



Planning together to meet the health needs of our diverse communities.

Murrumbidgee Regional Planning

FRAMEWORK



Acknowledgement of Country

We acknowledge the traditional custodians of the land in which we live and work and recognise their connections to land, river, and community. We pay our respects to their Elders past, present and emerging and extend that respect to all Aboriginal and Torres Strait Islander people living in the Murrumbidgee Health and Knowledge Precinct boundaries.



Connect with the Precinct

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For more information visit our website

<https://www.nsw.gov.au/departments-and-agencies/mlhd/about-us/health-knowledge-precinct>

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Terms used in this Framework

'Regional' is a term used throughout the Regional Planning Framework to refer to regional, rural and remote locations.

'Patients' and 'consumers' are used interchangeably throughout the framework, referring to all individuals who use health services, as well as their families and carers.

'Initiative' within the Regional Planning Framework encompasses all health-related programs, services, pathways, and activities.

Murrumbidgee Regional Planning Framework

Purpose

The Murrumbidgee Regional Planning Framework provides a structured and practical approach to improving regional health planning and collaboration. Serving as a tool for system change, supporting the transition to a One Health System by ensuring planning efforts are aligned with funding, governance, and service delivery structures.

Our vision

One health system for the Murrumbidgee.

Our shared principles

- ▶ Recognising the many determinants of health
- ▶ Adopting a one system mindset to creatively address needs
- ▶ Listening to communities across our region
- ▶ Building and maintaining relationships and trust

Our pathway to system wide planning and integration

Healthcare partners in the Murrumbidgee

YEARS 0-3

Focus on joint approach to service improvements; addressing jointly identified health issues

YEARS 3-5

Alignment of strategic planning across partners, and with state and national strategies

YEARS 5-10

System wide planning and long term transformation of the local health system

Foundations for effective regional planning

- Elements for success
- Stakeholder engagement
- Mechanisms for collaboration and governance
- Resource allocation and investment
- Monitoring and performance evaluation
- Measuring impact and continuous improvement

Taking action on shared health priorities

Action 1: Identify the health problem and the core team

Action 2: Incorporate wider stakeholders

Action 3: Map the current state

Action 4: Define the future state

Action 5: Build the plan

Regional Planning Impact Assessment and Continuous Improvement

1. Introduction

1.1 Why a Regional Planning Framework?

Improving health outcomes is fundamental to individual wellbeing, thriving communities and economic growth, enabling longer, healthier, and more productive lives.

Regional and rural areas of Australia face greater health challenges but also demonstrate resilience, innovation, and collaboration. The Murrumbidgee region of NSW is a great example of this.

The Murrumbidgee Health and Knowledge Precinct (the Precinct) brings together local communities, health partners, and industry to improve healthcare in the region through:

- i. Enhancing research to develop new and innovative services.
- ii. Growing the regional workforce.
- iii. Strengthening the patient journey through the healthcare system.

The Precincts One System Integration Working Group works to improve coordination, reduce fragmentation, and implement region-specific strategies to achieve better health outcomes. To achieve this, the Murrumbidgee Regional Planning Framework (the Framework) has been co-designed to provide a structured, multi-stakeholder approach to enable collaboration and address jointly identified health and health-related priorities throughout the Murrumbidgee region. See Appendix 1 for a profile of the Murrumbidgee region and access to the region's Health Needs Assessment.

Appendix 2 provides a list of organisations contributing to the codesign of the Murrumbidgee Regional Planning Framework.

1.2 Purpose of the Framework

The Murrumbidgee Regional Planning Framework aims to streamline regional health planning and collaboration, driving system change toward a 'one health system' by aligning planning with funding, governance, and service delivery. Through using the Framework we aim to:

- Position regional planning as a driver of system improvement, ensuring alignment with long-term strategic priorities and service delivery needs.
- Provide a structured approach to joint planning, moving from identifying needs and strategy development through to implementation.
- Strengthen cross-sector collaboration to address shared priorities.
- Improve coordination, reduce duplication, and optimise resource usage.
- Ensure adaptability through continuous improvement and refining regional planning efforts over time.

1.3 Who the Framework is for

The Murrumbidgee Regional Planning Framework provides a structured process fostering collaboration, informed decision making, and accountability. It provides a consistent approach for stakeholders involved in regional health planning including policymakers, service providers, Aboriginal Community Controlled Health organisations, government bodies, councils and community.

The Framework can be used to:

- Address unmet health needs or 'wicked problems'.
- Improve patient outcomes or social determinants of health.
- Collaborate on shared challenges across stakeholders.

It is particularly useful when:

- Planning new initiatives.
- Improving the impact of an existing initiative.
- Improving interfaces between providers for streamlined referral and service pathways.

Importantly the Framework provides a roadmap for stakeholders in the Murrumbidgee to move from operating in silos to system wide planning and long term transformation of the health care system.

Organisations in the Murrumbidgee wanting to engage in regional planning can contact the Murrumbidgee Health and Knowledge Precinct for support and connection to other partners.

1.4 Aligning with existing strategies

Greater healthcare integration is essential and for this reason the Framework aligns with key state and national policies, providing a practical structure for local implementation of joint planning approaches:

- The [2020–2025 Addendum to the National Health Reform Agreement](#) and its [Mid-term Review of the NHRA 2023](#) emphasise joint planning, funding, and a unified health system—particularly in rural areas.
- The [NSW Regional Health Strategic Plan 2022–2032](#) prioritises integrated care models, place-based health planning, and cross-sector partnerships to address social determinants of health.
- The [NSW Parliament's inquiry report, Health outcomes and access to health and hospital services in rural, regional and remote NSW](#) highlights the need for stronger collaboration across state and federal systems, particularly with Aboriginal Community Controlled Health Services and local councils.
- The [NSW Primary Health Network – NSW Health Joint Statement](#) promotes a "one health system" approach, fostering integration across primary, community, hospital, and social care sectors.
- The [MLHD and MPHN Collaboration Agreement 2022–2025](#) formalises a shared vision for a unified health system, focusing on workforce, innovation, and data-driven planning.

2. Why joint regional planning matters

Communities and health care providers experience challenges with access to, and the delivery of, health services across the region including, misaligned services with patient needs, service gaps, duplication, workforce shortages, and difficulty navigating the system. Limited data availability and interoperability further hinder planning and service delivery.

Stakeholders in the Murrumbidgee region identified barriers to joint planning (see Table 1) and the need for a common planning framework to help address these, providing a regional, collaborative 'one system' approach to address the gaps and inefficiencies and to maximise the impact of regional initiatives.

Table 1. Identified barriers to joint regional planning

Barriers to regional planning	
Funding	Restrictions on the deployment of funding, which can pose challenges when considering collaborating with other stakeholders and there can be limited flexibility.
Resourcing limitations	The ability to resource the collaborative activities is limited especially in smaller organisations; despite the desire to collaborate, financial constraints may hinder their capacity to invest in activities outside of direct business objectives.
Data sharing restrictions	Data-driven planning and evaluation – can be challenging due to data governance restrictions, lack of willingness to share, insufficient data expertise or resources, and lack of interoperability of data systems.
Workforce	Workforce issues are a significant challenge and need to be considered in planning processes with a focus on building and strengthening the local workforce. Adequate resources also need to be dedicated to collaborative planning processes.

