

STAKEHOLDER ENGAGEMENT FRAMEWORK

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1. Introduction

Eastern Melbourne PHN (EMPHN) is a Primary Health Network (PHN) funded by the Australian Government to improve the care and support people receive from health services.

EMPHN works in partnership to improve the way services are connected and to ensure they are easy to access when people need them most. EMPHN works closely with health professionals, consumers and carers to scope the gaps, identify emerging community needs and purchase services that address these needs.

EMPHN invests in a range of initiatives to make a difference in priority areas including chronic disease, mental health, alcohol and other drugs, digital health, Aboriginal and Torres Strait Islander health, immunisation, aged care, palliative care, after hours and general practice support.

EMPHN's community of almost 1.5 million people live in Melbourne's east and north east, from the inner-eastern suburbs of Melbourne, to the Yarra Valley in the east, and semi-rural communities as far north as Kinglake.

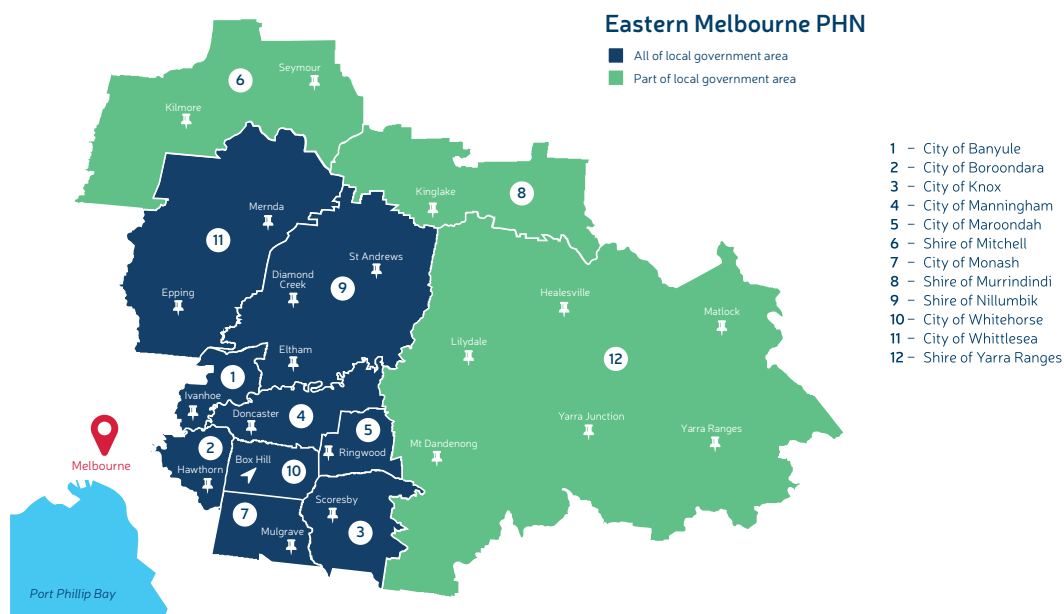
One in three people were born overseas and just as many speak a language other than English at home. EMPHN's community also includes more than 5,000 Aboriginal and Torres Strait Islander people.

1.1 Engagement at EMPHN

Engagement at EMPHN reflects its role in identifying and addressing the primary health needs in its community through strategic planning, commissioning services, supporting general practice and other healthcare providers, as well as supporting integration with local health services.

At EMPHN, engagement includes:

- face-to-face visits to general practice
- providing information to primary healthcare professionals
- facilitating professional development to optimise patient health care and quality business outcomes
- collaborating with primary healthcare professionals, and engaging consumers, to design and deliver innovative initiatives.
- active awareness and involvement in EMPHN's commissioning cycle.



2. Purpose

EMPHN's Stakeholder Engagement Framework is a best practice framework intended to guide EMPHN in connecting with consumers and carers; primary healthcare professionals; healthcare providers; local health services; local, federal and state government departments; and other individuals, groups and organisations, from day-to-day interactions through to strategic engagement activities.

The purpose of this framework is summarised by EMPHN's Stakeholder Engagement Objectives:

1. Clearly **describe and define** EMPHN's stakeholder groups.
2. Ensure a **common understanding** of stakeholder engagement across all staff.
3. Ensure staff are **appropriately trained** and supported in consistently managing and recording all stakeholder engagement activities.
4. Ensure that stakeholder engagement activities are related to **EMPHN's performance measures**, regularly monitored and reflected in staff key performance indicators.
5. Ensure staff have **user-friendly reporting systems** for transparently recording and accessing stakeholder engagement data.
6. Ensure that stakeholder engagement **insights are regularly communicated** internally and externally.
7. Ensure stakeholder engagement **outcomes are actively represented** in ongoing EMPHN planning and resource allocation.

Effective engagement at Eastern Melbourne PHN is defined as:

“A genuine process of working with individuals, groups of people and organisations to develop strong relationships, build understanding and achieve better outcomes and, in doing so, achieve a vision of better health outcomes, better health experiences and an integrated healthcare system.”

High quality engagement supports EMPHN's mission:

- With our partners, we facilitate health system improvement for people in eastern and north eastern Melbourne.

High quality engagement supports EMPHN's strategic priorities:

- address health gaps and inequalities
- enhance primary care
- leverage digital health, data and technology
- enable an integrated service system working in partnership
- a high performing organisation.

High quality engagement also supports EMPHN's values:

- **Collaboration** – we enable those who touch the system to design the system through sharing knowledge, evidence, experience and expertise. We work together across teams for shared outcomes.
- **Leadership** – we champion innovation and embrace change which improves our work. We celebrate and build upon our achievements in improving health care.
- **Understanding** – we listen and respect all perspectives and seek evidence for a deep understanding of each other and our community.
- **Outcomes** – we are accountable for ensuring value for money for our communities, stakeholders and funding bodies. We focus on high impact, equitable health care solutions that increase efficiency and reduce waste.

3. Principles of engagement

EMPHN's engagement is grounded in the International Association for Public Participation's (IAP2's) Core Values and the Public Participation Spectrum. IAP2 is an international member association which seeks to promote and improve the practice of public participation or community engagement, incorporating individuals, governments, institutions and other entities that affect the public interest throughout the world. IAP2 Australasia is the leading public participation Association in Australasia.

