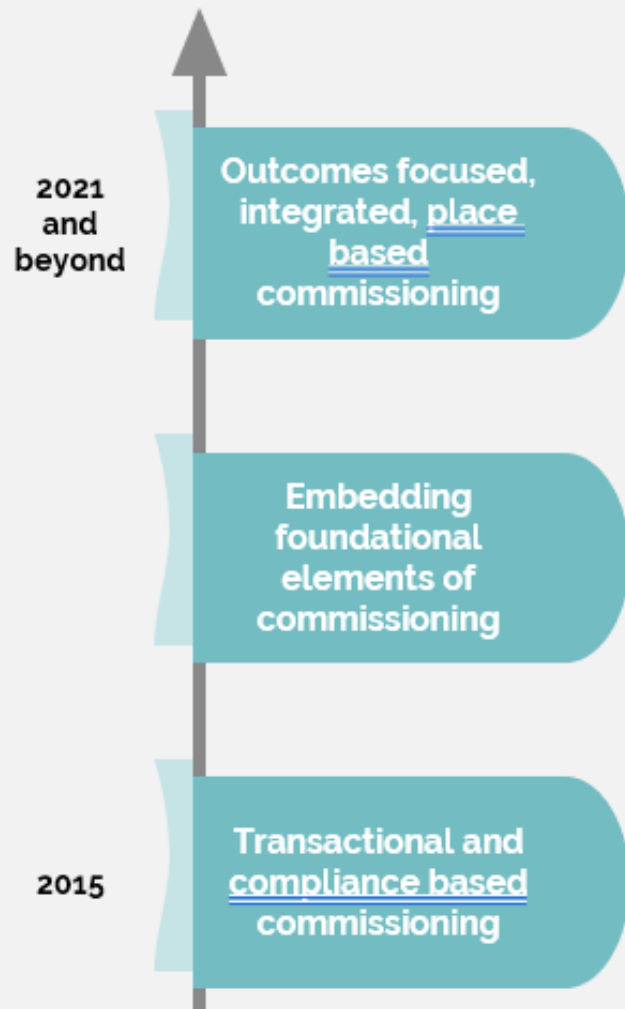


A 3-year strategy to embed outcomes focused, integrated, placed based commissioning practices

Western Victoria PHN

March 2022

The challenge –develop leading outcomes focused place based commissioning practices for the WVPHN region



Since its establishment in 2015, Western Victoria Primary Health Network (WVPHN) has been on a journey of development to mature its capability as a health commissioner.

The transformation of WVPHN to an outcomes focused and integrated place based commissioner is occurring against a backdrop of operating issues and pressures, including:

- The introduction of health clusters or Local Health Networks (LHNs) by the Victorian Department of Health and Human Services. These will have a focus on co-commissioning and commissioning in place which will raise expectation of the role of PHNs
- Recommendation 23 of the Productivity Commission for Mental Health (2020) calls for cooperative arrangements between PHNs and LHNs through rigorous joint regional planning and stronger oversight
- Both the Productivity Commission and the Royal Commission into Victoria's Mental Health System (2021) call for the establishment of new Collaborative Centres for Mental Health and Wellbeing. This may be complex to deliver and PHNs will be required to play a leading role
- Increasing pressure from the Department of Health and other stakeholders to respond quickly and innovatively to emerging community needs and new funding opportunities.
- Economic and funding pressures will continue to raise the importance of sustainability and will drive a continued need for WVPHN to deliver value for money and demonstrate their impact clearly.

These factors have led WVPHN to reconsider ways of working in order to have the greatest impact.

Approach to developing the strategy

WVPHN has undergone a rigorous process to establish an agreed approach to place based commissioning

Between May and September 2021, WVPHN undertook a series of research initiatives, and design activities to develop the organisational approach to place based commissioning. This included:

- A desktop review of global leading practices in place based approaches
- Consultation with 4 other PHNs to understand enablers, barriers and lessons learnt from implementation of place based approaches in their respective regions
- Consultation with a number of key internal WVPHN stakeholders to understand current practices and co-design with representatives from across the organisation
- Workshops with the WVPHN Executive to test and validate thinking.

The strategy was refined through internal consultation across WVPHN to reflect operating context and other key considerations and risks.

