

# COMMISSIONING FRAMEWORK

For improved outcomes and experiences

SEPTEMBER 2023

VERSION 3



Leadership



Collaboration



Respect



Accountability



Innovation

Murray PHN acknowledges its catchment crosses over many unceded First Nations Countries following the Dhelkunya Yaluk (Healing River).

We pay our respects and give thanks to the Ancestors, Elders and Young People for their nurturing, protection and caregiving of these sacred lands and waterways, acknowledging their continuation of cultural, spiritual and educational practices.

We are grateful for the sharing of Country and the renewal that Country gives us.

We acknowledge and express our sorrow that this sharing has come at a personal, spiritual and cultural cost to the wellbeing of First Nations Peoples.

We commit to addressing the injustices of colonisation across our catchment, and to listening to the wisdom of First Nations communities who hold the knowledge to enable healing.

We extend that respect to all Aboriginal and Torres Strait Islander Peoples.

*We aspire to be an anti-racist organisation, embedding cultural humility as a daily practice, to improve health outcomes and health equity in our communities. We recognise cultural humility as a life-long commitment to self-reflection, personal growth and redressing power imbalances in our society.*

## Document control

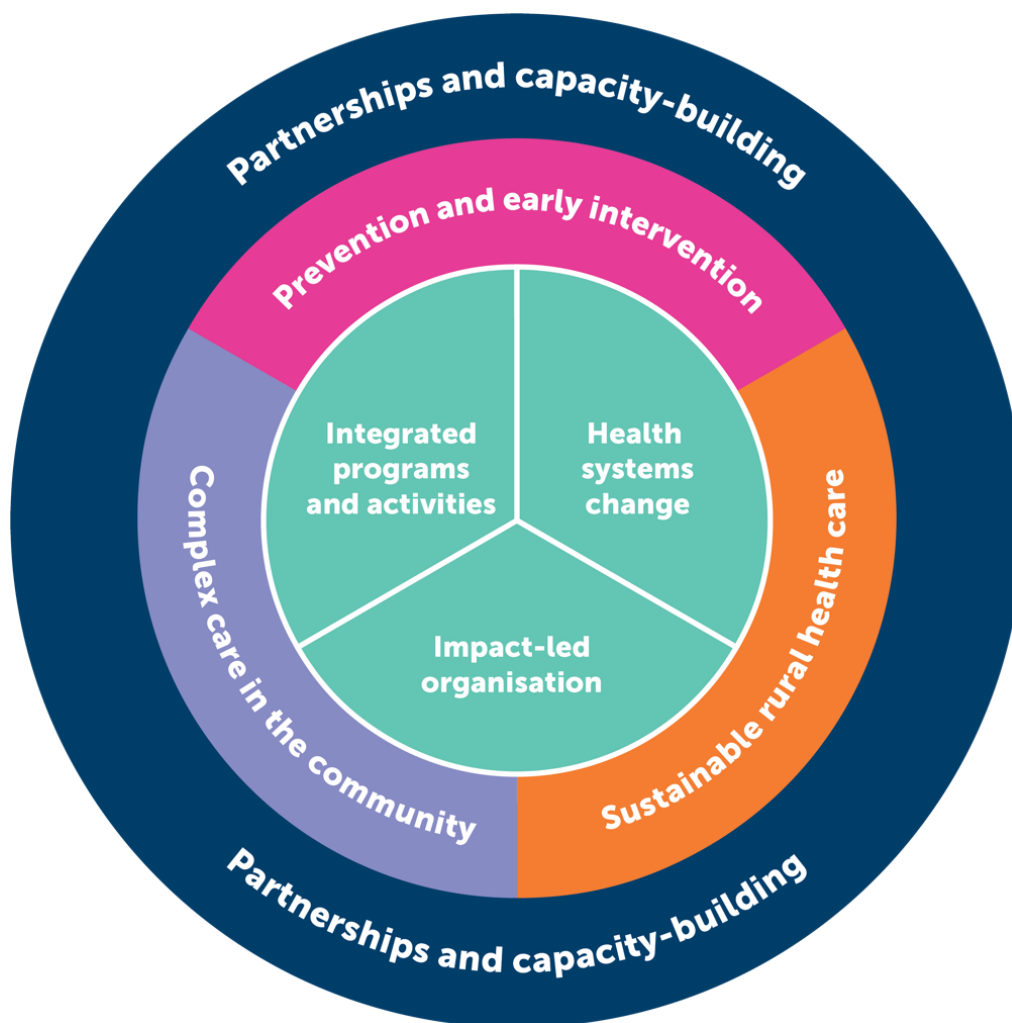
Date	Author	Modification	Version
April 2016	Executive team	Original Commissioning Framework developed	1
November 2016	Executive team	Framework updated to better reflect external environment.	1.1
August 2017	Executive team	Framework updated to include Indigenous Health Advisory Council	1.2
September 2019	Executive team	Framework updated to remove Population Health Planning Advisory Committee and align with Murray PHN Strategic Plan 2019 – 2022.	1.3
January 2020	Executive team	Framework updated to include cultural sensitivity orientation within our commissioning policy and practice.	1.4
November 2021	Chief Operations Officer Director of Operations	Comprehensive review of existing framework, alignment with Murray PHN's new strategic directions in consultation with Contracts and Procurement team, First Nations Health and Healing Lead, Population Health Lead, Quality and Risk Lead	2
May 2023	Acting Chief Operations Officer/Director of Operations Executive Director Communications Director of Evaluation and Health Analytics Chief Strategy and Performance	Comprehensive review of existing framework, alignment with Murray PHN's new strategic directions in consultation with Contracts and Procurement team, First Nations Health and Healing Lead, Strategy and Performance Unit, Quality and Risk Lead, Executive Senior Leadership Team. Alignment to Purposeful Design and Outcomes Thinking	3
September 2023	Executive and Senior Leadership Team	Final Approval	3

