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WENTWEST
WESTERN SYDNEY
PRIMARY HEALTH NETWORK

COMMISSIONING
FRAMEWORK

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“ AS A PHN, OUR MISSION REMAINS TO LEAD INTEGRATED CARE TOWARDS BETTER HEALTH, EQUITY AND EMPOWERMENT FOR OUR WESTERN SYDNEY COMMUNITIES AND THE HEALTH PROFESSIONALS WHO CARE FOR THEM.”

DI O'HALLORAN AO
CHAIR WENTWEST (WSPHN)

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WentWest acknowledges the Darug people as the First Nations peoples and the traditional custodians of the land on which we work. We pay our respects to Elders, past, present and future and extend that respect of all Aboriginal and Torres Strait Islander people within Western Sydney.

WESTERN SYDNEY SNAPSHOT

Western Sydney is a diverse community with significant areas of health inequity. That inequity is greatest in certain locations and population groups. Consultations with a vast array of stakeholders indicate that WentWest (WSPHN) should focus its efforts on priority population groups, locations and medical conditions including alcohol and other drugs of addiction, chronic disease (diabetes, cardiology and respiratory) and mental health, including severe and persistent mental illness, suicide prevention and mild and moderate mental illness.

Culturally diverse, with over 100 nationalities calling Western Sydney home, it is a dynamic and growing region of over 1 million people. Over half (52.2%) of its residents were born overseas, and 45.7% of people

speak a language other than English at home.

Improving Aboriginal health in Western Sydney is of critical concern. Of any single region in Australia, Western Sydney has the highest concentration of Aboriginal and Torres Strait Islander people with over 16,600 calling it home according to the 2021 Census. The Australian Bureau of Statistics predicts that Aboriginal population numbers will expand more rapidly in urban areas (2.6% a year) than in remote areas (1% a year).

With parts of Western Sydney experiencing some of the largest population growth in the country, there is also a spotlight on improving the health and wellbeing of Western Sydney families, and focusing on the early childhood years.



WESTERN SYDNEY PRIMARY HEALTH NETWORK (WENTWEST)



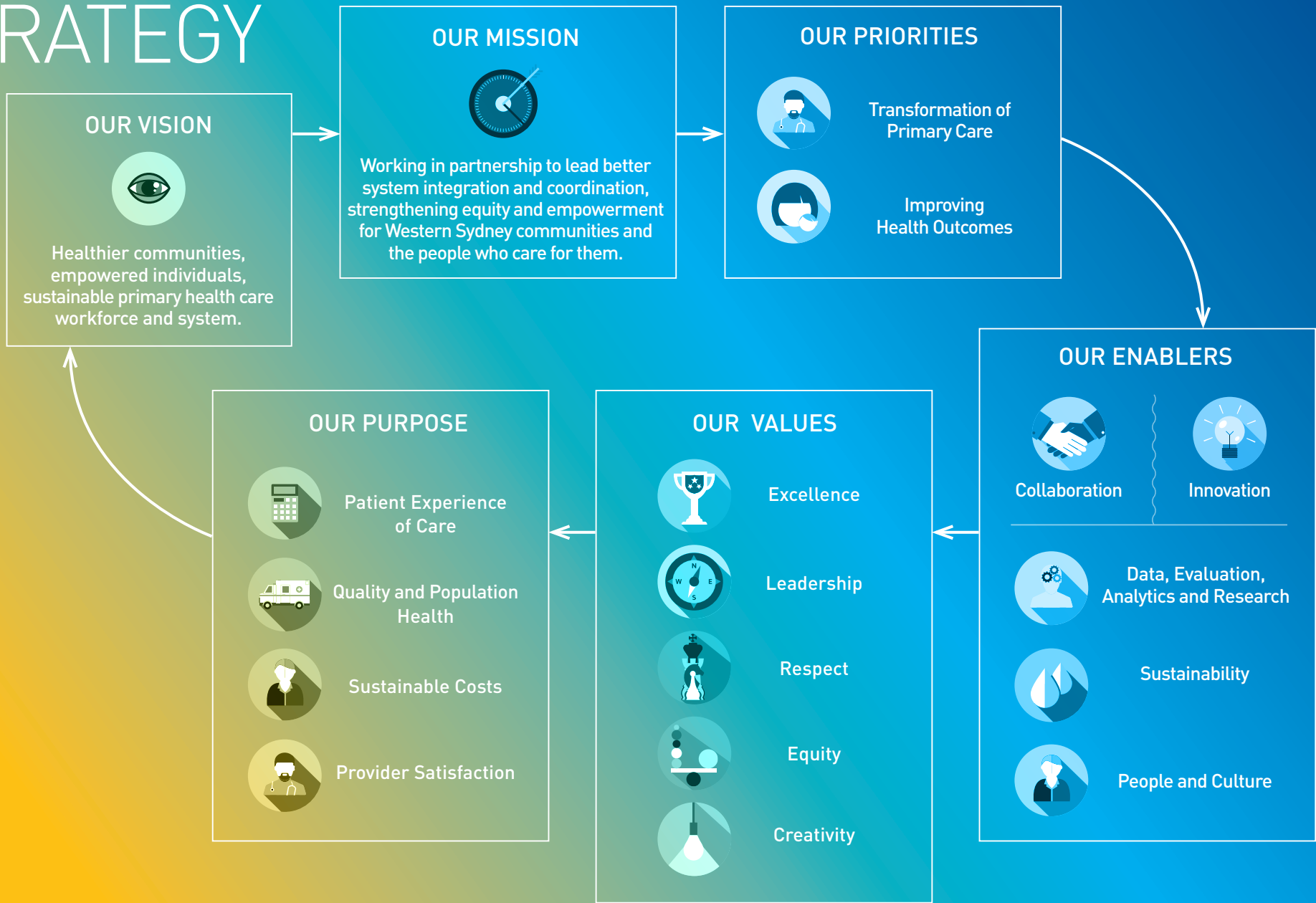
The Commonwealth Government established Primary Health Networks (PHNs) with the key objectives of increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes and improving coordination of care to ensure patients receive the right care in the right place at the right time.