3.1 IAP2 Core Values for Public Participation

IAP2 has developed the IAP2 Core Values for Public Participation¹ for use in the development and implementation of public participation processes. The purpose of these core values is to help make better decisions which reflect the interests and concerns of potentially affected people and entities. The core values are reflected in EMPHN engagement plans and processes.

IAP2 Core Values for Public Participation state that public participation:

1. Is based on the belief that those who are affected by a decision have a right to be involved in the decision-making process.
2. Includes the promise that the public's contribution will influence the decision.
3. Promotes sustainable decisions by recognising and communicating the needs and interests of all participants, including decision makers.
4. Seeks out and facilitates the involvement of those potentially affected by or interested in a decision.
5. Seeks input from participants in designing how they participate.
6. Provides participants with the information they need to participate in a meaningful way.
7. Communicates to participants how their input affected the decision.

3.2 IAP2 Public Participation Spectrum

In healthcare a number of spectrums, or ranges, of engagement have been developed to define varying levels of, or approaches to, engagement – from a lower level of engagement to a higher level of engagement. Spectrums play a strategic role in setting boundaries and establishing expectations about the engagement process.

IAP2's Public Participation Spectrum² has been selected as the most appropriate for EMPHN because it is widely used and accepted as the standard across Australia.

3.3 IAP2 Quality Assurance Standard for Community and Stakeholder Engagement

Particularly in commissioning, EMPHN engagement processes should be undertaken in accordance with IAP2 Quality Assurance Standard for Community and Stakeholder Engagement³. The Standard seeks to provide a quality process by which engagement projects can be assessed.

¹<https://www.iap2.org.au/About-Us/About-IAP2-Australasia-/Core-Values>

²<https://www.iap2.org.au/About-Us/About-IAP2-Australasia-/Spectrum>

³https://www.iap2.org.au/Tenant/C0000004/00000001/files/IAP2_Quality_Assurance_Standard_2015.pdf

IAP2 Quality Assurance Standard Process for Community and Stakeholder Engagement includes:

1. Problem Definition
2. Agreement of Purpose/Context and Identification of Negotiables and Non-Negotiables
3. Level of Participation
4. Stakeholder Identification
5. Project Requirements
6. Execution of Engagement Plan
7. Feedback
8. Evaluation and Review
9. Monitoring
10. Documentation of Evidence



4. Who do we engage?

Below is a high-level list of stakeholders EMPHN engages with. This list is not exhaustive.

Categories:

- Decision makers – create and implement initiatives.
- Policy makers – responsible for or involved in formulating policies, especially in politics.
- Influencers – have high ability to influence decisions.
- Directly impacted – end users of initiatives, directly impacted by decision-making.

Table 1: Stakeholders EMPHN engages

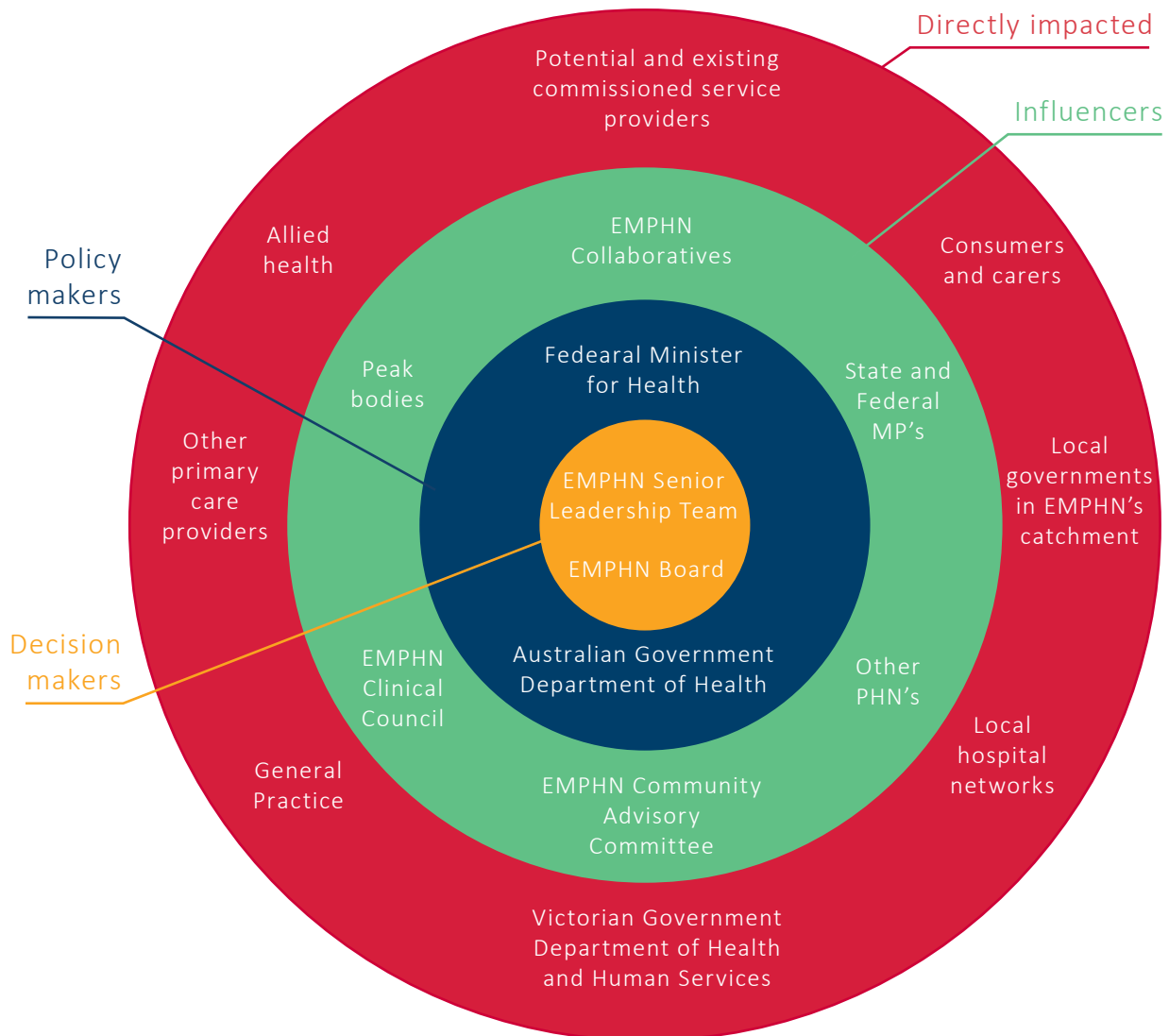
Stakeholder	Role in engagement/interest	Category
EMPHN Board	<ul style="list-style-type: none"> • Responsible for engagement and decision-making 	Decision maker
EMPHN leadership team	<ul style="list-style-type: none"> • Responsible for engagement and decision-making 	Decision maker
Clinical Council and Community Advisory Council	<ul style="list-style-type: none"> • Represents views of healthcare professionals and community • Advocates for EMPHN • Opportunity to participate in co-design 	Influencer
Australian Government Department of Health	<ul style="list-style-type: none"> • Primary funding provider • EMPHN meets engagement requirements • Recognise EMPHN's engagement provides value in improving health of catchment and effectiveness of primary healthcare system • Sets performance framework and measures 	Policy maker
Federal Minister for Health	<ul style="list-style-type: none"> • Recognise EMPHN's engagement provides value in improving health of catchment and effectiveness of primary healthcare system 	Policy maker
State and Federal Members of Parliament	<ul style="list-style-type: none"> • Recognise EMPHN's engagement provides value in improving health of catchment and effectiveness of primary healthcare system 	Influencer

