

Commissioning update

Updated approach 2024 to 2027

31 May 2024

phn
DARLING DOWNS
AND WEST MORETON

An Australian Government Initiative



Local Integrated
Primary Health Care



Acknowledgement of Country

We acknowledge Aboriginal and Torres Strait Islander peoples as the Custodians of the lands we are all meeting on today. I'd like to pay my respect to Elders past and present, as well as emerging leaders, and commit to a future with reconciliation and renewal at its heart.

We recognise that the concepts of land, family and spirituality are directly linked to Aboriginal and Torres Strait Islander peoples' physical, mental, social, spiritual and cultural wellbeing.

I would also like to acknowledge the resilience and wisdom of Aboriginal and Torres Strait Islander peoples as one of the world's longest lasting cultures and recognise our responsibility to contribute towards a more equitable and culturally safe primary care system.



Our region

Our PHN covers the Darling Downs and West Moreton region, which is around 99,000 km² and covers 12 local government areas (LGA).

The major communities in our region are Ipswich and Toowoomba, plus the surrounding communities located in the Lockyer Valley, Scenic Rim, Somerset, South Burnett, Cherbourg, Southern Downs, Goondiwindi and Western Downs LGAs. Our region also includes communities located in the Banana Shire and Brisbane LGA



The PHN Commissioning Framework – let's recap

Commissioning for outcomes and value

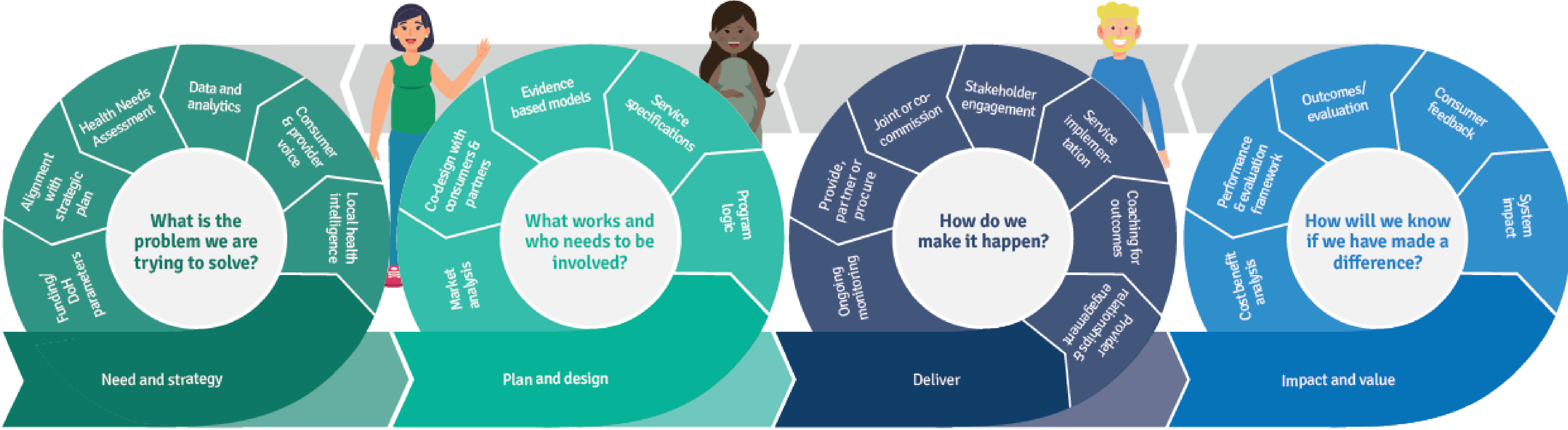
Commissioning is the approach we use to continually improve healthcare for people living in our region

- Systems approach to achieving connected and accessible care
- Move beyond “programmes” to effective health systems “in place”
- Targeted investment where it’s needed most and will have the most impact
- Consumer defined outcomes are measured and inform improvements
- Evidence and data informed decision making
- Facilitate place-based collaboratives to leverage data and local intelligence to get better outcomes
- Explore innovative models of care, place-based solutions and where appropriate digital solutions
- The Quintuple Aim –including the equity lens



Commissioning for outcomes and value

The PHN Commissioning Framework 2022-2027



2022-2024 Achievements

Over the past two years we have had some significant achievements across the region