WentWest as the Western Sydney Primary Health Network (WSPHN) is one of 31 PHNs across Australia and functions as a commissioner of services. As a regional commissioner, we are responsible for planning and funding primary

health care services, and we action this through our commissioning framework. We play an integral role in supporting primary care transformation across the region.

Since 2002, WentWest has been part of the Western Sydney community, delivering support and education to primary care and working with key partners to progress the region's health system. Together with health professionals, partners from both the health and hospital sector, consumers, and the broader community, WentWest seeks to identify gaps and commission solutions for better health outcomes.

OUR STRATEGY



PRIORITIES

TRANSFORMATION OF PRIMARY CARE

We support the transformation of general practice to Patient Centred Medical Homes (PCMHs) and Healthcare Neighbourhoods using the 10 building blocks of high performing primary care. We enhance service integration for targeted health initiatives and geographic areas and drive structural integration, system redesign and transformation across the various health services serving the population of Western Sydney.

IMPROVING HEALTH OUTCOMES

We understand health needs and we co-design models of care with providers and consumers so we can commission services into areas of need to address health inequities. We are ambitiously moving from purchasing inputs and volume to outcomes and value. We continually push the boundaries of what is possible using evidence and data to drive outcomes. We develop the community sector and empower patients.



ENABLERS

COLLABORATION

We want to remove organisational and professional barriers, alleviate the siloed fragmented nature of care and pursue 'one Western Sydney health system' in order to provide value-based and person-centred care. We pursue this shared vision in true partnership with consumers and our community.

INNOVATION

We continually reimagine how primary, community, acute and social care is delivered. We partner to design, trial and implement health reforms and continually seek out new ways and means to scale services we know work to improve health outcomes for the most vulnerable populations. We do not believe in the status quo and continually innovate to meet rising market forces, consumerism and technological expectation and opportunities.

DATA, EVALUATION, ANALYTICS AND RESEARCH

We measure the outcomes of everything we do. We continually reinvent how information, human-centred design and artificial intelligence can improve patient and clinician lives. We engage in world-renowned research to redefine what the health system of the future will look like.

SUSTAINABILITY

We are an indispensable component of the health system with diverse funding sources, products and services. We operate in different markets, diversify into different sectors and invest wisely. We leverage our assets to achieve our vision.

PEOPLE AND CULTURE

We are a purpose driven, learning organisation with a values-based culture. Our people are engaged leaders working in collaboration, passionate about making a difference in the communities we serve.

