

COMMISSIONING FRAMEWORK

January 2020

Document control

Date	Author	Modification	Version
April 2016	Executive Team	Original Commissioning Framework developed	1
November 2016	Executive Team	Framework Updated to better reflect external environment.	2
August 2017	Executive Team	Framework updated to include Indigenous Health Advisory Council	3
September 2019	Executive Team	Framework updated to remove population Health Planning Advisory Committee and align with Murray PHN Strategic Plan	4
January 2020	Executive Team	Framework updated to include cultural sensitivity orientation within our commissioning policy and practice.	5



Preamble

Commissioning is a policy shift in thinking about how to build collaborative service systems in primary care. We know that change will happen when we focus simultaneously on:

- patient experience
- service system capabilities
- underserved populations in communities of greatest need.

We also know that change does not happen through the action of one; it is the product of the combined and sustained efforts of many who share a common vision.

Core to the values and vision of Murray PHN is our commitment to improve health equity. We acknowledge systemic change required to influence the disparity of health outcomes for the First Peoples of Australia. Our commissioning framework frames the structures and policy that guides this work, underpinned by a commitment to support full involvement of Aboriginal and Torres Strait Islander people in shared decision making.

Murray PHN's vision is to make a difference.

Everything we do, every day must be geared towards making a difference to the health of our community. Making a difference is the sum of all our work.

Murray PHN's Commissioning Framework shows how we partner with consumers, carers and communities, as well as clinical and non-clinical health professionals and government organisations, to improve health outcomes for those in greatest need. Collectively, we are custodians of the primary health care system, providing quality primary care and equity of access for all people.



Leadership



Collaboration



Knowledge



Innovation



Accountability

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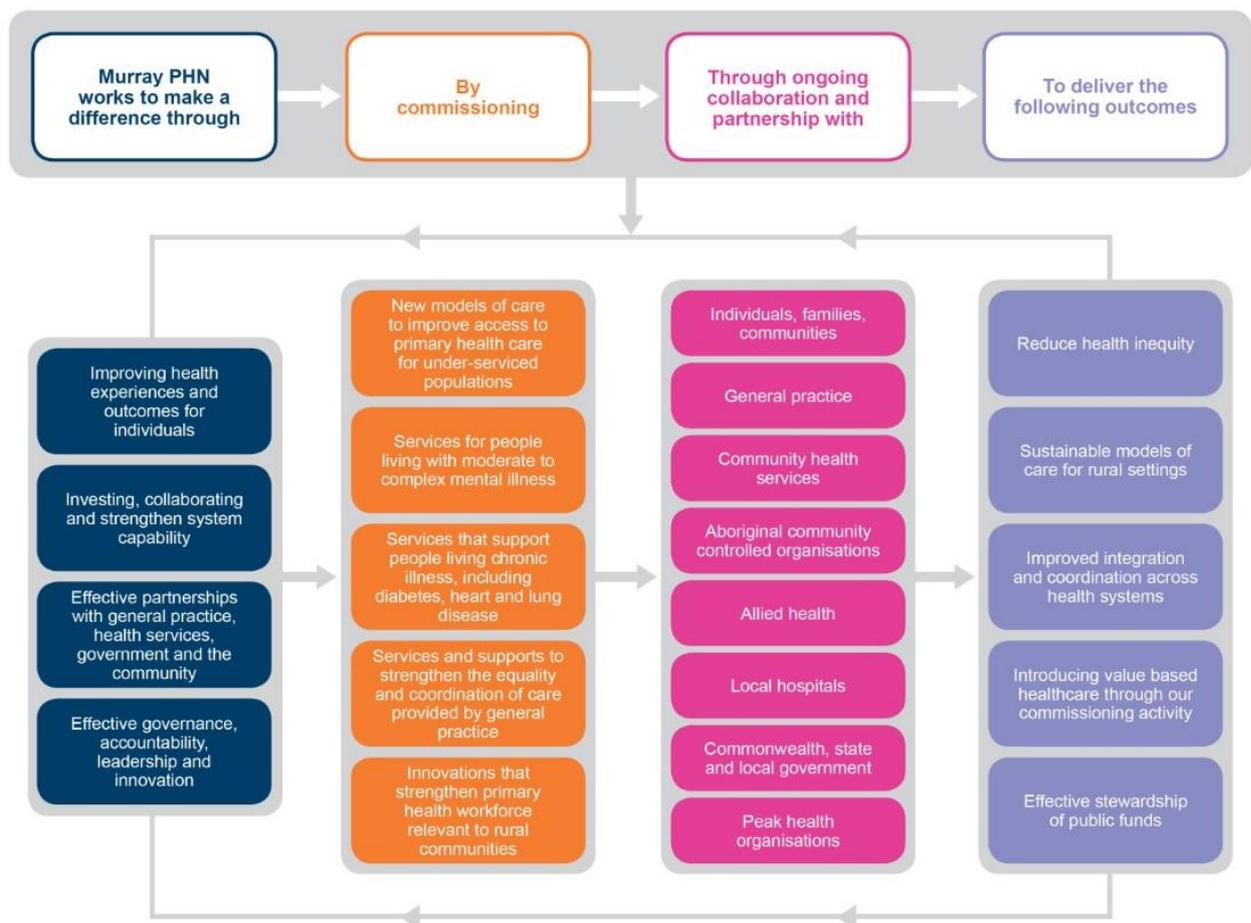
Commissioning as an enabler to achieving our strategic plan

