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NORTHERN QUEENSLAND
An Australian Government Initiative

Northern Queensland PHN

Commissioning Framework

Northern Queensland Primary Health Network acknowledges the Aboriginal and Torres Strait Islander peoples as Australia's First Nation Peoples and the Traditional Custodians of this land.

We respect their continued cultural and spiritual connection to country, waters, kin, and community.

We also pay our respect to their Elders past, present, and emerging as the custodians of knowledge and lore.

We are committed to making a valued contribution to the well-being of all Aboriginal and Torres Strait Islander peoples of North Queensland.

Contents

1. Purpose

This Commissioning Framework articulates Northern Queensland Primary Health Network's (NQPHN) 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.

The framework will continue to be refined and updated as our commissioning experience grows, and as our approach develops. The Commissioning Framework is part of a wider range of resources that support and guide NQPHN's practices as a commissioner.

The objectives of this framework are to:

- ensure all stakeholders understand our approach to commissioning primary health services and programs across Northern Queensland
- guide the implementation of consistent and good practice commissioning activities across our organisation
- ensure all services and programs that we commission are consistent with our values and our guiding principles.

2. Framework Scope

As a commissioner, NQPHN has an important role to play as a leader in the healthcare system in the Northern Queensland region. This means working closely with our partners in the system to drive meaningful changes and shape a service system that is well positioned to meet the changing needs of the people and communities across our region.

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

- A method and process: a continual and iterative cycle involving the development and implementation of services based on needs assessment, planning, co-design, procurement, monitoring and evaluation.
- A mindset: an emphasis on outcomes, consumer centricity, relationship development, strategic investment, innovation, and a population-based approach.
- Enabled by collaboration between networks of providers and health intelligence to guide investment and monitor effectiveness.

For Primary Health Networks (PHNs), commissioning also involves:

- Understanding the needs of the local population.
- Prioritising and planning services to meet those needs.
- Working closely with stakeholders, service providers, and communities from design, funding, and delivery to ensure needs are met.
- Purchasing or procuring new services to address gaps and achieve value for money.
- Monitoring and evaluating the effectiveness of those services to learn and improve, ensuring resources can be invested to maximise impact.

The table below sets out each component of the framework and its purpose. Each component is required to have supporting policy and procedural documentation prepared in accordance with the Policy Governance Framework.

Framework component	Purpose	Document reference/s
Commissioning Cycle and Guiding Principles	NQPHN has adapted the model of the 'commissioning cycle' as recommended by the Australian Government[1]. It represents that commissioning is continuous and iterative. The commissioning principles underpin NQPHN's commissioning approach. They are consistent with and support our overarching organisational vision, values and strategic goals. They need to be considered for all phases of commissioning and are embedded into various commissioning policies and procedures.	Commissioning and Approvals Policy Procurement Policy
The Quintuple Aim	The Quintuple Aim is an update to the globally developed and recognised quadruple aim that provides a population health framework used by commissioners to support the design and delivery of programs.	Health Outcomes Policy
Commissioning for First Nations	NQPHN is dedicated to supporting the health, healing, and wellbeing of First Nations people and to closing the gap in health outcomes between non-Indigenous and First Nations people.	First Nations Engagement Policy
Commissioning Enablers	There are a number of enablers that underpin the commissioning approach, including co-design, purposeful engagement, and governance	Codesign Policy Contract Management Policy

3. Terms and definitions

Term	Definition
Board	The NQPHN Board of Directors.
Framework	A framework incorporates the policies, procedures, work instructions and/or guidelines used to create consistency and repeatability in business operations supporting good governance. A framework document is a simplified description of a complex business unit or process.
Governance	The corporate governance of NQPHN, including Board composition, structure of sub-committees, conflicts of interest, risk management, and policies. This includes governance functions such as the planning, scoping, resourcing, monitoring, and growth of the business as well as legislation, regulations, standards, codes of practice, and contractual requirements.
Guidelines	Advisory and explanatory statements offering detail, context, and/or recommendations for good practice.
Policy	A statement of the mandatory principles guiding NQPHN's operations and significant decision-making.
Procedure	Statements of NQPHN's mandatory prescribed processes, practice, and/or actions, which give effect to a policy.
Staff	A person carrying out work in any capacity for a person conducting a business or undertaking, including as an employee, contractor, sub-contractor, employee of a contractor, sub-contractor or labour hire company, or any person in a volunteer or training/work experience capacity. Are people who carry out work in any capacity for NQPHN including work such as employees, contractors, or subcontractors, an employee of a labour hire company who has been assigned to work at NQPHN, an apprentice, trainee, a student gaining work experience, or a volunteer.
Standard	Statements of NQPHN's mandatory prescribed specifications as to the qualities of a product, service, system, infrastructure, or other resource which give effect to a policy.