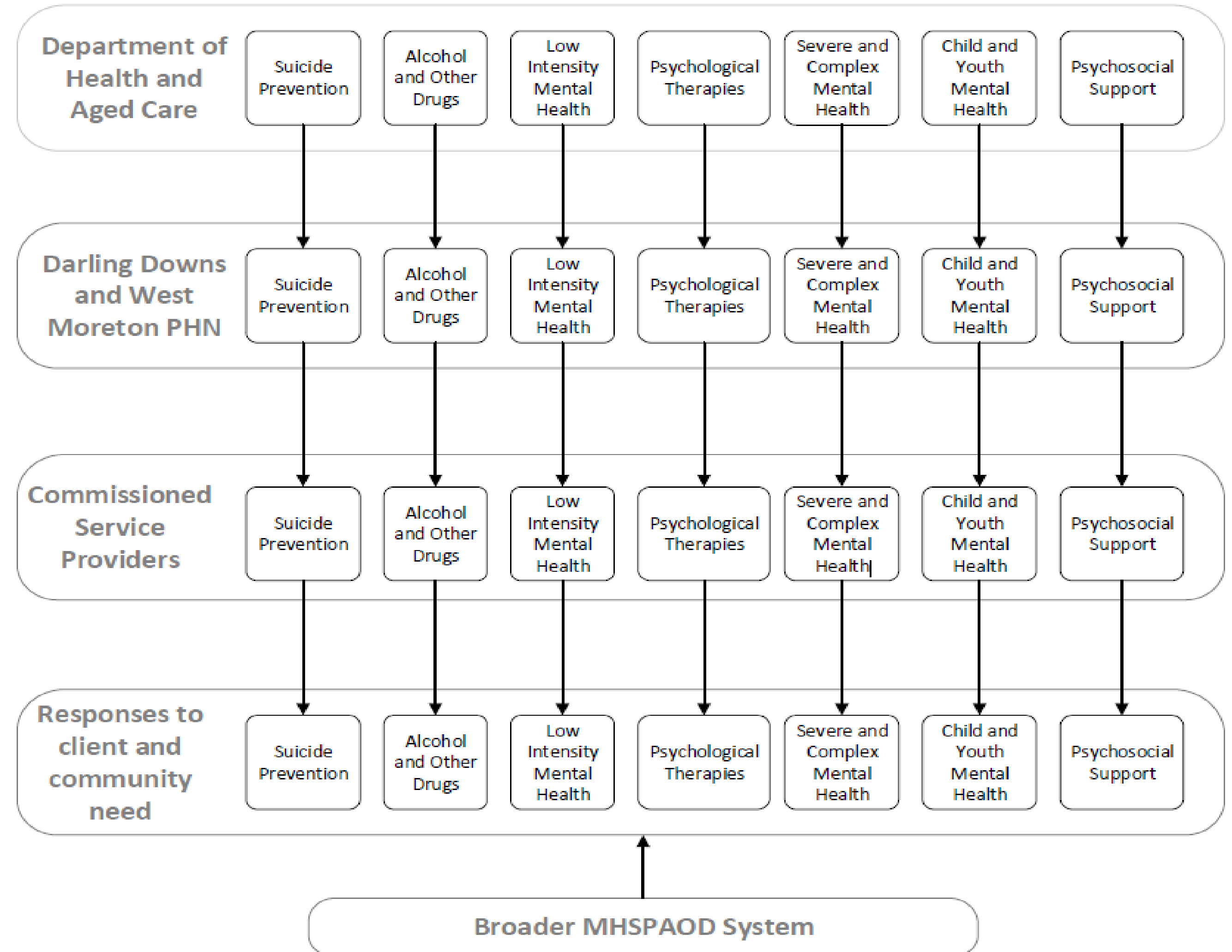
- Head to Health codesign and the opening of services in Centres in Ipswich and Kingaroy
- Delivering on the Healthy Minds, Healthy Lives partnership with West Moreton Health and Darling Downs Health
- Developing the McIntyre Alliance – a cross-border partnership delivering improved health care in Goondiwindi and surrounds
- Deepening engagement with Thriving Qld Kids and hosting the backbone position for Thriving Lockyer
- Opening of 2 Urgent Care Clinics in Ipswich and Toowoomba
- Reallocation of funding for Aboriginal and Torres Strait Islander services to ACCHOs to focus on self-determination