<p>State Government/ Department of Health and Human Services</p>	<ul style="list-style-type: none"> • Recognise EMPHN’s engagement provides value in improving health of catchment and effectiveness of primary healthcare system • Potential funder/partner • Share data and information to better understand gaps and problems 	<p>Directly impacted stakeholders</p>
<p>Local government in EMPHN’s catchment</p>	<ul style="list-style-type: none"> • Recognise EMPHN’s engagement provides value in improving health of catchment and effectiveness of primary healthcare system • Potential partner • Participation in co-design where appropriate • Can be contracted through EMPHN’s commissioning activities 	<p>Directly impacted stakeholders</p>
<p>General practice, local health services, community health services, allied health and other primary care providers</p>	<ul style="list-style-type: none"> • Represents views of healthcare professionals • Potential partner • Recognise EMPHN’s engagement provides value in improving health of catchment and effectiveness of primary healthcare system • Participation in co-design where appropriate • Can be contracted through EMPHN’s commissioning activities 	<p>Directly impacted stakeholders</p>

<p>Consumers</p>	<ul style="list-style-type: none"> • Participation in co-design where appropriate • Believe EMPHN is improving health of community • Believe EMPHN listens to and prioritises community needs • Hard to reach, vulnerable and marginalised groups are actively encouraged to participate • Recognise EMPHN provides value in improving health of catchment and effectiveness of primary healthcare system • System users • Consumer organisations (e.g. Health Issues Centre, Chronic Illness Alliance, COTA etc.) 	<p>Directly impacted stakeholders</p>
<p>Peak bodies (AMA, RACGP, Pharmaceutical Society etc.)</p>	<ul style="list-style-type: none"> • Potential partner • Confidence in EMPHN's CPD events • Recognise EMPHN provides value in improving health of catchment and effectiveness of primary healthcare system • Participation in co-design where appropriate 	<p>Influencer</p>
<p>Collaborative partners (e.g. Better Health North East Melbourne and Eastern Melbourne Primary Healthcare Collaborative)</p>	<ul style="list-style-type: none"> • Potential funder/partner • Recognise EMPHN provides value in improving health of catchment and effectiveness of primary healthcare system • Participation in co-design where appropriate • Participation in strategic planning 	<p>Influencer</p>

Potential/existing commissioned service providers	<ul style="list-style-type: none"> • Potential partner • Participation in co-design where appropriate • Patient experience surveys/ data • Recognise EMPHN provides value in improving health of catchment and effectiveness of primary healthcare system • Responsible for delivering of integrated patient centred care 	Directly impacted
VPHNA and other PHNs	<ul style="list-style-type: none"> • Potential partner • Recognise EMPHN provides value in improving health of catchment and effectiveness of primary healthcare system • Share service models that deliver efficiencies 	Influencer

Figure 2: EMPHN stakeholders by category



5. How do we engage?

The following Stakeholder Engagement Principles guide EMPHN in its engagement.

EMPHN Stakeholder Engagement Principles

5.1 Define and prioritise stakeholders

With limited resources, EMPHN needs to prioritise how it effectively manages engagement with general practice, pharmacies, hospitals, community health centres and other primary healthcare providers and organisations.

Actively leverage relationships with key stakeholders

Relationships with key stakeholders can be enhanced by providing a more intensive level of engagement to higher priority stakeholders and allocating responsibility for managing the engagement.

Stakeholder prioritisation is influenced by:

- General practice - practice capability, practice capacity and support needs.
- Allied health - profession type, location and relevance to priority EMPHN initiatives.
- Commissioned service provider - total contract value or an identified need for market development/sector capacity building.

These classifications can assist EMPHN to categorise stakeholders based on:

- a. Their level of **interest** in EMPHN and participation in EMPHN's work
- b. The **value**, or potential value, of the stakeholder's relationship with EMPHN due to its ability to impact EMPHN's strategic goals and meet commissioning needs and expectations, the geographic location and the potential reach to the population with particular reference to more vulnerable and disadvantaged groups.

Indicative tiering categories for general practice include:

1. **Tier 1**

High interest/high value - **Manage closely**: Most highly prioritised stakeholders as often considered key players with strong vision and leadership. Considered high performing and actively seek to engage with EMPHN. Should receive more frequent or more resource intensive engagement or involvement in key EMPHN initiatives.

2. **Tier 2**

High interest/low value - **Keep satisfied**: Stakeholders in this category are often interested in projects or activities run by EMPHN but have some difficulty following through. EMPHN should consider engaging to become high interest/high value stakeholder.

3. **Tier 3**

Low interest/high value - **Keep informed**: Stakeholders will often appear not to understand EMPHN. They have no interest in EMPHN projects or activities but are well regarded and successful. Any stakeholders in this band should be kept informed of progress and relevant changes. EMPHN should consider engaging to become high interest/high value stakeholder.