4. Framework

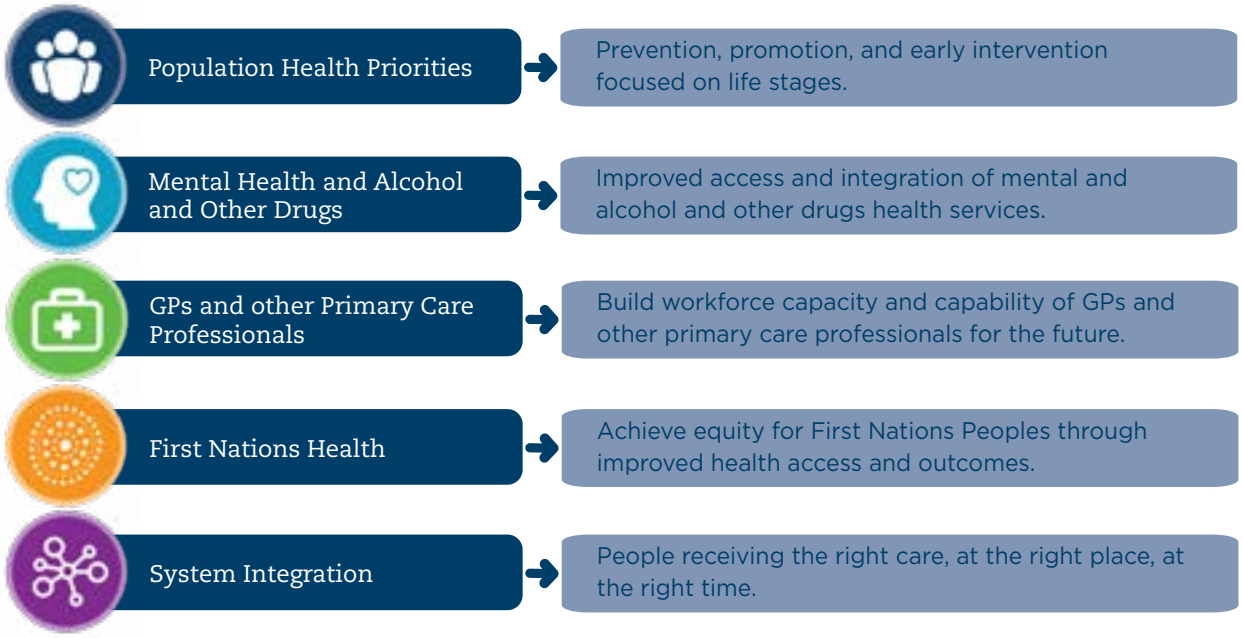
4.1 NQPHN Strategic Framework

NQPHN's vision is that northern Queenslanders live happier, healthier, longer lives. This means NQPHN has an important role in leading the development, with partners, to integrate and coordinate the primary healthcare system to help ensure North Queensland communities receive the right care, in the right place, at the right time.

As an organisation, our work is guided by five strategic goals. The Commissioning Framework has been designed in alignment with these overarching goals in mind.

Progress towards achieving our goals is supported and enabled by:

- purposeful engagement
- partnerships and collaboration
- building capacity and capability
- innovation for outcomes
- embracing technology enabled care
- strategic and transparent commissioning.



4.2 National priorities established by the Commonwealth

NQPHN responds to the health needs of its region while being guided by the priority areas for targeted work and national priorities, as decided by the Australian Government. These are:

- Mental Health.
- First Nations Health.
- Population Health.
- Workforce.
- Digital Health.
- Aged Care.
- Alcohol and Other Drugs.

4.3 Collaboration with the broader health system

Through our work, NQPHN is committed to improving health outcomes for all residents by supporting, investing in, and working collaboratively with local Hospital and Health Services, the primary healthcare sector, local governments, other health organisations, and the wider community.

4.4 A focus on health and wellbeing

We recognise the many social, economic, and environmental factors that contribute to health outcomes for communities and individuals and are focused on preventative approaches to health, including immunisation and health screening, promoting better nutrition and staying active, and reducing the impact of alcohol, smoking, and other drugs on health and wellbeing.

5. The NQPHN region

The NQPHN region covers a land area of 510,000km^2 and services a population of 707,887. It includes four Hospital and Health Services (HHSs), nine Aboriginal Medical Services (AMSs), and 31 Local Government 9 Areas (LGAs).

The region extends from Moranbah in the south, up to the Torres Strait in the north, and west to Croydon and Kowanyama. The majority of our population is located within the regional centres of Cairns, Townsville, and Mackay, but a significant amount of people live outside of the cities in rural and remote areas, including Cape York Peninsula and the Torres Strait Islands. In addition to the large geography, there is significant diversity in the population in the region. This includes a high First Nations population across the region, as well as, Pacific Islander population in the Mackay region, defence and student population in Townsville, and an ageing population. Furthermore, the region also faces challenges with its climate, where weather conditions can limit travel across the region, and therefore, the local workforce.

A snapshot of the NQPHN region

As of June 2021.

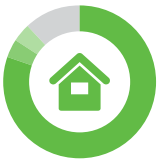
Estimated population
707,887
As of 30 June 2020.

↗ **30%** estimated increase from 2016 to 2041.

Projected population from 2016 to 2041
692,832 → 933,709

67,752 **(10.1%)** of these residents identify as Aboriginal and/or Torres Strait Islander.

21 out of **31**
LGAs have people living in very remote areas.



80.3% of our population live in **'outer regional Australia'**

4% of our population live in **'remote' areas**

3.8% of our population live in **'very remote' areas**

26.6%
in the most disadvantaged quintile of the Index of Relative Socio-Economic Disadvantage.

27.3%
% of total personal income less than $20,800 per year.

53.0%
% completed year 11 or 12 education.

Aged 18+, life time risky drinking. **27.1%**

Daily smokers. **13.8%**

Overweight and obese. **61.6%**

People who do sufficient physical activity at least five days a week. **60.7%**

People eating sufficient vegetables. **8.5%**

People eating sufficient fruits. **52.8%**

6. Commissioning guiding principles

The following principles underpin NQPHN's commissioning approach. They are consistent with and support our overarching organisational vision, values, and strategic goals.

Through our commissioning approach, NQPHN will:

1	Encourage innovative and evidence-based approaches to deliver on the outcomes that are important to our consumers and communities
2	Work closely with our partners to enhance the integration of our service system, reduce duplication and fill service gaps
3	Deliver high value care that uses resources efficiently while achieving optimal outcomes for each consumer
4	Collaborate with our communities, people with lived experience of the health system, stakeholders, partners and providers to co-design our commissioning activities
5	Invest in our providers to build the capacity and capability of our market, and to support the development of the local workforce and local skills
6	Work closely with our providers to understand the impact our interventions are having, share successes, and learn from and continuously improve how we work together
7	Ensure commissioning and procurement decisions are fair, accountable and transparent
8	Have a lasting impact on our region, consumers, communities and providers by building the sustainability of the service system
9	Undertake respectful, meaningful and purposeful engagement with First Nations stakeholders by striving for cultural safety and no harm, building trust, and maintaining transparency, equity and accountability