Commissioning in action – moving from good to great

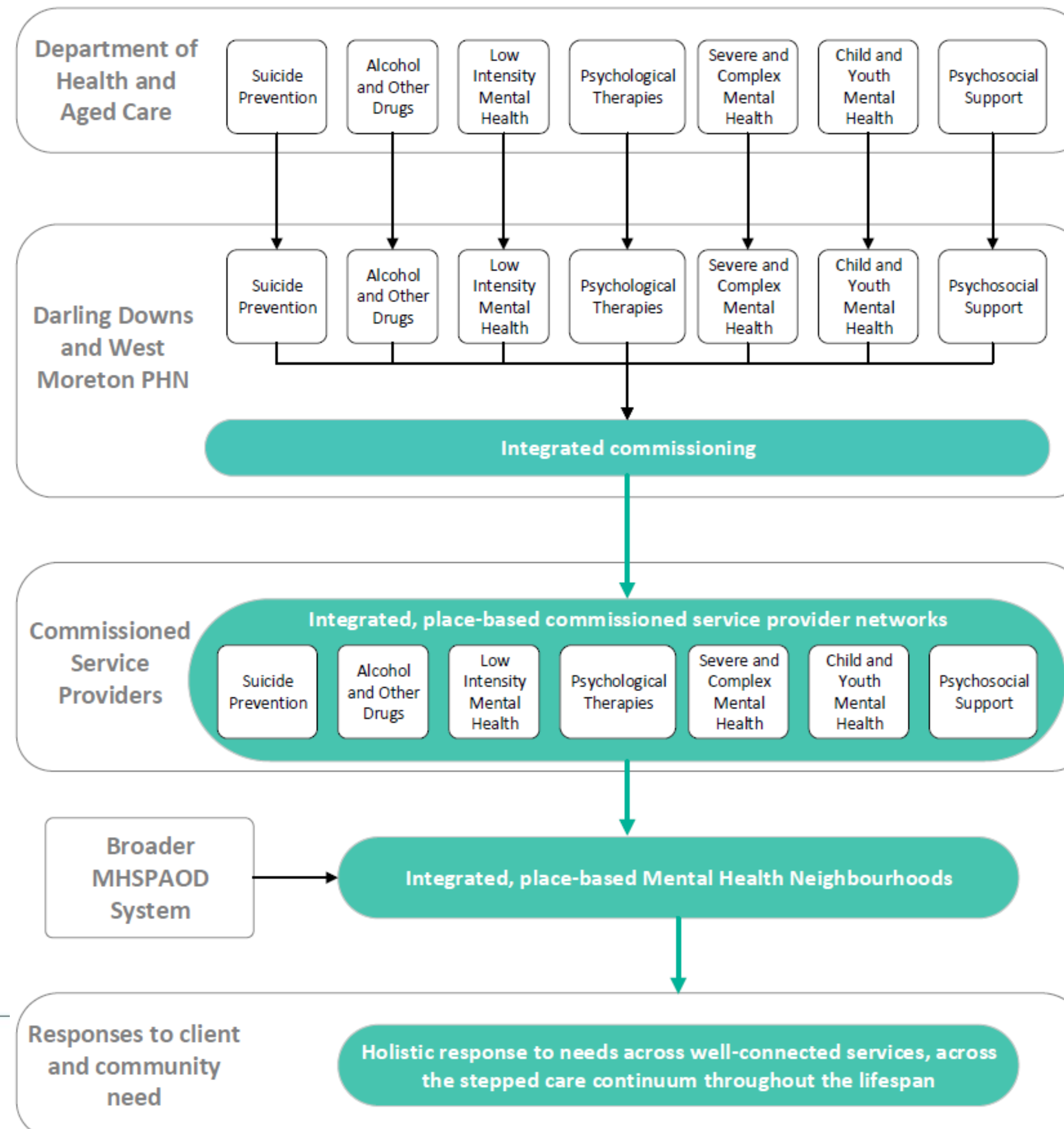
The 2024-2027 horizon for mental health services

The system we currently work in

- Disconnected stream-based procurement, rather than integrated commissioning
 - Funding structures
- *Fifth National Mental Health and Suicide Prevention Plan*
 - Limited integration between commissioned services / wider system
 - E.g., TPT
- Evolving system – Medicare Mental Health Centres and broader bi-lateral initiatives



