



## Health Alliance Evaluation

Final Report

Brisbane North PHN and Metro North Hospital Health Service  
14 June 2021

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# Executive Summary

*The Health Alliance has continued to exercise and evolve its role as a facilitator of collaborative problem solving across the sector in Brisbane North. The characteristics of neutrality, trust and respect that have been solidified by the Health Alliance are seen by stakeholders as the foundations of the future ways of working between Metro North Health and the PHN.*

The Health Alliance was established in 2017 as a partnership between Metro North Hospital and Health Service (Metro North Health) and Brisbane North Primary Health Network (PHN), with the goal of **improving patient and population health in the North Brisbane area through enabling collaborative and innovative approaches to complex care.**

The Health Alliance sought to achieve this goal by convening and facilitating core groups that were focused on priority areas identified to be of interest to both the PHN and the Metro North Health. The core groups brought together stakeholders from across the hospital, primary and community care sectors.

The Health Alliance engaged Deloitte Access Economics to undertake a Formative and Summative Evaluation of the Health Alliance over the period 2018-20 (extended until 2021). This is the third and the final report delivered in this evaluation. The scope of this report is to provide a summative overview of the progress of the Health Alliance and outcomes achieved to date. This report draws on the previous analysis undertaken and more recent analysis and consultation that has examined the overarching impact of the Health Alliance.

## **Establishment of the Health Alliance**

Relevant to the **establishment** of the Health Alliance, emerging evidence has indicated that there is merit in having the Health Alliance as a body separate to Metro North Health or the PHN, governed by a Joint Board Committee with representatives from both organisations. In addition to the collaborative governance arrangements, the population-centric approach and shared agreement on focus areas of work helped to establish neutrality and stakeholder buy-in.

Stakeholder perceptions early on perceived that the role of Health Alliance may duplicate existing efforts of other organisations, these views gradually diminished as the formation of the Health Alliance evolved, and value was realised. Through reflections in 2021 on the last three years of the Alliance, stakeholders cited the important role of the Health Alliance in creating a forum with ideation and solution generation less encumbered by existing structures.

## **Implementing the Health Alliance**

Progress varied across the priority areas with scopes and focus evolving over the three years to 2021. This included some priority areas that did not progress as planned, others that were taken to their limit within the control of the Health Alliance, initiatives that have been implemented and operational, and other newer action areas that are still in the process of scoping and design.

# Executive Summary

## Achievements of the Health Alliance

The achievements of the Health Alliance to date comprise **strategic accomplishments**, delivery of **codesigned outputs**, and implementation of a **new model of care**, with a key success being the relationship development across the sector.

The advancement and strengthening of the relationship between the PHN and Metro North Health has almost uniformly been cited by stakeholders as one of the key achievements of the Health Alliance over the last three years.

The establishment of the Health Alliance and the joint governance model signalled commitment and endorsement of collaboration to all levels of both organisations. This has changed the way that the PHN and Metro North Health come together with key partners in the sector to collectively address complex challenges that have largely eluded the sector before.

In addition to the intangible and invaluable relationship advancement, other tangible outputs have also been developed. These include models of care that have started to be trialled, although in a gradual manner. One model of care - 'Specialist Input into Residential Aged Care Facilities (RACF)' - was put in practice in an RACF as of December 2019, and the Starting Well model is currently in trial for health consumers in the Moreton Bay region, particularly Caboolture.

Over 440 appointments have been

attended by 68 women as at February 2021, with promising early indicators of outcomes in failure to attend rates, gestation and birthweight.

Another meaningful accomplishment of the Health Alliance was the collaborative achieved across a broader stakeholder group to develop the Ageing Well reform proposal. Despite notional support for the integrated commissioning proposal, it was not approved, signalling broader barriers to co-commissioning. Regardless, stakeholders reflected that this process and the outputs have better prepared the North Brisbane to be ready to respond to future opportunities.

## Future of the Health Alliance

There is indication that a structure such as the Health Alliance has merit to devise better health and care solutions, creating integrated space for growth and collaboration.

Evidence from the first few years of implementation has demonstrated that the Health Alliance concept could be sustained and applied in other regions. Key considerations for the future include strengthening collaborative planning, embedding data collection to demonstrate impact and value, diversifying activities, and scaling and sharing lessons. Continuing to be an agile and learning function will be an enabler of continuing impact.