Adopting a more integrated approach to regional planning will enable stakeholders to:

- Leverage existing local expertise.
- Better understand community needs.
- Align with regional health priorities.
- Ensure optimal use of all available resources and funding.
- Provide high value services and improved outcomes for the community.

Eliminating waste and duplication, and making decisions based upon local data and evidence, are essential elements of regional health planning.

3. Our vision and shared principles

3.1 A 'one health system' vision

A vision for 'one health system' is outlined in the [2021 Joint Statement](#) between NSW Health, NSW Primary Health Networks, and the Australian Government Department of Health and Aged Care, and underpins our approach to joint regional planning.

It encourages organisations to think and act beyond current healthcare structures and boundaries, with patient-centred care requiring collaboration and integration across primary, community, hospital, and social care systems.

3.2 Shared principles for joint regional planning

Consultations with stakeholders in the Murrumbidgee region identified four shared principles for health planning collaboration which underpin this Framework (see Table 2).

Table 2. Shared principles for joint regional planning

Principle	Definition
Recognising the many determinants of health	<p>We recognise that health encompasses more than the absence of disease, but rather the complete physical, mental, social and economic determinants of health as recognised by the World Health Organisation.</p> <p>We acknowledge that improving health requires the insights and support of diverse organisations across the public, private and not-for-profit sectors.</p>
Listening to communities across our region	<p>We commit to engage with patients and consumers and amplify their voices, and to enable communities to make decisions about their care.</p> <p>We recognise that each community and place in the region is different and are committed to understanding the needs and lived experiences of patients and consumers across the region.</p> <p>We recognise the different health needs of local communities, including First Nations Australians, culturally and linguistically diverse communities, children and ageing populations. We recognise the need to embody culturally responsive attitudes, behaviours, and values.</p> <p>We will identify and address inequities in health across people and places.</p>
Adopting a one system mindset to creatively address needs	<p>We are committed to placing patient and consumer journeys at the centre of our planning to identify and address barriers and gaps that exist within and between services.</p> <p>We will develop creative solutions that build on our strengths and deliver the best outcomes for patients, consumers, the wider community and additional healthcare system stakeholders (e.g. healthcare providers, administrators and policy makers).</p>
Building and maintaining relationships and trust	<p>We recognise that planning across organisations requires strong trust, communication and commitment. Multi-party collaboration agreements can establish ownership, shared purpose and align actions to achieve success.</p> <p>We understand that meaningful partnerships require ongoing engagement and a mutual understanding of each participant's priorities, obligations, and limitations.</p>



4. Our pathway to system wide planning

4.1 Key planning horizons and annual planning

The Murrumbidgee Regional Planning Framework proposes planning over different time horizons. Initial focus is on joint planning to address jointly identified local health issues, evolving over time to a broader proactive and consistent approach with alignment of local, state and national strategies and system wide planning to achieve transformation of the local health system. See Figure 1.



Figure 1. Key planning horizons

A structured annual planning calendar is proposed to create alignment with health priorities across multiple layers of government and ensure the efficient allocation of resources to local areas of need, and could include:

- Regular joint health planning meetings between regional partners (e.g. twice a year) to align priorities and create collective impact in the region.
- Detailing state and national funding cycles, including dates for planning, budgeting and funding processes.
- Detailing regular grant funding sources ensuring transparency across partners to facilitate joint planning and access to funding opportunities.

4.2 Regional planning within the broader commissioning framework

Commissioning offers a strategic process for planning and delivering services to meet needs and improve health outcomes. Joint regional planning forms one of the core components of system commissioning (see Figure 2) which takes a system wide approach to integrating needs assessment, planning, co-design, investment, and monitoring and evaluation to improve performance and impact.

Collaborative commissioning is an example of moving towards more integrated regional planning, highlighted in Case Study 4. Through this approach organisations establish joint governance to support joint planning, shared investment and collective decision making.

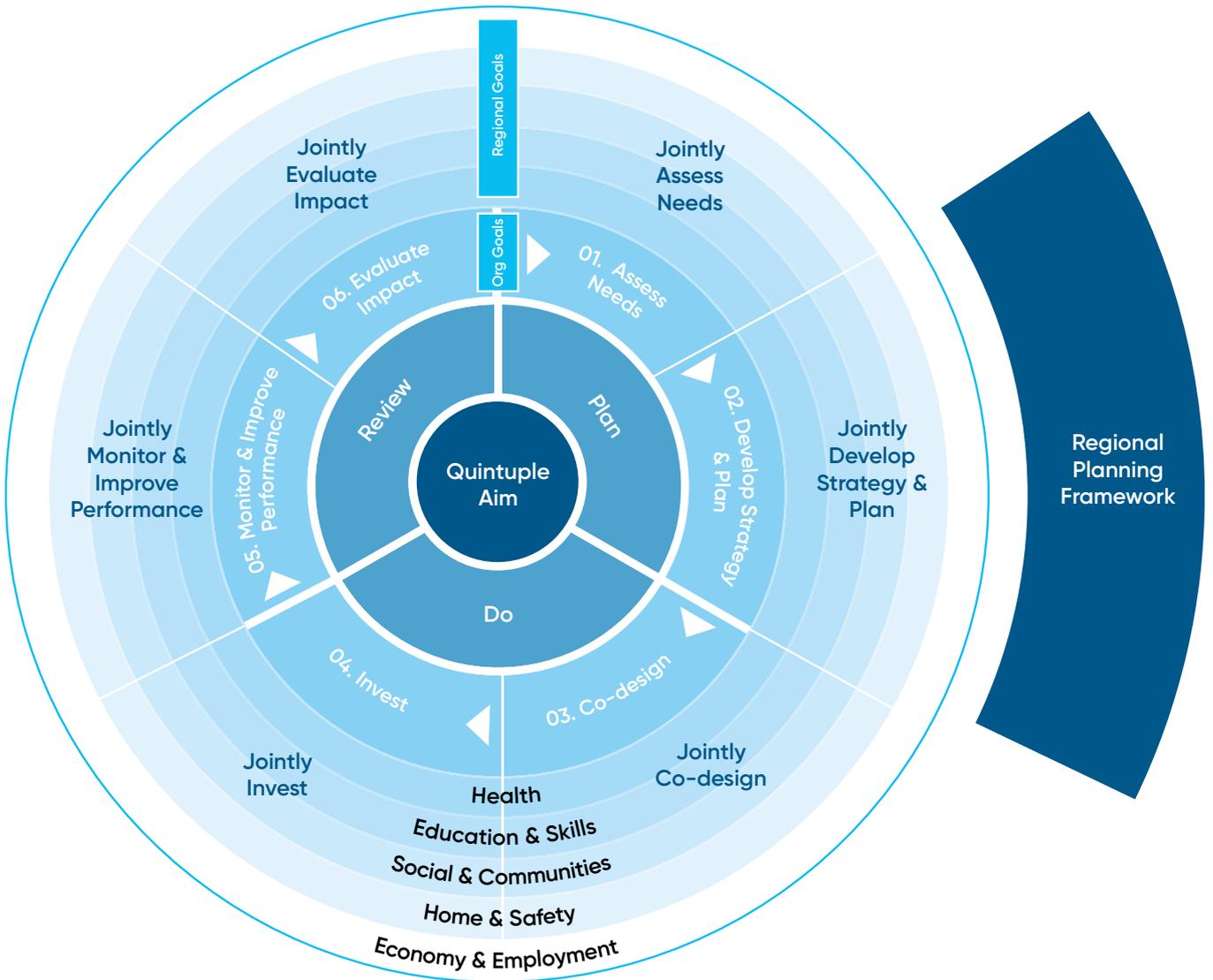


Figure 2. Joint regional planning as part of the broader system commissioning framework¹

¹ Based on Rebeck's System Commissioning Framework.

