

Memorandum of Understanding

Between HEALTHY NORTH COAST

And MID NORTH COAST LOCAL HEALTH DISTRICT

And NORTHERN NSW LOCAL HEALTH DISTRICT

Healthy North Coast acknowledges the Traditional Custodians of the lands across our region, and pay our respect to Elders past, present and on their journey. We recognise these lands were never ceded and acknowledge the continuation of culture and connection to the land, sky and sea.

We acknowledge Aboriginal and Torres Strait Islander Peoples as the Land's first peoples and honour the rich diversity of the oldest living cultures. This workplace is located on the land of the Bundjalung people .

Better Health Outcomes for North Coast Communities

Memorandum of Understanding

This Memorandum of Understanding (MOU) is made the 14TH day of December 2023.

Between the Parties: **Healthy North Coast Ltd;**
 Mid North Coast Local Health District; and
 Northern NSW Local Health District.

Hereafter collectively referred to as “the Parties”.

Purpose

This Memorandum of Understanding (MOU) recognises the commitment by the Parties to work together with a one health system mindset to improve health outcomes across the North Coast.

The Parties are committed to working collaboratively to deliver patient-centred healthcare. They recognise that patient-centred care requires integration between the primary, community, hospital, Aboriginal Medical Services and social care services. Providing patient-centred healthcare is important because evidence shows that when systems work together the outcomes for people and communities improve.

Preamble

The NSW Joint NSW Primary Health Network – NSW Health Joint Statement was executed in 2021.

The Joint Statement sets out how NSW Health, the NSW PHNs and the Commonwealth will work together over the next two years.

This MOU is the articulation of the commitment of the Parties to localise the intent of Joint Statement in the North Coast.

Shared Principles

Listening to our communities	Our vision of providing truly person-centred care means working hand in hand with our people and communities to fully understand their needs, preferences and aspirations, and the outcomes that matter to them. More than consultation, this means engaging, involving and empowering communities to participate, and valuing the community voice. This will help to ensure that community strengths are recognised and used effectively and appropriately.
Investing in building our relationships	Building relationships based on trust and mutual respect takes time and requires us to go beyond the good will that we have built between us. To build our relationships we should continue to advance our skills such as influencing, creative problem solving, navigating conflict,

	<p>negotiating productive decisions, and building a high level of interpersonal and organisational self-awareness.</p> <p>Investing in relationships means starting with a person-centred focus. This work builds on what is in place already through formal and informal structures. Building on this will be the establishment or expansion of developing joint working practices and to commit to work together to resolve more complex challenges now and into the future.</p>
<p>Valuing each other's perspectives</p>	<p>Misconceptions and a lack of confidence in different parts of the health system can stand in the way of real collaboration. We need a shared paradigm where organisations understand, value and can collaborate through their different perspectives, this includes cultural perspectives. Then we can draw on the strengths and assets that others bring to the table. Understanding the depth of expertise across the system and establishing a shared language to build trust is key across all levels of organisations.</p>
<p>Building the right leadership capability</p>	<p>Health system leaders in NSW are increasingly required to lead the sector through reform and transformation, while building confidence, capacity and capabilities within their organisations and more broadly. This also means stepping outside of our comfort zones, being vulnerable as leaders, and letting go of individual leadership to embrace a one health system mindset. For change to be successful, and current efforts to be realised, everyone needs to lead and drive new ways of working. Building the right leadership capability means:</p> <ol style="list-style-type: none"> I. Enabling senior leaders to: <ul style="list-style-type: none"> • Establish the vision and desired outcomes for the system • Set the pace of change • Clarify roles and responsibilities • Develop senior relationships • Provide the authorising environment for cultural change • Drive accountability and cascade down through their organisations • Remove barriers to new ways of working. II. Enabling all staff to lead by: <ul style="list-style-type: none"> • Identifying collaboration and service integration opportunities • Establishing and developing peer level relationships • Escalating systemic risks, issues and barriers • Adopting necessary mindset and behaviour changes to embody a one health system culture
<p>Thinking as one workforce</p>	<p>Current perspectives of the workforce as belonging to a particular organisation can result in a lack of cooperation in the health system, and even competition. To support a person-centred health system, we are considering new ways of operating as a collective workforce (both paid and volunteer), regardless of organisational structures and</p>

	funding mechanisms. This is a particular opportunity for settings where workforce shortages are especially challenging.
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Shared Areas of Focus