Once the overarching strategy was agreed, WVPHN developed high level implementation plans for key sectors to support the execution of the strategy in mental health, alcohol and other drugs, chronic conditions, and First Nations health.



WVPHN defines place based commissioning as our approach to achieving optimal health and wellbeing outcomes in place. It is:

- Centred on co-design with the community* to support and enable them to lead change
- Responsive to identified need, as opposed to traditional service areas, programs or geographic boundaries
- Highly collaborative and integrated, leveraging the strengths of partners across a range of sectors to achieve collective impact and enhance value, and address the social determinants of health outcomes
- Underpinned by evidence based, iterative and agile ways of working
- Focused on measurable and meaningful consumer outcomes.

"Community" includes any individual or organisation who has an interest in the local community. For example, community can include: community organisations, local government, consumers, as well as First Nations communities and leaders.

The approach

Our vision for place based commissioning

There are a number of vision statements that will guide WVPHN's approach to place based commissioning

- 1 Improve health and wellbeing outcomes through the delivery of services at the right place, and at the right time
- 2 Respond and adapt to the needs of specific places and communities with a tailored approach
- 3 Support, build and enable the capacity and capability of local workforces and provider markets
- 4 Partner with the community and where possible empower them to lead change
- 5 Enable self determination by First Nations people and communities
- 6 Integrate service delivery and prioritise responding to holistic needs of vulnerable people in place
- 7 Promote shared accountability for place based responses amongst all stakeholders
- 8 Take a strategic approach to funding and maximise use of existing resources across the sector and in communities
- 9 Position ourselves as leaders in commissioning driving innovative approaches to meet need
- 10 Demonstrate the impact of evidence based commissioned responses on communities

The approach

		Horizon 1 July 2021 - June 2022	Horizon 2 July 2022 - June 2023	Horizon 3 June 2023 - July 2024
Purpose <i>What we will achieve</i>		Prepare internal operations and begin implementing place based commissioning approaches	Continue to implement and expand place based commissioning across the health sector, iterating our approach based upon lessons learned	Lead place based commissioning, partnering with organisations across a range of sectors to enable integrated and holistic care
Outcomes <i>The outcomes we will achieve</i>	Impact • Local needs and supply assessment • Outcome measures • Continuous improvement	We are: <ul style="list-style-type: none"> Beginning to use an evidence base to meet the needs of people in place Embedding outcome measures, guided by a robust Monitoring and Evaluation Framework 	We are: <ul style="list-style-type: none"> Always using a robust and validated quantitative and qualitative evidence base to inform need Using meaningful outcomes measures in all applicable service contracts Working with providers to adapt their approaches to meet desired outcomes (where appropriate) 	We are: <ul style="list-style-type: none"> Creating a meaningful, and measurable impact towards the needs of local communities Providing the right services to people, in the right place and at the right time
	Collaboration • Co-design • Joint commissioning	We are: <ul style="list-style-type: none"> Empowering the community in place to define need and design solutions Aware of, and targeting partner organisations that WVPHN can jointly commission with Establishing governance mechanisms that support collaborative decision making and engagement Formalising an approach to joint commissioning to drive greater impact 	We are: <ul style="list-style-type: none"> Leveraging the collective knowledge and resources of the the wider service system to address health and wellbeing needs Jointly planning and commissioning services across a range of service areas Strategically commissioning services to meet the needs of targeted communities, leveraging wider systems resources 	We are: <ul style="list-style-type: none"> Engaging new and wider partners in joint commissioning arrangements Constantly monitoring and iterating our approaches to co-design and joint commissioning
	Integration • Strategic funding • Funding in place • Holistic models of care and pathways	We are: <ul style="list-style-type: none"> Clear about service gaps and opportunities to pool resources across the system to drive greater impact Designing service pathways and procurement strategies that will enable service integration Using flexible procurement strategies and contracting terms to support, not hinder, place based approaches 	We are: <ul style="list-style-type: none"> Implementing integrated and innovative models of care to address holistic consumer needs 	We are: <ul style="list-style-type: none"> Observing the impact of new models of care, pathways and service arrangements on the needs and outcomes of communities, and refining our approach accordingly
		Workforce and market development		

