HNs

▶ Evaluation

- ▶ Programmatic evaluation
- ▶ Development of data to support evaluation
- ▶ Design work to evaluate a Framework

▶ Sustainability

- ▶ Elements of recurrent funding
- ▶ Governance structure
- ▶ Embedding monitoring and improvement



EOL&PC – Outcomes - equity, partnership, collaboration

- ▶ Individuals and families
 - ▶ Increased availability of services, greater choice, improved experience, increasing involvement in planning and design
- ▶ Communities (people)
 - ▶ Engagement in state-wide planning, engagement in local planning, increased services – some tailored, some state-wide, participation in conversations about EOL&PC
- ▶ Population (NSW)
 - ▶ Response to focus on EOL&PC
 - ▶ Balance investment considering equity of need and access
 - ▶ Articulation of NSW commitment and direction
 - ▶ Development and use of improved data for planning, monitoring and service delivery
 - ▶ Understanding of characteristics of cohort – individuals, providers, drivers



▶ Build capability

▶ Design how to measure impact of a 'Framework'



NOaCRAPS – Aboriginal Maternal and Infant Health Service

▶ Necessity

- ▶ Widespread recognition of the importance of and commitment to culturally appropriate care
- ▶ Closing the Gap commitment

▶ Opportunities and triggers

- ▶ Statistics on maternal and infant health
- ▶ Evidence of lifelong impact
- ▶ Willingness of communities and services
- ▶ Funding – initial, expanded and evaluation embedded

▶ authorising environment

- ▶ National, state and Health commitment to improve outcomes for Aboriginal and Torres Strait Islander people

▶ Relationships

- ▶ Central to the success of AMIHS
- ▶ AMIHS, districts and the Ministry
- ▶ Trust built to support evaluation

▶ Action

- ▶ Models of care – commonalities with local adjustments

▶ Evaluation

- ▶ Evaluation of AMIHS models across NSW
- ▶ Sharing of Knowledge
- ▶ Undertaken by a Partnership
 - ▶ Cultural Reference Group
 - ▶ Consultants

▶ Sustainability

- ▶ Being assessed as part of the evaluation

AMIHS – Outcomes (evaluation) - equity, partnership, collaboration

- ▶ Individuals and families
 - ▶ Culturally appropriate, locally informed, evidence based services
 - ▶ Confidence the program is delivering and/or changes are informed
- ▶ Communities (people)
 - ▶ Stronger, healthier children, families and communities
 - ▶ Active participants in design and implementation of evaluation
 - ▶ Confidence the program is delivering and/or changes are informed
- ▶ Population (NSW)
 - ▶ Investment delivering as intended
 - ▶ Understanding of type of value delivered
 - ▶ Information to support future planning and investment decisions



Challenges for maintaining a focus on equity through partnerships and collab

- ▶ Maintaining a long term approach
- ▶ Balancing agility and sustainability
- ▶ Creating and sustaining narratives
- ▶ Competition
 - ▶ Funding
 - ▶ Effort
 - ▶ Focus

Takeaway messages

- ▶ Equity is a fundamental part of public health and public value.
- ▶ We know from past experience that we can make difference.
- ▶ Equity needs to be an intentional part of our work, regardless of how we name it.
- ▶ Collaborating and partnering needs to be intentional, supported and sustained
- ▶ The question is how we do it, not should we.
- ▶ We need to use what is available to do what matters because we do not always have all the elements we need.

- ▶ Outcomes
 - ▶ Planning
 - ▶ Measuring
 - ▶ Sharing
 - ▶ Using