INITIATIVES

WENTWEST WILL INVEST IN AND AMBITIOUSLY PURSUE:

- Value Based Primary Care – supporting the transformation of Western Sydney general practices to Patient Centred Medical Homes (PCMHs), moving Western Sydney from an 'innovator' to 'early adopter' stage, i.e. one in ten general practices being PCMHs.
- Social Determinants of Health - completing the implementation of two Patient Centred Healthcare Neighbourhoods through the clustering of practices and providers to deliver person- and family- centred outcomes
- Collaborative Commissioning – delivering 'one Western Sydney health system' in partnership with WSLHD, NSW Health and the Stronger Community Cluster.
- Person Centred Care – combining mental, physical, cultural, Aboriginal and other programs to support the most vulnerable people and families in our community.
- Evaluation and Research – enhancing our capacity, scaling our nationally recognised approach to measuring the impact of everything we do and publishing/sharing our contribution publicly.
- A Regional Commissioner Model – defining what a PHN of the future could look like with our partners in NSW, the Commonwealth and internationally. Delivering peak performance against elevated standards of excellence.
- An engaged and empowered workforce – excelling in employee experience, and furthering progress towards a culturally sensitive, diverse and inclusive organisation.
- Lead Regional Health Reform – reforming the Western Sydney health system with our partners to address the social determinants of good health, using what we have learnt to contribute to the Commonwealth and the NSW policy agenda.

WHAT IS COMMISSIONING?

Primary Health Networks (PHNs) were established in July 2015 to improve the efficiency and effectiveness of the health system and to improve coordination of care to ensure patients get the right care, in the right place, at the right time. At WentWest, we are uniquely positioned to do these things because of our thorough understanding of the communities we serve and our rigorous approach to commissioning.

At WentWest, commissioning refers to a continuous cycle of developing and implementing health services based on a rigorous process of planning, procurement, monitoring and evaluation.

COMMISSIONING IS A WAY OF ACHIEVING:

- Outcomes that really matter to people in Western Sydney.
- New and innovative approaches to providing health services.
- Client- and consumer-centric services.
- Developing genuine relationships with communities, clients, families, local health services, government, and our service providers.
- Increased collaboration and transparency across Government on priority areas.
- A more efficient and effective use of resources.
- An understanding of what works and what requires improvement.



WHAT IS OUTCOMES-BASED COMMISSIONING?

Outcomes-based commissioning is a way of paying for health and care services that focuses on achieving the outcomes that are important to the people using them and not simply on organisational activity or size. Outcomes-based commissioning moves the focus

to what is achieved for the person and their overall wellbeing; it supports the provider to design services that are holistic and lessen the burden of disease; it requires greater collaboration and a new mindset from all parties.

Outcomes-based commissioning aims to achieve better outcomes through more integrated, person-centred services and ultimately provide better value for every dollar spent on health services. This is achieved by thinking about problems differently,

searching out new ways of working, and being brave enough to try new methods that break away from old-fashioned service delivery. These outcomes remain aligned to the overall PHN Program objectives and are reported against the PHN Performance Framework.

COLLABORATIVE COMMISSIONING

Collaborative Commissioning is a whole of system approach to delivery of health services designed to enable and support delivery of value-based care in the community. Its aim is to deliver value-driven, outcome-focused, and patient-centred health care by leveraging the principles of the Quadruple Aim and developing pathways of care tailored to the community's needs. It incentivises local partnerships for integration of care across the entire continuum and embeds local accountability for delivering value-driven, outcome focused and patient-centred care.

Initially our approach is aligned with our core partner, Western Sydney Local Health District (WLSHD) to lead change at the local level, focusing health care around local priority population health needs and using local resources.

WLSHD/WSPHN PARTNERSHIP

WLSHD and WSPHN have formed a partnership with NSW Health to deliver system change to Western Sydney, with the aim of achieving 'one Western Sydney health system'. Leveraging the skills, ingenuity, and

vision of clinicians, consumers, patients, modellers, analysts, academics and commissioners, we are redesigning the local health system one specialty area at a time. Learning from best practice elsewhere and harnessing the potential of digital and telehealth whenever practical.