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# Definitions

Name	Definition
<b>Anti-racism</b>	Anti-racism encompasses a range of ideas and political actions which are meant to counter <u>racial prejudice</u> , <u>systemic racism</u> and the <u>oppression</u> of specific <u>racial groups</u> . Anti-racism is usually structured around conscious efforts and deliberate actions intended to provide equal opportunities for all people, on both an individual and a systemic level. As a philosophy, it can be engaged in by the acknowledgment of personal privileges, working to change personal racial biases and confronting both acts of racism as well as systems of racial discrimination
<b>Co-design</b>	Co-design is a process for developing services, initiatives and strategies directly with stakeholders - both the eventual users, and the partners and staff who will deliver them. It is a genuine part of place-based solutions in rural areas where it is necessary to build tailored action fit to the needs, strengths and priorities of local communities, identified through co-planning.
<b>Commissioning</b>	Commissioning is a continual and iterative cycle involving the development and implementation of services based on needs assessment, planning, co-design, procurement, monitoring and evaluation. It encompasses this full range of activities, not simply the procurement of services (DoHAC).
<b>Experience</b>	An event or occurrence that leaves an impression on someone.
<b>Outcome</b>	An outcome is the result of a health intervention.
<b>Partnership</b>	A mutually beneficial relationship characterised by co-creation, shared risks and responsibilities, interdependency and organisational transformation. True partnership is about identifying shared value and leveraging the combined strengths of each partner to achieve a level of impact that cannot be accomplished independently.
<b>Procurement</b>	Procurement is the process of finding and agreeing to terms, and acquiring goods, services or works from an external source, often via a tendering or competitive bidding process, or a direct approach to a known provider. Procurement involves making buying decisions under conditions of scarcity. If sound data are available, it is good practice to make use of economic analysis methods such as cost-benefit analysis or cost-utility analysis.
<b>Relational commissioning</b>	A commissioning approach that emphasises strong engagement and communication to achieve quality outcomes from programs, projects and services. It involves aligning mutual strategies and priorities with stakeholders, strengthening improvements and dexterity, and managing shared challenges and risk to ensure deliverables are met, demonstrating a best practice approach to coordination. Relational commissioning at Murray PHN embeds the Weenthunga 4 Rs of Relationships, Responsibilities, Respect and Reciprocity, as we work towards anti-racist commissioning focusing on achieving an equitable society.
<b>Relationship management</b>	A set of communication practices and strategies between external and internal stakeholders that requires specific skills, expertise and approaches to support the achievement of relational commissioning. Relationship management is generally divided into two areas - customer relationship management and business (entity) relationship management, inclusive of contract management.
<b>Self-determination</b>	Indigenous or Aboriginal Australian self-determination is the power relating to self-governance by Aboriginal and Torres Strait Islander Peoples in Australia. It is the right of Aboriginal and Torres Strait Islander Peoples to determine their own political status and pursue their own economic, social, health and cultural interests.
<b>Strength-based approach</b>	The strength-based approach is an approach to people that views situations realistically and looks for opportunities to complement and support existing strengths and capacities to build solutions, as opposed to focusing on, and staying with a deficit lens, thinking about the problem or concern.
<b>Value-based healthcare</b>	Value in healthcare is the measured improvement in a person's health outcomes for the cost of achieving that improvement.