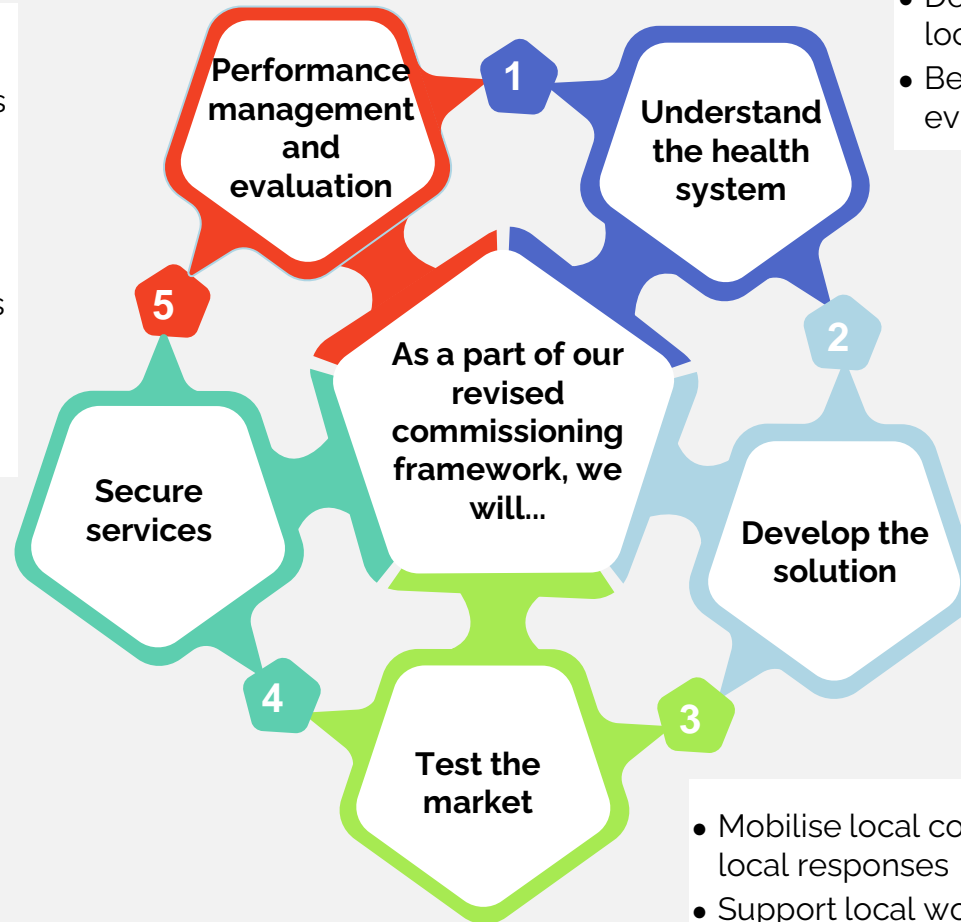
The impact

A place based approach requires an evolution of WVPHN's existing Commissioning Framework

Changes are required at all stages of the Commissioning Framework, as detailed below:

- Enable providers and partners to pivot and iterate their place based responses
- Use performance metrics that focus on impact and outcomes, and which extend beyond the minimum data sets
- Measure our success operating in place, including measuring the success and strength of partnerships, as well as the level and effectiveness of service integration

- Deploy fit for purpose procurement strategies that enable, not hinder, place based responses
- Take a strategic approach to funding, including consolidating funding within service areas and the strategic use of flexible funding
- Source and leverage broader system resources available to address need



- Develop an in-depth understanding of need at a local level and the needs of people in place
- Be led by the needs of communities, allowing evidence of need to define the 'place'

- Jointly plan and develop and co-design solutions, working more closely with local communities, providers and other partners
- Partner with and empower stakeholders to play an active role in the design and delivery of solutions.