4. **Tier 4**

Low interest/low value – **Monitor**: Stakeholders in this category have expressed a wish not to be engaged by EMPHN. They are also not regarded as successful or key players. These are the least prioritised stakeholder and should be monitored but requires the least amount of resources. This stakeholder group receives a level of engagement available to everyone – communication and invitations from EMPHN, and publicly available resources.

Figure 3: Stakeholder interest and value matrix

INTEREST	High	Tier 2 High/Low Keep satisfied	Tier 1 High/High Manage closely
	Low	Tier 4 Low/Low Monitor	Tier 3 Low/High Keep informed
	Low	VALUE	
			High

Value key stakeholders

It is essential to not only record and monitor the type and level of engagement with stakeholders but report back on engagement to stakeholders, particularly those classified high interest/high value. Reporting on engagement aims to demonstrate the value of engagement to the stakeholder and EMPHN.

5.2 Ensure engagement is a priority

The success of the Stakeholder Engagement Framework is dependent on fostering a culture within EMPHN of prioritising engagement through leadership and change management.

Leadership and change management

EMPHN will collaboratively lead change internally and externally to support the primary care system in transforming to leading commissioning practice and more place and outcomes based approaches.

A key focus of this is embedding sound change management approaches, building the capability of the sector and shifting the culture and behaviours to be open to and undertake new and integrated ways of working together.

Leadership involves:

- Strong, clinically informed leadership that provides clear strategic direction and empowers staff and the community to work towards this direction.
- Creating an environment conducive to learning and improvement that does not set an expectation than any one person or stakeholder has the answer.

Change involves:

- Defining and leading the process of change both within PHNs and across stakeholders.
- Embedding new approaches and adapting cultures to be open to new ways of working.

Assign responsibility

Engagement needs to be seen as EMPHN’s core business and everyone’s responsibility, all the way from “the top” of the organisation.

An executive sponsor and senior leadership team member are responsible for implementing and monitoring the Stakeholder Engagement Framework.

Frequent reporting to executive and board is scheduled to monitor EMPHN's performance on engagement indicators. Engagement specific KPIs are measured in all relevant staff Performance and Development Plans.

5.3 Address organisational facilitators

Organisational facilitators include internal governance processes and built-in opportunities for engagement including engagement initiated by stakeholders, and consumers and carers.

Key performance indicators

Relevant staff will have engagement specific key performance indicators (KPIs) in Performance and Development Plans to establish expectations, and monitor and report on progress against key deliverables.

Invite feedback

EMPHN has an integrated, documented and transparent approach to inviting, capturing and responding to external stakeholder communications, feedback and input. Multiple mechanisms are available to invite external stakeholder, consumer and carer feedback. This includes the ability to provide feedback anytime via EMPHN's website or through annual surveys.

Record engagement

EMPHN's Customer Relationship Management (CRM) system is the central repository of all engagement information. Staff are trained in how to use CRM effectively and what to record. There is a processes for continuously improving the quality of data captured in CRM.

5.4 Build the capacity of stakeholders to engage

It's important for a variety of voices to influence decision making in primary health care. However as reported below (6. Barriers to engagement) there are a number of factors which can impact stakeholders' willingness and ability to engage.

Consumer and carer engagement resource kit

The resource kit builds the capacity of consumers and carers to engage in EMPHN's commissioning cycle, helps increase health literacy and emphasises the value of their engagement. The resource kit should be provided to consumers and carers upon registering to participate in an engagement workshop followed by a pre-workshop briefing on topics covered in the kit.

Continually develop engagement capacity of Clinical Council and Community Advisory Committee

Frequent assessment of capacity and development needs including succession planning is undertaken to continually improve engagement of the Clinical Council (CC) and Community Advisory Committee (CAC) in EMPHN's decision-making.

A register of CC and CAC interests and affiliations is recorded in CRM for EMPHN staff to access. For example, if a CAC member is an advisory member for a special interest group that EMPHN identifies an opportunity to engage with, the member can assist to establish a relationship between EMPHN and the special interest group.

EMPHN needs to identify key input points in its planning cycle at which to strategically engage the Clinical Council and Community Advisory Committee so their views can inform decision-making.

5.5 Actively include marginalised and/or disadvantaged groups

The United Nations defines social inclusion as ‘...the process of improving the terms of participation in society, particularly for people who are disadvantaged, through enhancing opportunities, access to resources, voice and respect for rights’⁴.

Ensure diverse input is sought

To maximise participation, EMPHN addresses barriers by employing specific strategies such as offering interpreters, reimbursing participants for travel, offering opportunities to participate via a variety of methods e.g. online, in person, by phone, and translating key materials for Culturally and Linguistically Diverse (CALD) groups. Stakeholder analysis will heavily influence the communication and engagement techniques to be employed prior to developing and implementing the engagement plan. Diverse approaches are required often through organisations and small consumer or advocacy groups.

Because EMPHN doesn’t have capacity to engage all sub-populations, we should monitor the diversity of who we consult to help determine future priority groups.

Continually seek to understand emerging issues

EMPHN is required to develop and maintain the necessary relationships with stakeholders to monitor emerging issues and understand stakeholder views. EMPHN will continuously evaluate and understand barriers facing different disadvantaged and marginalised stakeholder groups, and any emerging groups, to ensure they are represented in engagement and decision-making.

Recognise inequalities

Marginalised and/or disadvantaged groups will require focussed and special attention to ensure their views are heard and understood as part of decision-making. This means not all stakeholder groups will receive the same or equal share of resources, funding or time.

Reconciliation Action Plan

EMPHN’s Reconciliation Action Plan will identify how EMPHN engages with Aboriginal and Torres Strait Island people in its community. The plan will also outline how EMPHN aligns with wider efforts to close the gap in life expectancy and health outcomes between Aboriginal peoples and non-Aboriginal Australians.

5.6 Build the capacity of staff to support engagement

Knowledge and capacity to plan, undertake, evaluate, and report on engagement effectively is a core skill EMPHN staff need, as well as the ability to build a process of continual improvement and capacity within EMPHN.

Build staff stakeholder engagement skills

New and existing staff with active engagement roles need training to understand expectations, the value of engagement and acquire skills in communication, planning and reporting. Cultural

⁴<http://www.un.org/esa/socdev/rwss/2016/chapter1.pdf>

diversity training is also appropriate for staff working with CALD people and Aboriginal and Torres Strait Islander people, as well as other minority or disadvantaged groups EMPHN may engage with.