SERVICE DELIVERY REFORM (WS SDR)

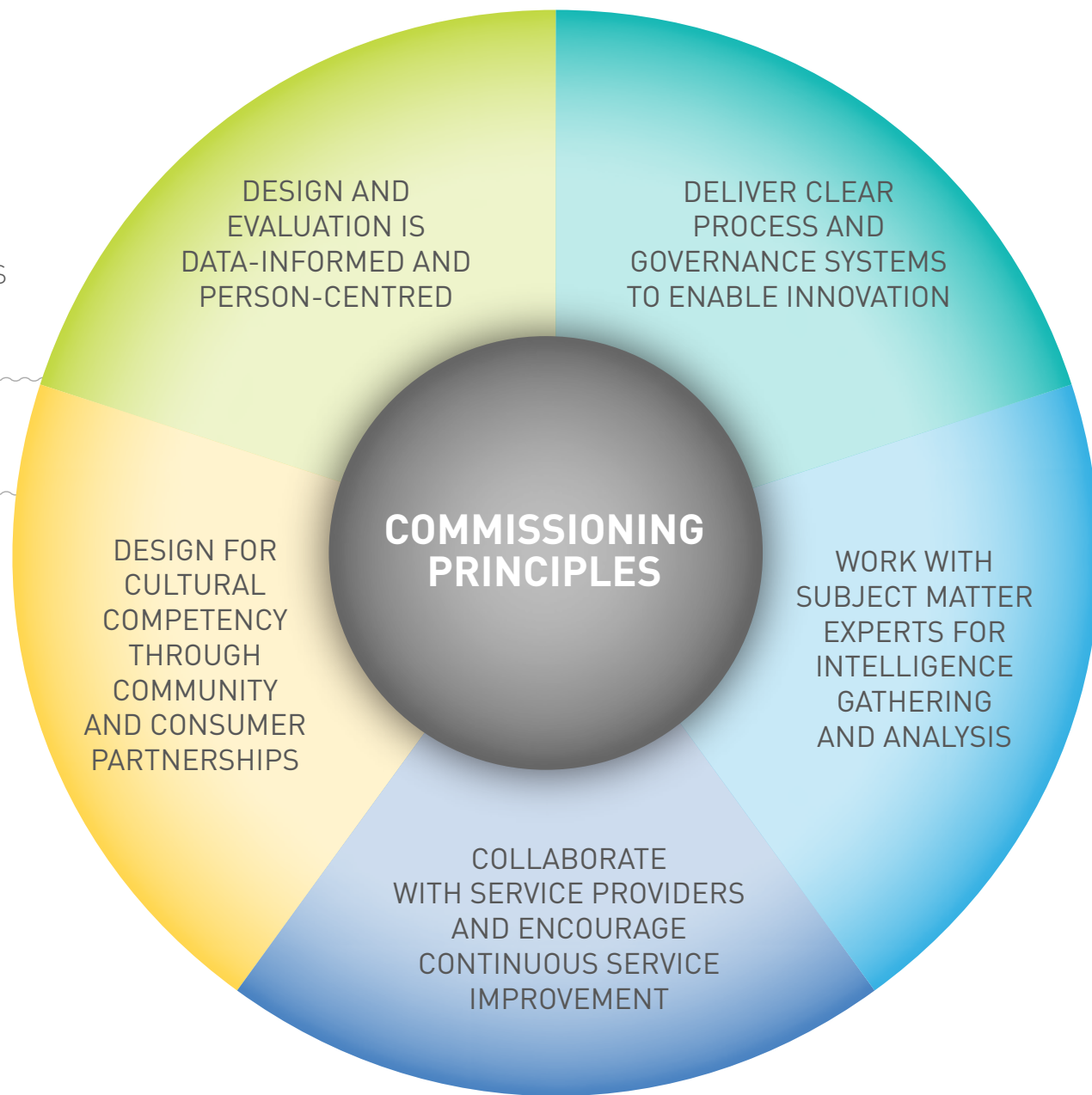
WS SDR supports cross agency working to address social determinants of health and deliver on our shared strategic initiatives. By harnessing our

relationships and networks we have built a robust coalition (WSPHN/WLSHD/Sydney Children's Hospitals Network/NSW Department of Communities and Justice/Mount Druitt Police Area Command/Aboriginal Housing Office/NSW Department of Education), which has reached agencies and organisations beyond those formally linked to the SDR. We are committed to working together to reform service pathways and commission models of care that protect and support children, young people, and families at risk.