# Background and scope

# The Health Alliance

## Goals and principles

In 2017, Metro North Hospital and Health Service (Metro North Health) and Brisbane North Primary Health Network (PHN) established the Health Alliance to create a 'neutral ground' for actors across the interface of health and social care to come together to generate integrated solutions to local health system challenges.

The Health Alliance has been driven by an impetus to think differently about how to achieve optimal and equitable health outcomes for people in the North Brisbane community. It has been borne out

of recognition that Australia's current funding and operational models of health care do not always deliver the best outcomes for the population, particularly those who are vulnerable or of greatest need.

The overall objective of the Health Alliance is to improve patient experience and outcomes and, at the population level, improve health outcomes and equity. It has taken a whole of system view and established a set of principles guiding its design.

-  **Responsive to patients/client-centred:** cultivate consumer-focussed service delivery, motivate providers and funders to better understand and meet population health needs and build the capacity of consumers to positively influence the system
-  **Systems approach:** focus on challenges that are systemic in nature rather than on issues and challenges of an operational, strategic or planning nature for individual organisations
-  **Informed problem-solving:** act as a context for sharing uniquely held information and data to support solving the challenges of integrated health services in North Brisbane
-  **Shared decision making:** enable a shared approach for decisions that will shape the way care is funded and delivered in North Brisbane
-  **Interdisciplinary and collaborative:** draw expert input from stakeholders who represent different disciplines, streams, facilities and partner organisations as well as consumers
-  **Peer support partnership:** Health Alliance members collaborate in a way that is non-directive, non-hierarchical, empathetic and responsive to individual and shared issues
-  **Continuous learning:** drive continuous learning whereby robust evaluation is applied with lessons and fed back across the whole METRO NORTH HEALTH and PHN network
-  **Networked governance:** engage stakeholders in a policy dialogue in an open and trusting environment. Governance processes will ensure neutrality of the Health Alliance
-  **Integrity of local processes:** support local planning, funding and procurement through to implementation, ensuring it is not disrupted by 'off plan' funding and policy changes

# The Health Alliance

## Structure and summary of activities and initiatives

The Health Alliance is organised through a central project management team, which oversees and supports individual work streams. These work streams involve senior representatives across various health and social care organisations within the North Brisbane region, and are focused on delivering a co-ordinated and collaborative approach to care.

The Health Alliance team consists of three full-time equivalent staff members. It receives the oversight from a Joint Board Committee Metro North Health and the PHN in terms of the strategic directions and overall governance.

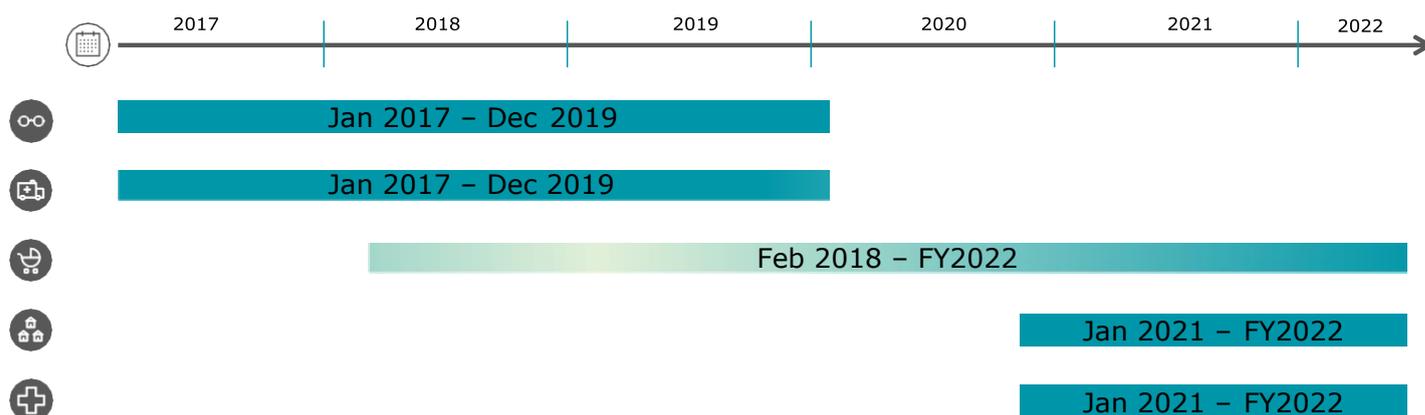
In Addition, the Health Alliance also has direct engagement with existing Metro North Health structures like the Health Services Strategy and Operational