Stakeholder engagement resource hub

A centralised resource hub enables staff to access EMPHN's Stakeholder Engagement Framework and related policies, procedures, templates and best practice resources.

Build staff capacity to use the Customer Relationship Management system

New and existing staff are trained on capturing the type and level of engagement in EMPHN's Customer Relationship Management (CRM) system.

5.7 Focus on outcomes and evaluation

A process of evaluating recommendations and decisions based on the outcomes of the engagement, as well as EMPHN's engagement performance, is necessary to ensure continual improvement in the practice of engagement.

Monitoring and evaluation in commissioning

Monitoring and evaluation encourages commissioners to assess performance, progress and impact throughout the commissioned activities, and against the outcomes they commission.

EMPHN will be guided by the *PHN monitoring and evaluation framework and toolkit*⁵ in the context of commissioning. This guidance supports EMPHN to understand the steps and the key considerations in planning and executing the monitoring and evaluation of its commissioned services and outcomes.

Annual survey of key stakeholders

To measure its engagement with key stakeholders year-on-year, EMPHN will conduct annual surveys of:

- general practice
- allied health
- commissioned service providers

The surveys will enable data to segment stakeholders based on their interest and value (Figure 3: Stakeholder interest and value matrix).

Annual survey of EMPHN's collaboratives

EMPHN is a member of two collaboratives - the Eastern Melbourne Primary Health Care Collaborative and Better Health North East Melbourne. The collaboratives aim to enhance primary healthcare services in community-based settings and support the management of chronic illness for people at risk of poor health outcomes.

The annual survey measures the effectiveness of the collaboratives in engaging with stakeholders to achieve objectives and assists to inform future decision-making.

Annual reviews of Clinical Council and Community Advisory Committee

Through annual reviews, EMPHN measures the effectiveness of the Clinical Council and Community Advisory Committee to facilitate service improvements by representing health professional and community perspectives in EMPHN decision-making.

⁵PHN Monitoring and Evaluation Framework and Toolkit, PwC (2018)

Frequent reporting on stakeholder engagement to the executive and board

To foster a culture at EMPHN that prioritises engagement and a process of continual improvement, stakeholder engagement measures are frequently reported to EMPHN's executive and board.

CRM reporting dashboard

Reporting on the type and level of engagement in the CRM reporting dashboard ensures engagement is a priority and continually measured. CRM is a key tool in reporting to executive, board and meeting EMPHN's reporting requirements to government.

Capture compliment and complaints

EMPHN's feedback system is actively used to capture compliments and complaints, including resolution processes.

5.8 Commit to timely and active communication on engagement outcomes

Feedback is an integral part of the engagement process and refers to providing information to stakeholders on how engagement outcomes are used in decision making. Feedback is also a quality indicator in IAP2's Core Values (3.1).

Monitoring and evaluation

EMPHN will use the *PHN Monitoring and Evaluation Guidance and Toolkit*⁶. The tools in the toolkit have been developed to align with the PHN Quality and Performance Framework ("Appendices 9.2") where possible. EMPHN and providers will need to assess and identify which tool may be best used to support needs.

Consistent communication

*PHN Change Management and Commissioning Competencies Resources Toolkit*⁷ includes templates for planning, documenting and reporting engagement activities.

Regularly communicate engagement initiatives

EMPHN regularly communicates engagement initiatives and outcomes internally and externally including how engagement contributed to innovation and service design. This includes promoting engagement activities such as co-design workshops, a comprehensive schedule of stakeholder and education events, and outcomes of engagement initiatives such as new service models and initiatives.

⁶PHN Monitoring and Evaluation Guidance and Toolkit, PwC (2018)

⁷Change Management and Commissioning Competencies Resources Toolkit, PwC (2018)