4.3 Moving the whole system to regionally integrated care

The Murrumbidgee Regional Planning Framework supports the transition from currently siloed and fragmented systems toward a more integrated, collaborative and regionally coordinated future as illustrated in Figure 3.

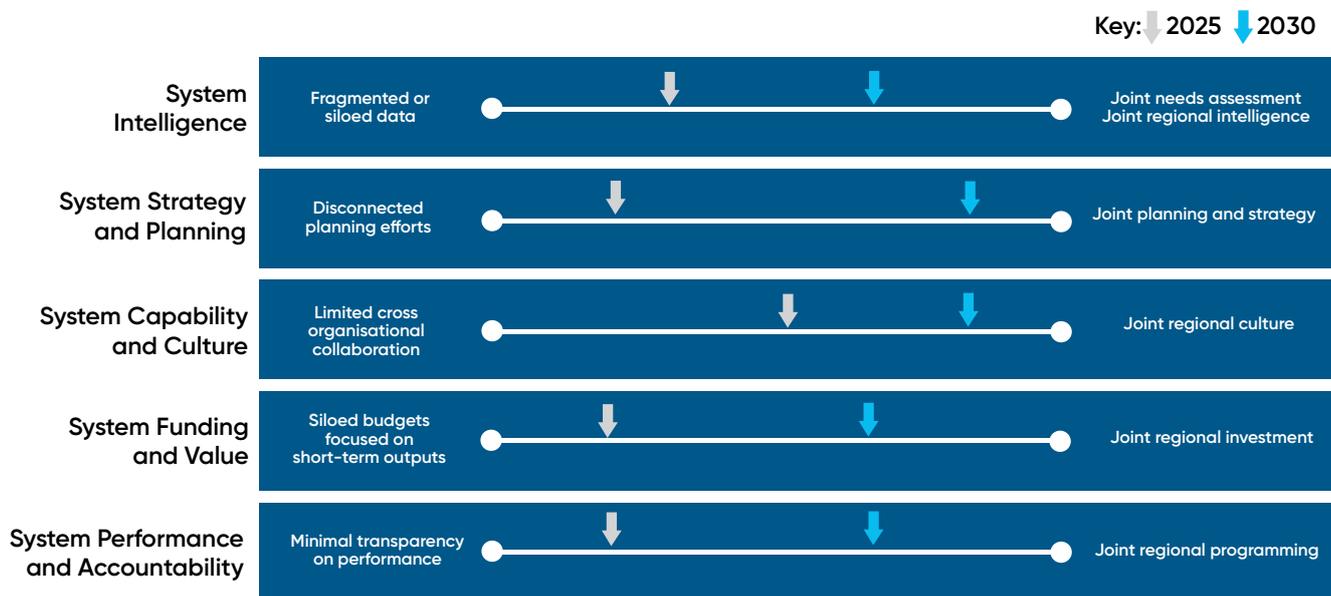


Figure 3. Pathway to system integration including joint regional planning²

While some planning, data and funding systems across the region have historically developed in isolation, there is a strong foundation for collaboration already in place in the Murrumbidgee region. Many organisations in the Murrumbidgee are actively engaging in joint initiatives and working together on local priorities. These existing partnerships and collaborative efforts provide a solid base to build on.

Transformation will occur across five key system domains, each representing a critical focus area for achieving an integrated, collaborative regional health system:

- **System intelligence** – Establish a shared baseline of current services, needs and outcomes to inform joint decision-making.
- **System strategy and planning** – Co-design shared priorities, service models and planning approaches with regional stakeholders.
- **System capability and culture** – Build the relationships, trust and leadership needed to support collaborative ways of working.
- **System funding and value** – Align funding and investment to support long-term, outcomes-focused priorities.
- **System performance and accountability** – Monitor progress, evaluate impact, and embed continuous learning and improvement.

² Based on Rebbeck’s System Commissioning Framework.

5. Foundations for effective regional planning

This section outlines the foundational elements to enable effective regional planning. It draws on stakeholder insights and local case studies, and highlights the role of strong leadership, collaborative partnerships, and shared governance, supported by the need for clear roles, resourcing and performance monitoring.

5.1 Elements for success

Consultation with stakeholders in the Murrumbidgee region identified leadership commitment and resourcing as key element for successful regional planning, along with information sharing and drawing upon the skills and experiences of diverse stakeholders. Underpinning this was the need for joint health intelligence. See Table 3.

Table 3. Elements for successful joint regional planning

Elements for Success	Definition
Leadership commitment and resourcing	Leadership commitment and buy-in to ensure adequate resources are dedicated, and a willingness to support the use of a joint regional planning framework.
Information sharing: data sharing and analysis	A collaborative approach to addressing common health challenges providing an opportunity and imperative to collect the best available information across stakeholders to accurately understand and monitor the health-related challenge and the impact of the efforts undertaken.
Skills and expertise	Subject matter experts that understand the challenges and engage with patients, consumers or other key stakeholders. Stakeholders with lived experience and front-line community engagement.
Joint approach to health needs assessment	Undertaking health needs assessments with a broader group of stakeholders to establish priorities aligned with organisational objectives and to support planning activities, including workforce capacity and sustainability considerations.

Learnings from local case studies also highlighted:

- Regional forums be used to initiate joint discussion of data intelligence, roles in the system and opportunities for collaboration.
- Need for clear rules of engagement and open discussions around power dynamics to promote equitable collaboration.
- Importance of a patient centred approach in understanding needs and identifying solutions.
- Joint understanding of referral and care pathways to help identify gaps in the system.
- Identifying and advocating for adequate resources, including workforce.
- Establishing joint governance processes to enable joint decision making, pooled/joint funding, and monitoring of the data.
- Understanding and incorporating the role of non-health related partners in planning and achieving desired health outcomes.

See Appendix 4 for detailed local case studies.

5.2 Engaging stakeholders, roles and responsibilities

The Framework recognises that multi-stakeholder planning will usually be led by one or more core participants. Typically, the core participants will lead an initiative and will have a larger role in the funding, planning, and implementation. In many instances, other organisations may be identified that can support addressing the health-related challenge. This group of wider stakeholders may have organisational objectives less closely aligned with the collaborative effort than the core stakeholders. However, they can enrich the collective understanding of the health-related challenge and offer valuable contributions to the collaborative planning process. The incorporation of wider stakeholders will ensure that the planning process has the flexibility to capture broader voices. Organisations listed in Appendix 2 could be considered in addressing local health challenges

This Framework also recognises the critical role of 'connectors' – people and organisations that can support the identification of, and engagement with, wider stakeholders across the region. Connectors have broad connections across the region and therefore have an important role in establishing and maintaining collaborative relationships. The Murrumbidgee Health and Knowledge Precinct acts as a connector, and can support with the identification and engagement of stakeholders.

Throughout the remainder of the Framework, the roles of 'core participants', 'wider stakeholders' and 'connectors' are referenced.