OUR COMMISSIONING OBJECTIVES

- SUPPORT BETTER HEALTH OUTCOMES FOR THE COMMUNITY
- ADDRESS IDENTIFIED NEEDS FOR TARGET GROUPS AND TARGET AREAS
- ENABLE, ENHANCE, AND EVALUATE SERVICE DELIVERY
- CO-DESIGN SERVICES WITH CONSUMERS, PROVIDERS AND EXPERTS TO DELIVER ON THE QUADRUPLE AIM

COMMISSIONING PRINCIPLES



QUADRUPLE AIM IN THE COMMISSIONING CYCLE

Underpinning all that WentWest deliver is the Quadruple Aim, which serves as a template in both the design and evaluation of health interventions and allows us to ensure we're considering the key elements of an effective and efficient health system in all that we do.

These four aims provide the foundation for what we commission, how we procure services, and how we evaluate success.



WHO IS INVOLVED?

Below is a list of the staff and stakeholders involved in the commissioning process:

COMMISSIONING SERVICES

- SENIOR DIRECTOR
- COMMISSIONING MANAGERS
- COMMISSIONING COORDINATORS
- COMMISSIONING SUPPORT OFFICERS
- COMMUNITY DEVELOPMENT AND SOCIAL IMPACT TEAMS
- LEGAL AND PROCUREMENT SUPPORT



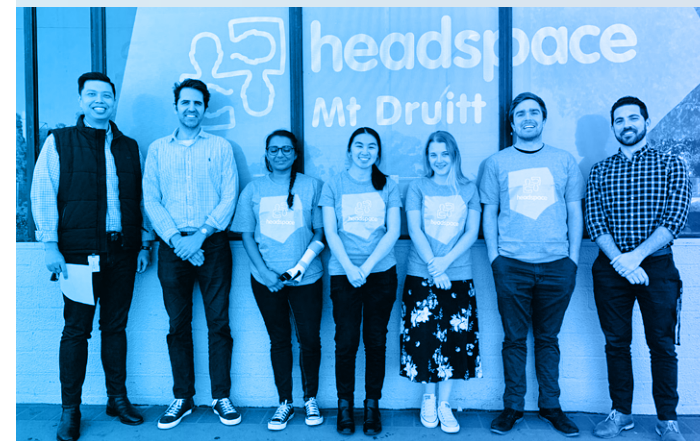
WIDER WENTWEST

- CHIEF EXECUTIVE OFFICER
- FINANCE
- HEALTH INTELLIGENCE UNIT
- CLINICAL ASSURANCE
- MARKETING AND COMMUNICATIONS
- STRATEGY AND BUSINESS SUPPORT
- QUALITY AND IMPROVEMENT



OUR PARTNERS

- SERVICE PROVIDERS
- COMMUNITY ORGANISATIONS
- CONSUMER ADVISORY COUNCIL/CLINICAL COUNCIL
- SUBJECT MATTER EXPERTS
- PEOPLE WITH LIVED EXPERIENCE
- PEAK BODIES
- STATUTORY ORGANISATIONS



STAKEHOLDER ENGAGEMENT

Stakeholder Engagement is crucial to the success of commissioning in Western Sydney. The consumer voice is a key element, and remains central to the delivery of targeted, effective services. We actively pursue ongoing consumer engagement throughout the commissioning cycle, and we hope to ensure their lived experience and specific health needs are addressed at every stage. At WentWest, our commissioning practice is underpinned by extensive and ongoing consultation with stakeholders across the sector, from consumers to primary and allied health care providers, the Department of Health, the Western Sydney Local Health District, and other

key government stakeholders. We also aim to include local government, NGOs, Culturally and Linguistically Diverse (CALD) organisations, Aboriginal health stakeholders, community groups and many others in the commissioning process.

The greater the engagement, the greater the reach, which ultimately assists us in meeting our objectives to support better health outcomes, address identified needs for target groups and areas. This in turn enables, enhances, and allows us to better evaluate service delivery.



