# Central Coast Health Alliance Charter

This Charter document outlines our commitments and the key principles and "rules of engagement" that Hunter New England Central Coast Primary Health Network (HNECCPHN) and Central Coast Local Health District (CCLHD) will follow as partners of the Central Coast Health Alliance team. As leads of alliance activities, we are responsible for promoting this way of working and how it applies to all work done by, and for, the alliance. Since the Alliance first formed in 2017 and as a result of its maturity/development a number of activities that were focus activities are being managed as business as usual between the partners.

## 1. Vision – Healthy people living healthy lives.

## 2. Purpose of the Alliance

Our purpose is to leverage shared priorities across health and social care to develop and implement collaborative healthcare solutions to improve health outcomes for the Central Coast population. We aim to provide increasingly integrated and co-ordinated health services by identifying opportunities for collaborative, clinically-led service development and working together to accelerate their implementation. Consideration will be given to impact on the whole of the system, the patient's outcome and experience, and the best value per resource spent.

## 3. Principles

The Alliance will:

- seek out jointly identified, shared priorities and opportunities
- jointly develop strategy and solutions
- jointly engage in cooperative design and implementation
- jointly share responsibility for monitoring and evaluation of initiatives undertaken within the Alliance
- leverage off existing work groups and structures, and only develop new work groups where required
- listen and respond to patients and carers, and place the patient at the centre of our decision-making
- plan, prioritise and deliver health services efficiently, recognising resource constraints to maximise the value of care provided, whilst enhancing the patient experience and patient outcomes
- acknowledge the Aboriginal people, the traditional owners of the land of the Central Coast, and recognise the importance of Closing the Gap, and that Aboriginal and Torres Strait Islander people are able to access healthcare that is culturally safe and appropriately delivered
- share information, resources, knowledge and skills to support the achievement of shared objectives
- promote an environment of high quality, performance and accountability, and low bureaucracy
- commit to resourcing the Alliance's shared initiatives.

## 4. Aims

We aim to provide increasingly integrated and co-ordinated health services by identifying opportunities for collaborative, clinically-led service development, and working together to accelerate implementation of models of care which improve access, quality and experience for patients.

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## 5. Monitoring and Measurement

We will define and measure success on the basis of the Institute for Healthcare Improvement Quadruple Aim. We will ensure that the services we commission together will improve our population's health, improve patients' experiences with the health system, provide value for money, and improve the working experience of healthcare providers.

**Quadruple Aim**
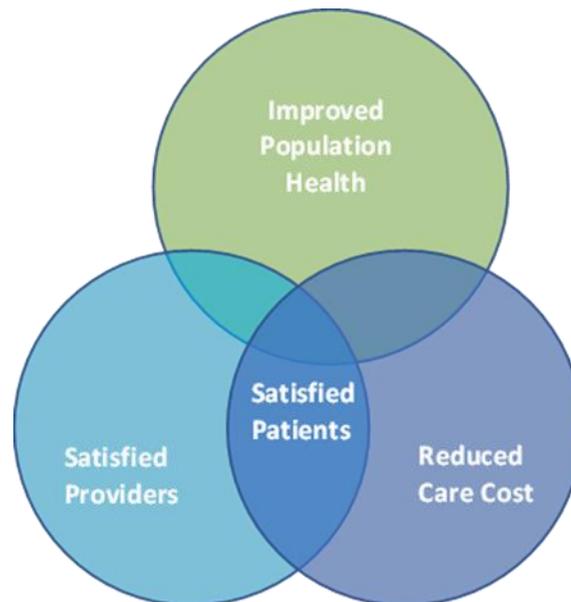


Initiatives in the workstream priority areas will be measured utilising indicators that demonstrate improvement in patients' experiences with the health system, value for money, improved working experience of healthcare providers, and improved population health.

Patient Related Experience Measures, Patient Related Outcome Measures, Staff Related Experience Measures, and Financial and Efficiency measures will be utilised in combination in order to ensure a balanced approach to improvement.

To facilitate the monitoring and management of initiatives, in order to help ensure their success, we will proactively share information to enable the development of robust and reliable performance indicators. Progress will be monitored by the shared executive at regular meetings by way of reported indicators that respond to each of these components of the quadruple aim.