5.3 Mechanisms for collaboration and governance

There are several existing governance structures across the Murrumbidgee region which can be leveraged for joint regional planning. The Murrumbidgee Health and Knowledge Precinct and its partners can support engagement with these groups.

- The Murrumbidgee Health and Knowledge Precinct Alliance brings together stakeholders from across health, education, industry, business and government at both the local and state level. There are currently 45 members who meet on a quarterly basis to share information, discuss emerging issues and identify potential opportunities for collaborative action.
- Local Health Advisory Committees (LHACs), community advisory committees and clinical councils operate across the region managed through the Local Health District and the Primary Health Network provide existing structures for gaining input into regional planning discussions.
- There are several consortiums and alliances, including the Murrumbidgee Aboriginal Health Consortium and the Murrumbidgee Mental Health and Drug and Alcohol Alliance with the remit to facilitate joint planning and respond to health needs.

Establishing a joint governance structure can support joint decision making and pooled funding for joint investment. The Collaborative Commissioning Case Study 4 highlights this approach through a patient centred-co-commissioning group co-chaired by chief executives.





5.4 Resource allocation and investment strategy

Consider what resources stakeholders can commit to the collaboration and identify existing and future funding opportunities. A structured annual planning process will help facilitate transparency and awareness of pending funding opportunities for partners. As the joint regional planning process matures, a detailed investment strategy for the region would ideally supplement the joint needs assessment and planning process.

5.5 Monitoring and performance evaluation

Establish joint monitoring and evaluation processes early with consideration given to joint monitoring of key data to track service access, financial sustainability and health outcomes. Case Study 4 provides an example of how a joint monitoring and evaluation framework supported by an interactive data dashboard enabled joint accountability for performance and outcomes across partners.

5.6 Measuring impact and continuous improvement

Identify shared metrics for success and agree on key performance indicators (KPIs) accounting for:

- The desired future state and Quintuple Aim.
- Success metrics and measurable outcomes.
- Organisational and funding KPIs for stakeholders.

The health care system is complex and uncertain; establishing processes for joint monitoring of data and KPIs, along with regular review processes and update mechanisms will enable plans to be adjusted and partners to remain responsive to the changing environment.

6. Taking action on shared health priorities

The Murrumbidgee Regional Planning Framework outlines five actions (see Figure 4) for tackling jointly identified health priorities or broader regional health needs. Agreed upon by stakeholders, these steps ensure consistency across partners in the approach to joint regional planning. Planners may revisit steps as new insights emerge, such as redefining challenges or involving more stakeholders.

Identify the health problem and core team	<ul style="list-style-type: none"> • Identify and define the health problem and the need for a collaborative approach. • Identify and engage core stakeholders/partners. Explore the value proposition for the collaboration and confirm the alignment of objectives and motivations. • Undertake consultation to define roles and responsibilities, establish project governance mechanisms, collaboration resource requirements, expected commitments of stakeholders and expected funding arrangements. • Consider how to facilitate and support data and information sharing from the start of the planning process. • Discuss early considerations for monitoring and evaluating 'success'. Define how collaboration goals align with organisational objectives.
Incorporate wider stakeholders	<ul style="list-style-type: none"> • Identify wider stakeholders with a shared motivation to address the health-related problem. • Engage broader stakeholders to join a collaborative planning approach. Tailor engagement methods to support stakeholder involvement and engender a sense of ownership.
Map the current state	<ul style="list-style-type: none"> • Undertake a comprehensive mapping exercise to identify current services and initiatives in the region connected to or related to the problem. Leverage insights from stakeholders to develop an accurate understanding of the problem. • Identify all relevant data sources measuring the problem and support data sharing where possible to conduct a data-driven assessment of the health-related problem across the region. • Collectively identify the key barriers contributing to the identified problem and their root causes. • Collectively identify key regional strengths that can be harnessed during planning.
Define the future state	<ul style="list-style-type: none"> • Conduct ideation workshops to explore the desired future state. Where relevant, research innovative evidence-based solutions from national and international contexts and identify best practice. • Collectively identify potential solutions (and their impact) that are the most relevant for the collaboration to consider implementing. • Identify opportunities for data sharing, integration and collection that support monitoring the identified issue moving forward.
Build the plan	<ul style="list-style-type: none"> • Stage and prioritise the identified solutions. • Stakeholders to evaluate funding sources (existing and future) that can be applied to implement the potential solutions. • Build an implementation action plan with defined actions, timelines, and the roles and responsibilities of stakeholders. • Define stakeholder commitments to the implementation plan. • Collectively define objectives and the desired outcome/end goal. • Identify shared metrics for success and agree on key performance indicators (KPIs) • Develop an evaluation plan to measure the defined metrics for success, including monitoring and reporting processes to ensure the outcomes of the collective work are documented and the impact is measurable.

Figure 4. Five health priority action planning processes

Action 1: Identify the health problem and the core team

This initial step involves identifying and defining the problem as well as establishing the value of a collaborative planning approach. Core stakeholders that have a shared motivation to address the problem are engaged and the collaboration partnership is established.

Action Area	Key Actions
Defining the health problem	<p>Identify and define the health problem and the need for a collaborative approach.</p> <p>Questions to consider:</p> <ul style="list-style-type: none"> • What is the issue we are trying to solve? • How is the problem perceived by those with lived experience? • What does the data tell us about the problem? • What is the value of using a collaborative planning approach?
Identify and engage core stakeholders	<p>Identify and engage core stakeholders and partners. Explore the value proposition for the collaboration and confirm the alignment of objectives and motivations.</p> <p>Questions to consider:</p> <ul style="list-style-type: none"> • How can relevant core stakeholders be identified? (Consider organisations listed in Appendix 2) • Do stakeholders share a common purpose and are they assessed against similar metrics? • Does this collaboration align with the stakeholders' organisational objectives? • What funding can core stakeholders commit to the collaboration? • Is there a need to seek additional funding? From what sources?
Setting up the collaboration	<p>Undertake consultation to define roles and responsibilities, establish project governance mechanisms, collaboration resource requirements, expected commitments of stakeholders and expected funding arrangements.</p> <p>Questions to consider:</p> <ul style="list-style-type: none"> • What kinds of agreements – collaborative agreements, head agreements or memoranda of understanding – best meet the needs of the collaboration? • Are these agreements pre-existing or do they need to be established? • How will funding be managed and distributed? What are the governance considerations and how will they be addressed?
Data, monitoring, and evaluation	<p>Consider how to facilitate and support data and information sharing from the start of the planning process.</p> <p>Discuss early considerations for monitoring and evaluating 'success'. Define how collaboration goals align with organisational objectives.</p>

ACTION 1 OUTCOMES

- **A collectively agreed definition of the problem and the value of using a collaborative planning approach.**
- **A shared understanding of, and commitment to the goal for the collaboration.**
- **Clearly defined roles, responsibilities, governance structures, and expectations for all stakeholders.**
- **Define processes sharing health intelligence and process for monitoring and evaluating success.**

Action 2: Incorporate wider stakeholders

This step focuses on identifying and engaging wider stakeholders and ensuring alignment of objectives and motivations. It emphasises the importance of a shared purpose and the alignment of the collaboration with stakeholders' organisational goals.

