

The Maranoa Health Accord

Western Queensland Primary Care Collaborative

Approved: 15 April 2024

Published: 20 December 2024





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1. Introduction

- 1.1 The Maranoa Accord was an agreed decision made on 29 November 2016 by senior representatives of the Central West Hospital & Health Service, North West Hospital & Health Service (NWHHS), South West Hospital & Health Service (SWHHS), and Western Queensland Primary Health Network (WQPHN).
- 1.2 WQPHN as a Commonwealth-funded independent company, is responsible for planning and commissioning of primary health care services, as well as coordination of planning and health service delivery across the Western Queensland region under National Health priorities and reform agendas.
- 1.3 The three Hospital & Health Services (HHSs) are independent statutory bodies within Queensland Health. They are key providers of public primary and community health services, as well as acute hospital care in Western Queensland.
- 1.4 The Aboriginal and Torres Strait Islander Health Organisations (ACCHOs) of Western Queensland include Gidgee Healing, Charleville and Western Areas Aboriginal and Torres Strait Islanders Community Health (CWAATSICH), Cunnamulla Aboriginal Corporation for Health (CACH) and Goondir Health Services. WQPHN and the four ACCHOs have established the Nukal Murra Alliance (Alliance), a regional co-commissioning framework to guide approaches to improving the health and well-being of Aboriginal and Torres Strait Islander people of Western Queensland.
- 1.5 This document, termed the Maranoa Health Accord, describes the commitment of these organisations to work together, co-design, and provide leadership and cooperation to drive system and whole of population improvements across the Western Queensland footprint.
- 1.6 The Accord builds on an initial agreement between WQPHN and the HHS organisations in 2016 and reflects the organisation's recognition of the opportunity to further strengthen their working relationships through:
 - a. alignment within a common vision for health outcomes and one health system across Western Queensland;
 - b. collaboration to integrate Western Queensland's health services and resources; and
 - c. development and implementation of plans to deliver on the vision and objectives.
- 1.7 The common vision is: Together, we will lead a dynamic and responsive health system for all Western Queenslanders to enable better integrated, patient-centred care aimed at improving people's experiences and health outcomes and supporting equitable access to care¹. Shared ambitions include:
 - a. A coordinated and integrated approach to ensuring Western Queenslanders are empowered to obtain the best available health service that matches their needs, unique circumstances, and values.
 - b. A seamless patient journey across public and non-government health care providers, primary health care providers, ACCHOs and specialist clinical services.
 - c. A shared responsibility with the patient for the highest standards of personal health.
 - d. Minimal duplication of effort across all public, non-government, ACCHOs and private health service providers that guarantees an efficient and high-quality service delivered as close to home as possible.
 - e. Strategic intent that shifts the focus from 'output' to outcome, from transactional contracting to transformational commissioning and co-design, which places the patient, their community and clinicians at the centre of this process.
 - f. An intent to ensure services are 'wrapped around patients' commensurate to their individual need.

¹ Queensland- Commonwealth Partnership Shared Commitment.