- Mobilise local communities, building buy-in and leadership for local responses
- Support local workforce development and deployment

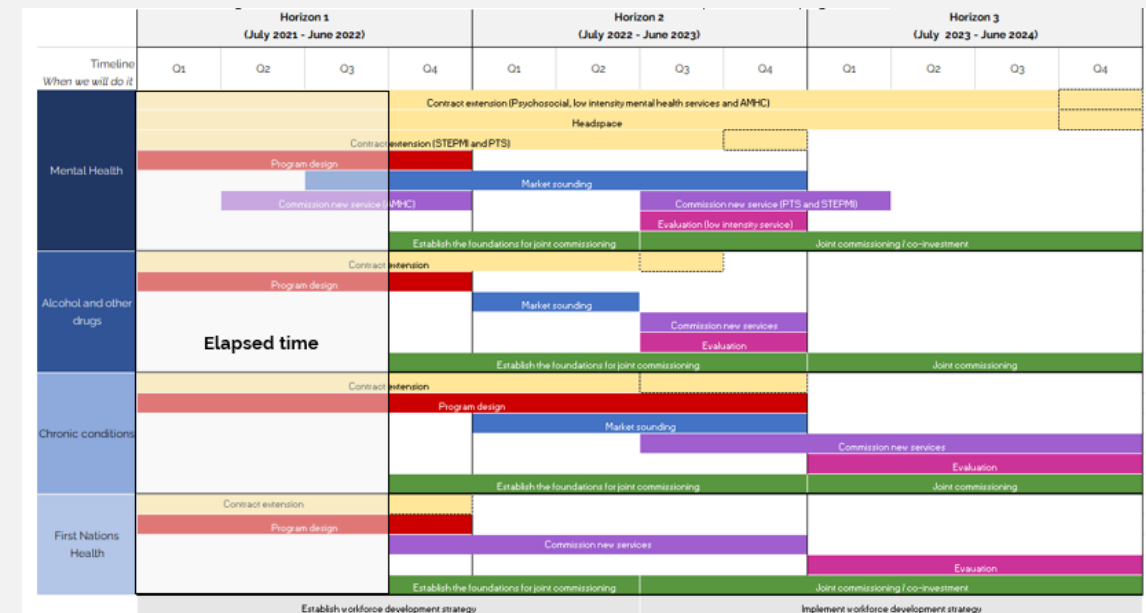
The impact

The place based commissioning strategy has implications for WVPHN's core commissioning activities in each key sector

When considering WVPHN's approach to implementing place based commissioning, it is important to note that each sector, and indeed, in some cases, each program, provider and contract are at different stages of readiness and maturity. As such, a tailored implementation approach, with some variation in timelines is required across each sector to enable success and sustainability.

In line with WVPHN's commitment to agile commissioning, the implementation approach considered a dynamic plan that is continuously updated to reflect:

- Updates, direction and funding guidelines received from the Department of Health
- Insights received from commissioning activities
- Outputs of the WVPHN Needs assessment
- Regional issues such as Workforce shortages
- Other material changes in the operating environment that necessitate a change in approach or timelines
- Emerging risks



The impact

Four key enablers are required to support the successful execution of the strategy and ultimately the transition to place based commissioning

Dedicated resources

- Dedicated resources to drive execution of the implementation plan, including:
 - Developing a master project plan to track progress
 - Identifying key dependencies between work streams
 - Escalating risks
- Allocation of time from existing resources to support execution of activities

Communication

- The scale and nature of this transformation will require careful and considered communication with stakeholders, including WVPHN staff, service providers and other commissioning partners
- Engagement activities will be particularly important for sectors that are already undergoing a significant degree of change

Change management

- Transitioning to place based commissioning presents significant changes, including changes to the way we work with consumers, communities, providers and partners.
- Updated guidance as a part of the WVPHN Commissioning Framework will also help manage change.

Monitoring and evaluation

- Ongoing monitoring will be crucial to successful implementation. It will enable the early identification of any issues and the ability to correct course
- Evaluation is required as a part of the strategy to ensure WVPHN is on track to achieve the desired uplift in maturity

The learnings

Some of the key learnings to date include;

- Need for Program Evaluations to be done in advance
- Consider outcome drivers early i.e. payment mechanism, performance in contract
- Need to prepare the market- Markets and stakeholders need time so start early
- Need a strong focus on Partnerships and collaboration
- Maintaining regional workforce is important (local first, social impact must be considered)
- Importance of codesigning service models with consumers and service providers
- Old funding models often exclude best practice, need to adapt and take people on that journey
- Consider funding models that support regional workforce and partnerships requirements
- Integration across internal PHN teams is critical
- Transparent early and regular engagement is critical (some models have been in place for 10 to 15 years)
- Need for re-designed service models and approaches to be data driven



2022 PHN Commissioning Showcase
16-17 March 2022
Mereweather Surfhouse
Newcastle