Leadership Team meetings, and the PHN management team.<sup>1</sup>

The work streams that the Health Alliance has facilitated are shown in Figure 1. Since 2020, decision was made by the Joint Board Committee to re-scope work streams associated with the 'Health and Wellbeing of Older People' and 'People with Complex Health and Social Needs Who Frequently Attend Emergency Departments', evolving them in response to the changing environment.

Two other work streams have commenced, namely 'Your Care Closer' and 'Mental Health Funding Reform through Regional Commissioning' (hereby referred to as 'Mental Health' for brevity).

Figure 1: Timeline of key work streams



Legend

-  **The Health and Wellbeing of Older People**
-  **People with Complex Health and Social Needs Who Frequently Attend Emergency Departments**
-  **Your Care Closer**
-  **Mental Health Funding Reform Through Regional Commissioning (hereby referred to as 'Mental Health' for brevity)**
-  **Improving Outcomes for Children (previously the 'Children of Caboolture')**

<sup>1</sup> Information is retrieved from <https://www.healthalliance.org.au/>.

# Evaluation of the Health Alliance

## Scope and approach

### Overview

The Health Alliance engaged Deloitte Access Economics to undertake a Formative and Summative Evaluation of the Health Alliance over the period 2018-20 (extended until 2021).

The Health Alliance is undertaking an innovative approach to supporting the design of innovative solutions; evaluation activities were intended to help inform refinement and improvement of the approach.

The evaluation reporting schedule encompasses three evaluation reports as follows:



**Formative  
Evaluation  
report in 2018**



**Formative  
Evaluation  
report in 2019**



**Summative  
report in 2021  
(this report)**

### Evaluation planning

An Evaluation Framework was co-designed with the Health Alliance. The first stage of development included a Program Logic Model workshop, in which the guiding principles of the Health Alliance were used as a basis to co-design the Program Logic Model (included in the Evaluation Framework).

The Logic Model formed the basis for the Evaluation Framework, which sets out key lines of investigation, and identified specific corresponding data sources. Relevant to the evaluation, an overview of the Formative and Summative Evaluation are available in the Evaluation Framework.

### Key data collection activities

Data collection to inform this report occurred between February and May 2021, using a mixed-methods approach and drawing on the following data activities:

- **secondary data collection:** consisting of monthly project updates between January and March 2021, work stream project plans and uptake data (where available)
- **primary data collection:** comprising eight semi-structured interviews with the Health Alliance stakeholders and a reflection session with the Health Alliance team.

### Scope of this report

The scope of this report is to provide a summative overview of the progress of the Health Alliance and outcomes achieved to date. This report draws on the previous analysis undertaken and more recent analysis and consultation that has examined the overarching impact of the Health Alliance.

# Findings

# Overview of key evaluation findings in previous reports

*Two formative evaluation reports were delivered in 2018 and 2019 which presented the assessment of implementation and process aspects of the Health Alliance. The evaluation findings to date are summarised as follows.*

## 2018 Formative Evaluation findings

**Agility, building on momentum, and engaging local community and consumer voices** were key components of the Health Alliance approach that enabled progression towards desired outcomes.

Creating a **neutral ground** was vital to ensure all voices have been heard in the process; the Health Alliance facilitated this process by actively and nimbly engaging with stakeholders, and in the vulnerability of key leaders to be open and willing to change the way health care is delivered, to optimise outcomes for patients.

The evaluation findings indicated some areas of concerns to address, including more emphasis on **setting time bound goals and milestones and some confusion regarding the role the Health Alliance** would play in each work stream.

As the work of the Health Alliance continued, areas for continued consideration involved:

- finalising and disseminating the Health Alliance's Charter and Agreed Outcomes Frameworks
- improving documentation of stakeholder engagement processes
- improving clarity regarding planned process and progress
- undertaking iterative assessment and management of risks and benefits.

