

COMMISSIONING FRAMEWORK



phn
EASTERN MELBOURNE

An Australian Government Initiative

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1. Introduction

Eastern Melbourne PHN (EMPHN) is a Primary Health Network funded by the Australian Government Department of Health to improve the care and support people receive from health services. EMPHN also receives additional funding from the Victorian State Government.

EMPHN works in partnerships to improve the way services are connected and to ensure they are easy to access when people need those services most. Commissioning is core to the way in which EMPHN ensures these services are delivered. It allows for locally-informed, tailored and co-designed solutions to be implemented and ensure our population receives the right care, in the right place and at the right time.

2. Purpose

The purpose of the Commissioning Framework is to articulate a shared and transparent approach to commissioning of services that supports the delivery of EMPHN's purpose and strategy; to address the health needs of the community, help to address gaps in the health care system and to support a more integrated approach to care and planning.

Commissioning is a strategic, collaborative, evidence-based approach to planning and purchasing services that is outcomes-focused, with health services centred on the needs of patients.

EMPHN's work is targeted at seven key areas identified by the Australian Government as national priorities. These are:

- Mental Health
- Aboriginal and Torres Strait Islander Health
- Population Health
- Workforce
- Digital Health
- Aged Care
- Alcohol and Other Drugs

3. EMPHN's Strategy

This Commissioning Framework establishes the basis, including the principles, EMPHN uses to work with stakeholders when designing and commissioning health services in order to meet community need. It is underpinned by EMPHN's Strategic Plan for 2020-2025 which outlines EMPHN's vision and sets an ambitious plan to transform how primary health care is delivered within the eastern and north eastern region of Melbourne. EMPHN's Board has identified five strategic priorities and related transformative strategies:

1. Addressing health gaps and inequalities

- Listen to the consumer voice and design new mental health and chronic disease management approaches that are truly person-centred

2. Enhancing primary care

- Support and encourage primary care to adopt collaborative interdisciplinary care approaches that are person-centred
- Increase use of practice-based evidence

3. Leveraging digital health, data and technology

- Encourage health information continuity between providers

4. Working in partnerships to enable an integrated service system

- Ensure commissioning and system change strategies encourage integration from a consumer perspective

- **A high performing organisation**

- Build a positive culture of high performance

4. Strategic Commissioning Framework Statement

4.1 Reconciliation Action Plan reflected in Commissioning

EMPHN's Innovate Reconciliation Action Plan (RAP) 2020–2022 symbolises the move towards a deeper commitment to reconciliation and building relationships with Aboriginal and Torres Strait Islander organisations and communities. As part of this work, EMPHN actively works to ensure it commissions culturally safe and appropriate services that meet local needs, and strives to improve engagement with Aboriginal and Torres Strait Islander communities. A number of guiding principles underpin this work including:

- Autonomy – self-determination, supported, empowering and collaborative
- Respect, integrity and dignity
- Strong and effective leadership
- Holistic: health, wellbeing, social, emotional and culturally appropriate services.

4.2 Commissioning in Practice

Successful commissioning requires a holistic approach to understanding the needs of the community and the services available. It ensures solutions and models are designed to meet these needs. A collaborative approach is taken which includes working with stakeholders and consumers.

Commissioning is a cycle; needs are assessed through data collection, analysis and community consultation. Solutions are designed in partnership with stakeholders. Transparent processes are used to promote the implementation of these solutions, including the identification of providers who may be contracted to deliver services. The solutions are then evaluated and the outcomes are used to inform further assessment and planning.

Commissioning at EMPHN is underpinned by a commitment to continuous improvement and to the organizational values of: Integrity, Working Together and Courage.

4.3 Commissioning Principles

Investment in the consumer and carer is pivotal to commissioning. Commissioning at EMPHN is driven by five key principles:

1. Needs base

It is informed by an understanding of the gaps in local service provision, which is drawn from an analysis of quantifiable data and consumer experience. It recognises that developing a response to identified need should involve co-design with consumers and local service providers.

2. Evidence base

Begins with the best available evidence of what will improve consumer outcomes, and service improvement is informed by ongoing collection of data and analysis of program outcomes. We conduct rigorous evaluation, published for major initiatives, to contribute to available evidence.

3. Strengthening Local Networks

Aims to strengthen our integrated primary care system. We commission services to maintain and build the capabilities of local primary care providers. We build trusting relationships and work collaboratively with local providers to provide flexible responses to consumers and carers with complex and changing needs

4. Probity and Value

Is accompanied by rigorous monitoring and evaluation of commissioned projects and transparent procurement and contract processes to ensure the best outcomes for consumers as well as value for money.