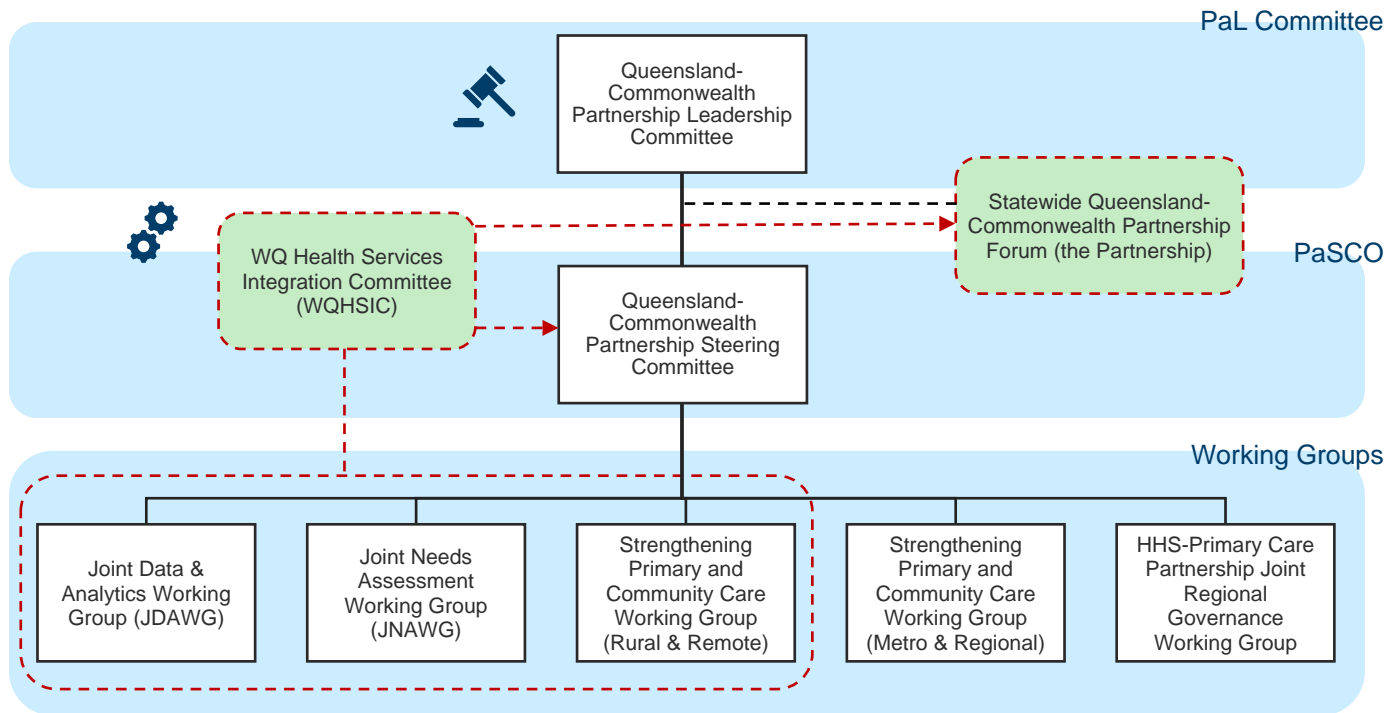


2. Rationale for the Accord

- 2.1 The Maranoa Accord is the regional governance mechanism that supports not only the Queensland-Commonwealth Partnership commitment but also the National Health Reform Agreement 2020-2025 key objectives of:
- Improved health outcomes and equity of access;
 - Improved efficiency and ensure financial sustainability;
 - Focus on transparency and accountability;
 - National agreement of individual and shared responsibilities; and
 - Local accountability and responsiveness.
- 2.2 The Maranoa Accord prioritises the commitment for the Commonwealth, States and Territories to collaborate on six long-term health reforms, framed around four strategic priorities of financial efficiency and sustainability, safe and high-quality care, prioritising prevention and best practice through data and research. These are:
- Health technology - a nationally cohesive assessment;
 - Paying for value and outcomes;
 - Joint planning and funding at a local level;
 - Empowering people through health literacy;
 - Prevention and wellbeing; and
 - Enhanced health data.
- 2.3 The Maranoa Accord actions will be guided by four (4) fundamental principles of the Queensland-Commonwealth Partnership:
- First Nations First;
 - People Focussed;
 - One Health System; and
 - Commitment to Partnership.



3. WQHSIC Governance Overview



3.1 Through this Accord, the parties agree to work jointly to support the priority areas as defined by the Queensland-Commonwealth Partnership priority areas including the progression of specific place based initiatives as outlined below:

- a. Data and joint planning
- b. Strengthening primary and community care
- c. Building a governance framework
- d. Digital Health and technology enablement in primary care
- e. Regional place-based initiatives, including:
 - Mornington Island Partnership Agreement
 - South West Queensland Primary Care Alliance
 - Healthy Outback Communities
 - Healthy Outback Kids
 - Ageing in Outback Strategy
 - WQ Health Equity Plan
 - Medication review and self-management in Western Queensland.

3.2 Other commitments the parties are making through this Accord are to:

- a. Adopt a place-based commissioning approach across the seven localities of Western Queensland to broaden the scope and scale of the primary health care team and establish a critical mass of locally based clinical and non-clinical workforce to serve Western Queensland's larger towns and through them also the surrounding remote communities.



- b. Promote clinically integrated, general practice-led, multidisciplinary team-based care to ensure a sustainable, professionally supportive work environment for the local health practitioners and support from a diverse referral base, including social, primary and specialist care sectors.
- c. Enable culturally informed, responsive and appropriate clinical practice and a strong, robust and vibrant community-controlled sector in Western Queensland.
- d. Facilitate shared health intelligence on the health status of Western Queensland populations, the effectiveness of health services and the configuration and allocation of resources against shared health priorities and empower local evaluation frameworks and clinical leadership.
- e. Strengthen the primary health care workforce by aligning with and adopting universal Models of Care, integration across care pathways, and strategic investment, including workforce training and development, shared staffing and joint appointments.