## 2019 Formative Evaluation findings

Stakeholders' satisfaction with the progress of the Health Alliance increased over the year, reasons cited including **a shift toward tangible outputs** such as initially developed models of care and funding proposals in the 'Health and Wellbeing of Older People' work stream. Key enablers were reported to be:

- **the Alliance's agile and relationship-based approach**
- **skills in stakeholder engagement and leadership in the Health Alliance team**
- **increasing ownership of initiatives from core group members.**

However, the **approach to governance and risk management would likely need to evolve accordingly** as some work streams became more mature. The pulse survey results indicated that understanding of risk management was lacking amongst core group members.

As the Health Alliance moved into its subsequent year of implementation, some areas that might warrant future considerations included:

- consider the ongoing role of the Alliance
- reflection on learnings for future success
- strengthen data collection for implementation and outcome measures.

# Establishing the foundations of the Health Alliance

*Perceptions about the need for the Health Alliance varied, with views to be overcome regarding duplication of effort and the expectations of both parties to collaborate as part of usual operations.*

## **The role of the Health Alliance**

The Health Alliance was established to be a body separate to Metro North Health or the PHN, governed by a Joint Board Committee with representatives from both organisations.

During the early stages of establishment, some stakeholders perceived that the role of Health Alliance may duplicate existing efforts of other organisations. However, as formation of the Health Alliance evolved the benefit of an independent body became increasingly valued. Participants within the established core groups reported recognition that there was a need for an initiative such as the Health Alliance to generate effective and integrated solutions to population health problems.

The areas of focus were not only those of priority for both the PHN and Metro North Health, but those that neither party would be likely to effectively solve on in isolation.

Over the period of implementation the objectives of the Health Alliance, and their role as a facilitator, also became clearer as work progressed.

Through reflections in 2021 on the last three years of the Alliance, stakeholders cited the important role of the Health Alliance in creating a forum with ideation and solution generation less encumbered by existing structures.

The separation of the Health Alliance, and the associated neutrality, was perceived by many stakeholders to be an important equaliser given the mismatch in size and structure of the PHN and Metro North Health.

In the concluding phases of this evaluation the Health Alliance was recognised by many stakeholders as an important mechanism to support the establishment of shared understanding in:

- needs that exist within the North Brisbane area
- priorities to address those needs
- respect for the roles that all stakeholders play
- a way to deliver shared solutions that deliver shared outcomes.

# Establishing the foundations of the Health Alliance

*The population-centric approach, shared agreement on focus areas of work and the collaborative governance arrangements helped to establish neutrality and stakeholder buy-in.*

## Creating neutrality

The Health Alliance sought to create a 'neutral ground' for cross agency and sector collaboration around common goals for population cohorts.

Over the course of the Health Alliance's operation to date, there has been general agreement that the Health Alliance was successful in creating a neutral forum. Core group participants acknowledge it was evident that establishing neutrality was a deliberate focus in the early stages.

Stakeholders agree that neutrality has been maintained in the Health Alliance, enabled in part by the Health Alliance being established as a separate body to the PHN and Metro North Health.

There were observations from some stakeholders that the Health Alliance seemed to be more aligned with the PHN given where the roles are domiciled. The Health Alliance staff did have access to Metro North Health and the PHN, and spent some time with Metro North Health. However it was acknowledged that working on-site from Metro North Health had been limited over 2020 due to COVID-19 restrictions.

Bringing all relevant parties to the table focused on an issue or population as the primary lens enabled a whole of system perspective to be taken in a non-judgmental way.

The common goal and inclusivity kept stakeholders to account on their roles and contributions to both the issues and the solutions. This avoided inadvertent shifting of responsibility or accountability to those parties not involved.

### Cited neutrality success factors



**Joint board committee oversight**



**Keeping consumers and their experiences central**



**Everyone having a voice**



**Respectful engagement**



**Trust and transparency**

# Implementing the Health Alliance

*Despite varying progress of different work streams in their implementation phase, the Health Alliance has continued to exercise and evolve its role as a facilitator.*

## **Progress of Health Alliance initiatives**

As shown in Figure 1, the Health Alliance set out with three focus areas around which core groups were established to understand the key drivers of suboptimal outcomes for these cohorts and how their needs might be better met using integrated solutions.