Measures of the strength of the Alliance will be identified and agreed upon. Potential examples include:

- Partnership Self-assessment Tool – Questionnaire (Center for the Advancement of Collaborative Strategies in Health, New York Academy of Medicine)
- Partnerships Analysis Tool and Checklist (VicHealth)

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- Evaluating Collaborations – Collaboration Checklist (Australian Research Alliance for Children & Youth)
- Collaboration Health Assessment Tool (Centre for Social Impact, UNSW, and Collaboration for Impact)
- Diagnosing the Health of Your Coalition (Center for Community Health and Development, University of Kansas)
- Coalition Effectiveness Inventory – Self-assessment Tool (Centers for Disease Control and Prevention, Division for Heart Disease and Stroke Prevention).

## 6. Governance

The Alliance will focus on initiatives which are jointly identified as priorities for a fixed timeframe. These will be captured in a shared operational plan.
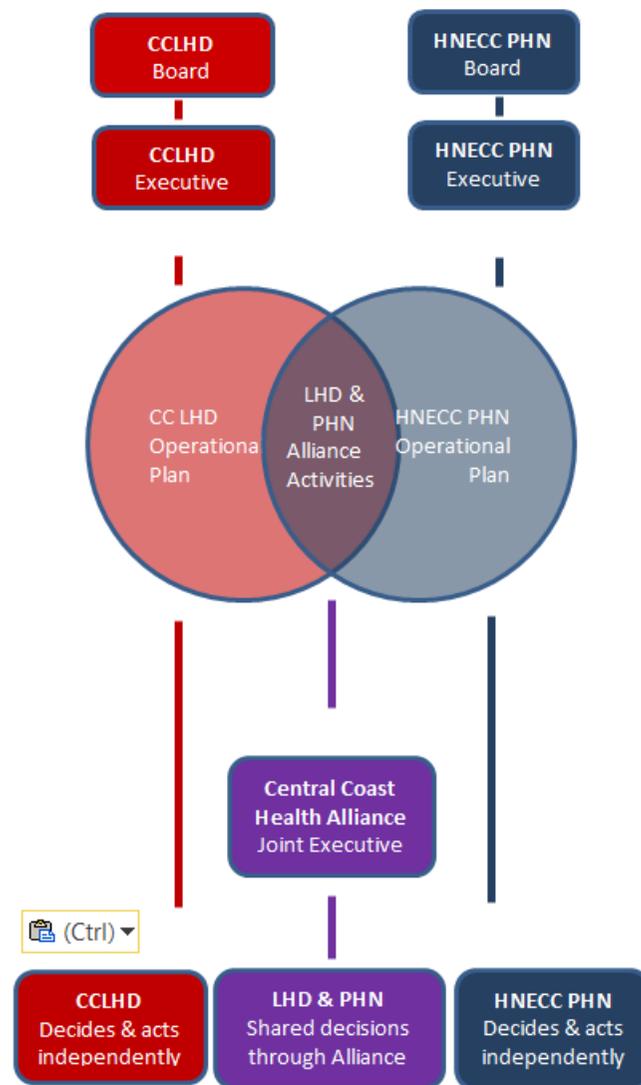
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## 7. Structure