Enabling care in the community	<p>There is an opportunity to deliver more services within community settings and closer to people’s homes; inclusive of culturally appropriate care, as evidence suggests this provides a better patient experience, allows issues to be addressed earlier and is more cost-effective. This means there is a need for integrated pathways into and out of the community setting taking a person-centred focus to enable people to receive the right care in the right place at the right time.</p> <p>This means enabling people who do not need to be in hospital to achieve healthcare at home or in the community, with the appropriate multidisciplinary teams irrespective of the setting of care those teams usually work from. Doing so will better balance our health system and ensure the right setting of care is used for the right services. This proactive shift of care in the community requires continued investment and capacity building in primary care.</p>
Commissioning in collaboration	<p>PHNs and NSW Health have commenced collaborative commissioning approaches that encourage shared models of care and pathways. Moving forward, opportunities for collaborative commissioning will become increasingly important to how we design and deliver services.</p>
Developing shared models of care	<p>PHNs and NSW Health are increasingly working together utilising shared health pathways and models of care across settings, and we are committed to continuing to mature these ways of working. The next level of integration will involve sharing and collaborating around a much broader range of health system enablers. These include training and education to build capacity and capability particularly in primary care and general practice, shared clinical governance, redesigning pathways into and out of hospital, more effective communication, information and data sharing and shared decision making.</p>
Reducing duplication	<p>Separate funding streams, and the development of new ideas, responses and care models in isolation, has often created duplication. In becoming truly person-centred, there is an opportunity to collaborate on service planning, population health, regional commissioning and shared service delivery to identify and reduce duplication. Doing so will increase the efficiency and reach of the healthcare system, and particularly for the most vulnerable</p>

	communities in NSW. Moving forward, this will mean working together from the outset, and encouraging participation from each other to establish a cohesive rather than duplicative approach.
Enhancing digital approaches	Emerging digital approaches present an exciting opportunity for the healthcare system in NSW, with the potential to increase integration, improve the patient experience, expand the reach of healthcare and increase cost-effectiveness. Specific opportunities include real time sharing of clinical information across care boundaries, virtual healthcare and remote monitoring and care, and better utilising the secondary use of data.

Other Agreements

This MOU clarifies the relationships and commitments between the Parties across the North Coast. This MOU supports current LHD and PHN agreements, programs, projects and services at the regional and state level and facilitates how the Parties work together on new ones.

The Parties may have other relationships and agreements with other interested organisations, services and funding bodies, which may impact on the MOU throughout the term. The Parties seek to work towards a model of working together that can take into consideration these other arrangements.

Governance

The Chief Executives of each party will manage this MOU, including Appendix 1 Schedule of Works, and involve their teams when and where required.

The Chief Executives will meet quarterly throughout the term of MOU to review progress and discuss and/or troubleshoot issues.

Additionally, the progress of the MOU will be a standing agenda item at the joint Board meetings between Healthy North Coast and each of the Local Health Districts. This is the forum where matters can be escalated, should there be disagreement among the Chief Executives.

Alternatively, the Chairs of the Boards of the Parties can meet outside of a joint meeting to resolve any matters escalated by the Chief Executives.

The Parties agree to attending one annual joint Board meeting with all three Parties in attendance.

Term

This MOU commences on the date of signing and concludes on 30 June 2026, unless terminated by one or more of the Parties beforehand.

Prior to the conclusion of the term, the Parties may agree to extend the term of the MOU until 30 June 2029.

This MOU is to be reviewed by the Parties annually.

Roles and Responsibilities

Under this MOU, the Parties agree to:

- Attend all agreed meetings or nominate a delegate to attend if they are not available.
- Assign staffing resources to support the implementation of the Schedule of Works (Appendix 1).
- Share in the organisation of workshops and meetings unless otherwise agreed.

Confidentiality and Disclosure of Information

Partners shall obtain agreement from the other party before releasing any confidential information relevant to this MOU or to any person. The Parties acknowledge that this obligation survives the expiry or termination of the Agreement.

Schedule of works

The Schedule of Works (Appendix 1) will be reviewed and reported on regularly by the CEOs to the joint Boards.

The Parties may have existing joint agreements, programs, projects and services that sit outside of this MOU.