

# Brisbane North PHN Commissioning Framework



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## Purpose

Brisbane North PHN is one of 31 independent organisations funded by the Australian Government to commission programs and services to address the primary health needs of their communities, particularly those at risk of poor health outcomes. PHNs were established with the specific objectives of:

- increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes
- improving coordination of care to ensure patients receive the right care in the right place at the right time.

The Australian Government has articulated seven priority areas for PHNs – mental health, Aboriginal and Torres Strait Islander health, population health, health workforce, digital health, aged care and alcohol and other drugs<sup>1</sup>.

This Commissioning Framework articulates Brisbane North PHNs approach to commissioning. The purpose of this document is to guide consistent and best practice commissioning across the organisation, and to provide a way of communicating our approach to our communities and stakeholders.

## Scope

Commissioning is more than the procurement of services. It is a strategic, evidence-based approach to planning and purchasing services, in response to local priorities and needs.

*“Commissioning is a continual and iterative cycle involving the development and implementation of services based on planning, procurement, monitoring and evaluation. Commissioning describes a broad set of linked activities, including needs assessment, priority setting, service design and procurement through contracts, monitoring of service delivery, and review and evaluation.”*

PHN Planning in a Commissioning Environment – A Guide<sup>2</sup>

Commissioning is core business for PHNs and is guided by a national PHN Commissioning Framework.

## Commissioning cycle

Brisbane North PHN has adapted the [national commissioning framework](#). The cycle of activity (Figure 1) represents that commissioning is continuous and iterative, with each stage feeding into the next. This means that the approach is responsive to changing health and wellbeing needs and priorities. It also enables us to continuously improve what we do and means that we are always planning with overall outcomes in mind – for example considering how we will monitor and evaluate an initiative while we are in the planning phase. The cycle is divided into four key stages each with a distinct purpose. This cycle sets out our approach however, practically, it is often more complex with several activities occurring at the same time. The commissioning cycle is focused on delivering effective, efficient, and quality care for consumers in an environment of continuous improvement, innovation, and transformation of the health and community care systems.

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<sup>1</sup> <https://www1.health.gov.au/internet/main/publishing.nsf/Content/PHN-Background>

<sup>2</sup> <https://www1.health.gov.au/internet/main/publishing.nsf/Content/PHN%20Planning%20in%20a%20commissioning%20environment>