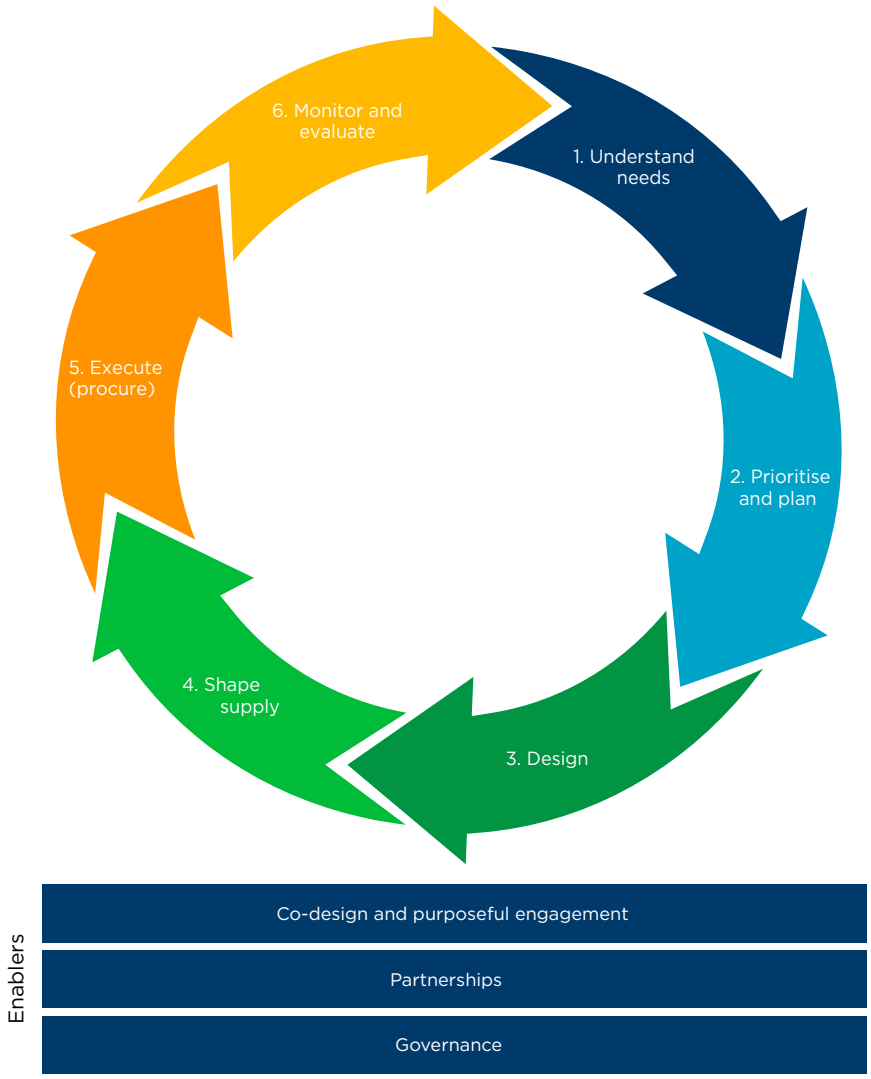
The Quintuple Aim

The Quintuple Aim is an update to the globally developed and recognised quadruple aim that provides a population health framework used by commissioners to support the design and delivery of programs. It provides guidance in making decisions and prioritising solutions that deliver outcomes for the range of stakeholders involved in the health system. As our commissioning approach increasingly focuses on outcomes, we will consider the four original elements – population health, consumer experience, value for money, provider experience – with a view to improving health equity the fifth and recently added element.

Population health	Consumer experience	Provider experience	Value for money	Health Equity
» Improve health outcomes » Ensure equitable access to services » Deliver quality health and care » Reduce the burden of disease	» Reduce waiting times for services » Improve access to services » Meet consumer and carer needs » Focus on the consumer experience of the service	» Increase clinician and staff satisfaction » Promote teamwork and integrated care » Promote leadership in best practice » Promote a culture of continuous quality improvement	» Improve the cost effectiveness of service delivery » Reduce potentially preventable hospitalisations » Rationalise the ratio of primary and acute care funding » increase efficiency in service delivery	» Identify disparities » Design & implementing evidence-based interventions » Investing in equity measurement » Incentivising achievement of equity

7. Overview of the NQPHN Commissioning Cycle

NQPHN has adapted the model of the 'commissioning cycle' as recommended by the Australian Government[2]. The cycle of activity 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 the 'end in mind' – for example considering how we will monitor and evaluate an initiative while we are in the planning stages. The cycle is broken down into six core stages, each with a distinct purpose. At all stages, consultation and co-design with stakeholders and effective governance are critical to ensuring an end result that reflects the outcomes that matter to consumers and communities.



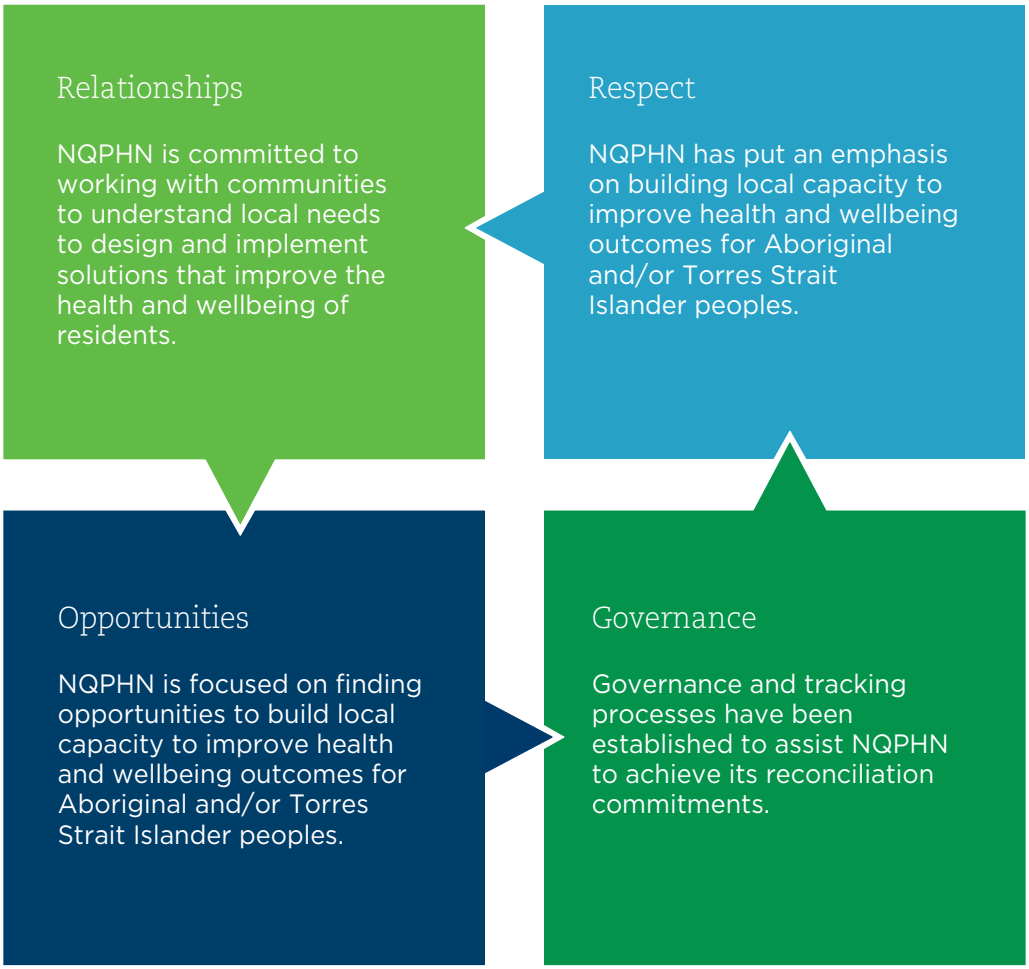
This model sets out our approach however, practically, it is often more complex with several activities occurring at the same time. The commissioning cycle is focused on delivering effective, efficient, and quality care for consumers in an environment of continuous improvement, innovation, and transformation of the primary health care system.