Progress varied across the three groups with scope and focus evolving over the three years to 2021. The original areas of focus were identified as priority areas for the region; however they were also identified as areas that were complex to address.

The co-commissioning work of the **Health and Wellbeing of Older People** initiative gathered momentum from the core group, the PHN and Metro North Health executive.

Stakeholders reported that there was a clear impetus and appetite to develop a solution that would deliver better value care to older people to improve their outcomes and experience. In 2019, the proposal was tabled with the Commonwealth Department of Health, but was not approved.

The development of the proposal was two years in the making. Whilst stakeholders identified the development of the proposal as a key achievement of the Health Alliance, there was nonetheless disappointment that it did not progress.

The focus for older people then shifted to addressing other incremental but important service improvements to better meet the needs of the cohort. These improvements became particularly important as COVID-19 created an impetus to keep care in the community and out of the hospital setting. The Your Care Closer program of work has aimed to bring together a suite of initiatives in this space including GPs with Special Interest, integrated Hospital in The Home, and Rapid Access to Consultant Advice.

For the **Improving Outcomes for Children** work (previously Children of Caboolture), progress picked up after a slightly slower start in year 1. Core group meetings and consultation forums culminated in the identification of three action areas where the Health Alliance could facilitate and support collaboration. The most significant of these is the *Starting Well Initiative*, a model that integrates maternal and child health, launched in February 2020.

In response to the Productivity Commission Inquiry in **Mental Health**, the Health Alliance has leveraged the working relationship between the PHN and Metro North Health to commence development of a regional funding model for the Brisbane North region.

*See p.16-18 for further information on achievements across the focus areas.*

# Implementing the Health Alliance

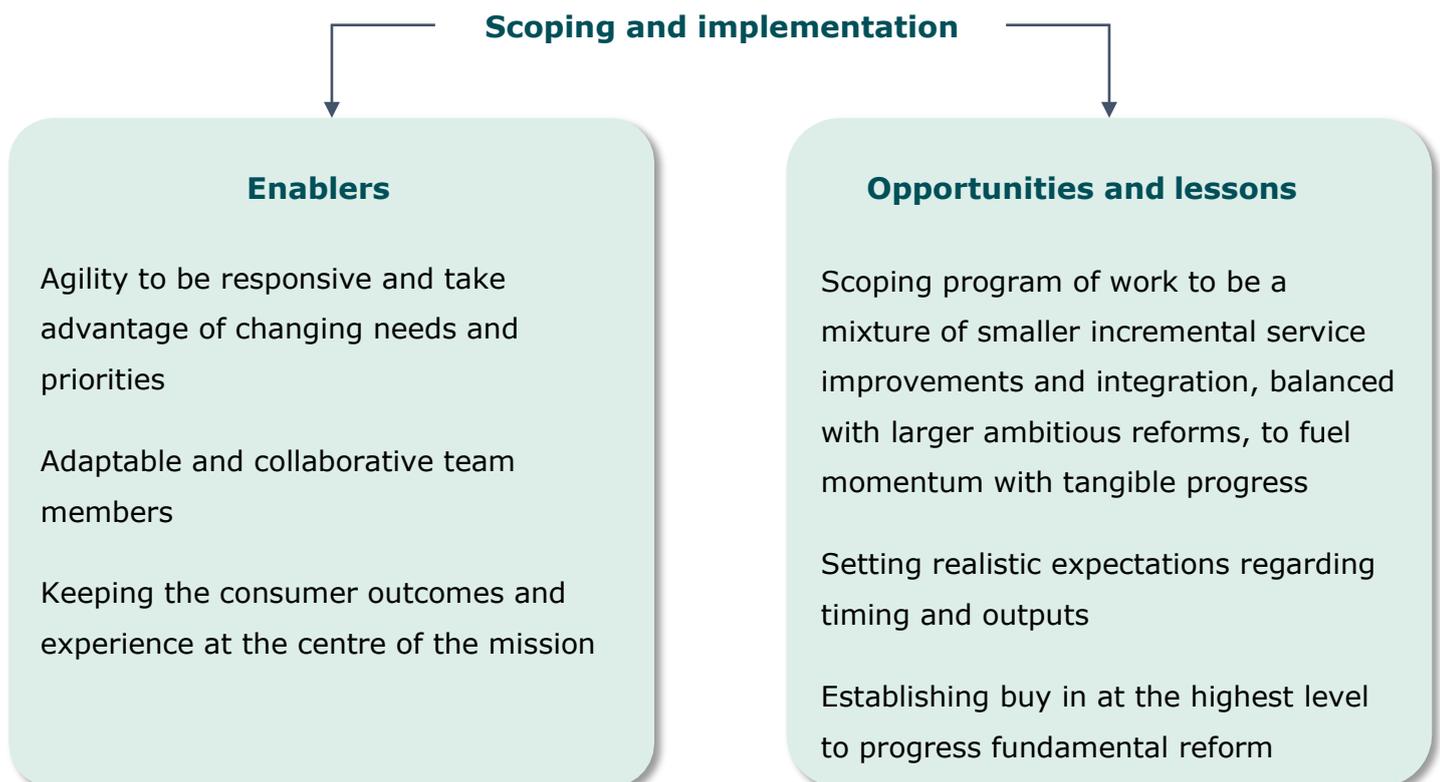
*As the focus of the Health Alliance as evolved, there are some key reflections from the first few years of operation*