Figure 1: PHN Commissioning Cycle Framework

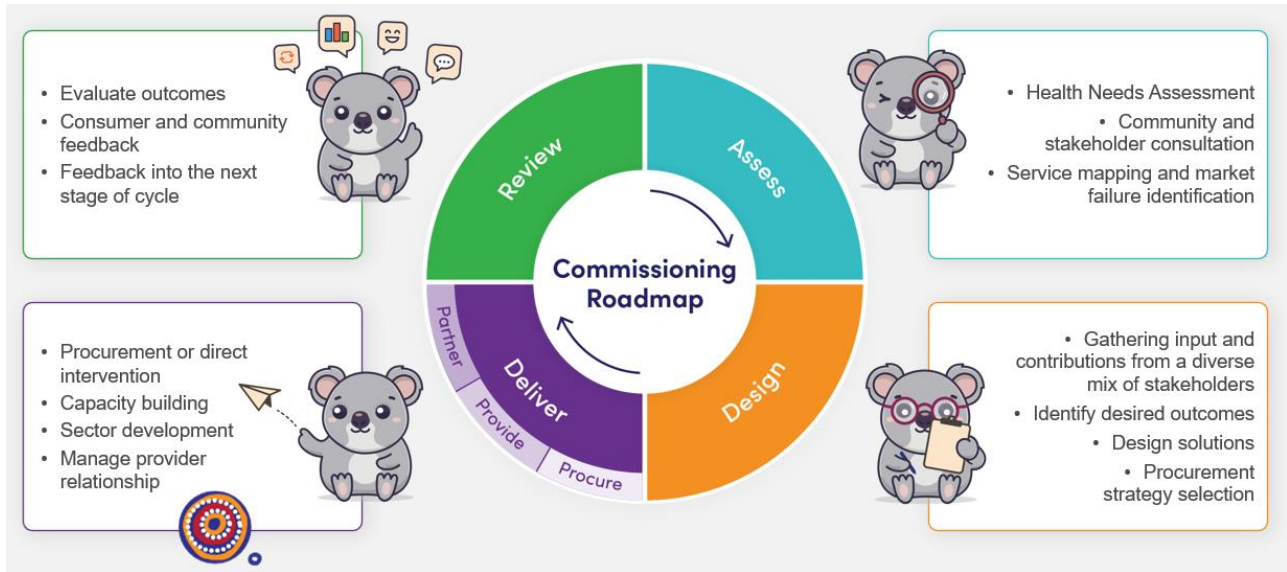


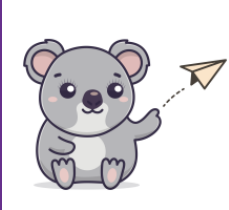



Table 1: Commissioning Cycle

Phase	Description
<b>Assess</b> 	<p>The first step in our cycle is <b>assess</b>: which is to determine the needs of the community through systematic consultation, data and market analysis. The analysis identifies both met and unmet health needs and service gaps to inform prioritisation and resource allocation. Consideration should also be given to alignment with Brisbane North PHN’s strategic plan and goals when interpreting and prioritising key needs.</p> <p>Brisbane North PHN does this through undertaking a joint regional Needs Assessment (JRNA) with Metro North Health every three years. This analysis considers a range of qualitative and quantitative data obtained through consultation processes, service mapping and information triangulation, and prioritisation. This process sheds light on the resources available and helps inform an evidence-based strategy for allocation to address the service gaps and inequities. It may include engagement activities such as conducting surveys or focus groups with key stakeholders to understand the needs of our region.</p>
<b>Design</b> 	<p>The second step in our cycle is <b>Design</b>: relates to the process of planning how best to respond to the needs prioritised. It ensures outcomes and interventions are clearly defined and appropriate in order to meet health and wellbeing outcomes and needs. It also leverages opportunities for partnerships with stakeholders to enhance integration and reduce duplication of services.</p> <p>It may involve co-design, which brings a range of stakeholders together as a mechanism for better informing and supporting commissioning and therefore improving services. It does this by harnessing a range of views, ideas, and experiences, and gathering input from all relevant stakeholders - whether they are service providers, service users, clinical experts, or people with lived experience. Planning, designing, and producing services with people that have experience of the problem or service means the final solution is more likely to be appropriate and effective.</p> <p>Co-design can occur at any stage within the commissioning cycle through consultation with key stakeholders however it an essential phase at the start of commissioning to ensure we identify outputs, outcomes and activities that will</p>



Phase	Description
	<p>drive procurement processes and ongoing monitoring/evaluation. This information will also help inform the decision-making process on the method of delivery.</p> <p>In some instances, other forms of engagement may be more appropriate than co-design e.g. consult. This may occur if there was a directive from the funder and therefore limited opportunities to influence the delivery model or limited time frames which impeded being able to undertake co-design. The engagement at this phase should consider the goals of engagement to best determine the level and type of engagement conducted. For further guidance please refer to the Brisbane North PHN's Engagement and Partnering Framework.</p>
<p data-bbox="165 495 256 521"><b>Deliver</b></p> 	<p>The third stage in the cycle is <b>Deliver</b>: involves making services that meet the identified needs, available to people in our region. After ensuring that the program aligns with Departmental and PHN guidelines and strategies and establishing outputs, outcomes and activities you can now decide the appropriate method of service delivery.</p> <p>There are three options for delivery of a program that will need to be carefully considered in regard to what is most efficient, effective and will achieve the best outcomes for our region and organisation (in context of the specific service and associated need):</p> <ol style="list-style-type: none"> <li>1. <b>Procure</b> – this is our most common option for delivery. Going out to market to obtain services from a chosen service provider under an agreed contract to deliver to the community and address the needs identified.</li> <li>2. <b>Partner</b> – Drawing on the different skills and expertise of stakeholders to intentionally deliver services to the community together. Whilst we may still procure the service, we partner with the provider in co-creating shared purpose and accountability. A key characteristic of partnering is interdependence where organisations acknowledge that the success of the work they do is reliant on the actions of other organisations. This means partnerships are usually long term and participating partners need to be able to see enough mutual and long-term gains to offset time investment and sharing power. Further understanding of the key attributes of partnering can be found in the Brisbane North PHN's Engagement and Partnering Framework.</li> <li>3. <b>Provide</b> – In this scenario we as an organisation provide the service to address the needs identified/service gaps. This is usually only a method we use if the circumstances are unique for the needs being addressed or there is market failure. For example when one provider dominates the market due extremely high fixed costs this could lead to reduced choice for consumers, a lack of services in certain areas or high costs to access services leading to inefficiency.</li> </ol> <p>There are a range of decisions and questions that need to be asked before going down any certain path of delivery, but all need to be in line with Departmental funding guidelines and activity planning approval processes. Further guidance can be found in the Brisbane North PHN's commissioning roadmap.</p>