**Figure 1** *Commissioning as an enabler to achieving our Strategic Plan*

## Executive summary

Commissioning takes place within a complex environment shaped by changing policy and social landscapes. It involves a wider range of processes, skills and capabilities than by procurement and contracting alone. It incorporates the tasks and decisions that translate government policy into services and systems that are responsive to community needs and seeks to achieve clear outcomes that reflect the aspirations of the community. It puts people at the centre of services and recognises the specialist knowledge and value of the service sector.

Murray PHN uses various methods to commissioning dependent on the intended outcome, where appropriate, where we can see, understand and influence stakeholder connections across our catchment in a way that facilitates achievement of our strategic goals.

Evidence and experience tell us that change will happen when we focus simultaneously on:

- patient outcomes and experience
- service system capabilities, including workforce
- underserved populations in communities of greatest need and
- quality implementation of well-designed interventions to address need

We also know that change does not happen through the action of one; it is the product of the combined and sustained efforts of many who share a common vision.

Fundamental to the values and vision of Murray PHN is our commitment to improve the outcomes and experiences of our community, with a focus on access and equity in primary healthcare.

We acknowledge systemic change is required to influence the disparity of health outcomes for First Nations Peoples. Our foundational First Nations Health and Healing Strategy has been endorsed by the Board and provides direction for commissioning to improve the health and wellbeing of First Nations Peoples.

Our commissioning framework outlines the structures and policy that guides this work, underpinned by a commitment to support full involvement of Aboriginal and Torres Strait Islander people in shared decision-making and self-determination.

Murray PHN's Strategic Plan determines that we work to strengthen primary healthcare in our region to keep people well and out of hospital, underpinned by our values of leadership, collaboration, respect, accountability and innovation. Our priority areas are integrated programs and activities, health system change and impact-led organisational development.

Murray PHN's Commissioning Framework shows how we partner with consumers, carers and communities, as well as clinical and non-clinical health professionals and government organisations, to improve outcomes and experiences for those in greatest need in rural and regional areas. We are key custodians of rural and regional primary healthcare system development, providing quality primary care and equity of access for all people that will drive value across the system.



# Commissioning as an enabler to achieving improved outcomes and experiences

- Murray PHN is committed to taking a commissioning approach to support value-based healthcare to achieve our Strategic Plan.
- Murray PHN is committed to improve outcomes and experiences for the local population, partnering with consumers, carers and communities, and clinical and non-clinical health professionals, as required, to drive improvements in primary care services and equity of access for all people.
- At the core to this approach is cultivating a strong focus on addressing the needs and delivering outcomes and experiences for our community.

Murray PHN uses a Purposeful Design and Outcomes Thinking Framework to guide our commissioning. Through this we identify need, strategize and design useful interventions, and measure and drive outcomes that are meaningful to the people who deliver and use the services we commission and influence.