Action Area	Key Actions
Identify additional stakeholders	<p>Identify wider stakeholders with a shared motivation to address the health-related problem.</p> <p>Questions to consider:</p> <ul style="list-style-type: none"> Who are the non-typical or non-health stakeholders connected to this problem? (Consider organisations listed in Appendix 2) Who are the 'connector' organisations with a strong relationship network in the region that can support the identification of relevant stakeholders? Are there any peak organisations representing community groups that would be suitable to engage? Can the Murrumbidgee Health and Knowledge Precinct, or its relevant Alliance or Working Groups, support the process of identifying and engaging relevant stakeholders? Are there cross-border implications for this health-related problem? If so, how can the appropriate stakeholders be identified and engaged? How are the perspectives of those with lived experience and individuals on the front line of community engagement being captured?
Engage broader stakeholders	<p>Engage broader stakeholders to join a collaborative planning approach. Tailor engagement methods to support stakeholder involvement and engender a sense of ownership.</p> <p>Questions to consider:</p> <ul style="list-style-type: none"> How can the value of the collaborative planning approach be communicated to broader stakeholders? How can the engagement approach be tailored to facilitate greater stakeholder involvement and ownership?

Additional Considerations

Engaging broader stakeholders in the Murrumbidgee region

- 'Connector' organisations have strong stakeholder networks, are aware of various stakeholders in the region and may be able to support stakeholder identification and engagement.
- The Murrumbidgee Health and Knowledge Precinct may be able to provide stakeholder engagement support through stakeholder identification, engagement and relationship building.

ACTION 2 OUTCOMES

- A broad group of stakeholders motivated to collaborate in addressing the shared health-related problem.

Action 3: Map the current state

Action 3 aims to leverage the wider group of stakeholders to accurately understand the identified problem. This step aims to facilitate data and information sharing to conduct a data-driven assessment of the problem and identify regional strengths and barriers.

Action Area	Key Actions
Understand current services and initiatives	<p>Undertake a comprehensive mapping exercise to identify current services and initiatives in the region connected to, or related to, the problem. Leverage insights from stakeholders to develop an accurate understanding of the problem.</p> <p>Questions to consider:</p> <ul style="list-style-type: none"> • What current service gaps do we (stakeholders/partners) already know exist? Is there duplication of services or equity of access issues in the region? • How are the challenges impacted by workforce availability, sustainability, or training? What is already happening to address this? • What is the consumer's perspective of the problem? • What insights can be shared by those on the front line of service delivery?
Data and information sharing	<p>Identify all relevant data sources measuring the problem and support data sharing where possible to conduct a data-driven assessment of the health-related problem across the region.</p> <p>Questions to consider:</p> <ul style="list-style-type: none"> • What data sources can be shared to inform the mapping? • What data is required or missing? Does this impact the analysis of the problem?
Identify regional strengths and barriers	<p>Collectively identify the key barriers contributing to the identified problem and their root causes.</p> <p>Collectively identify key regional strengths that can be harnessed during planning.</p> <p>Collectively define the problem statement.</p>

Optional Activity

Consider repeating the service and initiative mapping exercise from three perspectives: the consumer, the workforce, and the system perspective.

This can be a resource intensive stage in the Regional Planning Framework, so ensure adequate time and expertise are allocated.

Additional Considerations:

Understand and apply principles of data governance including ethical use of data, data security and privacy, data quality and integrity, and Indigenous Data Sovereignty when sharing collating, and using data on Aboriginal and Torres Strait Islander populations in the region.

ACTION 3 OUTCOMES

- **An increasingly accurate understanding of the health problem in the Murrumbidgee region.**
- **A collectively identified list of regional enablers and barriers, along with their root causes.**

Action 4: Define the future state

This step facilitates the collaborative process of defining the future state. This includes identifying innovative opportunities and their potential for impact. Careful consideration is required to facilitate a re-imagining process to identify creative and innovative solutions.

Action Area	Key Actions
Future state ideation	<p>Conduct ideation workshops to explore the desired future state. Where relevant, research innovative evidence-based solutions from national and international contexts and identify best practice.</p> <p>Questions to consider:</p> <ul style="list-style-type: none"> • What could we do differently to address this problem in the region? Where can we invest or disinvest in services and initiatives? How can we use technological solutions? • How can we learn from national or international experience?
Define potential solutions and impact	<p>Collectively identify potential solutions (and their impact) that are the most relevant for the collaboration to consider implementing.</p> <p>Questions to consider:</p> <ul style="list-style-type: none"> • Are there any reasons why an innovation solution can't be applied? Resourcing and costs, governance requirements?
Identify data opportunities	<p>Identify opportunities for data sharing, integration and collection that support monitoring the identified issue moving forward.</p>

ACTION 4 OUTCOMES

- A collective vision of the future state of the region with respect to the health problem.
- Summary of potential solutions and their predicted impact on the region.



Action 5: Build the plan

Action 5 primarily includes developing a project plan that define the actions, roles and responsibilities, and commitments of the stakeholders to implement the identified opportunities and solutions.

Action Area	Key Actions
Staging and prioritising	<p>Stage and prioritise the identified solutions.</p> <p>Questions to consider:</p> <ul style="list-style-type: none"> • How do the potential solutions align with the collaborative planning objectives and stakeholder goals? • What is feasible to implement and what is out of scope of the collaborative planning process? • Which solutions do the stakeholders agree to implement?
Funding arrangements	<p>Stakeholders to evaluate funding sources (existing and future) that can be applied to implement the potential solutions.</p>
Action plan	<p>Build an implementation action plan with defined actions, timelines, and the roles and responsibilities of stakeholders.</p> <p>Define stakeholder commitments to the implementation plan.</p> <p>Collectively define objectives and the desired outcome/end goal.</p>
Monitoring and evaluation plan	<p>Identify shared metrics for success and agree on key performance indicators (KPIs) accounting for the following:</p> <ul style="list-style-type: none"> • The desired future state and Quintuple Aims • Success metrics and measurable outcomes • Organisational and funding KPIs for stakeholders <p>Develop an evaluation plan to measure the defined metrics for success, including monitoring and reporting processes to ensure the outcomes of the collective work are documented and the impact is measurable.</p>

ACTION 5 OUTCOMES

- A project plan including defined roles, actions, and the commitments of stakeholders.
- A collectively identified goal – what we are collectively working towards?
- An evaluation and monitoring plan with agreed shared KPIs and metrics for success.

7. Regional planning in practice

7.1 Case studies of effective regional planning

		
	Mental Health Alliance	Paediatric Roundtable
The Problem	<p>There are over 20 mental health and drug and alcohol providers in the Murrumbidgee region with overlapping responsibilities and no means of coordination between them.</p>	<p>The region's system for addressing children with developmental vulnerabilities was fragmented and lacked effective coordination. Children referred to paediatricians experienced significant delays in assessment.</p>
The Solution	<p>The NSW Mental Health Commission provided a small amount of seed funding to establish the Mental Health Drug and Alcohol Alliance. The Alliance allowed for a formal coordinated approach among organisations to improve mental health and drug and alcohol outcomes.</p>	<p>A roundtable of over 15 paediatric stakeholders was established to develop a coordinated and integrated care pathway for children with developmental vulnerabilities that provides early identification, intervention and specialist support in the Murrumbidgee region.</p>
The Outcomes	<p>The Alliance achieved several key outcomes, including:</p> <ol style="list-style-type: none"> 1. A common patient referral form for all member organisations 2. The Journi app, a consumer-held tool that allows for one care plan across all organisations 3. MapMyRecovery, a website providing information on available services in the region. 	<p>The collaborative approach allowed stakeholders to accurately understand the key needs in the region. Data analysis led to a focus on interventions through preschool, playgroup, and community-based activities. The Roundtable allowed stakeholders to provide feedback and support for a proposed tiered assessment model and avoid duplicated efforts.</p>



Bushfire Recovery

Collaborative Commissioning

The Problem

A rang of initiatives were underway in the Murrumbidgee region to mitigate the impact of the 2019/2020 Summer Bushfires. The need for a coordinated response to ensure services targeted those in need became apparent.