A Joint Executive of the partners will provide oversight of the agreed Alliance initiatives. The Executive sponsors for the initiatives from this group will be clearly defined. Annually, the Joint Executive will establish priorities, review progress and plan improvements. The membership of the work groups and reporting requirements will also be determined. The different priority areas may have different approaches, structures and ways of working, for example in some priority areas we will utilise existing groups and structures, and where required we may set up new groups for particular priority areas
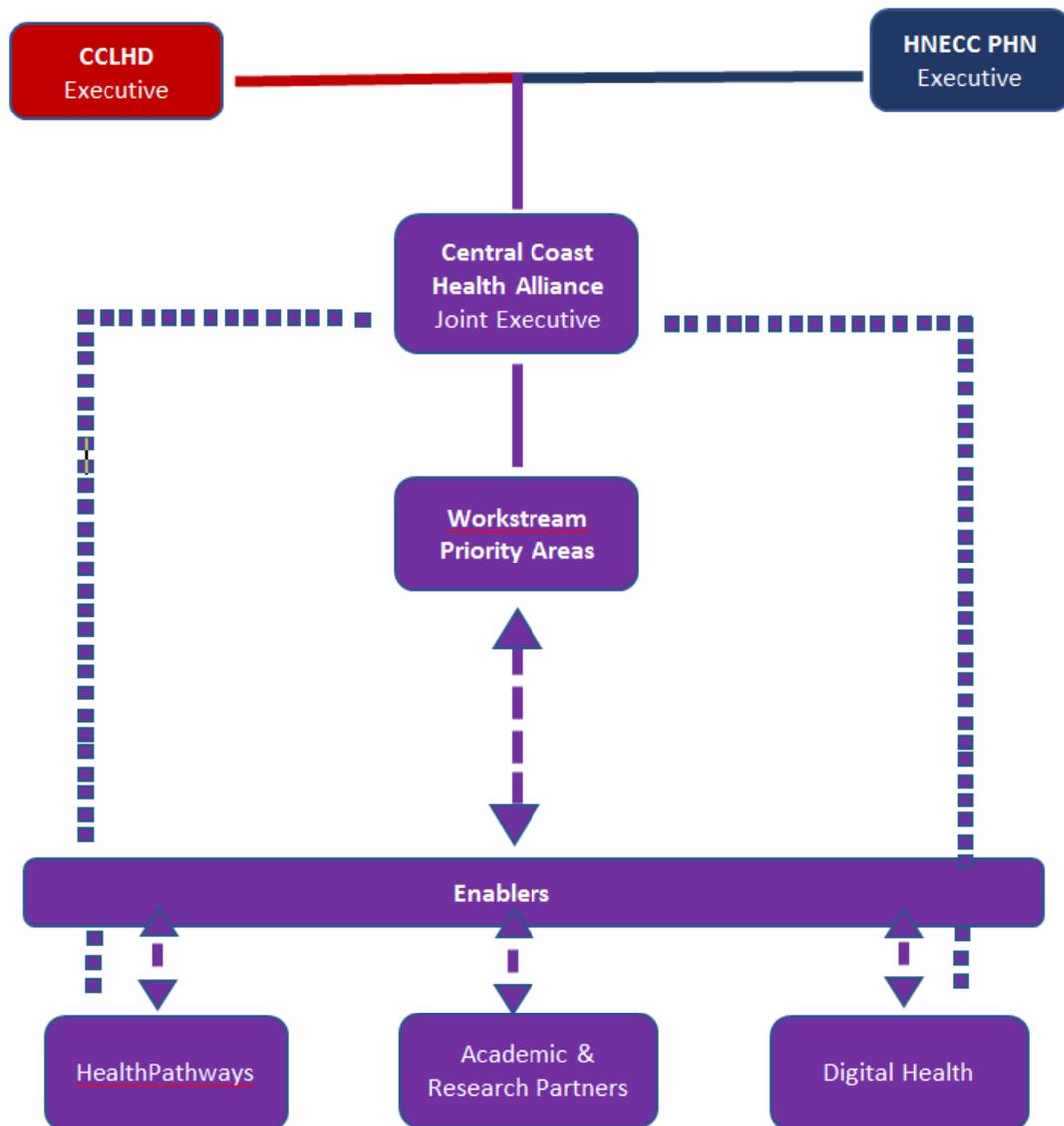


## 8. Workstream Priority Areas

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Alliance workstream priorities will focus on patients receiving the right care, at the right time, in the right place, and by the right providers. These will be identified on an annual basis and endorsed/documented by the Joint Executive. The Executive will maintain a log of both the current workstream priorities and previous priorities that have now become business as usual as part of the HNECCPHN and CCLHD relationship and would be managed as such.

Each partner will identify the appropriate Executive Sponsor for each priority and the Manager/Officer that will be the workstream priority lead. The Joint Executive will be explicit in the requirements for each workstream and its outcomes. This includes focusing on one piece of work for each priority, looking at novel models of care as solutions with clear outcomes that are measurable. Principles of delivery to be considered for each piece of work are identified as being: Integrated Care, Joint Commissioning, with Aboriginal, Torres Strait Islander and Culturally and Linguistically Diverse populations.

Enablers are identified as being: HealthPathways, Digital Health (including eReferrals, electronic discharge summaries, secure messaging), and Academic and Research partners.

Service Level Agreements (e.g. for GP Collaboration Unit and HealthPathways) along with all other business as usual activities will continue to occur outside the Central Coast Health Alliance following requests through the Chief Executives of the partner organisations.

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