## Lessons from scoping and implementation

The evolution of focus for the Health Alliance has demonstrated some of the merits of the approach taken, and benefit of hindsight has also uncovered some opportunities.

The flexibility and responsiveness of the Health Alliance team has been a cited enabler to progress the program of work beyond the original three focus areas. Another more practical element was the importance of dedicated personal to continually manage collaboration and maintain momentum.

Despite the lessons learned over the implementation to date, there was broad appreciation of the challenges of pursuing complex reforms such as the establishment of regional commissioning bodies and processes. Some stakeholders cited the need to strike a balance between short-term tangible outputs or outcomes, within these complex reform projects that have long lead times. Tangible outputs may overcome any challenges or misconceptions that may arise during the early stages of stakeholder understanding of the value of a body, such as the Health Alliance.



# Achievements of the Health Alliance

*The achievements of the Health Alliance to date comprise a combination of strategic accomplishments, delivery of codesigned outputs, and implementation of a new model of care.*

## Strengthening local relationships

The advancement and strengthening of the relationship between the PHN and Metro North Health has almost uniformly been cited by stakeholders as one of the key achievements of the Health Alliance over the last three years.

There is recognition that the Health Alliance was building on foundations of a good working relationship at the leadership level. However, the establishment of the Health Alliance and the joint governance model signalled commitment and endorsement of collaboration to all levels of both organisations.

This has changed the way that the PHN and Metro North Health come together with key partners in the sector to collectively address complex challenges that have largely eluded the sector before.

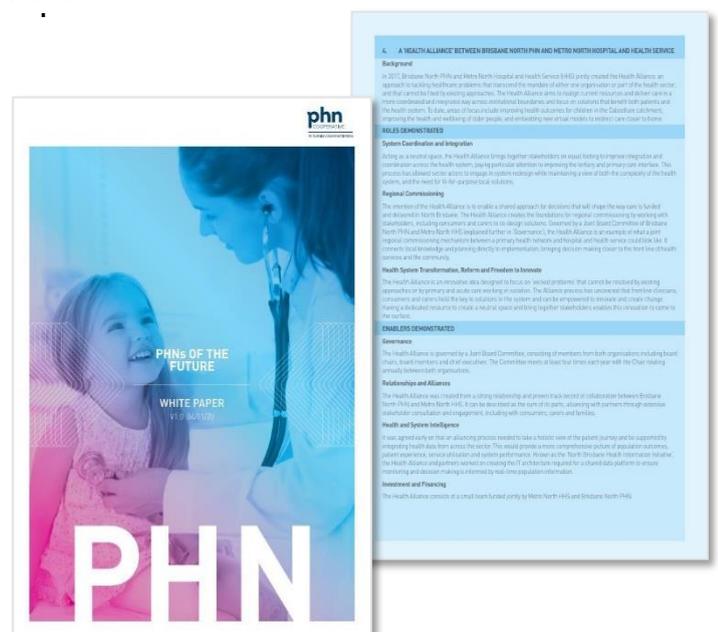
The enhanced collaboration between Metro North Health and the PHN was cited to be fuelled by trust, open and transparent communication, and a shared goal. Stakeholders noted also that the advancement of the relationship within the Health Alliance also influenced the way the PHN and Metro North Health work together in areas outside of the Health Alliance. One stakeholder called out an observed change regarding how engagement between the Metro North Health and the PHN is occurring, with an increased recognition of the value that the organisations bring to unpacking and addressing the health needs of the community.