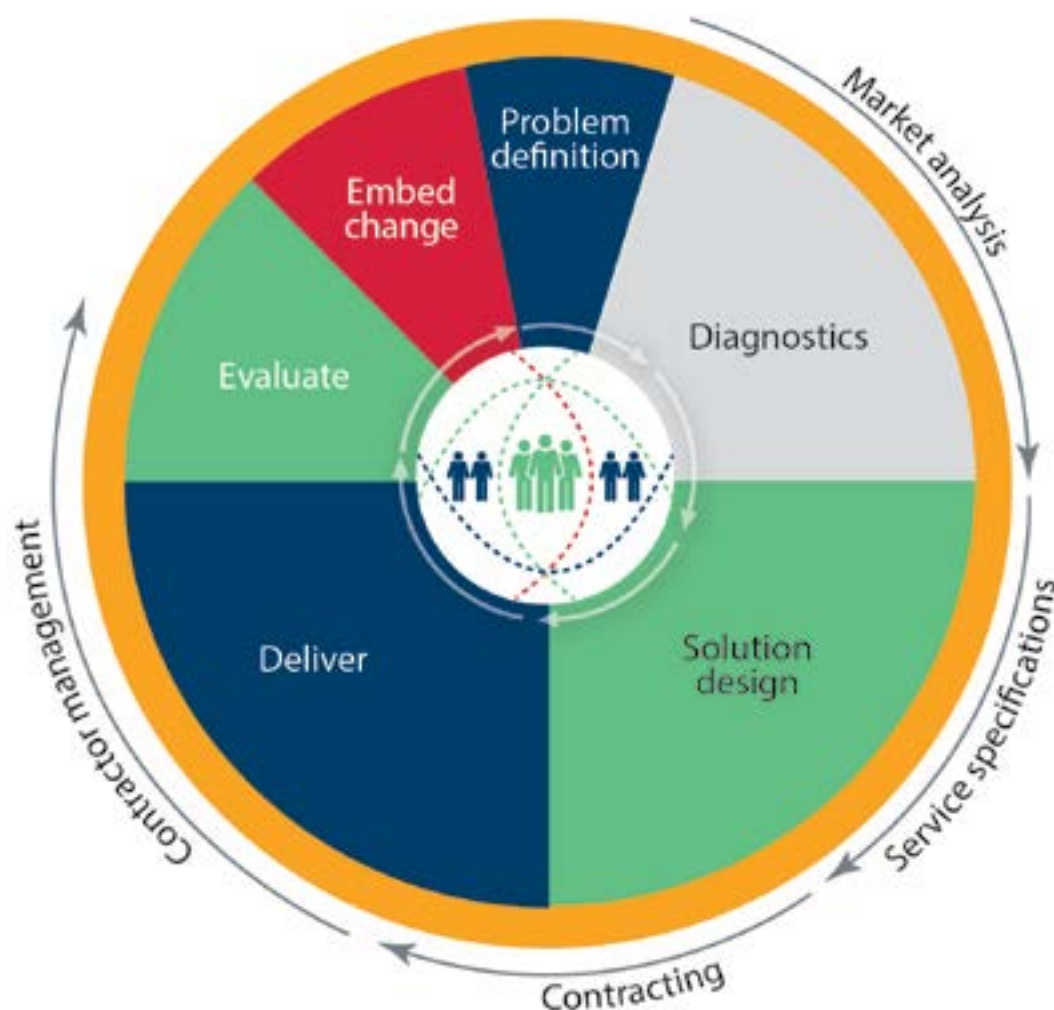
6. Engagement in commissioning

EMPHN is primarily a commissioning organisation. Collaborative effort by EMPHN, partner organisations and providers helps with the design and delivery of reforms that transform the primary health system.

The purpose of commissioning engagement can vary between initiatives, and also between phases of EMPHN's Commissioning Cycle (Figure 4):

- Problem definition – to define and validate the problem (gap between current and desired state).
- Diagnostics – to steer, provide input and assist with solution development and preferred solution.
- Solution design – to define or co-design the preferred solution prior to approach to the market.
- Deliver – to evaluate the market responses (ideally this should include a consumer that has lived experience of the problem and provider representation relevant to the systems in which the proposed solution will benefit/impact).
- Evaluate – to evaluate the program e.g. consumer surveys or interviews.
- Embed change – internal and external stakeholders you need to engage to validate your evaluation findings and recommendations for change and sustainable action.

Figure 4: EMPHN commissioning cycle



The key principles adopted by EMPHN in commissioning activity include to:

1. Understand the needs of the community by engaging and consulting with consumer, carer and provider representatives, peak bodies, community organisations and other funders.
2. Engage potential service providers well in advance of commissioning new services.
3. Focus on outcomes rather than service models or types of interventions.
4. Adopt a whole of system approach to meeting health needs and delivering improved health outcomes.
5. Understand the fullest practical range of providers, including the contribution they could make to delivering outcomes and addressing market failures and gaps.
6. Co-design solutions; engage with stakeholders, including consumer representatives, peak bodies, community organisations, potential providers and other funders to develop outcome focused solutions.
7. Consider investing in the capacity of providers and consumers, particularly in relation to hard-to-reach groups.

6.1 Commissioning competencies

EMPHN can benefit from the following commissioning competencies to secure primary health care outcomes:

Figure 5: Key commissioning competencies



Leadership and change management

This competency is about collaboratively leading change internally and externally to support the primary care system in transforming to leading commissioning practice and more place and outcomes based approaches. A key focus of this is embedding sound change management approaches, building the capability of the sector and shifting the culture and behaviours to be open to and undertake new and integrated ways of working together.

Co-design and community engagement

Commissioning heavily relies on working collaboratively with various stakeholders on a range of topics. This is particularly relevant given that the context, needs, expectations, challenges and outcomes sought by individuals are constantly changing, and PHNs require collaborative practices to ensure they are well informed. Community engagement and co-design are therefore key tasks that are critical to the overall success of commissioning.

Community engagement can be depicted as a spectrum (4.2 IAP2 Public Participation Spectrum). Where low level engagement involves PHNs telling / informing the community about an issue, such as consultation. To high level engagement, where PHNs collaborate and empower the community, such as co-design. Community engagement can vary depending on what the PHN is trying to achieve and the well-being of the specific group in the community. PHNs should also keep in mind what form of engagement will be most effective in targeting communities.

Co-design is a more involved form of community engagement. It is a key approach to bringing various stakeholders together to collectively contribute to solution design.

Population Health

This competency involves:

- balancing the different aims of a health system including delivering: clinical outcomes; patient experience; provider and workforce experience; and cost of health care
- utilising population-level data to identify where best to intervene to improve population health
- building strategies that target population cohorts based on needs assessments, predictive analytics and evidence based interventions
- working with partners to connect interventions across communities and sectors that addresses the wider determinants of health, including housing, education and non-primary health.

Collaborative arrangements

Designing and delivering the changes needed to transform the primary health system involves collaborative effort by EMPHN, partner organisations, clinicians and providers. As highlighted in the 2016 PHN Grant Programme Guidelines ([“Appendices 9.2”](#)) PHNs are expected to:

- Develop collaborative working relationships with Local Hospital Networks (LHNs) and private hospitals to reduce duplication and increase the PHN’s ability to commission services
- To act as regional champions for locally relevant clinical care pathways
- Develop cross-border cooperative arrangements where patient flows cross jurisdictions
- EMPHN will continue to build effective collaborative arrangements through:
- Better Health North East Melbourne Collaborative
- Eastern Melbourne Primary Health Care Collaborative

These collaboratives are key to achieving system improvement, particularly given the size and funding limitations of PHNs.

Mutual benefits exist from doing this including for other parties. Together EMPHN and these organisations can commission integrated programs that provide a multitude of interventions. This can better target improved outcomes for people with complex chronic conditions and high risk populations.

Market management

This competency involves:

- gaining a strong understanding of the market to help address market failures and encourage provider participation in minimising service gaps and fostering healthy competition
- monitoring the performance of the market and being a collaborative partner
- creating new and/or shaping existing markets and supporting their development to create sustainable markets and move towards outcomes based commissioning
- organisational capability competency.

Organisational capacity

This competency involves:

- Governance - Governing EMPHN towards its priorities with clear accountability and timely decision making, including proactively managing probity concerns
- Operational management – Establishing effective systems, process and ways of working to maximise efficiency and effectiveness to deliver the outcomes
- People management - Developing the EMPHN’s workforce and encouraging behaviours that support a move towards outcomes based commissioning
- Financial management - Establishing systems and processes that support effective contract and financial management.



7. Barriers to engagement

When engaging with such a vast number and type of stakeholders, EMPHN actively seeks to minimise some of the common barriers to successful engagement summarised below.