5. Cultural Diversity

Is reflective and inclusive of cultural beliefs and practices and advocates for culturally safe services. Encompasses the need for cultural understanding to shape the provision of services and guide the assessment, care and management of Aboriginal and Torres Strait Islander Peoples health and mental health problems, including recognition that the experiences of trauma and loss have intergenerational effects

4.4 How Commissioning will Transform Healthcare

Commissioning at EMPHN will support more integrated, efficient and effective healthcare by:

1. Bringing together genuine partnerships that encourage integrated ways of working that can transform the system of care in a way that sees many agencies working as a single service system in our catchment
2. Encouraging self-determination for Aboriginal and Torres Strait Islander Peoples and the services that are best placed to provide the care needed
3. Strengthening the role of general practice and creating opportunities for shared and coordinated care responses
4. Providing opportunities for responses that are neighbourhood based to tackle issues of place based disadvantage.

4.5 Consultation

EMPHN is building a coalition of partners to achieve the aspirational level of change required, recognising that collaboration is integral. In addition, co-design at the program level is fundamental for successful transformation.

We work closely with health professionals and consumers and evaluating health related data and evidence so that we can identify emerging community needs and gaps in the health care system. We develop our commissioning plans by involving stakeholders in the needs analysis and design of services. By taking a co-commissioning approach that includes working with stakeholders EMPHN is able to develop new services that address these needs and gaps. Working together to evaluate these services enables EMPHN to contribute to the evidence of what works (and what doesn't) to improve health experiences and outcomes.

The EMPHN Board receives strategic advice on health service need and design from key groups:

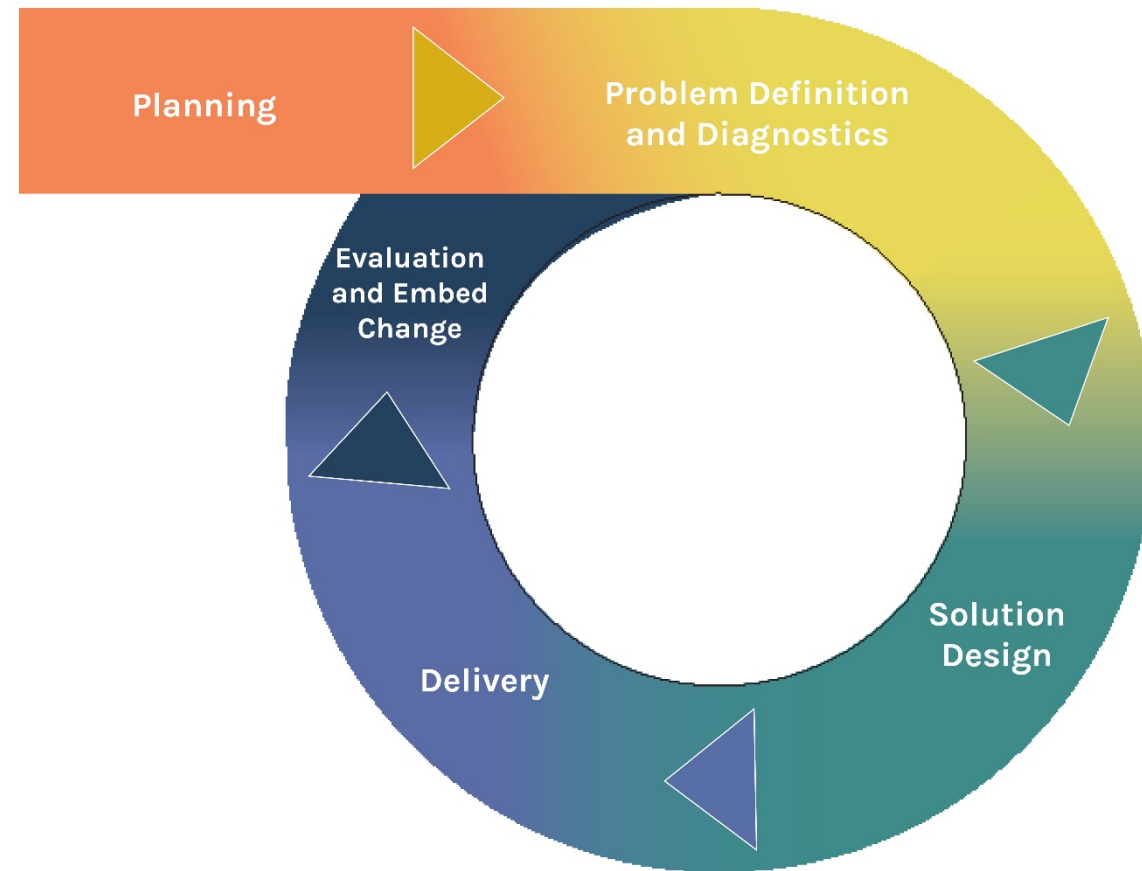
- Clinical Council
- Community Advisory Committee
- EMPHN's Collaboratives
 - Eastern Melbourne Primary Health Care Collaborative (EMPHCC)
 - Better Health North East Melbourne (BHNEM)
- Aboriginal Community Controlled Organisations (ACCO) and National Aboriginal Community Controlled Health Organisations (NACCHO)
- Other key stakeholders

EMPHN also consults stakeholders through community consultations, genuine partnerships with local Indigenous groups, forums and workshops that are held when required. These provide valuable insight and discussion between stakeholders, to help inform the direction and design of commissioned activities.