Phase	Description
<p data-bbox="165 147 260 174"><b>Review</b></p> 	<p data-bbox="443 147 1433 241">The last stage of our commissioning cycle is <b>review</b>: understanding the value of the services we have provided including the performance of our contractors and the functioning of our partnerships.</p> <p data-bbox="443 271 1433 546">The commissioning cycle is not a rigid process, and any phase can be discussed and progressed at any stage depending on the program requirements. Reviewing does not need occur only at the end of the cycle and can be considered throughout. For example, considering key performance indicators and how these will be measured, ensuring outputs and outcomes are discussed and including these as per departmental requirements within the contract with providers can occur at the start of procurement. Alternatively, we may also engagement with commissioned service providers and other key stakeholders to identify strengths or opportunities for improvement during delivery.</p> <p data-bbox="443 575 1433 633">Reviewing should consider the Brisbane North PHN's internal performance framework which is based on the quintuple aim.</p>

## Commissioning Guiding Principles

The following commissioning principles have been developed in consultation with the Australian Government, and have been jointly endorsed by all Queensland PHNs.

1. **Understand the needs of the community** by analysing data, engaging and consulting with consumers, clinicians, carers and providers, peak bodies, community organisations and funders.
2. **Engage with potential service providers well in advance** of commissioning new services.
3. Putting **outcomes for users** at the heart of the strategic planning process.
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 failure and gaps and encourage diversity in the market.
6. **Design/Co-design solutions**; engage with stakeholders, including consumer representatives, peak bodies, community organisations, potential providers and other funders, to develop evidence-based and outcome-focused solutions.
7. **Consider investing in the capacity of providers and consumers**, particularly in relation to hard-to-reach groups.
8. **Ensure procurement and contracting processes are transparent and fair**, facilitating the involvement of the broadest range of suppliers, including alternative arrangements such as consortia building where appropriate.
9. **Manage through relationships**; work in partnership, building connections at multiple levels of partner organisations and facilitate links between stakeholders.
10. **Develop environments high in trust** through collaborative governance, shared decision-making and collective performance management.
11. **Ensure efficiency, value for money, and service enhancement.**
12. **Monitor and evaluate** through regular performance reports; consumer, clinician, community and provider feedback and independent evaluation.

## Commissioning for Priority populations

Brisbane North PHN's commissioning standards hold service providers to the expectation that services will be delivered in a culturally inclusive manner to people from all backgrounds and offer a culturally safe environment.

We commit to working closely with priority populations in all parts of the commissioning process, to ensure that programs and services best meet the needs of our community as a whole. This will include, but is not limited to Aboriginal and Torres Strait Islander peoples, people from Culturally and Linguistically Diverse (CALD) backgrounds, and people who identify with Lesbian, Gay, Bisexual, Transgender, Intersex and Queer (LGBTIQA+) communities.

### Aboriginal and Torres Strait Islander Peoples

Brisbane North PHN acknowledges the disconnection of Aboriginal and Torres Strait Islander peoples to Land, culture and community in the region. We acknowledge our shared responsibility to care for and protect our place and people, through Brisbane North PHN's commitment to Reconciliation, we are working to Close the Gap in health outcomes and contribute to a more positive future.

Brisbane North PHN's approach to culturally competent and appropriate commissioning is underpinned by the Primary Health Networks (PHNs) and Aboriginal Community Controlled Health Organisations (ACCHOS) - [Guiding Principles](#). On top of these guiding principles, Brisbane North PHN conducts best practice using following the pillars from Reconciliation Australia to engage and partner with First Nations peoples:

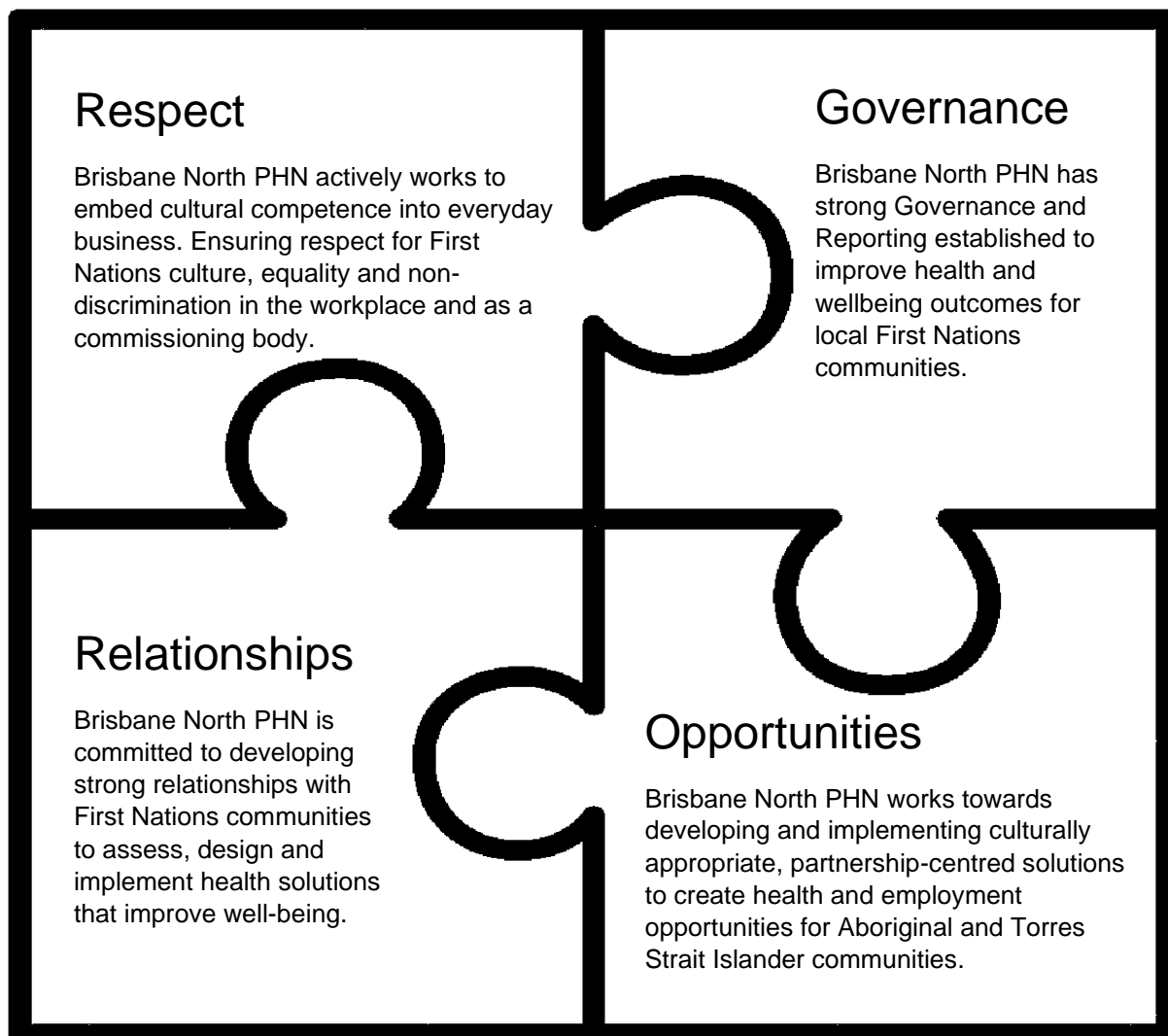
- **Respect:** Brisbane North PHN actively works to embed cultural competence into everyday business. Ensuring respect for First Nations culture, equality and non-discrimination in the workplace and as a commissioning body.
- **Governance:** Brisbane North PHN has strong governance and reporting established to improve health and wellbeing outcomes for local First Nations communities.
- **Relationships:** Brisbane North PHN is committed to developing strong relationships with First Nations communities to assess, design and implement health solutions that improve well-being.
- **Opportunities:** Brisbane North PHN works towards developing and implementing culturally appropriate, partnerships-centred solutions to create health and employment opportunities for Aboriginal and Torres Strait Islander communities.

We recognise the diversity of the region, and therefore the importance of gaining a deep understanding of local contexts and their unique needs and priorities. We are committed to embedding co-design activities with First Nations communities throughout the commissioning process, from needs assessment to the evaluation of programs to ensure services continue to meet the needs of the community.