Further detail on the stages of the commissioning cycle is provided in Section 1 of this document.

8. Commissioning in a First Nations context

NQPHN is dedicated to supporting the health, healing, and wellbeing of First Nations people and to closing the gap in health outcomes between non-Indigenous and First Nations people. Underpinning our approach to commissioning, is our Reflect Reconciliation Action Plan (RAP) which outlines our strong commitment to improving the health and wellbeing of Aboriginal and Torres Strait Islander peoples within North Queensland. The RAP seeks to build a culturally-aware workforce, improve upon appropriate practices, and strengthen relationships with Aboriginal and Torres Strait Islander peoples and communities.

More recently, we launched our Innovate RAP in 2020 which strongly advanced the organisation's commitment to working with local First Nations communities to close the gap in health inequalities. There are four main areas we have focused on during the Innovate phase of our reconciliation journey which will inform our approach to commissioning:

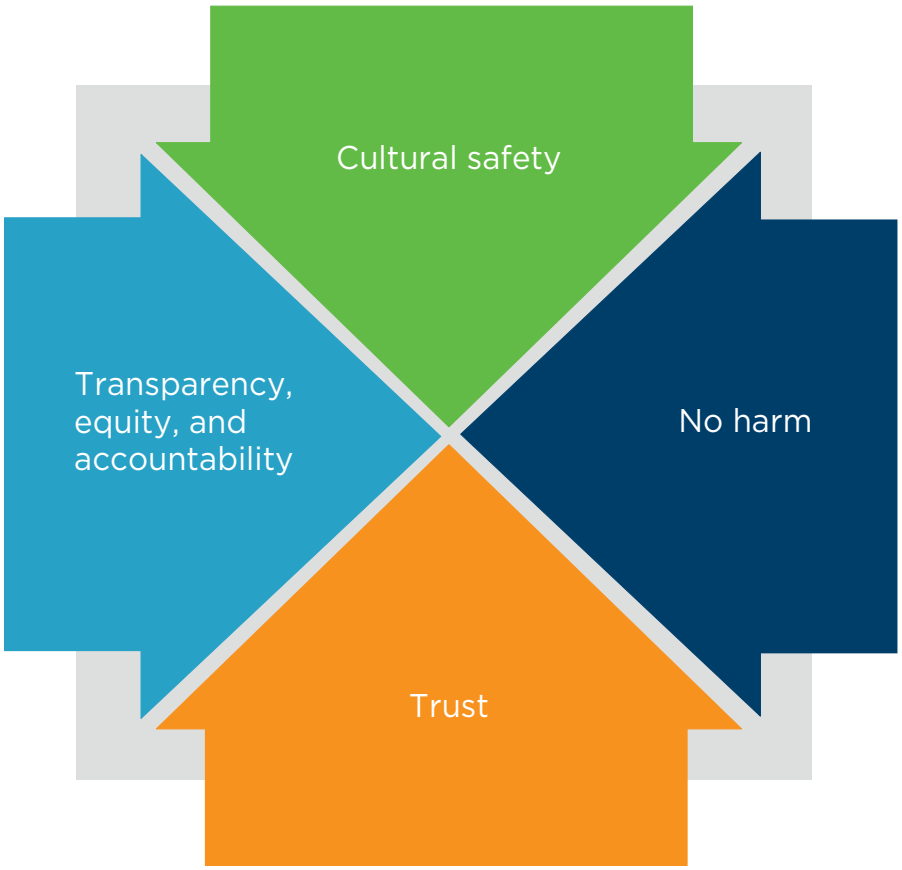


9. Working with First Nations service providers

NQPHN is committed to working in partnership with First Nations service providers, particularly Aboriginal Community Controlled Health Organisations (ACCHOs). We are guided by the principle of self-determination whereby ACCHOs are given prioritisation in Aboriginal and Torres Strait Islander health service delivery where possible and appropriate. We seek to co-design services with providers to ensure they are both realistic to deliver and maximise impact on health and wellbeing outcomes for First Nations communities. NQPHN recognises First Nations service providers may require support to build their capacity and are committed to working providers to further develop and enhance the market, including fostering collaboration and partnerships with providers where appropriate. We will also be adaptive in our procurement arrangements and will consider the specific program needs and market insights, including the size and maturity of the market, to ensure the most appropriate procurement approach is undertaken.

9.1 Engaging with First Nations communities

NQPHN is focused on building relationships with First Nations communities and therefore seeks to undertake respectful, meaningful and purposeful engagement with First Nations stakeholders. 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. All engagement with First Nations communities will be guided by the following principles:



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10. Commissioning stages and activities

Further detail on the stages of our commissioning cycle has been provided below, noting that NQPHN's approach is flexible, and the commissioning activities completed will depend on the circumstances.

10.1 Understand needs

Purpose

Identifying met and unmet health needs allows commissioners to make informed prioritisation and resource allocation decisions. Ultimately, this will lead to improved consumer and population outcomes. The Health Needs Assessment (HNA) is how we identify the health needs of the Northern Queensland population. It takes into account demographic, population health and service data, and local priorities. The findings inform development of responses to address prioritised health needs and strengthen our primary health system.