Murray PHN’s Commissioning Framework provides a high-level outline that is applied across a continuum of mental health and alcohol and other drug (AOD) services; services for people living with chronic conditions; and new models of care to suit the local context and setting. It also provides investment to support practice and system-level change through workforce strengthening and uptake of new technology.

We describe commissioning as an enabler to achieving our Strategic Plan in *Figure 1* below. Commissioning is an iterative and collaborative process that requires a deep understanding of the evolving needs of the community and of key priorities that need to be delivered. It requires:

- services to be designed and delivered to meet these needs and use the full capabilities of providers and community groups
- opportunities for collaboration and innovation to be identified and maximised to challenge thinking and consider the best way to meet needs.

Figure 1 Commissioning as an enabler to achieving our Strategic Plan



Key values and principles

All people living in the Murray PHN region must feel enabled to lead their own health and wellbeing and take a valued place in their family and community.

Service providers have a key role to play in participating in and leading all levels of the health service system they use, including planning, financing, delivering and evaluating the services they provide.

Murray PHN commissioning:

- 1. develops models of care that are informed by evidence, responsive to need and community context and demonstrate progress towards improved health outcomes*
- 2. ensures that consumers, carers and their families, communities and service providers are enabled to participate in service design and delivery of models of care*
- 3. is guided by cultural humility, cultural safety and cultural competency principles that is informed by Aboriginal and Torres Strait Islander people and applied across mainstream primary health care services*
- 4. recognises that primary care exists within a broader service system*
- 5. builds enduring partnerships that will invest and share accountability with us for innovation, quality and systems improvement*
- 6. strengthens the primary care service system to gain greater service coordination and system integration*
- 7. strengthens capacity and capability of service providers to meet new and emerging market demands*
- 8. embeds effective evaluation to improve models of care and build our commissioning knowledge and skills*
- 9. ensures decisions about resource mobilisation and distribution will be based on population health evidence, market analysis, value for money and performance*
- 10. demonstrates commitment to high standards and principles of good governance*
- 11. operates in accordance with high standards of probity and transparency in our procurement strategy.*