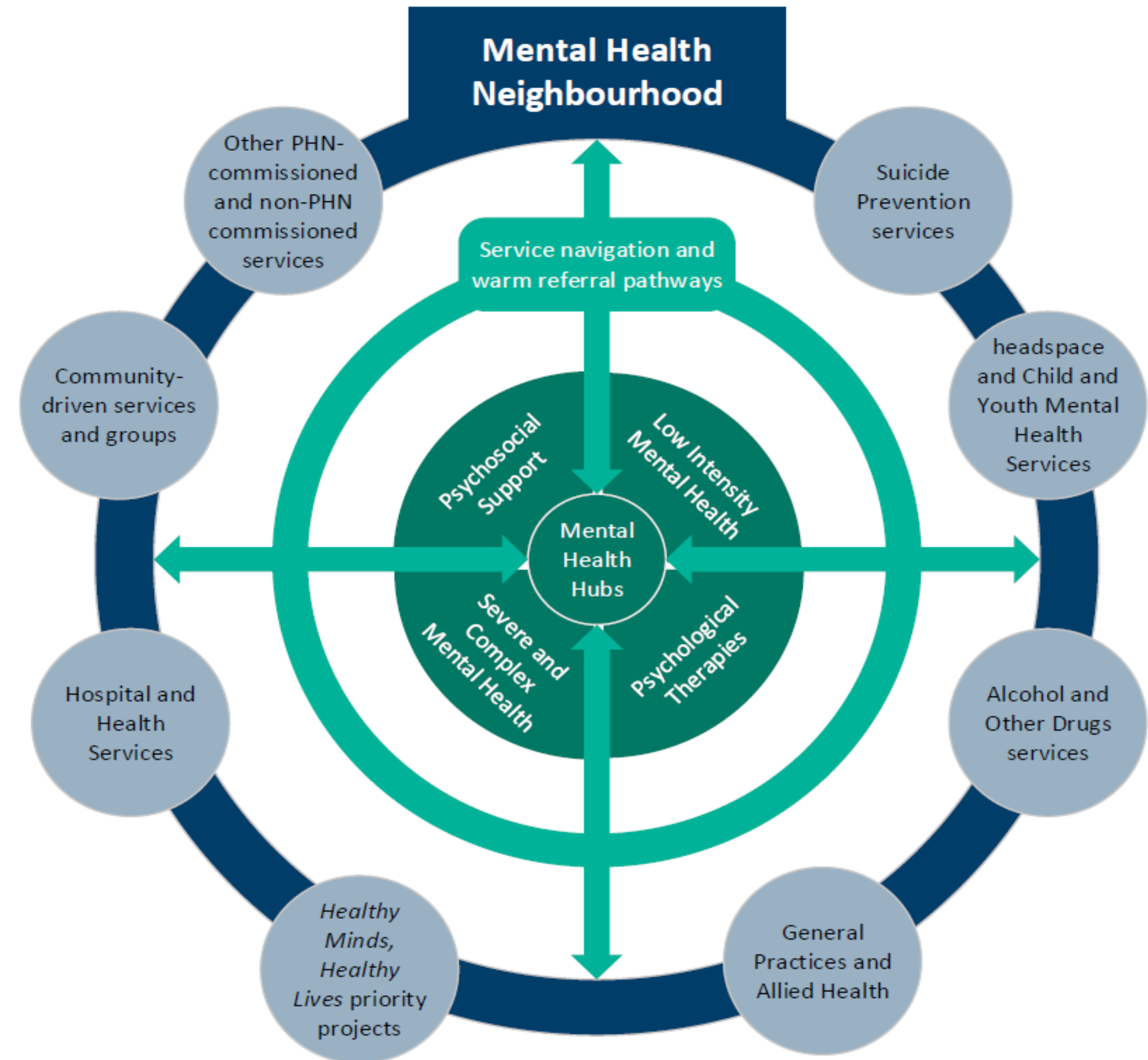
The system we want to create – integrated service delivery



