



WentWest
Progressing Health Now

COMMISSIONING FRAMEWORK

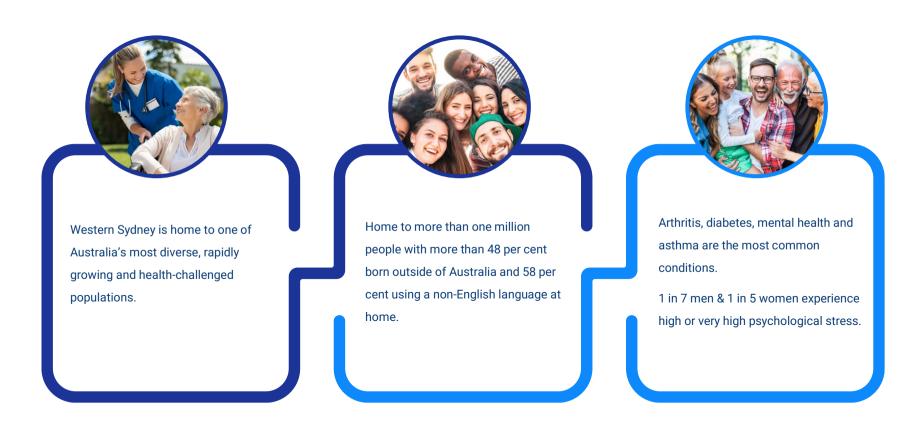
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ABOUT WENTWEST

WentWest, the Western Sydney Primary Health Network (PHN), is one of 31 Primary Health Networks (PHNs) funded by the Australian Government to commission programs and services for local communities.

We work with community, service providers and governments to plan, design, procure, monitor and evaluate health services to make sure they are performing well and improving the health of Western Sydney communities.



Read more about the local health needs in the Western Sydney Needs Assessment 2025-2028

WHAT WF DO

WentWest operates as the Western Sydney Primary Health Network - one of 31 Primary Health Networks across Australia. Our focus is helping residents of Western Sydney to care for their own health and confidently navigate the health care system.

We do this by:

- > commissioning services needed by community
- > capacity building with health professionals
- > coordinating and connecting services and community

Commissioning Services

We support the health and wellbeing of Western Sydney residents by commissioning services that respond to local needs.

Our work is guided by a deep understanding of the region's health priorities, and we collaborate closely with community members, service providers, and stakeholders to co-design solutions that make a real difference.

By commissioning services that are tailored, inclusive, and evidence-based, we aim to improve access to care, support wellbeing, and strengthen the health system for everyone in our region.

Supporting Health Professionals

Clinicians are the frontline of health care in Western Sydney, and strong primary health care is essential to helping people stay well and navigate the system when they need support.

We work closely with health professionals and others - including allied health professionals, peer workers, nurses, pharmacists, and general practitioners - to strengthen care across the region. We offer training, professional development, and practical resources to help providers deliver high-quality, coordinated care.

Connecting Services, Systems & Community

Coordinated care involves the provision of seamless and effective care that reflects each person's health and social care needs. We recognise that person-centred care requires collaboration across primary, community, hospital and social care sectors.

By taking this approach, our goals are focused on three areas:

- > Improve the experience of care to ensure it is timely, affordable, culturally safe and meets needs as close to home as possible
- > Improve the safety and quality of care delivered across Western Sydney
- > Reduce the waste caused by service delays, care duplication, and potentially preventable hospitalisations