## Leading change

Beyond the influence and changes being affected in the North Brisbane region, stakeholders cited the attention that the Health Alliance has garnered from sector stakeholder in other regions.

Local area health districts and PHNs have sought out information from the Health Alliance to share information about the establishment and operation of the Health Alliance, expressing interest in exploring new ways of working. The potential opportunity to influence change and reform may lie in the critical mass of adoption in regions around the country.

Of note, the Health Alliance was profiled in the PHNs of the future White Paper, highlighting the alignment of the Health Alliance to the strategic PHN roles of coordination, commissioning and transformation



# Achievements of the Health Alliance

*Emerging evidence shows that the Health Alliance has collectively developed new ways of working to benefit the populations of interest in the North Brisbane region, such as for the elderly population.*

## **Development and uptake of new ways of working**

### **The Health and Wellbeing of Older People**

The Health Alliance has driven a collaborative approach towards recommendations for funding models and models of care for the betterment of the population of interest. Stakeholders perceived that it was a significant achievement to bring Metro North Health and the PHN together to develop a shared position on co-commissioning.

This collaboration filtered from the leadership through to the clinician levels, whereby input was equally sought from a diverse range of appropriate stakeholders, including the local community and consumer voices, such as in the Ageing Well Convergence Event in September 2018.

The achievement of collaborative consensus across stakeholders to develop the Ageing Well reform proposal was perceived to be a promising sign for future co-commissioning.

Despite almost unanimous notional support for the integrated commissioning proposal, the funding proposal was not approved.

This process highlighted to stakeholders that, despite almost unanimous notional support for the integrated commissioning proposal, stopping short of commitment to piloting the model signalled broader barriers to integrated commissioning.

Regardless, stakeholders commented that the process and outputs from this work have better prepared the North Brisbane region to respond to system reforms, when there is sufficient appetite and motivation on the national agenda – being “poised to act” when the time is right (e.g. following the Royal Commission into Aged Care Quality and Safety).

The work stream transitioned to focus on more incremental service improvements, with a range of ‘Do-it-now’ initiatives identified in late 2019 for implementation. One example was the ‘Geriatric outreach into Residential Aged Care Facilities (RACF)’ model; early indicators from an evaluation is showing positive feedback.

# Achievements of the Health Alliance

*Some early indications of success have been observed in the 'Starting Well' initiative, under the 'Improving Outcomes for Children' work stream, due to the new ways of working the Health Alliance has facilitated.*

## Development and uptake of new ways of working

### Improving Outcomes for Children

The collaborative and relationship-based approach is a driver of progress in this work stream. Within this work, the Health Alliance collaborates with core group members (from Metro North Health, Caboolture Hospital, BNPHN and Children's Health Queensland), as well as broader sector stakeholders (such as midwives, child health nurses, general practitioners, practice nurses, specialists, consumers, carers and families).

Relevant to the 'Starting Well' initiative, stakeholders valued how frontline staff such as child health professionals and midwives are encouraged to work together to design and trial the proof-of-concept model. In other initiatives, the Health Alliance has facilitated cross-sector collaboration with Moreton Children's Partnership, Department of Education and Department of Children, Youth Justice and Multicultural Affairs (formerly known as the Department of Child Safety, Youth and Women) to progress the needs assessment processes.

Further from the relationships developed, this work stream has started to shift towards tangible outputs as a result of model of care development. To date, the proof-of concept model has been designed in the 'Starting Well' initiative and trialled in the Moreton Bay region, particularly Caboolture, with the Health Alliance's facilitation. Initial data on uptake and early outcomes is illustrated in Box 2.