4.6 Phases of the EMPHN Commissioning Cycle

The following diagram shows the key phases of the commissioning cycle and the underpin of continuous improvement

Figure 1: EMPHN commissioning cycle



4.7 Problem Definition and Diagnosis

EMPHN's business and operational planning is based on an understanding of strategy, capability and resourcing, the needs assessment, stakeholder input, evaluation.

4.8 Solution Design

To involve consumers, providers and other stakeholders in designing, prioritising and testing solutions that address the identified community needs; and to develop cost-effective service models, programs or initiatives. Cultural diversity and the provision of culturally-safe services is considered in the development of programs. Co-design of programs and collaborative commissioning involving providers, consumers is often undertaken in the solution design phase.

4.9 Delivery

To work in partnership with consumers, providers and other stakeholders to implement solutions. The delivery phase consists of taking opportunities to tender, contracting services and then managing contractors according to contract deliverables. During delivery, contract monitoring and relationship management focuses on continuous improvement to achieve better outcomes and leverages system integration and capacity building to create better value. Financial management, risk management and reporting are the supporting processes within delivery.

4.10 Evaluate and Embed Change

To evaluate interventions delivered against expected outcomes and to make recommendations. Quality improvements and innovative solutions identified from the evaluations are embedded into core programs. Key learnings from evaluations are used in planning and designing future programs.

4.11 Decommissioning

Decommissioning refers to the planned process of removing, reducing or replacing a particular service or intervention. Decommissioning will occur in line with our commissioning principles and where a commissioned service:

1. Does not meet contractual obligations, typically assessed through quality or performance indicators.
2. No longer meets the needs of the community or population sector targeted, typically identified through our needs assessment.
3. No longer aligns with our strategic direction, typically identified through annual strategic planning processes.

5. Governance and Accountability

5.1 Reporting

EMPHN reports to the Australian Government Department of Health on a regular basis through its

- Needs Assessment
- Activity Work Plans
- 6-Month Reports
- 12-Month Reports

5.2 Monitoring the Framework

The Commissioning Framework is monitored and reviewed on an annual basis.

Any updates and revisions to this Framework must be endorsed by the Strategy and Risk Committee before being submitted to the Board for its approval.

6. Related Policies and Procedures

- EMPHN Strategic Plan 2020-2025
- EMPHN Innovate Reconciliation Action Plan 2020-2022
- EMPHN Clinical Governance Framework
- EMPHN Stakeholder Engagement Framework
- EMPHN Risk Statement
- EMPHN Procurement Policy
- EMPHN Commissioning Procedure

7. Definitions

AOD	Alcohol and Other Drugs
Aspirational Indicator	Aspirational indicators are indicators that have been set by the EMPHN Board in 2019 against the EMPHN Transformative Strategy. These indicators are designed to be ' <i>stretch</i> ' measures, hence why they are termed aspirational indicators.
Collaboratives	Two entities set up by EMPHN to encourage collaboration and shared design across health services. Eastern Melbourne Primary Health Care Collaborative and Better Health North East Melbourne include representation from state government, local hospital networks, community health and the PHN (representing primary health).
Commissioner	The person undertaking the commissioning activity from Problem Definition to Embed Change.
Commissioning	Commissioning is a strategic, collaborative evidence-based approach to planning and purchasing services that is outcomes-focused, with health services centred on the needs of patients. The annual cycle (process) used by EMPHN to identify, design and procure activities. The commissioning cycle at EMPHN has five phases: <ol style="list-style-type: none"> 1. planning 2. problem definition and diagnostics 3. solution design 4. delivery 5. evaluate and embed.
Consumer	In this document, this is defined as both the person who receives a health service and carers or family members of a person receiving a health service.
Providers	Any person or organisation providing services for EMPHN through a contracting arrangement.
Stakeholder	Any person or organisation with an interest in the services EMPHN commissions or provides. A person or organisation involved in delivering services, partnering with providers or involved with co-design of commissioned health services. Consumers are stakeholders and also recipients of health services.

For more information

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