Commitments

- Use a variety of mechanisms to gather health insights, including both quantitative and qualitative information.
- Consider the range of social determinants of health within our assessment, particularly for First Nations communities.
- Collaborate with partners to build health intelligence.
- Where possible, consumer and key stakeholders will be consulted to validate findings from the health needs assessment.
- Maintain an open and transparent needs assessment process, with oversight and a clear conflict of interest policy in place.

Activities

This stage involves undertaking a systematic approach to assess population health and wellbeing needs. Our approach to needs assessment draws upon a range of data including:

- Consultation with a range of stakeholders including the community, clinicians and providers, partners, First Nations stakeholders, and social service sectors.
- National, regional and local quantitative and qualitative data sources.
- Workforce mapping.
- Service mapping.

The assessment incorporates the needs of consumers as well as the health workforce, as they are essential to the delivery of health services to consumers.

Data and information collected will then be synthesised and analysed to identify health for NQPHN. The findings will be outlined in the HNA report which will be available in a form that is readily digestible and accessible to internal and external stakeholders.

10.2 Prioritise and plan

Purpose

Following the identification of population health and wellbeing needs, this stage confirms which health priorities and population cohorts are in-scope and develops a plan for the remainder of the commissioning process. This stage is critical to ensure health resources are allocated in a focused way and deliver value for money.

Commitments

- Collaborate with a range of stakeholders including, consumers, communities, clinicians and First Nations stakeholders through co-design to prioritise needs and develop solutions.
- Consider the diversity across our region and therefore different levels of needs in different sub-regions in prioritising health needs and target cohorts.
- Communicate how identified needs have led to investment decisions that have improved health outcomes.
- Respect the rights of consumers to advocate for their needs to be addressed.

Activities

Prioritisation is driven by the needs assessment, in addition to other factors including cost, capacity and timing. Decision making around priorities and programs will consider a range of factors, including:

- Population needs and the potential of the program to increase the efficiency and effectiveness of health services.
- Potential of the program to improve equity of access, service integration, and coordination.
- Availability of funding, and the potential of the program to provide value for money.
- The commissioning landscape and broader sector reforms.
- NQPHN strategic objectives.
- Requirements under the PHN Performance and Quality Framework.
- National, Queensland, and regional priorities.
- Priorities of partner organisations.

Planning is then undertaken based on the in scope health priorities to develop a clear and detailed plan for commissioning. The plan should map the steps required for each initiative across the commissioning life cycle and include:

- Identified activities.
- Timelines against activities (including deadlines and time for review cycles).
- Assigned owners to each activity (this may be an individual or a team).
- Indicate the status of each activity (i.e. complete, in progress, overdue).

The plan must be easy to follow so that any organisation member who picks it up can follow the plan.

10.3 Design

Purpose

This stage assists commissioners to decide 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 enables opportunities for partnerships with stakeholders to enhance integration and reduce duplication of services.

Commitments

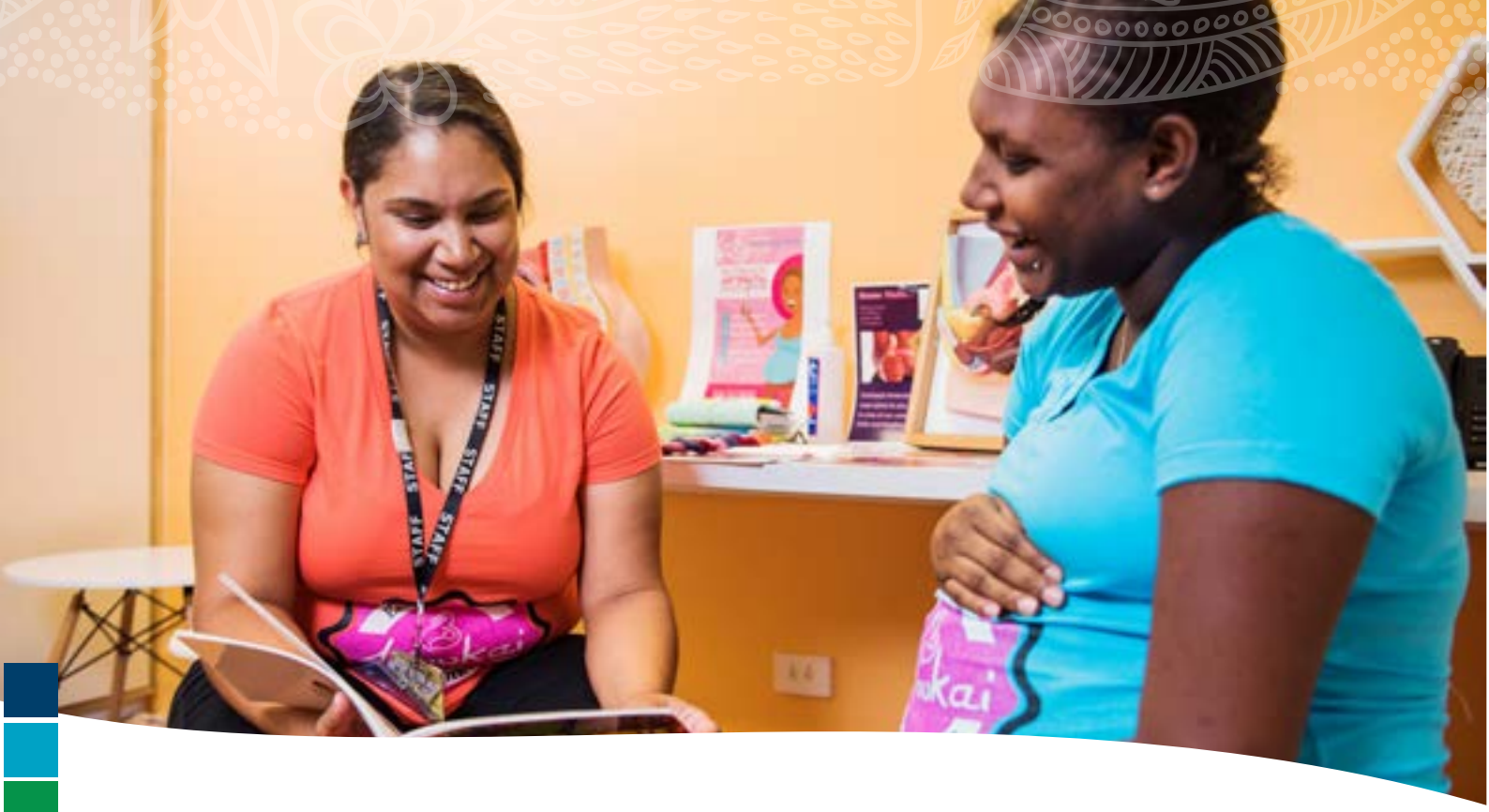
- Design solutions alongside our stakeholders, and in support of our principles around encouraging innovation, service integration, delivering high value care, building sector capacity, and creating a sustainable future.
- Undertake respectful and meaningful engagement with First Nations communities and providers to design culturally safe and appropriate services.
- Seek to identify new ways of doing things, piloting innovation, and designing new services.
- Recognise the significant diversity across the region and need to develop solutions and programs that are appropriate and relevant for the whole region.
- Partner with stakeholders who have deep local knowledge to ensure any planned services will be suitable for local people and communities.