### Box 2: Examples of uptake and early outcome indicators

Between February 2020 and February 2021, the 'Starting Well' model has had:



**68** women enrolled



**42** women birthed to date



**445** antenatal appts attended

Failure to attend (FTA) rate of **1.3 per cent**, compared to 4.8 per cent for regular antenatal clinics

Average of **10 visits** (compared to average of 9 in usual care)



**100%** of babies born in the healthy weight range



**92.7%** to full term (compared to 89.8% average)

"I am very happy with the care. After having three babies elsewhere this was by far the best experience".

Source: Starting Well Initiative, 2021

# Achievements of the Health Alliance

*Leveraging the opportunities and appetite for changes in the broader community, the Health Alliance has commenced new work streams since the beginning of 2021*

## Leveraging broader appetite for change

### Mental Health

Despite at an early stage, the Health Alliance is leveraging the existing momentum in mental health to progress a work stream on this population health topic. As indicated in its project plan, this work stream was initiated in the context of the 2020 Productivity Commission Inquiry Report, as well as the increased demand for mental health support in the midst of the COVID-19 pandemic. Reflecting the identified needs in the Inquiry Report around the volume and how mental health services are delivered, the Health Alliance was tasked with developing a regional funding model within the North Brisbane catchment, in conjunction with its healthcare partners, and state and federal government. The work is reportedly on track, according to the monthly update in March 2021, with a current focus on developing a scoping paper, gap analysis and co-commissioning model process.

### Your Care Closer

Also built on fundamental shifts that have occurred in Australian society as a result of COVID-19 was the Your Care Closer work stream. This aims to address demand and provide equitable access to care outside the hospital setting.

As articulated in the project plan, this work stream encompasses lessons learned from COVID-19 and innovation in care delivery, and is guided by the National Health Reform Agreement 2020-2025 towards two strategic goals, namely:

- to build capacity of providers to meet health needs of the region
- to re-orient the health system toward care close to home

The collaboration with the Institute for Urban Indigenous Health in the integrated Hospital in The Home model was noted as an exciting and powerful opportunity to address access barriers for Aboriginal and Torres Strait Islander people by providing culturally safe and appropriate care in their communities.

# Future

# Future roles of the Health Alliance

*Evidence from the first few years of implementation has demonstrated that the Health Alliance concept could be sustained and scaled in other regions with some considerations*

There is indication that a structure such as the Health Alliance has merit to devise better health and care solutions, based on neutral and collaborative relationships in the health system amongst actors who do not necessarily share the same funding incentives. Emerging evidence demonstrates that the Health Alliance concept could be sustained and scaled with some considerations as follows:

## 01 **Strengthening collaborative planning**

– It is important for the Health Alliance to continue strengthening collaboration with partners and sector stakeholders.

Collaboration remains a key element in future activities, whether in work streams at the design phase (e.g. Mental Health and Your Care Closer) or implementation phase (e.g. 'Starting Well' initiative)

## 02 **A dedicated space for collaboration -**

The Health Alliance can consider promoting its role as a deliberate place and structure for collaboration. It should be a space for collaborative planning that is not restricted by the structural barriers and confines of the current system.

## 03 **Embedding data collection -**

This may not be the responsibility of the Health Alliance itself, but should be advocated for, and supported where feasible. Data on emerging outcomes is critical to develop the case for change and capture early insights to inform improvements.

## 04 **Maintain founding principles** – As a

separate but integrated organisation, the structure of the Health Alliance and similar concepts should also be based on a balanced principle. This is to account for the mismatch of size and scale of governing organisations, i.e. Metro North Health and the PHN. Sharing staffing, resources and decision-making power could be examples of demonstrating the balance

## 05 **Diversifying activities** – Where possible,

the Health Alliance's activities could comprise a diversified portfolio, including quick wins that are not too reliant on resources, besides system and policy reform proposals. Ideas for reforms are critical to progress; however will likely necessitate resources and time for stakeholder engagement and negotiation.

## 06 **Sharing lessons and scaling models–**

The lessons from the Health Alliance should be shared to other PHNs and Hospital Health Services to support improvements in collaboration over time. In addition the projects of the Health Alliance could be scaled to other sites within the region or elsewhere.



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