Concept overview

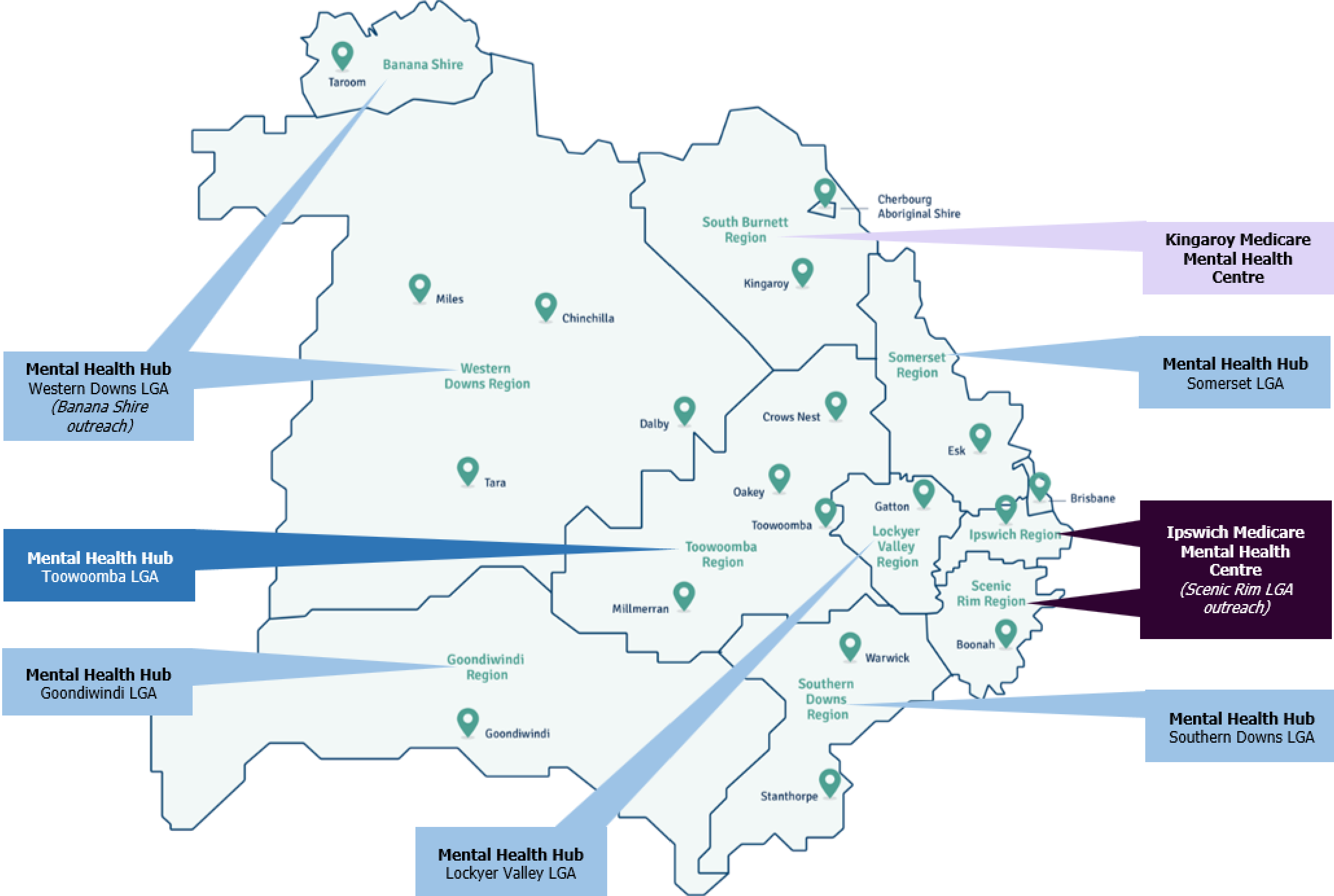
Integrated Mental Health Service Delivery

- Modelled on the original Head to Health principles of a “no wrong door” to accessing integrated care
- Integrated service delivery to enable step up, step down
 - Low Intensity
 - Psychological Therapies
 - Severe and Complex
 - Psychosocial Support
- Seamless, integrated referral pathways to support holistic care
- Codesigned integrated service delivery models
- Integrated within broader Health Care Neighbourhood
- LGA based – a response in every region, commensurate to need/population



What this may look like...