Activities

The design stage may involve:

- Working with our stakeholders (including communities, people with lived experience, providers, First Nations stakeholders, and clinical experts) to co-design strategies or initiatives to address needs.
- Partnering with communities and other organisations where, with our support, they can be empowered to implement initiatives themselves.
- Working with partners to design integrated initiatives, including considering pooling investments to maximise our impacts.

Additionally, the development of program logic models aligned with our Health Outcomes Approach will be used to support program design. Our Health Outcomes document outlines a set of indicators and measures that can be used in the development of program logics at both the system of care and program level. All new programs will be defined by a program logic that includes outcome indicators for clients participating in the services or activities associated with the program. Our approach to developing a program logic has been illustrated below:



10.4 Shape supply

Purpose

Due to the large geography and workforce shortages across the region, some of our communities experience 'thin markets'. There are also many smaller service providers in the NQPHN region who may require support to build their capacity to operate successfully in a growing and maturing market. Shaping supply can:

- Ensure the market has the capacity and capability to respond to a procurement.
- Build service capacity to meet anticipated demand growth.
- Develop service provision for hard-to-serve groups.
- Encourage innovation.
- Encourage service integration.
- Reduce duplication through market segmentation.
- Resolve unwarranted variation in services and incentivise quality.
- Enhance competition to improve value for funders and consumers.

Commitments

- Support the growth of a thriving and sustainable market of providers in Northern Queensland.
- Work with the market to manage change, encourage innovation and ensure providers have or are able to develop the capacity and capability to meet the needs of the population.
- Welcome ideas and innovation from the market.
- Understand and consult with current and prospective providers to inform our decision making in relation to commissioning.

Activities

The stage involves assessing the capability and capacity of the market to deliver the intervention, as well as identifying market levers and opportunities for provider development. This may involve co-design, market analysis and sounding, and market shaping activities.

Market analysis and sounding activities may be undertaken to help us understand:

- Size, shape and composition of the market.
- Capabilities and capacity of providers to meet the needs of the population, including any gaps.
- Appetite and capacity of providers to adjust to new models of care and commissioning approaches.

Market shaping activities help ensure our market can be responsive to the changing needs of the population. These activities might include:

- Investing in developing the capacity and capability of providers.
- Encouraging providers to come together and collaborate, including providing opportunities to develop collaborative models and share good practice.
- Working with providers to identify service gaps and how they can be filled by the market.
- Supporting innovation in service delivery, and creating opportunities for providers to think differently.
- Encouraging providers to expand their services into new regions or areas.
- Facilitating new entrants to the market.
- Training providers to improve their tender writing abilities.

- Workforce development e.g. engaging with universities to support student placements.
- Workforce recruitment.

10.5 Execute

Purpose

At this stage, the designed solutions will be put into place. This may include coordinating a response across the system, or procuring services to meet identified needs. This stage aims to:

- Conduct a fit-for-purpose procurement process.
- Facilitate the achievement of consumer outcomes through securing services from a provider or providers that represent value for money.

Commitments

- Design procurement strategies that are fair, inclusive, evidence based, and which enable the market to demonstrate their value in meeting the needs of Northern Queenslanders.
- All procurement will be undertaken in a manner that ensures probity, accountability and transparency.
- Where appropriate and in the interest of integrated care, procurement arrangements will encourage alliances, consortia, or other partnership arrangements to drive collaborative behaviours between providers.

Activities

This stage implements the identified response, likely through procurement. It may involve:

- Planning the procurement strategy and preparation of an acquisition plan.
- Provider selection, including development of tender documentation, evaluation, and finalisation of contracts.
- Communicating selection outcomes to the market and other stakeholders.
- Contract management, including planning a contract management approach and implementation of a contract.

NQPHN uses a variety of procurement arrangements. In all cases, market analysis and insights will be used to select the most appropriate procurement strategy. Procurement approaches may include the following (table below).

The approach adopted will be determined with consideration of the specific needs of each program, the size and maturity of the provider market, and the opportunity for innovation and collaboration. Our procurement approaches are guided by our Procurement Policy.

Approach	Description and considerations
Competitive tender	» The commissioner defines the requirements and potential providers tender against those requirements. » Best suited where there are active providers in the market, and the service or activity is already well defined. » May be undertaken as an open tender, select tender or expression of interest.
Competitive dialogue	» The commissioner outlines the requirements and potential providers participate in dialogue to co-develop potential solutions. » Best suited where innovation is needed to co-develop a new solution, or where there is no established market for the service.
Most capable provider	» A single provider or consortium is identified as the only most capable provider. » Used where there is only one provider or consortium able to deliver the activity or service. » May be used where there is an urgent need for a service that only one provider can quickly fulfill.
Alliancing	» The commissioner undertakes market engagement and brings together the most capable providers to work together to co-develop a solution, potentially around a specified place. » Best suited where innovation and strong collaboration between providers is needed.
Market led	» The market provides an unsolicited proposal for consideration by the commissioner. » May be used where the market innovates and develops unique solutions.