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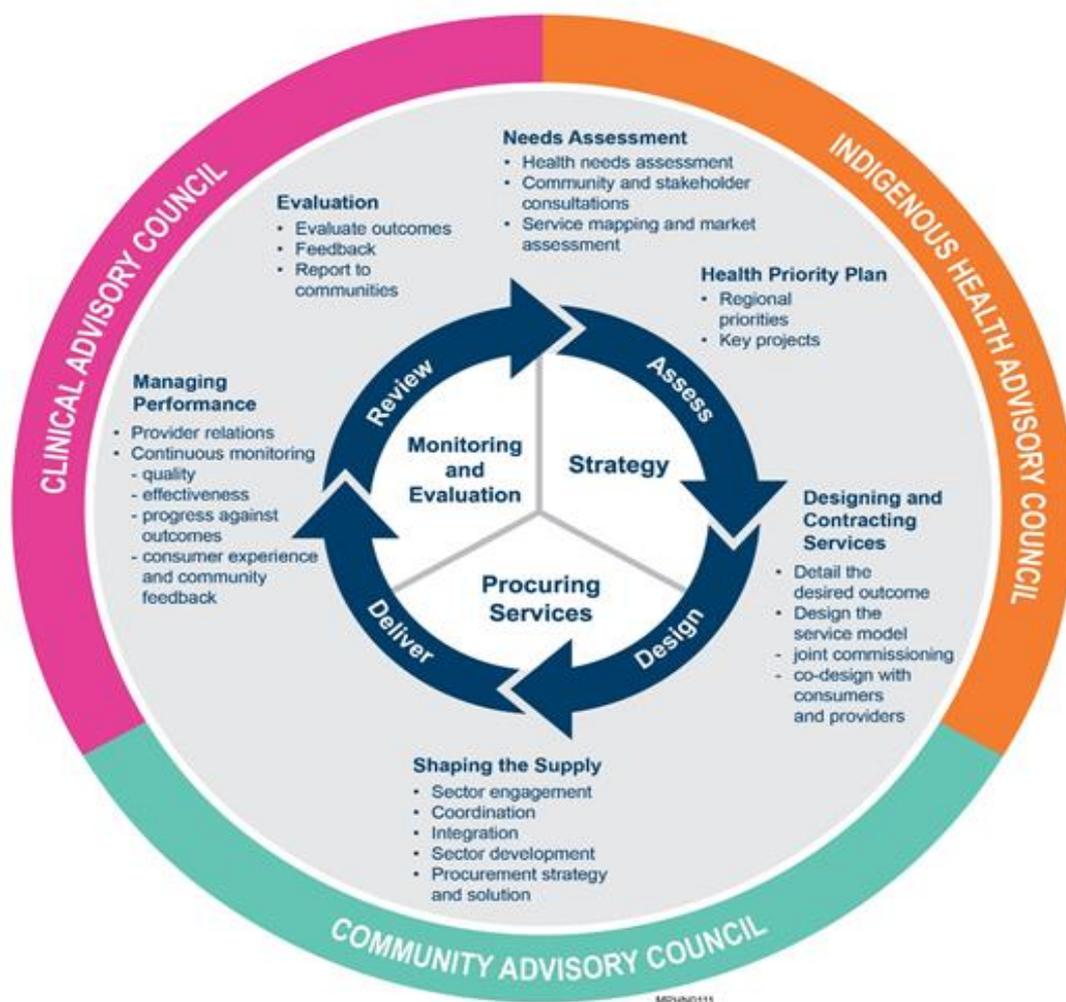
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Commissioning in practice

Put simply, commissioning is an ongoing process of planning, purchasing and monitoring services to meet the needs of the local population. It includes a range of activities to assess the needs of the population, to plan and prioritise services informed by market strengths and capacity, and to purchase those services and monitor the quality of the services being provided.

Commissioning is a real-time and perpetual change process, working collaboratively across health and community sectors to move local health systems towards more sustainable models of care, not only by procuring new or additional services but also by transforming, reorganising and modifying existing services.

Figure 2 Murray PHN Commissioning Framework



Strategy

Our evidence-base is built on data, market analysis and community input. We have developed the PHN Exchange to inform and share evidence. Drawing on a range of inputs, we will apply a combination of different approaches to gain a full picture of community and health system needs and priorities.

