

# Brisbane North PHN Commissioning Framework



## Background

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; and
- 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 drug and alcohol services<sup>1</sup>.

## What is Commissioning?

*“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. The Framework describes commissioning as a cycle (see Figure 1) – starting with the assessment of health needs and annual planning; the co-design of solutions to address those needs; the procurement of services and implementation of co-designed solutions; and finally the monitoring of performance and evaluation of impact – which in turn informs subsequent assessment and planning processes.

For Brisbane North PHN, commissioning provides a strategic approach to planning, and supporting the allocation of limited resources to programs and services that will best meet the needs of our local community.

<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>

[www.brisbanenorthphn.org.au](http://www.brisbanenorthphn.org.au)

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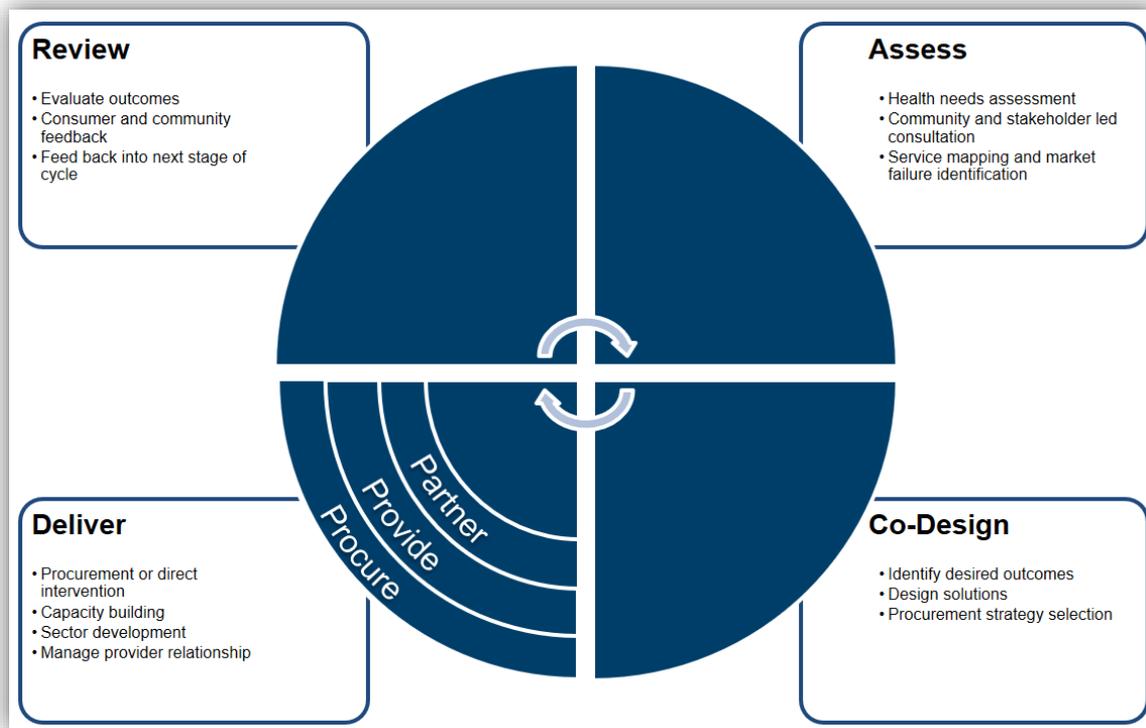


Figure 1: PHN Commissioning Framework

## Commissioning 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. **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

Guided by the Commissioning Principles, Brisbane North PHN commits to working closely with priority populations in all parts of the commissioning process, to ensure that programs and services best meet the needs of particular populations. 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 (LGBTIQ) communities.

### Aboriginal and Torres Strait Islander Peoples

In commissioning programs and services for Aboriginal and Torres Strait Islander peoples, Brisbane North PHN will be guided by two key 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.

In practice, Brisbane North PHN has committed to working closely with the Institute for Urban Indigenous Health for all commissioning processes – including understanding the needs of Aboriginal and Torres Strait Islander people in the region, planning and designing programs and services to meet those needs, delivering programs and services, monitoring performance, and evaluating the impact of programs and services. Where the Institute for Urban Indigenous Health is unable to deliver programs and services, they will work with Brisbane North PHN to inform the appropriate delivery of them.

### People from CALD Backgrounds

In commissioning programs and services for people from CALD backgrounds, Brisbane North PHN will 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 LGBTIQ communities. 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>.

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

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

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

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

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

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

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

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

## What you can expect

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; and</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; and</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 system, including providers and consumers; and</li><li>• adopt a whole of system approach across multiple jurisdictions and levels of government.</li></ul>