Figure 2: Commissioning for Aboriginal and Torres Strait Islander Peoples



In commissioning programs and services for Aboriginal and Torres Strait Islander peoples, Brisbane North PHN is also guided by other commitments:

- The **Statement of Intent** between the Institute for Urban Indigenous Health<sup>3</sup>, the Aboriginal and Torres Strait Islander Community Health Service Brisbane Limited<sup>4</sup>, Metro North Hospital and Health Service<sup>5</sup> and the Brisbane North PHN, which articulates our collective commitment to working together to achieve equality in health status and life expectancy between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians; and
- The **Memorandum of Understanding** between the Queensland Aboriginal and Islander Health Council (QAIHC) and the Queensland PHNs which articulates how the parties will work together to improve health outcomes for Aboriginal and Torres Strait Islander peoples in Queensland.

## People from Culturally and Linguistically Diverse Backgrounds

In commissioning programs and services for people from culturally and linguistically backgrounds, Brisbane North PHN seeks to establish strong relationships and work with a range of culturally appropriate organisations that support the delivery of services to people from CALD backgrounds. This may include but is not limited to the Ethnic Communities Council of Queensland<sup>6</sup>, Multicultural Australia<sup>7</sup> and Queensland Program of Assistance to Survivors of Torture and Trauma<sup>8</sup>.

## People who Identify with LGBTIQ+ Communities

In commissioning programs and services for people who identify with LGBTIQ+ communities, Brisbane North PHN will work with a range of appropriate organisations that support the delivery of services to people who identify with as LGBTIQ+. This may include but is not limited to the Queensland Council for LGBTI Health<sup>9</sup> and the National LGBTI Health Alliance<sup>10</sup>.

## People experiencing or at risk of homelessness

Brisbane North PHN is commissioning an updated needs assessment for primary health care access for people experiencing homelessness and those at risk of homelessness in the region. This cohort has particularly complex physical and mental clinical conditions that require assessment, management (including medications) and service coordination from experienced practitioners. This updated health needs assessment will provide valuable insight on the gaps in service provision for people affected by cost-of-living pressures and the impact of the changes in access to free health care.

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<sup>3</sup> <https://www.iuih.org.au/>

<sup>4</sup> <https://atsichsbrisbane.org.au/>

<sup>5</sup> <https://metronorth.health.qld.gov.au/>

<sup>6</sup> <http://eccq.com.au/>

<sup>7</sup> <https://www.multiculturalaustralia.org.au/>

<sup>8</sup> <https://qpastt.org.au/>

<sup>9</sup> <https://quac.org.au/>

<sup>10</sup> <https://www.lgbtihealth.org.au/>





## What you can expect

Table 2: What you can expect by stakeholder

Providers	<p>The PHN will:</p> <ul style="list-style-type: none"><li>• work with you openly and honestly in a spirit of partnership</li><li>• engage with you as early as possible about the commissioning of new services</li><li>• develop an understanding of providers and the contributions they can make to delivering the desired outcomes</li><li>• share population health and performance data with you</li><li>• consider investing in capacity building and sector development</li><li>• develop close relationships with you, to the greatest extent possible</li><li>• engage with you or your peak body, to design outcome-focused solutions</li><li>• ensure procurement and contracting processes are transparent and fair</li><li>• seek your feedback and input when evaluating services.</li></ul>
Health Consumers	<p>The PHN will:</p> <ul style="list-style-type: none"><li>• engage with you or your representatives to understand your needs and the needs of your community</li><li>• put better health outcomes for you and your community at the centre of its planning</li><li>• share population health and performance data with you</li><li>• consider investing in capacity of consumers</li><li>• engage with you or your representatives, to design outcome-focused solutions</li><li>• seek your feedback and input when evaluating services.</li></ul>
Funders	<p>The PHN will:</p> <ul style="list-style-type: none"><li>• allocate resources to areas and populations of highest need</li><li>• direct funds to health and community care interventions</li><li>• ensure value for money</li><li>• provide you with open and transparent reports</li><li>• establish and maintain productive relationships with service providers, consumers, carers, community organisations and other stakeholders</li><li>• implement a contestable approach to procurement of interventions</li><li>• increase the capacity of the health and community care systems, including providers and consumers</li><li>• adopt a whole of system approach across multiple jurisdictions and levels of government.</li></ul>