We have drawn from the World Health Organisation (WHO) Building Blocks in a Health Systems Framework to frame the systemic and multiple dimensions for effective health system planning and strategy development.

This, coupled with the Institute of Healthcare Innovation (IHI) Quadruple Aim and the Services for Australian Rural and Remote Health (SARRAH) has informed the Murray PHN Health Systems Framework that integrates the:

- six building blocks to health systems
- four improvement measures (quadruple aims)
- three tiers of model development (practitioner, practice and system).

These three items help to develop models of care, work with the market and to monitor change and the impact of our commissioning activity.

We know that complex health issues cannot be solved by the health sector alone. Collaboration across social and community sectors is important to build shared knowledge and to find ways to share resources to address regional and local priorities.



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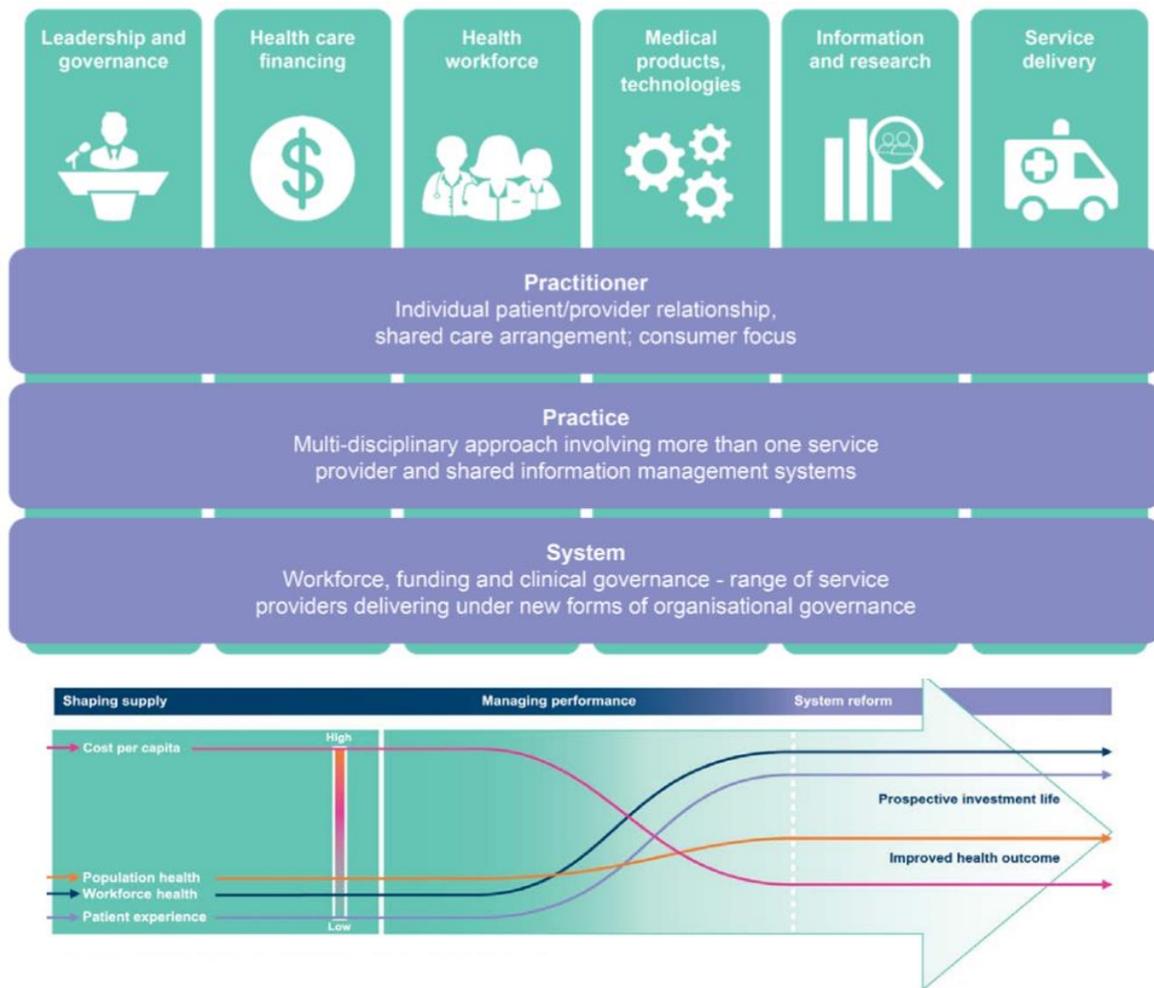
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Figure 3 Murray PHN Health Systems Framework