7.1 Consumers and carers

Key barriers to engagement:

- Value perception – expert or specialist knowledge is valued above consumer and carer experience.
- Knowledge and understanding issues – inadequate health literacy and unfamiliar language.
- Access issues – cultural, financial, disability, transport, literacy or other carer or work responsibilities.
- Engagement experience – inadequate understanding of what engagement is, how consumers and carers can and cannot influence outcomes of engagement, and their role in engagement.
- Previous experience – poor experience with primary healthcare can inhibit willingness to engage.

7.2 Organisational

Key barriers to engagement:

- Engagement skills and capacity – lack of expertise in engagement or lack of key performance indicators to set and monitor performance.
- Internal support – lack of responsibility in executive and senior leadership teams for engagement to become embedded in the organisation.
- Reporting – lack of tracking, monitoring, measuring and evaluation for continuous improvement.

7.3 Stakeholder

Key barriers to engagement:

- Lack of understanding of PHNs – unclear PHN value proposition or unaware of common goals.
- Incompatible requirements – want PHNs to operate as per historical expectations with Divisions of General Practice and Medicare Locals. Unaware of EMPHN's limited resources.
- Engagement skills and capacity – lack of understanding of what engagement is and lack of understanding of EMPHN's role as a commissioned service provider.
- Frequent changes – frequent changes of staff at EMPHN and in stakeholder organisations can cause disconnection.
- Low interest in engagement – disinterested in collaboration or participation in engagement initiatives. Can't see value of engagement.

8. Tracking and measuring engagement

8.1 Why do we track engagement?

The Department of Health's PHN Program Performance and Quality Framework March 2018 (["Appendices 9.2"](#)) includes indicators for community and stakeholder engagement. The Department of Health will assess the information provided by the PHN every six months.

Indicator P2 – community engagement in PHN region

PHNs should aim to deliver a mix of engagement activities each year, based on the needs of the people in their region. Information needs to include the level of engagement, how the engagement informed the PHN's Needs Assessment processes and design of activities, how the community were informed on ways to improve health outcomes as well as activities to improve the community's health literacy to contribute to the effectiveness and efficiency of the primary healthcare system.

Indicator O14 – PHN stakeholder engagement

PHNs must have strong relationships with stakeholders in their region to better understand the concerns, needs, service gaps and demographics of the community. Stakeholder engagement is necessary to ensure that commissioned services are appropriate and address local health needs. This may be facilitated through collaboration or co-design processes with these stakeholder groups. The PHN creates and maintains relationships that facilitate the improvement of the health care system. PHNs are expected to engage with a broad range of stakeholder in their region.

8.2 How do we measure engagement?

There are a number of methods EMPHN uses to measure engagement outlined in 5.7 including:

- Annual survey of key stakeholders (general practice, allied health and commissioned service providers including benchmarking against other PHNs)
- Annual survey of EMPHN's collaboratives
- Annual reviews of Clinical Council and Community Advisory Committee
- Capturing compliments and complaints and ad-hoc feedback

8.3 Tracking engagement in CRM

Meaningful or high quality engagement which supports our mission, strategic priorities and values is recorded in EMPHN's CRM, monitored and reported. EMPHN's CRM provides a reporting dashboard and informs frequent reporting on stakeholder engagement to the executive and board.

9. Appendices

9.1 Definitions

Engagement

A genuine process of working with individuals, groups of people and organisations to develop strong relationships, build understanding and achieve better outcomes and, in doing so, achieve a vision of better health outcomes, better health experiences and an integrated healthcare system.

Communication

Communication refers to the range of channels and formats used to disseminate information to different audiences. The purpose of communication is to build awareness and support but can also be used to make announcements, to keep people informed and to respond to media or public enquiries.

Co-design and co-creation

Co-design (sometimes referred to as co-creation) is the process by which parties can work together to derive a solution that is better than any that they could have derived alone. It also secures different perspectives, challenges traditional approaches and secures better stakeholder buy-in.

Stakeholders

Consumers and carers include individuals and groups of people that have a shared interest or lived experience of health issues, primary healthcare experiences and/or advocacy interests. A community of interest is a group of people who have a shared interest, such as culturally and linguistically diverse communities. A community of affiliation are a group of people who are members of the same group or club, such as members of a sporting club, Rotary or a religious group.

Primary healthcare providers include the primary healthcare sector workforce – general practice teams (general practitioners, practice managers and practice nurses), allied health professionals, local health services and specialists working in EMPHN’s catchment.

Internal stakeholders include EMPHN staff, Board, Clinical Council (CC) and Community Advisory Committee (CAC) members.

Community refers to members of the general public who may not belong to a specific community relevant to the initiative but they still have an interest.

9.2 Policy Context

Primary Health Networks Core Funding Agreement

The Department of Health’s Primary Health Networks Core Funding Agreement Schedule Item B.4.1 GP and stakeholder engagement states that the key objectives of Primary Health Networks are to increase the efficiency and effectiveness of Health Services for patients, particularly those at risk of poor health outcomes; and improve the coordination of care to ensure patients receive the right care in their right place at the right time.

PHNs will undertake regional Needs Assessments and conduct service planning for their PHN Region, in collaboration with local health services providers including Local Hospital Networks (or equivalents). With support from Clinical Councils and Community Advisory Committees, PHNs will seek to develop local strategies to improve the operation of the health care system for patients and facilitate effective primary health care provision, to reduce avoidable hospital presentations and admissions within the PHN catchment area.