CULTURALLY APPROPRIATE SERVICES



Western Sydney is culturally varied and encompasses a large Aboriginal population along with diverse CALD communities. WentWest's strategic goal of engaging and collaborating with key partners to create 'one Western Sydney health system' will result in more person-centred care, that is responsive to the unique needs and priorities of these communities.

With the region boasting a large urban Aboriginal population with diverse Aboriginal communities, we know that culturally appropriate commissioned services are key to improving health outcomes for the Aboriginal and Torres Strait Islander community and closing the gap. Advancing reconciliation and creating engagement opportunities for the Aboriginal and Torres Strait Islander community is also critically important. We believe that we should do more than close the gap and we will work to learn how best to open the gate, so people are actively engaged in the decisions that affect their lives.

The delivery of culturally appropriate services involves fostering strong and connected Aboriginal

Community Controlled organisations and ensuring non-Aboriginal commissioned services provide culturally safe, supportive, and coordinated care. Our Reconciliation Action Plan is helping us to strengthen our ways of engaging and working with our local Aboriginal communities, and includes specific activities to advance reconciliation with and improve outcomes for Aboriginal and Torres Strait Islander communities. This area of priority will continue to develop as the system evolves and new opportunities present themselves.

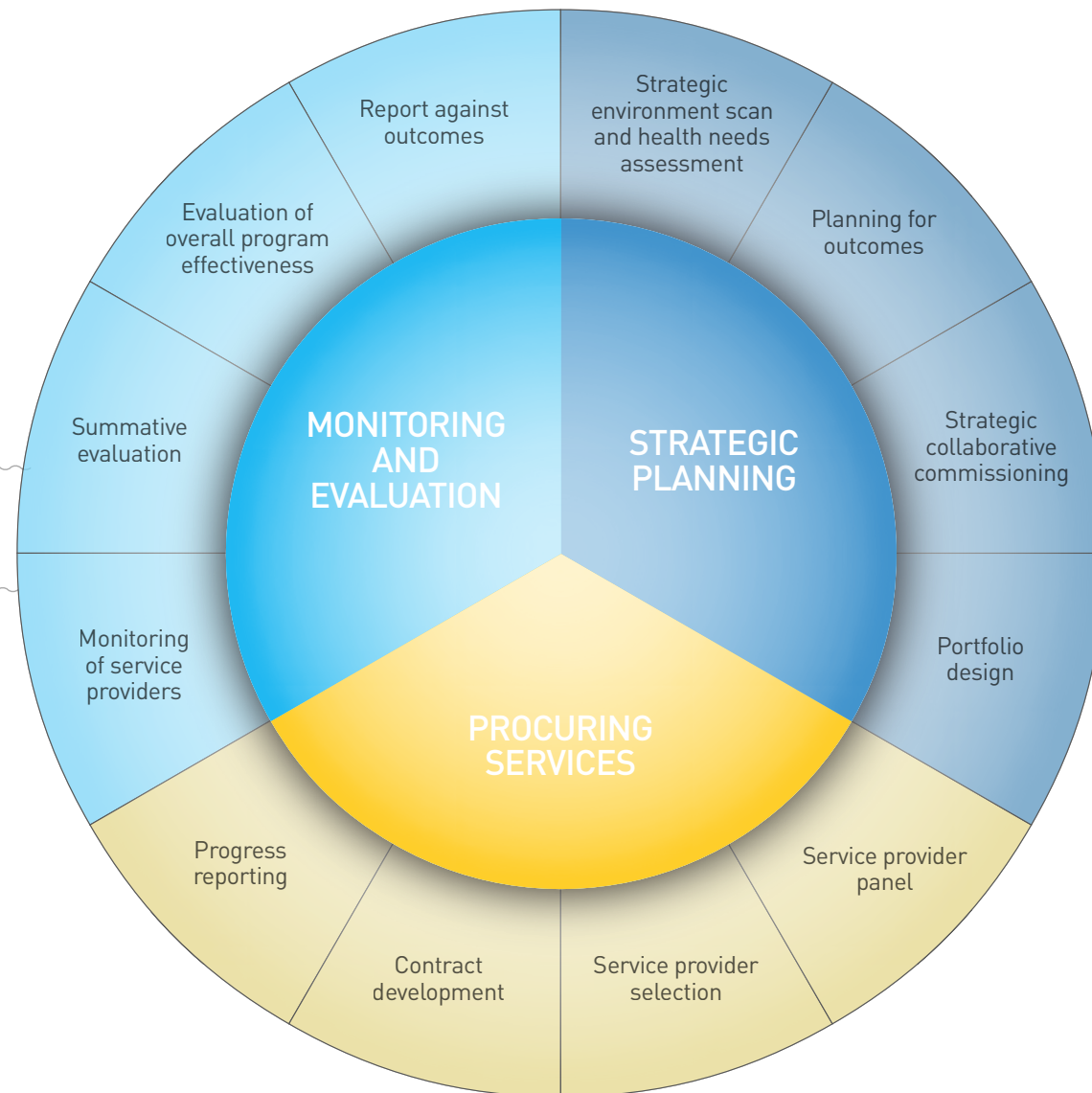
With over 100 nationalities calling Western Sydney home, it is a dynamic and growing region. Over half (52.2%) of its residents were born overseas and 45.7% of people speak a language other than English at home. As a critical component of the framework, we aim to build and strengthen structures that empower these communities and actively forge relationships with multicultural and local community organisations, health services, and advocacy groups.