10.6 Monitor and evaluate

Purpose

Monitoring and evaluation is key to knowing whether commissioned programs and services are improving health and wellbeing outcomes for Northern Queenslanders. In addition, this stage:

- Places mechanisms in place to collect and analyse performance data including outcomes.
- Understands the appropriateness, effectiveness and efficiency of a commissioning project or program in meeting consumer needs.
- Enables informed decision-making and improvement of provider performance (and wider system performance) using analytical insights.
- Supports decision making regarding future programs design and funding allocations.

Importantly, monitoring and evaluation also helps us to understand whether NQPHN is performing our role efficiently and effectively.

Commitments

- Work in close partnership with our providers, as opposed to monitoring and managing contracts from a distance.
- Engage in joint problem solving, learn and continuously improve how we work together, and respond to emerging issues and changing needs in real time.
- Work with providers to ensure meaningful outcome, output and activity measures are selected for monitoring.
- Report back to providers on performance as part of our continuous quality improvement approach, providing direction and support to achieve better quality, cost effectiveness and outcomes for consumers and providers.
- Seek to balance the need for information against the administrative burden of data collection and reporting.
- Bring providers on the journey in evaluating programs, the effectiveness of the model of care and impact on outcomes, as opposed to taking a punitive approach to provider performance.
- Any decision regarding the completion and transition of a contract will be informed by monitoring and evaluation findings, our annual needs assessment, and involve close consultation with our partners and providers.
- A decision to reduce or replace a service will always be based on evidence, and will consider the changing needs and priorities of NQPHN communities to maintain our duty of care to ensure the needs of service users continue to be met.

Activities

Monitoring enables us to assess the performance of providers delivering services. It may involve:

- Assessing performance against KPI targets.
- Analysing performance reports and dashboards.
- Communicating performance insights to providers.

Reporting arrangements and KPI targets will be agreed with service providers through the procurement and contract negotiation process.

Evaluation enables commissioners to assess the success of our commissioning project or program in achieving our desired objectives. It is the systematic collection and analysis of information to establish findings, usually relating to the effectiveness, efficiency, and appropriateness of a program. It also may involve:

- Development of a detailed evaluation plan.
- Conducting a formative and summative evaluation.
- Develop and communicate evaluation report.

The scale of any evaluation will depend on the size, value, risk, and complexity of the program. This will also factor in the decision of whether an evaluation is undertaken internally by the PHN, or by an independent organisation. The type of evaluation will depend on what key questions need to be answered as well as the stage of program development and implementation.

11. Enablers

There are a number of elements which underpin our commissioning approach, including co-design, purposeful engagement, and governance.

11.1 Co-design and purposeful engagement

Co-design, in a commissioning context, 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 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 meet their needs[3]. Co-design encourages a shared vision and innovative approaches to be developed collaboratively between stakeholders. These solutions are tailored to local circumstances and address identified community priorities.

Co-design offers a range of benefits, including[4]:

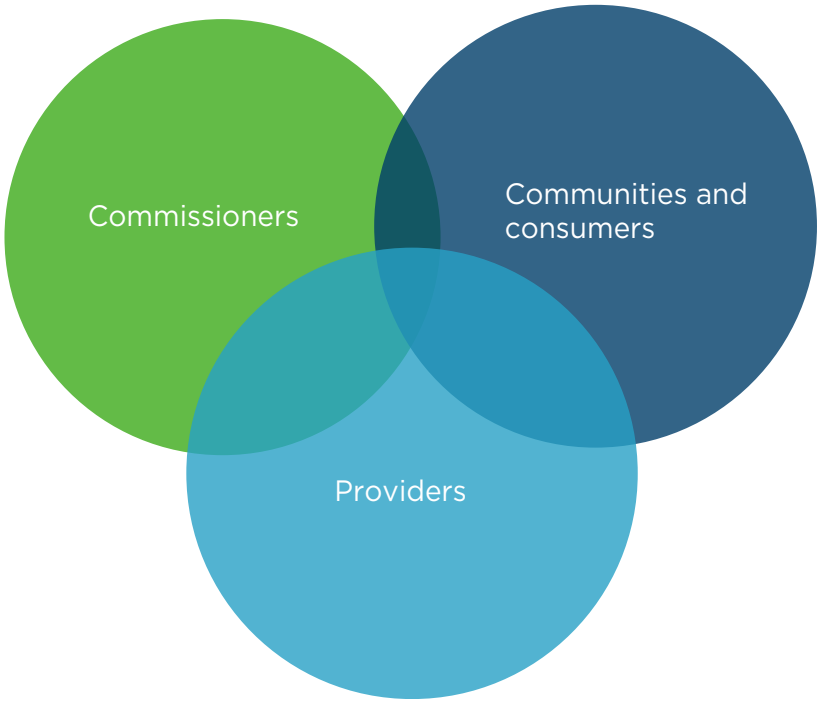
- Enabling ongoing improvements to cultural safety, cultural appropriateness, and consumer-centred care.
- Enabling better relationships and cooperation between key stakeholders to help inform the implementation of services and the delivery of outcomes.
- Increasing levels of support and enthusiasm for innovation and change, with stakeholders more likely to support new service delivery models.
- Improving knowledge of consumer needs and experiences, and understanding how services impact.
- Enabling testing of current understanding and emerging ideas in real time with relevant parties and bringing stakeholders on the commissioning journey, which builds capacity and creates collective leadership and ownership in achieving the intended outcomes.
- Articulating and giving focus to the outcomes being sought.
- Shaping thinking and informing decision making.

NQPHN follows the Australian Healthcare and Hospitals Association's four principles for co-design[5]:

Co-designing with stakeholders

Co-design may involve many stakeholders, from healthcare experts to those who experience the services. All are considered as equal partners sharing their knowledge, experiences, and expertise during the design process. There are three key overlapping stakeholder groups who should be considered in co-design in the health sector which has been outlined below:

- Communities, consumers and people with lived experience, including carers, First Nations communities, and the broader local community. Communities and consumers are able to provide input regarding their lived experience they or their loved ones have as users of primary health services.
- Providers, including existing and potential providers, general practices and clinicians, Aboriginal health services, other medical experts, and providers in related sectors. These are key stakeholder groups for creating collaboration across sectors. They are also able to provide clinical, health and social expertise, as well as reflections on their experience of working with those receiving services and the PHN.
- Commissioners, including partners such as HHSs, local councils, and other government agencies with a role in service delivery. Commissioners can provide insights regarding related priorities, priority and vulnerable populations, and place based programs and funding that should be considered.