Underpinning our strategy is our recognition of the health inequity that exists with Australia's first peoples. Our strategy approach recognises the three priority reforms identified by the Coalition of Aboriginal and Torres Strait Islander Peak Organisations which focus upon:

1. Developing and strengthening structures to ensure the full involvement of Aboriginal and Torres Strait Islander peoples in shared decision making and embedding their ownership, responsibility and expertise;
2. Supporting the capacity of Aboriginal and Torres Strait Islander community-controlled services sector to deliver quality health care; and,
3. Supporting mainstream health services to progress systemic and structural change to improve access and quality of experience for Aboriginal and Torres Strait Islander people.

Procuring services

Central to the Murray PHN approach is that commissioning does not drive competition; it requires health services to work together, strengthening integration and coordination to provide a local system of care to the community, particularly for people living with complex and chronic conditions.

This is particularly relevant for rural communities, where your postcode should not influence your standard of care or health outcome. This principle underpins our approach to procurement.

Murray PHN is committed to open and transparent procurement that:

- places the needs and the experiences of the person and the community at the centre
- looks to build capacity of health workforce through integrated and networked approaches across health services
- enables dialogue to develop evidenced, locally relevant shared models of care to suit setting and local needs
- creates opportunity to develop locally-based solutions to achieve required outcomes
- reflects the responsible stewardship of public funds for demonstrable public benefit.

Designing and commissioning services is informed by an annual regional Needs Assessment and undertaken in collaboration with the market. We draw from clinical and community engagement mechanisms, including Advisory Councils, to inform service planning and appropriate models of care to address population health needs.

We recognise and apply a range of different procurement approaches to suit a range of different contexts and circumstances, some of which are summarised below.



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Figure 4 Some possible approaches to commissioning

Approach	When this approach might be appropriate
<i>Open tender</i>	This process generally requires service providers to address and demonstrate tender requirements in line with identified needs and project objectives.
<i>Partnerships</i>	Where there is a mutual objective and willingness to share risk and reward, we will partner with service providers and invest in joint projects.
<i>Collaborative dialogue</i>	Collaborative dialogue allows exploration of service models and responses to achieve health outcomes for target populations. In these instances, we look to broker collaborative dialogue between a cluster of health services in order to support integrated and coordinated responses.
<i>Direct approach</i>	This approach is applied where there is a clear and demonstrable capability for a service provider/s to meet the desired outcome. We will, for example, apply a direct approach with Aboriginal Community Controlled Organisations (ACCOs) where commissioned services is intended for Aboriginal and Torres Strait Islander people in their community.
<i>Co design</i>	Co-design is an approach for enabling the people who are closest to an issue to design original, innovative and self-determined solutions in response to that issue. It is informed by an understanding that people are creative, people are experts in their own lives and that our policy should be designed by people with relevant lived experience

Shaping the structure of supply recognises the importance of developing place-based systems of care. It requires an understanding of the breadth of current relationships between providers of health care and its relationship to broader social and community constructs. It examines relative strengths and gaps in the service system.