OUR COMMISSIONING FRAMEWORK

The Commissioning Framework is delivered through a three-phase process under which all commissioning activity and decision-making takes place. WentWest uses the National PHN Commissioning Model that was developed by the Department of Health in 2016.

- Strategic Planning involves undertaking assessment of population needs, collaboration with partners and annual planning.
- Procuring Services involves designing and contracting services and shaping the structure of supply to address gaps and strengthen service delivery.
- Monitoring and Evaluation involves managing performance and evaluation of contract holders and determining effectiveness of program delivery.

COMMISSIONING FRAMEWORK



STAGES OF STRATEGIC PLANNING

AIM: During the strategic planning phase our aim is to understand the health needs of Western Sydney, the landscape of service providers and the strategic operating environment, as this helps us to identify service gaps and design strategic outcomes.

1.1

STRATEGIC ENVIRONMENTAL SCAN AND HEALTH NEEDS ASSESSMENT

Stage 1.1 helps us understand the health needs of our community at a population level so we can be strategic and intentional about commissioning.

In conducting a **strategic environmental scan** we analyse data and the experience of consumers and service providers to develop insights into the emerging issues of our community. We undertake **analysis and consultation** to identify health and services needs.

We compile our findings in the **Needs Assessment**. This helps us identify the unmet needs of our community. It evaluates clinical needs as well as community members' perspectives. We use this to prioritise our activities.

1.2

PLANNING FOR OUTCOMES

In Stage 1.2, we define the strategic health and service outcomes we want to achieve for our community over the next two to three years and how we will achieve them.

We use the outcomes to decide where to use and prioritise our funding so we are making the best overall change in health and service provision for Western Sydney.

We develop the **PHN program logic** for each of the strategic outcomes, using the outputs from Stage 1.1. The strategic outcomes become the basis for designing the services we will commission.

1.3

STRATEGIC COLLABORATIVE COMMISSIONING

In Stage 1.3, we proactively **identify funding opportunities** including from partners and tender opportunities. Diversifying our funding sources allows us to better meet the needs of the community in Western Sydney and widens our impact.

We do this by collaborating with funding partners, industry experts, service providers and consumers. Once opportunities have been identified, we **apply for funding**.

When we are successful in receiving additional funding, we **allocate funds to the outcomes we have already identified**.

1.4

PORTFOLIO DESIGN

In Stage 1.4, we design how our programs are going to work together to achieve the strategic outcomes for Western Sydney.

To begin we **engage and plan for co-design**. A highly collaborative and iterative process is used to **develop and prioritise activities**. We do this to ensure we prioritise and coordinate our spending to achieve the best overall outcome for Western Sydney.

Once activities have been selected, we **review and finalise the work plan**.

STAGES OF PROCURING SERVICES

AIM: Procuring services is how we allocate funding and establish contracts. Our aim is to have a streamlined procuring process that is process-driven and well-considered in order to provide health outcomes for Western Sydney.

2.1 SERVICE PROVIDER PANEL

Stage 2.1 is the set up of panels to streamline the process of attracting and contracting with quality service providers.

We **define the panel requirements**, so the skills and experiences we seek are clear.

Applicants are assessed against the evaluation criteria, including conducting due diligence checks.