4. Meeting the Unique Needs of Western Queensland

- 4.1 Western Queensland's population and geography mean that a well-coordinated, culturally competent and effective primary healthcare system is critical to maximise access to care, empower consumers of our services, and secure better health outcomes.
- 4.2 Western Queensland is characterised by a small population (approx. 62,000 people), dispersed across an extensive land area covering 56% of the state. People must travel long distances to access health services, and public transport is poor.
- 4.3 Compared with Queensland as a whole, the Western Queensland population has a high burden of illness, low life expectancy, and high rates of health risk factors, especially for older residents, Aboriginal and Torres Strait Islanders and children.
- 4.4 The historical approach to primary care service configuration and delivery is not meeting Western Queensland's needs. General practice is available in a range of settings, including private (traditional models), ACCHO, HHS, and RFDS, as well as several smaller towns supported by nurse-led clinics. HHSs are significant primary and community health service providers; collaboration across provider networks and settings is essential.
- 4.5 Implementation of the contemporary Primary Health Model of Care will increase the capacity of general practice networks to inform more comprehensive primary health care, patient activation and system improvement through:
 - a. Responsible data stewardship
 - b. High-quality shared practice population data
 - c. Population risk stratification
 - d. An emphasis on Access to Care, prevention and early intervention, and planned and structured care
 - e. Enabling referral networks and linkage to primary, social care and secondary care services
 - f. Shared registers of priority patient cohorts to optimise referral, follow-up, and promote team care arrangements
 - g. New workforce roles
 - h. Culturally competency in clinical practice and redesign
 - i. Alignment with HealthPathways linking primary health care with specialist services
 - j. Optimising access to MBS and PBS support for eligible patients.



- 4.6 Implementation of comprehensive primary health care is expected to bring measurable benefits through:
- a. Better access for patients to services in their local communities
 - b. Patient enrolment within the WQHCH for defined population segments
 - c. Better system effectiveness and value for money
 - d. Better skilled, supported and integrated local health workforces
 - e. Reduction in unnecessary attendance to hospital emergency departments
 - f. Reduction in avoidable hospitalisations and hospital transfers
 - g. Greater uptake of technology-enabled services for patients and clinicians
 - h. A better-quality service that empowers patients and their carers
 - i. Greater innovation for priority segments of the population, including those most vulnerable to experiencing poor health outcomes and long-term conditions.
- 4.7 Implementation will be monitored to track progress and evaluated to assess the system and population impacts. The Quintuple Aim be adopted to provide evidence of health improvement at a system, patient level, and community level as well as patient-reported experiences of care.

5. Our Approach

- 5.1 All parties have committed to a codesign approach which is founded on universal coverage of the WQPHN population, regional approaches to care, and
- 5.2 The WQ Primary Health Model of Care collateral and commissioning approaches are intended to support local primary health care systems at the forefront of contemporary innovation and redesign within their local and regional jurisdictions and inform place-based commissioning aligned with defined population health priorities and local implementation plans.
- 5.3 A fundamental principle of this Accord is an agile co-design process that allows the sharing of learnings across the region and scalability of commissioning approaches where better health and system outcomes are by evidence.

6. Measurement and Reporting

- 6.1 Parties to the Accord have agreed to share data and health intelligence to ensure a common understanding to presenting evidence that supports the value of joint projects, investments and agreed approaches to primary health care reform and innovation.
- 6.2 Reporting mechanisms and minimum data sets will be developed for Regional Priorities identified in Clause 11 above to enable members of the WQHSIC to monitor and evaluate key outcomes across health improvement, system innovation and patient experience domains.
- 6.3 The Maranoa Accord and its membership represents a significant change and reform mechanism in Western Queensland, and an Annual Report of progress against agreed priorities will be published annually.



7. Governance

- 7.1 This Accord respects the respective independence of each Party and aims to create a structured dialogue and opportunity for enterprise and joint stewardship for better health outcomes for the communities of western Queensland
- 7.2 The parties to this Accord will work without prejudice to reduce low-value care and maximise the collective impact through collaboration, evidence-informed redesign, and leadership.
- 7.3 Overarching Governance to provide strategic support for the Maranoa Accord will be overseen by the Western Queensland Health Services Integration Committee (WQHSIC), comprising the Chairperson and CEO of each of the three HHSs, CEOs from the four (4) representative ACCHOs, Chairperson and CEO of WQPHN and representatives from the Queensland Reform Office and Office of Rural and Remote Health.
- 7.4 Meetings of the WQHSIC will occur four times per annum, with one meeting coinciding with the WQPHN Annual General Meeting.
- 7.5 The WQHSIC will be Chaired by the WQPHN Chairperson with Secretariat services for the meetings provided by the WQPHN.
- 7.6 Attendance at meetings is voluntary and all decisions made will be deemed to be by consensus in a spirit of cooperation and not binding on parties to this Accord.
- 7.7 A Working Group of the three HHS CEs, the WQPHN CEO, representatives from the Queensland Reform Office and Office of Rural and Remote Health and two ACCHO representatives will direct the implementation of activities under the Accord.