STRATEGIC VISION FOR WESTERN SYDNEY

Innovation

Collaboration

Sustainability

People and Culture

Data, Evaluation,

seamless and

for our diverse communities

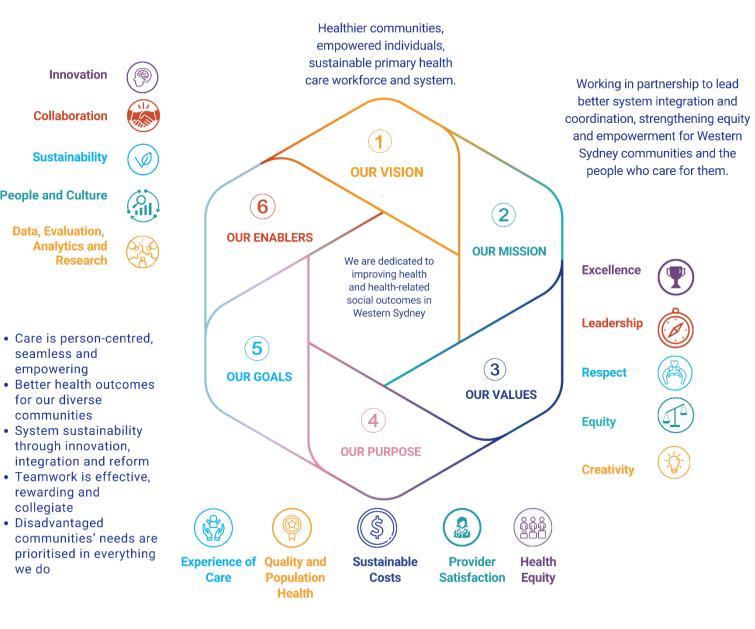
rewarding and collegiate Disadvantaged

we do

empowering

Analytics and

Research



OUR REGION

The Western Sydney region covers about 782 square kilometres, stretching from Wisemans Ferry in the North to Regents Park in the South, and from Epping in the East to Ropes Crossing in the West.

The traditional custodians of this land are the Dharug people.

The area spans four local government areas including:

> Blacktown

> Cumberland

> Hills Shire

> Parramatta

BLACKTOWN

Population: 438,843

Born Outside Australia: 49.6%

Speak Language Other Than English At Home: 46.3%

GP clinics: 122

After Hours GP clinics: 88 (72%)
Urgent Care Centres/Services: 2
Emergency Departments: 2
Medicare Mental Health Centres: 1

CUMBERLAND

Population: 252,399

Born Outside Australia: 65.2%

Speak Language Other Than English At Home: 73.9%

GP clinics: 91

After Hours GP clinics: 73 (80%)
Urgent Care Centres/Services: 1
Emergency Departments: 1
Medicare Mental Health Centres: 0



WESTERN SYDNEY

Population: 1,181,810¹ Born Outside Australia: 58%

Speak Language Other Than English At Home: 51.5%

GP clinics: 336

After Hours GP clinics: 270 (80%)
Urgent Care Centres/Services: 4
Emergency Departments: 5
Medicare Mental Health Centres: 2

HILLS SHIRE

Population: 274,956

Born Outside Australia: 38.8%

Speak Language Other Than English At Home: 44.2%

GP clinics: 60

After Hours GP clinics: 46 (77%) Urgent Care Centres/Services: 0 Emergency Departments: 0

Medicare Mental Health Centres: 0

PARRAMATTA

Population: 215,612

Born Outside Australia: 56.4%

Speak Language Other Than English At Home: 61.8%

GP clinics: 63

AH GP clinics: 50 (79%)

Urgent Care Centres/Services: 0 Emergency Departments: 2

Medicare Mental Health Centres: 1

Sources: Western Sydney Primary Health Network Needs Assessment & Australian Bureau of Statistics

¹ Australian Bureau of Statistics – Population by LGA 2024

REGION AT A GLANCE

WSPHN PROFILE

LGAs: Blacktown, Cumberland, Parramatta, The Hills Shire

Traditional Custodians: Dharug people

Area: 762 km²

Life Expectancy: 85.2 years

Population:

> 2024: 1,181,810 residents

> First Nations residents - 16,531 - 1.6% of the population. 71% of these in Blacktown

SOCIAL DETERMINANTS OF HEALTH

SEIFA SCORES:

Blacktown: 967
 Cumberland: 938
 Parramatta: 1030
 The Hills Shire: 1089

- Unemployment lower than NSW average except in Cumberland and Parramatta
- Higher socioeconomic vulnerability in Blacktown and Cumberland
- Higher developmental vulnerability in children compared to NSW

RISK FACTORS

- > 58.2% of children are sedentary
- > 41.7% of adults are sedentary
- > 2% of adults & 3.1% of children consume recommended vegetable servings
- > Second highest bulk billing rate in NSW at 93.6%
- > 16.7% smoke daily
 - > Blacktown: ~20% (highest)
 - > The Hills Shire: ~10% (lowest)

MENTAL HEALTH

- > 1 in 7 men and 1 in 5 women experience high/yery high psychological distress
- > Top exercises: walking, gym, Chinese exercises (tai chi), jogqing/running
- > Women had higher mental health diagnosis rates than men (GP survey)
- > Women more likely to seek support
- > Men more likely to die by suicide annually

POPLII ATION HEALTH

- > Most prevalent conditions: mental health, arthritis, asthma
- > Higher asthma rates in children (5–9 years) in Cumberland
- > Highest diabetes-related hospitalisations in Cumberland
- Longer life expectancy, but more vears lived with disability

ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH

- > Top 4 preventable conditions: mental health, asthma, arthritis, diabetes
- Less than 1 in 4 First Nations residents accessed MBS715 health check
- AOD service use increased by ~60% 2022 to 2024

AGED CARE

- Home care service usage double that of residential care services
- More women admitted in permanent care and more men in transition care
- Dementia affected 3 in 6 permanent aged care residents
- > The region held 1 in 10 NSW aged care services
- 63 residential care, 122 home care and 99 home support services

WORKFORCE

- Ageing GP workforce fewer GP registrars than GPs set to retire
- Low numbers of GP registrars in Cumberland and Blacktown
- Hills Shire has the fewest nurses and highest average hours worked by nurses in the region
- Lower diversity of mental health staff than NSW at 73.7 FTE per 100,000 residents

COMMISSIONING HEALTH SERVICES

Commissioning is a dynamic and integrated process, not a sequence of discrete steps. Each phase continuously informs and reinforces the next.

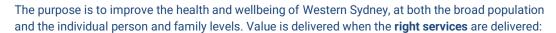
Our role as a commissioner is evolving, where we shift the focus from activity or outputs a service offers to the outcomes it achieves.

We strive to deliver value to our community – creating a relationship between outcomes, resources and context (Hurst et al., 2019). Outcomes are defined not only by clinical results but by how services contribute to population health, community wellbeing, self-management, equity and the person's experience of care. We are committed to shifting the focus from funding activities to delivering value.

To succeed, we must develop partnerships, with community members, people with lived and living experience, researchers, health staff, and like-minded organisations across health, wellbeing, and social sectors. Together, we identify service gaps and emerging needs, and work to co-design solutions aligned to the Primary Health Network priority areas.

Commissioning successfully involves utilising strategy to drive our focus:

- > Our Strategic Plan and Impact Framework
- > Funder and government priorities and local need
- > Quintuple Aim for health system improvement



- > to the right people
- > at the **right place and time**
- > where **outcomes** are measured and evaluation drives continuous improvement



OUR COMMISSIONING FRAMEWORK

Focused on delivering effective, efficient and quality care for the people of Western Sydney, in an environment of continuous improvement, innovation and transformation of the primary health care system.



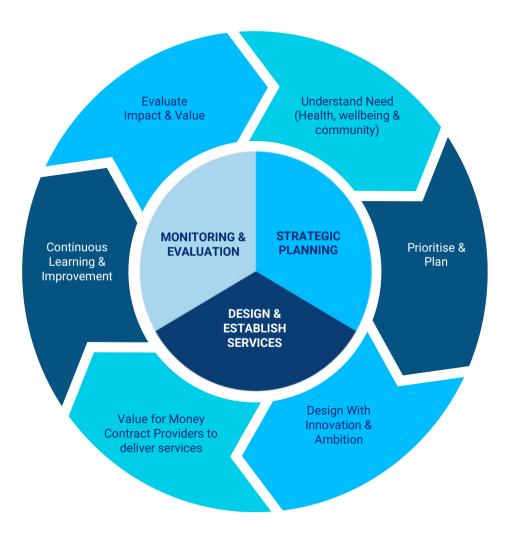
Strategic Planning builds outwards from our strategic plan to understand health and wellbeing needs through consultation and listening, mapping service availability and gaps, and interrogating data, so we can prioritise and design together with a wide range of partners.



Design and Establish Services starts with a co-design mindset - working in partnership, with a focus on outcomes for people and improving how the system works – maturing our understanding of innovation and adaptive solutions along the way; procuring services with a partnership approach, that is system-aware and needs-led.



Monitoring and Evaluation drives continuous improvement in a feedback loop, by measuring what matters, measuring progress and evaluating from the dual lenses of impact and value.



COMMISSIONING FOR BETTER HEALTH OUTCOMES

We are committed to the principle of aligning funding and services with the health and wellbeing needs of our community. We value innovation that embraces needs and local context, working towards a system that delivers measurable, safe, sustainable impacts.

Commissioning is not just a funding mechanism but is a transformational tool to create a more connected, equitable, and resilient health system for Western Sydney.

- > A dynamic, cyclical, adaptive process with a feedback loop for continuous learning
- > Person-centred, relational, and focused on the outcomes people want to achieve
- Informed by evidence, driven by equity, based on an understanding of local place & community
- Collaborative, transparent, and sustainable, here for long-term with stable workforces and integrated systems

Designing Better Outcomes

Designing deliberately, with partners and community. We leverage a program logic approach to guide our conversation and keep a focus on the impact we wish each program or service to have.