Successful providers are published on the WentWest website.

2.2 SERVICE PROVIDER SELECTION

In Stage 2.2 we select suitable service providers either by approaching the panel or exploring the wider market.

We **assess proposals**, through the use of an independent panel, ensuring services are culturally appropriate and there is a focus on outcomes. Service providers are assessed against clear criteria to ensure we identify the best applicant to meet the requirements.

2.3 CONTRACT DEVELOPMENT

In Stage 2.3, we **negotiate a contract** with a service provider ensuring clarity of expectations, describing length of the contract, financial value, the services to be delivered, and the outputs and outcomes we seek to achieve.

Increasingly, our focus is on describing and measuring the outcomes to be delivered for the community. In this way we are able to establish services that meet the needs of the people we strive to support.

2.4 PROGRESS REPORTING

In Stage 2.4, we manage the contract through site visits, talking with managers, staff and clients, reviewing performance reports. We compare performance delivered against the contract agreement and approve payments accordingly. We work with providers so the outcomes they have achieved for the community are measured and described.

If a service provider is underperforming, the **performance management process** outlines how we address the concerns.

STAGES OF MONITORING AND EVALUATION

AIM: It is critical for us to monitor and evaluate the programs we commission to ensure that they are achieving the outcomes we set at the beginning of the commissioning process. Regular monitoring and early evaluation helps us identify where service providers, programs or portfolios are not achieving the

outcomes sought, so that we can refocus effort or decommission services. It also ensures we avoid underspends and means we can continuously improve the services that the Western Sydney community receives.

3.1 MONITORING OF SERVICE PROVIDERS

In Stage 3.1, we evaluate the performance of service providers through the three lenses of **efficiency** and **effectiveness** of the services and the **experience** of the consumer.

The results of this are used to understand how each contract is performing, which can feed into the feedback we give to service providers. It is also used to inform the overall program and portfolio performance.

3.2 SUMMATIVE EVALUATION

In Stage 3.2, we assess the **performance of each program**. This involves compiling the performance of each contract to assess the activities being delivered for the program as a whole.

The results of this are reviewed by the team, enabling them to pivot and take corrective actions within each program and mitigate the risk of underspends and non service delivery.

3.3 EVALUATION OF OVERALL PROGRAM EFFECTIVENESS

In Stage 3.3, we evaluate WentWest's Commissioning portfolio against our strategic objectives.

The process involves **collating program reporting** and comparing this to the portfolio design developed in the planning process, allowing us to evaluate portfolio performance.

The **portfolio report** enables us to pivot and take corrective actions at a strategic level.


3.4 REPORT AGAINST OUTCOMES

In Stage 3.4, we **assess performance against outcomes** and compile findings in both external and internal **reporting**.

These reports are provided to the Commonwealth Department of Health and other organisations to meet reporting requirements.

It also forms the input into the strategic planning process for the upcoming year.

LOOKING TO THE FUTURE OF WESTERN SYDNEY

A doctor in a white coat is wearing VR goggles. The image is overlaid with various futuristic and medical graphics, including a brain scan, a human figure with glowing points, and a grid pattern. The background is a gradient of blue and yellow.

AS WE CONTINUE TO WORK TOGETHER WITH OUR PARTNERS, OUR UNWAVERING AIM IS TO DELIVER ON OUR VISION. WENTWEST (WSPHN)'S COMMISSIONING FRAMEWORK IS FOCUSED ON THE DELIVERY OF HEALTH SERVICES TO THE COMMUNITY, THROUGH OUR SKILLED NETWORK OF SERVICE PROVIDERS. AS WE LOOK TO THE FUTURE, WE UNDERSTAND THAT THE ROLE OF COMMISSIONING IS A DYNAMIC ONE, THAT CHANGES IN REAL-TIME, REQUIRING ONGOING ADAPTATION, TRANSPARENCY, ENGAGEMENT AND INNOVATION.

REPORT

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WENTWEST LIMITED
Darug Land,
1A/160 Hawkesbury Road,
Westmead NSW 2145

Darug Land,
PO Box 50
Westmead NSW 2145

T: (02) 8811 7100
F: (02) 9622 3448
E: wentwest@wentwest.com.au

wentwest.com.au

ACN 099 255 106
ABN 80 099 255 106