PHNs are required to:

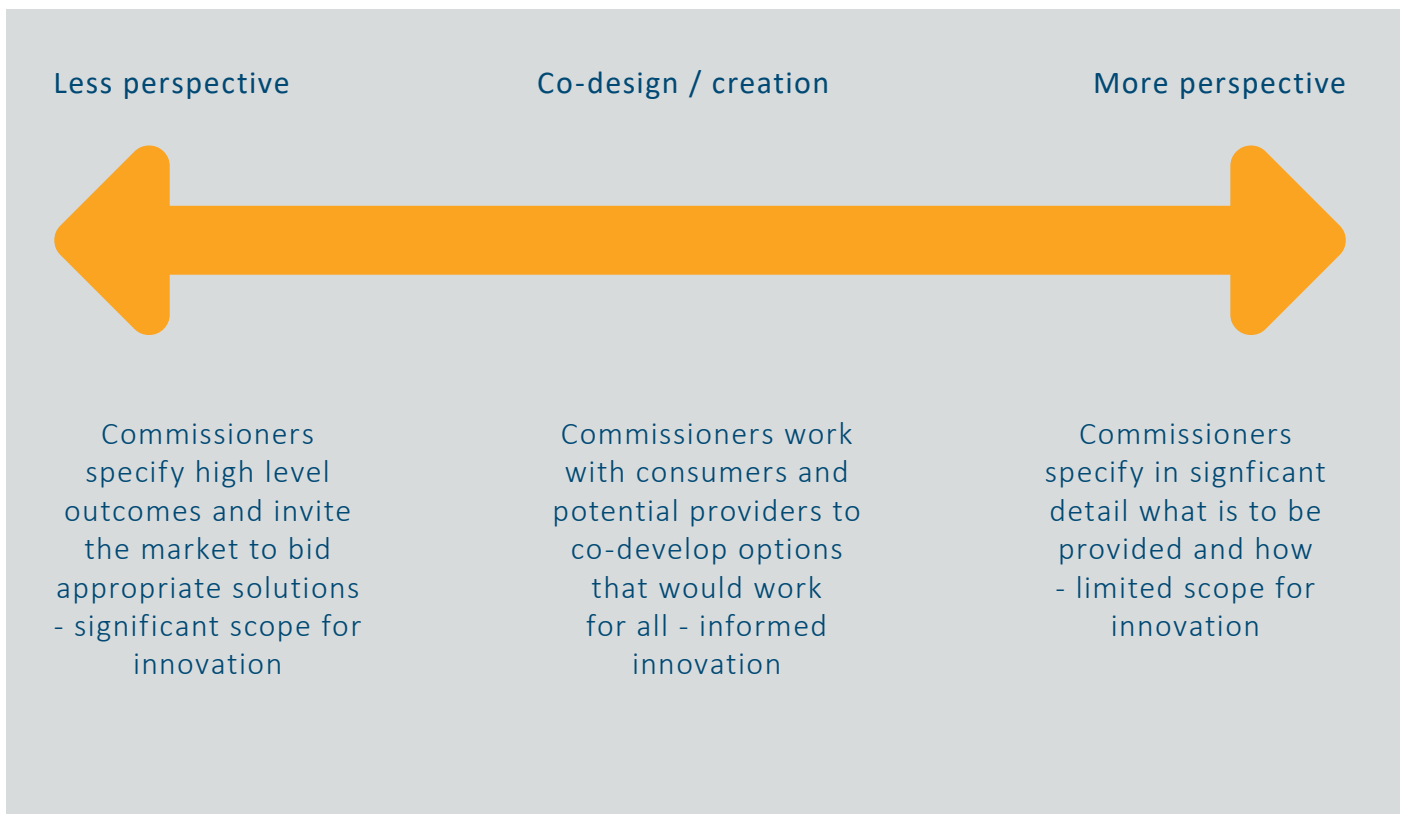
- a. establish and maintain Clinical Councils (CC) that report to the PHN's Board. CCs must be GP led and comprise other health professionals appropriate for the PHN that may include but are not limited to nurse, allied and community health professionals, Aboriginal health workers, specialists and hospital representatives. CC members will have the appropriate knowledge and specific skill sets to address inter-sectoral care, service gaps and integrated care plan pathways;
- b. establish and maintain a Community Advisory Committee (CAC) that ensures broad representation of the PHN, and provide a community perspective to the PHN's Board to ensure that decisions, investments and innovations are patient-centred, locally relevant and aligned to local care experiences and expectations;
- c. provide training to CC and CAC members where required to ensure they have the necessary skills to participate in a committee environment;
- d. engage with a representative range of GPs and other primary health care providers including, where relevant, Remote Area nurses, Aboriginal Medical Services, Visiting/Outreach Services, small local hospitals and multi-purpose services in the PHN's Region and identify and address relevant challenges presented by the stakeholder groups;
- e. provide practice support services that include but are not limited to:
 - i. supporting the adoption of best practice methods to improve the quality of care
 - ii. promoting and improving the uptake of practice accreditation;
 - iii. assisting practices in the understanding and meaningful use of eHealth systems in order to streamline the flow of relevant patient information across the local health provider community; and
 - iv. supporting health IM to inform quality improvements in health care via the collection and use of clinical data within practices.
- f. Ensure GPs are represented in governance structures;
- g. Engage with LHNs (or equivalent) to determine a shared approach and collaborate to enhance patient outcomes and reduce avoidable emergency department presentations and hospital admissions without duplicating efforts and initiatives; and
- h. Collaborate with all relevant regional health services and providers to address and improve integrated care pathways and the delivery of seamless, effective and efficient care.

Department of Health Designing and Contracting Services Guidance for PHNs

In Designing and Contracting Services Guidance for PHNs (June 2016), the Department of Health states that service design co-creation can cover three key situations:

1. Involvement of potential providers and consumers in the development of high level specifications of need – what are the headline outcomes to be achieved?
2. Prior to commencing a procurement process, working with potential providers / consumers to develop this specification into potential solutions: - what might be an appropriate response to the specification, where could innovation be introduced, and can the specification be improved?
3. Co-designing solutions during the procurement process, perhaps as part of a competitive dialogue process

Figure 1: PHN service design co-creation spectrum



PHN Program Performance and Quality Framework March 2018

The PHN Program Performance and Quality Framework has three purposes:

- providing opportunities to identify areas for improvement for individual PHNs and the PHN Program
- supporting individual PHNs in measuring their performance and quality against tangible outcomes
- measuring the PHN Program's progress towards achieving its objectives of improving efficiency and effectiveness of medical services for patients and improving coordination of care to ensure patients receive the right care, in the right place, at the right time.

In addition, the Framework will be used to inform Department of Health decisions concerning contract extensions and negotiations with individual PHNs.

References

1. *Primary Health Networks Core Funding Agreement, Department of Health*
2. *Designing and Contracting Services Guidance for PHNs, Department of Health*
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Notes

For more information

18-20 Prospect Street
(PO Box 610) Box Hill VIC 3128

Phone 9046 0300
www.emphn.org.au



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