In practice, this means working collaboratively to understand opportunity and impact to providers and to also develop models of care that can extend beyond organisational and service boundaries.

In doing so, we aim to:

- build a coherent picture of demand and supply of services across a given area
- explore how networks of care work so that we can better understand individual pathways and where there is opportunity for greater coordination and integration to improve patient experience and system efficiency
- build relationships across health and social services and the wider sector; facilitating holistic, community-based solutions to complex problems
- clarify financing models across organisations and ensure that procurement processes and contracting arrangements align to improve value.



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Monitoring and review

Traditionally, monitoring primary health services has been based on activity data; that is, the number of treatment sessions provided to people. With the introduction of the Murray PHN Health Systems Framework, we introduced the quadruple aim to more comprehensively understand the impact of commissioned activity relative to:

- cost per capita
- population health
- workforce health
- patient experience

Figure 6 Murray PHN Quadruple Aim



As with all aspects of the Commissioning Framework, monitoring and review of commissioned activity is an ongoing and collaborative process with health services, reflecting a continuous process of evidence-based monitoring and improvement.

Clinical governance, risk management, patient access and experience are cornerstones of our ongoing monitoring and performance reporting.

Governance and accountability

Role	Responsibilities
<i>Murray PHN Board of Directors</i>	<ul style="list-style-type: none"> • Approve the Strategic Plan and forward operational budgets to address priorities and strategies • Approve commissioning intent and procurement approaches in accordance to the Instrument of Delegation • Take into account and provide feedback to Advisory Councils about health care issues, opportunities and matters of advocacy • Approve key organisational planning frameworks including population health, clinical governance, stakeholder engagement and enterprise-wide risk
<i>Clinical, Community and Aboriginal Advisory Councils</i>	<ul style="list-style-type: none"> • Provide Indigenous, clinical and community perspective to local area needs, priorities and health system gaps and opportunities • Inform models of care and commissioning priorities by facilitating input, community and workforce experiences and strengths from clinical, community and Indigenous networks • Support and enable effective engagement
<i>Murray PHN CEO and Executive Team</i>	<ul style="list-style-type: none"> • Report to the community, the Board and funders the scope and impact of commissioned activity relative to health system needs, local area priorities and improved health equity for under serviced populations across the Murray PHN catchment • Develop and execute annual business plans and Needs Assessment in accordance with the approved Strategic Plan • Design and execute commissioning strategy and procurement plans approved by the Board • Monitor and evaluate the efficacy of commissioned services and investment relative to priorities and under-served populations • Facilitate and broker partnerships and collaborative opportunities with services, sectors and government in line with shared purpose



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Role	Responsibilities
	<ul style="list-style-type: none"> • Use evidence-based research to develop innovative models of care in line with service system characteristics and local needs • Lead staff capability building, knowledge and resource management and change management • Lead organisational change and development in line with organisational values of: leadership, collaboration, innovation, knowledge and accountability
<i>Murray PHN staff</i>	<ul style="list-style-type: none"> • Support and strengthen partnerships with health services through a relational commissioning approach • Surface and contribute local evidence about experiences, capacity and needs to organisational commissioning processes • Manage and execute projects and commissioning activity in line with intended purpose and account for its performance in line with organisational Instrument of Delegation • Practice and model organisational change and development in line with organisational values of leadership, collaboration, innovation, knowledge and accountability

Related documents

Focus	Title	Status
<i>People & Partnership</i>	Stakeholder Engagement Framework	In development
<i>Performance</i>	Performance & Reporting Framework	Endorsed
<i>Quality & Safety</i>	Clinical Governance Framework	Endorsed
<i>Risk</i>	Enterprise Wide Risk Framework	Endorsed
<i>Population Health</i>	Population Health Planning Framework	Endorsed
<i>Governance</i>	Governance & Accountability Framework	Endorsed
<i>Internal Capacity</i>	Organisational Development Strategy	In development
<i>Procurement</i>	Procurement Policy	Endorsed



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