This creates connection between the funding available, the resources utilised, what is measured, the evaluation methods we choose, and the services that are designed and procured.

It helps everyone to consider the whole picture—from start to finish—so together the design feeds into the service model with a clear link to the impact it is anticipated to deliver.



COMMISSIONING AT A GLANCE

STRATEGIC PLANNING	DESIGN & ESTABLISH SERVICES	MONITORING & EVALUATION
Health Needs Assessment – we gather data to understand the health & wellbeing needs of local communities, identify service gaps and future opportunities	 Co-design services that meet needs – with engaged stakeholders, program logic, and funding guidelines, we design with innovation and ambition 	Monitor Contract Performance – tracking how closely the service is delivering against the agreed deliverables and how this aligns to the program logic, supporting providers along the way; reward good performance
Stakeholder Engagement – we work with our clinical and consumer councils, community members, organisations, and service providers to identify emerging needs and opportunities	> Engage the service market – with a clear vision we explore the market for providers aligned to our values and able to deliver	Continuous Learning – listening to people using services and those who deliver them, we use reports, site visits, and direct feedback to understand what is working well and where changes are needed
Set Priorities and Outcomes – we identify where change is most needed and define what success looks like	Procure services transparently – make use of a broad range of procurement pathways, chosen to best match the co-designed plan, we appoint suitable providers and issue clear contract agreements	 Continuous Improvement – working with stakeholders we review, evaluate, and co-design each iteration of service delivery
Plan ahead – we plan realistic timeframes to undertake co-design, procurement, service implementation, and evaluation activities	> Establish Services - actively contribute to new service set up, introducing them to existing pathways, and continue to support smaller & emerging providers as long as they need	Impact & Value – formal evaluation of services and programs keep learning alive and drive our knowledge of where impact for community is greatest and how social and financial value are best measured
OUTPUTS	OUTPUTS	OUTPUTS
 Target population groups identified Priority areas for funding identified Draft program logic for each investment stream Relationships built and collaboration priorities agreed 	 Services are co-designed with support from many Selected providers are aligned to our values and ambitions Reporting and evaluation expectations are clear and aligned to program logic & funding guidelines Services are established and supported for success 	 Quarterly reporting dashboards Performance-linked funding adjustments Lessons learned for future co-design and planning Service and population evaluations to understand impact achieved and value delivered

WORKING WITH US

Our commissioning framework focuses on the delivery of co-designed primary health and wellbeing services to the community, through our skilled network of service providers.

We hold ourselves to high standards and pride ourselves on open communication and working in partnership for better health outcomes.

This is what you can expect from us.

PROVIDERS

- > Partner openly and honestly
- > Engage early on new services
- > Understand provider strengths
- > Share health and performance data
- Support capacity building
- > Build strong relationships
- > Co-design outcome-focused solutions
- > Ensure fair and transparent procurement
- > Seek feedback

CONSUMERS & CARERS

- > Engage to understand community needs
- Seek input from people with lived and living experience
- > Seek input from consumer and peak bodies
- > Work for better health & wellbeing outcomes
- > Share data in accessible ways
- > Support health literacy & capacity building
- > Co-design outcome-focused solutions
- > Seek feedback

FUNDERS

- > Allocate resources to areas of greatest need
- > Fund effective health and wellbeing services
- > Evaluate services to understand social and financial value
- > Provide transparent, accurate reporting
- > Build strong stakeholder relationships
- > Use contestable procurement methodologies
- > Strengthen system capacity
- > Take a whole-of-system approach

RESOURCES FOR PROVIDERS

PLANNING RESOURCES

We publish a range of plans and reports which may help you understand our region and opportunities to help us improve health and wellbeing in Western Sydney.

Some important Western Sydney resources include:

- > Health Needs Assessment
- > Activity Work Plans
- > Engagement Framework
- > Integrated Regional Mental Health and Suicide Prevention Plan
- > Integrated Atlas of Psychosocial Care in the WSPHN region

Find out more here

PARTNERSHIP OPPORTUNITIES

If you would like to partner with us, for co-design, tender, or grant opportunities then please sign up to our <u>newsletter</u>.

Upcoming opportunities will be found on this web page and in the TenderLink portal.

To be notified make sure you are registered in Tenderlink and opt in to receive notifications.

CONTACT INFORMATION

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