Across Australia, in 2018-19 Murrumbidgee PHN ranked at the bottom, 29 of 31 PHNs for potentially preventable hospitalisation rates for both CHF and COPD.

The Solution

A multi-stakeholder Bushfire Recovery Steering Committee was established to provide leadership, guidance and structure to the development and implementation of initiatives funded under the Australian Government’s Supporting the Mental Health of Australians Affected by Bushfires measure.

Living Well, Your Way (Living Well) is a Collaborative Commissioning initiative between the Murrumbidgee Local Health District and Primary Health Network. It is an integrated approach that includes acute and primary care, public and private providers in the Murrumbidgee. It supports existing providers to enhance the services that are already available, and fills gaps where necessary.

The Outcomes

The Committee allowed stakeholders to identify opportunities to work together to address challenges and gaps in services and refer to a partner organisation to provide subject matter expertise e.g. MLHD Bushfire Recovery Clinicians working alongside NSW Farmers and Local Land Services to provide support to impacted landholders.

Collaborative commissioning is a clear example of how joint governance, local planning, and a system-wide approach to large scale health initiatives can achieve improvements in care in the Murrumbidgee region. To date, there have been more than 8,850 encounters along the *Living Well, Your Way* pathway.

7.2 Approaches in other regions

Collaboration and joint planning are not new. There are many examples nationally and internationally that provide best practice approaches that can inform joint regional planning approaches.



CLOSING THE GAP

Nationally, there is much to learn from [Closing the Gap](#) which emphasises the importance of Aboriginal and Torres Strait Islander people in driving the design and delivery of their care. Joint regional planning must have the person, their family and carers, and their community at the centre of collaborative efforts.

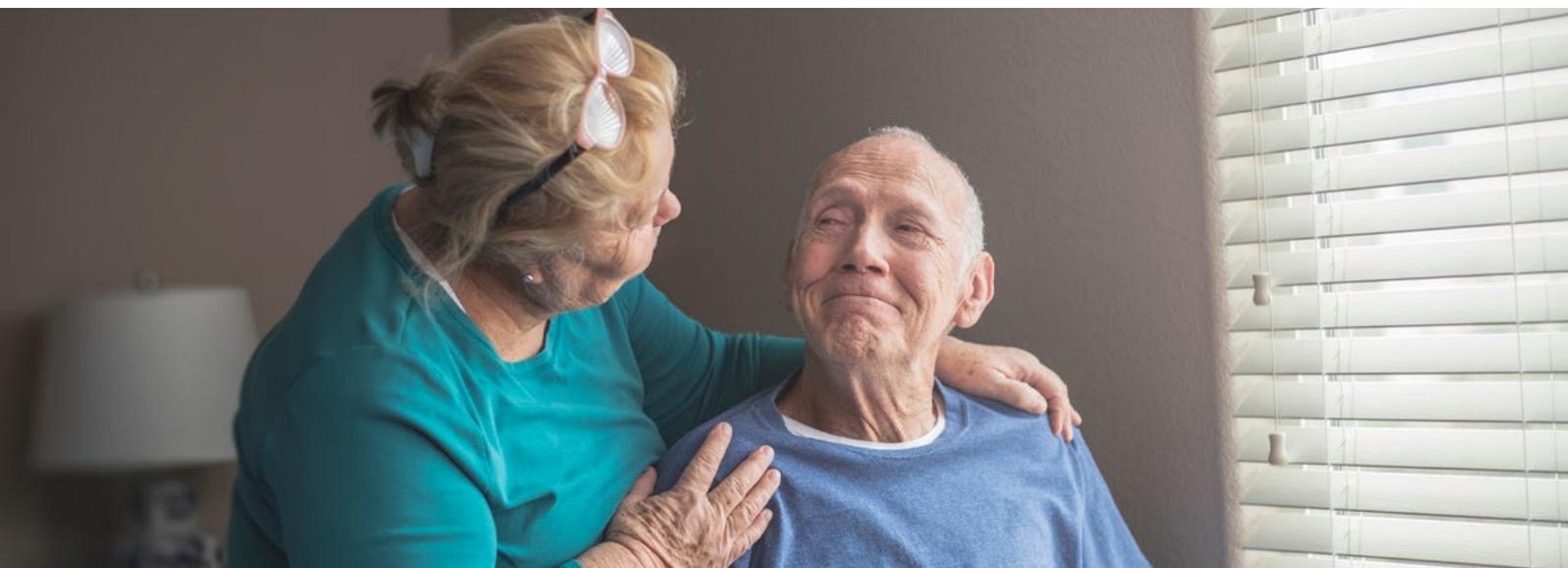


Ontario Health

In Canada, [Ontario Health Teams](#) engage with partners across health and community sectors to work as one collaborative team and help drive joint responses to local, regional and state priorities. Resources and tools are made available for partners including funding opportunities, quality indicators and guidance for disease specific planning.



[Buurtzorg in the Netherlands](#) is a pioneering healthcare organisation delivering nurse-led models of holistic care that have resulted in high staff commitment, financial savings and increased productivity. Collaboration and innovation are key to Buurtzorg's operating and care model.



7.3 Consultation insights and stakeholder feedback

The Murrumbidgee Regional Planning Framework has been informed by academic research and targeted consultations with diverse stakeholders including interest groups, government bodies, subject matter experts and local organisations. Engagement focused on current planning, collaboration, the desired future state, and the Regional Planning Framework structure. The Murrumbidgee Health and Knowledge Precinct partners and members of the Alliance have guided the development and refinement of the framework. System commissioning expertise was also sought to inform the strategic role the Regional Planning Framework will have in driving a one system approach in the Murrumbidgee.

8. Next steps and impact assessment

8.1 Immediate next steps for implementation

Stakeholder feedback emphasised the importance of supporting activities to achieve the objectives of this Framework including:

Action	Lead
Communicate and promote the Murrumbidgee Regional Planning Framework to stakeholders within the region.	MHKP & partners
Support organisations with opportunities to identify and engage with wider stakeholders.	MHKP & partners
Encourage senior managers within organisations to advocate for the use of the Framework and to support staff with time and resources to enable participation.	All stakeholders
Measure user experiences with the Framework and refine as required.	MHKP
Communicate successful application of the Framework with stakeholders.	MHKP

Next steps for implementation of the Framework in the Murrumbidgee:

Action	Timing	Lead
Development of a communications and engagement strategy for the framework.	3-6 months	MHKP
Defining evaluation methods and metrics to support continuous improvement of the framework.	6 months	MHKP
Facilitate opportunities to share insights and collaborate on key issues or emerging needs.	6-12 months	MHKP & partners
Facilitate an annual structured joint regional planning process to align strategic intent and planning across partners.	12 months	MHKP & partners

8.2 Regional planning impact assessment and improvement

The Murrumbidgee Health and Knowledge Precinct and its partners are committed to ongoing collaboration in the delivery, monitoring, and evaluation of the Murrumbidgee Regional Planning Framework. An annual review process will be implemented to define the impact achieved from regional planning approaches.