References

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2. Western Queensland Primary Health Network Strategic Plan 2023 – 2026
[02. Plan 2023-26StrategicPlan.pdf \(wqphn.com.au\)](#)
3. Our people Our Partnerships Our health 2022-2025 Health Needs Assessment Summary
[WQPHN_HNA_A4_Report_2.0_Jan2022_FINAL.pdf](#)
4. Commissioning for Better Health, A Bushman's Guide to Commissioning in Western Queensland (2017).
[https://wqphn.com.au/uploads/documents/WQPHN%20CFBH%20Singles%2023%20May%2018.pdf](#)



Execution

Execution as an agreement on the respective dates set out below

SIGNED for and on behalf of SOUTH WEST HOSPITAL AND HEALTH SERVICE as an authorised officer:	Signature: <u>Karen Tully</u> <small>Karen Tully (Feb 3, 2025 19:42 GMT+10)</small>
	Name: Karen Tully
	Position: Chairperson
	Date: 03/02/25
SIGNED for and on behalf of CENTRAL WEST HOSPITAL AND HEALTH SERVICE as an authorised officer:	Signature: <u>Jane Williams</u> <small>Jane Williams (Mar 19, 2025 08:15 GMT+10)</small>
	Name: Jane Williams
	Position: Chairperson
	Date: 19/03/25
SIGNED for and on behalf of NORTH WEST HOSPITAL AND HEALTH SERVICE as an authorised officer:	Signature: <u>Cheryl Vardon AO</u> <small>Cheryl Vardon AO (Feb 4, 2025 08:48 GMT+10)</small>
	Name: Cheryl Vardon AO
	Position: Chairperson
	Date: 04/02/20
SIGNED for and on behalf of GIDGEE HEALING as an authorised officer:	Signature: <u>Dr Manjit Sekhon</u> <small>Dr Manjit Sekhon (Feb 3, 2025 19:43 GMT+10)</small>
	Name: Manjit Sekhon
	Position: Chief Executive Officer (Acting)
	Date: 03/02/25
SIGNED for and on behalf of GOONDIR ABORIGINAL AND TORRES STRAIT ISLANDERS CORPORATION FOR HEALTH SERVICES as an authorised officer:	Signature: <u>Floyd Leedie</u> <small>Floyd Leedie (Mar 11, 2025 09:04 GMT+10)</small>
	Name: Floyd Leedie
	Position: Chief Executive Officer
	Date: 10/03/25
SIGNED for and on behalf of CUNNAMULLA ABORIGINAL AND COMMUNITY HEALTH as an authorised officer:	Signature: <u>Kerry Crumblin</u> <small>Kerry Crumblin (Feb 24, 2025 23:20 GMT+10)</small>
	Name: Kerry Crumblin
	Position: Chief Executive Officer
	Date: 24/02/25
SIGNED for and on behalf of CHARLEVILLE AND WESTERN AREAS ABORIGINAL AND TORRES STRAIT ISLANDERS COMMUNITY HEALTH as an authorised officer:	Signature: <u>Sheryl Lawton</u> <small>Sheryl Lawton (Mar 24, 2025 10:41 GMT+10)</small>
	Name: Sheryl Lawton
	Position: Chief Executive Officer
	Date: 24/03/25



SIGNED for and on behalf of WESTERN QUEENSLAND PRIMARY HEALTH NETWORK as an authorised officer:	Signature: <u><i>Elizabeth Fraser</i></u> <small>Elizabeth Fraser (Feb 10, 2025 21:41 GMT+10)</small>
	Name: Elizabeth Fraser
	Position: Chairperson
	Date: 10/02/22

SIGNED for and on behalf of THE OFFICE OF RURAL AND REMOTE HEALTH as an authorised officer:	Signature: <u><i>Elisha McGuinness</i></u> <small>Elisha McGuinness (Feb 11, 2025 13:32 GMT+10)</small>
	Name: Elisha McGuinness
	Position: Executive Director
	Date: 11/02/25

SIGNED for and on behalf of THE QUEENSLAND REFORM OFFICE as an authorised officer:	Signature: <u><i>Damien Searle</i></u> <small>Damien Searle (Feb 4, 2025 13:50 GMT+10)</small>
	Name: Damien Searle
	Position: Executive Director
	Date: 04/02/25












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Final Audit Report

2025-03-24

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