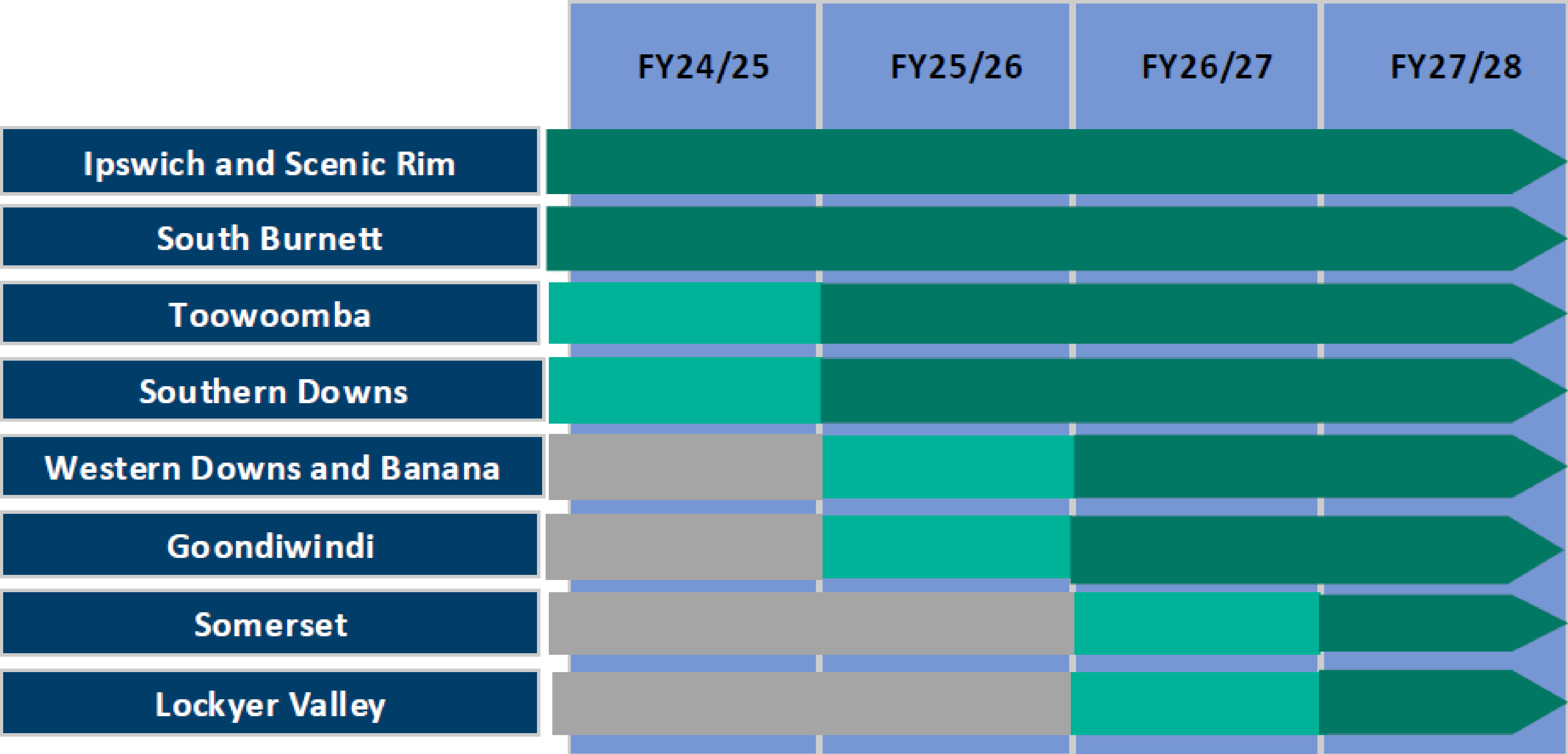
Integrated Mental Health Services distribution



Intended implementation timeline



Intended implementation timeline



Intersecting Projects

- Intersects with key projects, including:
 - **Healthy Minds, Healthy Lives** *joint regional plan* priorities
 - Head to Health Centre expansion (Medicare Mental Health centres)
 - **Head to Health** Assessment and Referral Phone Service
 - Distress Brief Support (DBS) Trial
 - Review, refresh, and integration with alcohol and other drugs services, primary care projects, and other commissioned programs and initiatives

**How we can partner to
achieve this...**

Designing change together

We can only achieve this by working together with agility, flexibility, reflectiveness, and adaptation.

- Partnership with service providers through:
 - Co-design
 - Service uplift
 - Additional feedback and insights
- Support for service providers through:
 - Information webinars (e.g., data collection and reporting)
 - Support around tendering and consortiums
 - Longer contracts where possible

What this means for you

This is an ambitious program which changes the way we approach commissioning including:

- A deeper focus on system and service integration and place-based approaches
- A greater focus on improving reach and impact through innovative service models
- Uplifted contracts with defined KPIs and targets
- More intentional data capture monitoring and analysis to support evidence informed commissioning decisions and embedding continuous quality improvement
- Embedding coproduction to ensure ongoing response to community

What you will see next...

Next steps

- Codesign for the Toowoomba integrated mental health service delivery:
 - Facilitator appointment
 - Briefings
 - EOI for codesign participants
 - Preferred model
- Continuation of work on intersecting projects
- Changes to collecting data, privacy and consent

Any questions?

Thank you for joining us.

Keep up to date and follow us on:



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