Feedback will also be sought on improvements to the Regional Planning Framework. If you have any feedback or recommendations, please contact the Murrumbidgee Health and Knowledge Precinct (MLHD-HealthAndKnowledgePrecinct@health.nsw.gov.au).



Appendix 1

About Our Region

The Murrumbidgee Health and Knowledge Precinct covers an area of 126,124 km including 21 Local Government Areas with a population of 252,358 people. See [MPHN's regional profile](#) for further information.



POPULATION

252,358



COMMUNITIES

508



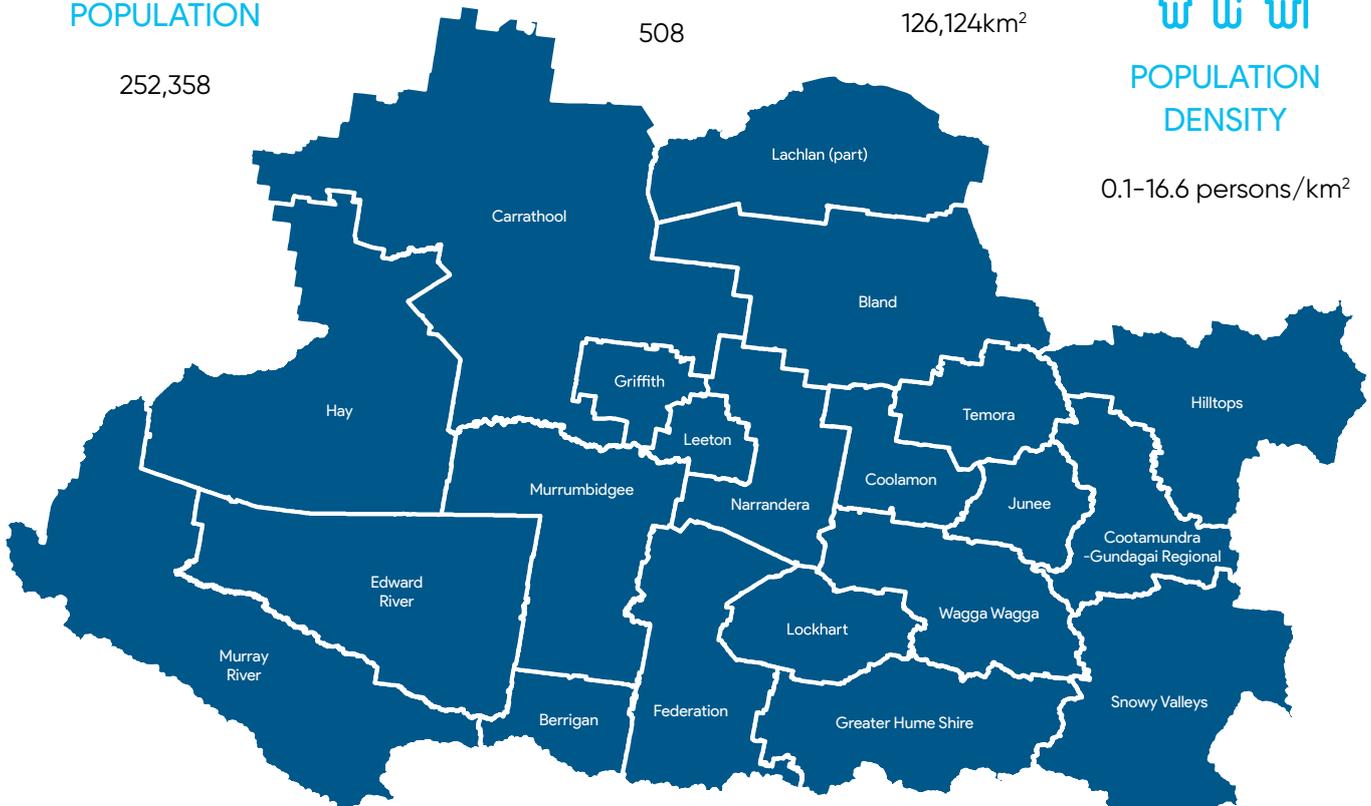
LAND AREA

126,124km²



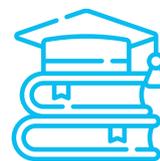
POPULATION DENSITY

0.1-16.6 persons/km²



MURRUMBIDGEE HEALTH SERVICES

- 2 Base Hospitals
- 10 Public Hospitals
- 2 Private Hospitals
- 19 Multi Purpose Services
- 89 General Practices
- 3 Aboriginal Medical Services
- 1 Brain Injury Rehabilitation Service
- 494 Allied Health Practices
- 77 Pharmacies



MAJOR HEALTH EDUCATION PROVIDERS

- University of NSW
- Charles Sturt University
- Notre Dame University
- University of Wollongong
- Riverina Institute of TAFE

Appendix 2

Contributing Organisations

In the development of the Murrumbidgee Regional Planning Framework, a comprehensive stakeholder engagement process was undertaken. This process ensured that a wide range of perspectives were incorporated in the framework. The engagement activities included a mix of interviews, workshops and a survey of key stakeholders identified by the Murrumbidgee Health and Knowledge Precinct One System Working Group and these stakeholders are listed in the table below. The Murrumbidgee Health and Knowledge Precinct Alliance members were pivotal to the development of the framework.

Category	Organisation
Health	Murrumbidgee Local Health District Murrumbidgee Primary Health Network Calvary Riverina Hospital St Vincent's Hospital Griffith Marathon Health Services for Australian Rural and Remote Allied Health Southcity Pharmacy Wagga Wagga Rural Doctors Network
Aboriginal Community Controlled Health Organisation	Riverina Medical Dental Aboriginal Corporation Griffith Aboriginal Medical Centre
Peak Bodies	Australian College of Rural and Remote Medicine
Education	Department of Education NSW Training Services NSW TAFE NSW University of Notre Dame Charles Sturt University University of New South Wales
Government	NSW Health Regional Health Division Department of Health and Aged Care Department of Communities & Justice Griffith City Council Wagga Wagga City Council NSW Department of Planning and Environment Transport for NSW Riverina Eastern Regional Organisation of Councils (REROC) Riverina and Murray Joint Organisation (RAMJO) NSW Premier's Department Regional Development Australia-Riverina
Industry & Business	Snowy Hydro Transgrid Business NSW Murray-Riverina
Community	Pro Patria Centre
Defence	Kapooka Military Area (Blamey Barracks)
Commissioning expertise	Rebbeck
Consultancy	IQVIA

Appendix 3



Case Study 1: Mental Health Alliance

What was the health problem?

There are over 20 mental health and drug and alcohol providers in the Murrumbidgee region. During the Murrumbidgee Local Health District (MLHD) MHAOD services planning meeting, the need for a coordinated approach amongst organisations to improve outcomes for individuals dealing with mental health issues, suicide prevention, and alcohol and other drug problems was identified.

Who were the stakeholders?

The stakeholders engaged during this initiative included all funded mental health, suicide prevention, and alcohol and other drugs services across the Murrumbidgee region. Key organisations involved were the MLHD, Murrumbidgee Primary Health Network (MPHN), and various community and social sector partners.

What was the initiative?