NQPHN also works in collaboration with the regions First Nations communities to improve health, emotional, and social wellbeing. Co-design is a critical element and every effort should be made to provide opportunities for all stakeholders to contribute by facilitating the process in respectful and culturally safe methods.

When to use co-design?

Co-design is an iterative process. It should not be considered as a 'one time' engagement, but as an ongoing relationship with stakeholders and communities. This means seeing co-design as part of a continuing conversation. While it is commonly used at the designing services stage of commissioning, there are opportunities to undertake co-design and involve stakeholders at every stage of the commissioning cycle:

- Understanding needs: Work with communities, stakeholders and potential providers to build a more holistic and patient-centred perspective of health needs.
- Planning and prioritisation of commissioning intentions: Build a broader knowledge base and understanding of potential priorities and solutions, including defining the outcomes relevant to the population.
- Designing services or deriving solutions: Develop place based models of care that are patient-centred and work towards achieving the desired outcomes.
- In designing a procurement process: Help make procurements straightforward for providers to respond to and to maximise high quality responses.
- During contract negotiation: Refine the key performance measures to drive improved outcomes.
- Monitoring and evaluating: Assist in designing monitoring and evaluation frameworks, and inform continuous improvement and the identification of better ways of working.

11.2 Partnerships

Engaging purposefully and working closely with our partners and other stakeholders is critical to successful commissioning. We are committed to collaborating with existing and new partners to deliver a seamless experience for consumers and carers across the health journey, without duplicating efforts. This means working in partnership with community, health practitioners, First Nations stakeholders, and other stakeholders to determine capacity within the primary health care system, identify gaps in services, and opportunities to improve coordination and responsiveness of care. Purposeful engagement with partners enables targeted investment where it is most needed and can have the greatest impact while minimising duplication. This will be achieved through engagement at all stages of commissioning, from identifying needs and designing solutions, through to evaluating impact.

In particular, there are significant opportunities to improve the integration and coordination of the health and broader services systems through partnership, including through collaborative commissioning.

Collaborative commissioning

Commissioning provides an opportunity to work more closely with partners in the health and broader services sector, including to collaboratively commission services. There is no one approach to collaborative commissioning, and it will vary depending on the particular program, service, and partnership. Collaborative commissioning can mean working together at various stages of the commissioning cycle, whether to jointly identify needs, design solutions, or procure services.

Key strengths of collaborative commissioning is that it provides a way of:

- Pooling funds to expand our reach and impact.
- Reducing duplication to increase the efficiency of services.
- Increasing the coordination and integration of services to provide a seamless healthcare experience for consumers.
- Trialling innovative models that require collaboration.

11.3 Governance

Governance of commissioning decisions

Commissioning must have effective mechanisms to lead and govern each element of the process in order to be successful. Clear, accepted, and well-understood answers to questions around delivery, accountability (both legal and operational), reporting, prioritisation, and escalation will avoid confusion, uncertainty, or inconsistency.

NQPHN has a commitment to strong and effective governance. It is an independent not-for-profit company limited by guarantee. As a membership-based organisation, NQPHN is registered as a charity with the Australian Charities and Not-for-Profits Commission. The NQPHN Board is a skills-based Board, which has four key committees. All committees have levels of delegated authority for core decision making.

The Board and its sub-committees, the Clinical Council, and Community Advisory Group, and the Senior Leadership Group, all provide governance, oversight, advice, and guidance on commissioning activities.

12. Roles and responsibilities

It is important to highlight who the individuals, groups, and forums are that will manage, deliver, support, and be responsible for the various activities, tasks, and stages of commissioning. Clarity regarding the respective roles will enable system leadership, engagement, and consistency.

Everyone across the organisation, from the Board to all employees, service providers and system partners, play a key role in the successful implementation of commissioning for the benefit of consumers. The table below highlights key responsibilities.

Stakeholder	Role and responsibilities
NQPHN	
NQPHN Board	» Oversee governance and strategic directions.
Sub Committees to the Board	» Provide recommendations to the Board on the development of strategies to improve healthcare for consumers in the region.
Clinical Council	» The Clinical Council provides a critical overview of the NQPHN regions to ensure that overall investment is in line with the regional HNA. » The council acts in an advisory capacity to the NQPHN Clinical Governance Committee which has the delegated responsibility of the NQPHN Board.
Community Advisory Group	» Provide a community perspective to the Board to ensure decisions, investments and innovations are person centred, locally relevant and aligned to local care experiences. » Identify and advising on issues relevant to local consumers and communities.
NQPHN Senior Leadership Group	» Develop commissioning strategies and approaches. » Guide needs analysis and the design of solutions. » Establish partnerships and collaborative arrangements. » Identify market development needs and designing strategies.

Stakeholder	Role and responsibilities
NQPHN employees	» Conduct Health Needs Assessment. » Design and conduct stakeholder engagement and co-design activities. » Assist with development of Activity Work Plans. » Conduct market analysis and soundings. » Design and manage procurement processes. » Monitor provider performance.
Providers	
e.g. HHSs, ACCHOs, NGO and private service providers, general practices, allied health practitioners	» Contribute to the development of commissioning plans and ensure that services remain responsive to local need. » Develop innovative and cost effective service models and solutions in response to commissioning decisions and local needs. » Implement commissioned responses, transformation initiatives and improvements. » Continually review and improve performance in relation to health and wellbeing outcomes, locally agreed performance targets, and efficiency and effectiveness of spend in all commissioned services. » Develop effective partnerships with the wider health and social sector to support service development and to deliver agreed priorities, where appropriate. » Respect and maintain alignment with commissioning priorities and decisions.
Partners	
e.g. HHSs, Queensland Health, NQPHN members, Peak bodies	» Understand the health priorities and commissioning intentions of NQPHN for the next 5 years. » Understand the approach used by NQPHN to commission services and outcomes for residents. » Bring the unique strengths, assets and resources of each respective organisation to work collaboratively with NQPHN to improve health and wellbeing outcomes for Northern Queenslanders. » Seek to align planning, funding and commissioning timelines and processes, where practical.

13. References

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NORTHERN QUEENSLAND
An Australian Government Initiative

e: support@nqphn.com.au
w: nqphn.com.au

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