The Murrumbidgee Mental Health Drug and Alcohol Alliance was established in 2015. The NSW Mental Health Commission provided a small amount of seed funding to establish the Alliance which supported stakeholder engagement and the drafting of the MOU. The Alliance aimed to create a formal arrangement between service providers to improve mental health and drug and alcohol outcomes through a collaborative, consumer-focused approach. This included service integration, shared data, and strategic planning.

What was achieved?

The Alliance has achieved several key outcomes, including:

- Development of a common patient referral form for all member organisations.
- Creation of the Journi app, a consumer-held care plan tool that ensures the consumer has one care plan across all organisations.
- Development of the MapMyRecovery website, providing easy to access information on available services in the region.
- Implementation of the Lifespan Suicide Prevention Pilot that aimed to connect and coordinate new and existing interventions and programs and build the capacity of the community to better support people facing suicide crisis.
- Establishment of working groups to address priority populations, stigma, and community information strategies.

What were the key challenges and learnings?

- Balancing and prioritising Alliance activities with members' time was a challenge, however, larger organisations helped by providing additional support.
- Establishing clear rules of engagement and having open discussions about power dynamics helped to promote equitable collaboration among all members.
- Identifying and advocating for adequate resources was essential for supporting the Alliance activities and achieving successful outcomes, acknowledging that the work to be done required FTEs and broader resources.



Case Study 2: Paediatric Roundtable

What was the health problem?

Stakeholders identified that the Murrumbidgee region's system for addressing children with developmental vulnerabilities was fragmented and lacked effective coordination. Children were often referred directly to paediatricians, leading to significant delays in assessment and early intervention. This fragmentation resulted in long waiting lists, and delays in treatment, which impacted healthcare resources and outcomes. Several organisations received funding for the development and implementation of services for children with developmental vulnerabilities which allowed each organisation to design and deliver a limited range and scope of discrete paediatric services.

What was the initiative?

To address these issues, a Paediatric Roundtable was established to develop a coordinated and integrated care pathway for children with developmental vulnerabilities. The initiative aims to enhance early childhood development outcomes, reduce waiting times, and ensure timely care. Key objectives include:

- Improve outcomes for children with developmental vulnerabilities by creating pathways to appropriate early interventions and a joined up collaborative approach with all service providers.
- Enhancing coordination of paediatric services.
- Addressing developmental and behavioural indicators in children up to age seven.
- Ensuring accessibility to appropriate services by evaluating referral pathways, reducing waiting times, optimizing resources, and addressing workforce challenges.

Through stakeholder engagements and a comprehensive mapping exercise, the Roundtable identified service gaps and challenges across the region. Further, data analysis revealed high rates of vulnerability in social competence and emotional maturity, leading to a focus on interventions through preschool, playgroup, and community-based activities and engagement of broader stakeholders.

The Precinct has allocated a modest budget to support this initiative, including the Roundtable, workshops and addition implementation activities.

Who were the stakeholders?

The Murrumbidgee Health and Knowledge Precinct's One System Integration Working Group led the engagement, involving over 15 stakeholders across the region. Stakeholders included health service providers, a university, a range of NSW government departments including the Department of Education, Regional Development, Communities and Justice, as well as the Murrumbidgee LHD and PHN.

What was achieved?

The collaborative approach allowed stakeholders to accurately understand the key needs in the region, to provide feedback and support for a proposed tiered assessment model and avoid duplicated efforts. This cooperation is supporting a streamlined, consistent approach across the Murrumbidgee region.



Case Study 3: Bushfire Recovery

What was the planning initiative?

A multi-stakeholder Bushfire Recovery Steering Committee was established to provide leadership, guidance and structure to the development and implementation of initiatives funded under the Australian Government's Supporting the Mental Health of Australians Affected by Bushfires measure. Specifically, the aim of the committee was to provide guidance and advice to ensure MPHN's response was well coordinated and targeted to people in need across the region's communities impacted by the summer bushfires. This was in direct response to the impact of the 2019/2020 Summer Bushfires in the Murrumbidgee region, specifically Snowy Valleys, Greater Hume and Cootamundra/Gundagai LGAs. Wagga was later identified as an impacted LGA due to the border communities such as Tarcutta.

Who were the stakeholders?

The initiative was led by the MPHN and MLHD Bushfire Leads. The Bushfire Recovery Steering Committee membership included representatives from health service providers, a range of state and local government departments including fire services, police, education, industry, local councils, as well as the Murrumbidgee LHD and PHN.

What was achieved?

Working together allowed stakeholders to identify opportunities to work together to address challenges and gaps in services, to work to the top of their scope and refer to a partner organisation to provide subject matter expertise e.g. MLHD Bushfire Recovery Clinicians working alongside NSW Farmers and Local Land Services to provide support to impacted landholders.

The ongoing relationships between stakeholders allowed for a more proactive response when parts of the region were impacted by a major flooding event. It has also supported the development of the MPHN Disaster Response Plan and related Disaster Response webpage.



Case Study 4: Collaborative Commissioning

What was the health problem?

Chronic obstructive pulmonary disease (COPD) and congestive heart failure (CHF) are clearly identified health priorities in the Murrumbidgee. Across Australia, in 2018-19 Murrumbidgee PHN ranked at the bottom, 29 of 31 PHNs for potentially preventable hospitalisation rates for both CHF and COPD. .

Who were the stakeholders?

- Murrumbidgee Primary Health Network
- Murrumbidgee Local Health District
- NSW Ministry of Health

Other key stakeholders and partners in service delivery: Local community pharmacies, general practices, Aboriginal medical services, private allied health providers, Roy Cardiology, Riverina Cardiology, the Rural Lung Unit, MedicalDirector (TelstraHealth), CareMonitor, Lung Foundation, Marathon Health, In-Motion Fitness, HC Health Hub, Envinco Health and Performance, Patients and Carers.

What was the initiative?

Living Well, Your Way is a Collaborative Commissioning initiative between the Murrumbidgee Local Health District and Murrumbidgee Primary Health Network funded by the NSW Government.

It aims to build a better way of delivering healthcare for people with chronic conditions including COPD and CHF and keep people healthier at home for longer.

The *Living Well, Your Way* model of care is an integrated approach that includes acute and primary care, public and private providers in the Murrumbidgee. It cares for people with risk factors, through to earlier diagnosis of chronic disease, optimizing care in the community, ensuring proactive care for people with acute symptoms, supporting the transition home from hospital, and promoting rehabilitation and ongoing fitness.

What has been achieved?

Collaborative commissioning is an example of how joint governance, local planning, and a system-wide approach to large scale health initiatives can achieve improvements in care.

Joint governance by the Patient Centred Co-Commissioning Group, chaired by the chief executives of both MLHD and MPH, is an enabler to joint decision making and joint accountability for the investment and outcomes achieved.

A monitoring and evaluation framework was developed to support joint monitoring of the program outcomes, including an interactive data dashboard accessible to MPH and MLHD.

To date, there have been more than 8,850 encounters along the Living Well, Your Way pathway with over 13 activities supporting existing providers to enhance existing services and filling gaps in services where necessary.



What were the key challenges and learnings?

Identifying a system wide solution took twelve months to plan, with over 200 stakeholders involved in co-design and undertaking costings and developing an implementation plan.

Data sharing and defining the patient cohort are ongoing challenges for joint initiatives spanning acute and community-based care, making it difficult to measure impact of the initiative at each stage of the pathway.



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