## Value for investment

By applying Purposeful Design to our commissioning, Murray PHN ensures that our commissioning is targeted to need and results in value to our community, stakeholders and funders. Murray PHN has defined six dimensions that determine value for investment:



**Figure 2** Murray PHN's dimensions of value

What we assess	What does this look like?
 <b>A. Relevance and Feasibility</b>	Service procurement, commissioning and design are based on need, evidence, providers, workforce and funding
 <b>B. Appropriateness</b>	Service is safe and acceptable, culturally safe, and aligned with other activities and partnerships
 <b>C. Equity</b>	Service access and benefits target those with the highest need. We share our self-determination-based investment decisions with the community
 <b>D. Implementation quality</b>	Relational commissioning supports providers to deliver planned services, with satisfaction reported by both providers and users
 <b>E. Efficiency</b>	Our resources deliver useful activities, outputs and outcomes
 <b>F. Effectiveness</b>	Services deliver service and clinical outcomes, maturing over time

**Figure 3** Describing the dimensions of value

## Key values and principles

Murray PHN's Commissioning Framework provides a high-level outline that is applied across a range of services that we commission to suit the local context and settings, including services for First Nations Peoples, which are underpinned by self-determination within the primary care sector.

It also provides investment to support practice and system-level change, through workforce strengthening and uptake of innovative technology across a continuum of health needs, integrated services, models of care and delivery modes, to suit the local context and settings strengthened by Murray PHN's commitment to anti-racism.

Commissioning is described as an enabler to achieving our Strategic Plan in *Figure 1*. It is an iterative and collaborative process that requires a deep understanding of the evolving needs of the rural and regional community we serve and the key priorities that need to be delivered. It requires:

- services to be co-designed and delivered to meet these needs and use the full capabilities (strengths and priorities), of providers and community groups
- opportunities for collaboration and innovation to be identified and maximised, to challenge thinking, consider all the alternatives and coordinate investment to meet needs.
- alignment to the funders identified need and objectives of the funding

All people living in the Murray PHN region must feel enabled to lead their own health and wellbeing and take a valued place in their family and community.

Service providers have a key role to play, in participating in and leading, all levels of the health service system they use including planning, financing, delivering and evaluating the services they provide.



# Murray PHN's commissioning principles

Our commissioning:

1. Is centred on relationships, engagement, connection, community leadership, partnerships and shared values
2. Develops models of care that are informed by evidence, responsive to need, are strength-based, are locally relevant, and demonstrate progress towards improved outcomes and experiences
3. Ensures that consumers, carers and their families, communities and service providers are enabled to participate in co-design and delivery of models of care
4. Is underpinned by cultural humility, ensuring anti-racist commissioning
5. Is applied across mainstream primary healthcare services
6. Delivers services that strengthen First Nations self-determination underpinned by First Nations worldviews on health and healing
7. Recognises that primary care exists within a broader service system
8. Builds enduring partnerships and relationships that will co-invest where possible and share accountability with us for innovation, quality and systems improvement
9. Strengthens the primary care service system to gain greater service coordination and system integration
10. Strengthens capacity and capability of service providers to meet new and emerging market demands
11. Prioritises effective monitoring and evaluation as a key driver for improving models of care and strengthening our commissioning knowledge and skills
12. Ensures decisions about resource mobilisation and distribution will be based on population health evidence, access and equity, market analysis, value for money and performance
13. Demonstrates commitment to high standards, continuous improvement and principles of good governance
14. Operates in accordance with high standards of probity and transparency in our procurement strategy.

## Commissioning to improve outcomes and experience

Commissioning is an ongoing process of planning, purchasing, monitoring and improving services to meet the needs of the local population. It includes a range of activities to assess the needs of the population, to plan and prioritise services informed by market strengths and capacity, and to purchase those services and monitor the quality and outputs of the services being provided.

Commissioning is a real-time and perpetual change process in the rural and regional sector, working collaboratively to move local health systems towards more sustainable models of care, not only by procuring new or additional services but also by transforming, reorganising and modifying existing services.



**Figure 4** *Murray PHN's commissioning cycle (DoHAC Commissioning cycle)*

# Commissioning strategy

Our evidence-base is built on data, sector consultation, partnerships appraisal, market analysis and community contributions. Drawing on a range of inputs, we apply a combination of different approaches to gain a full picture of community and health system needs, strengths and priorities. We know that complex health issues cannot be solved by the health sector alone. Strategic leadership, collaboration and planning across social and community sectors are important to build collective knowledge and to find ways to share resources to address rural and regional priorities.

Underpinning our strategy is our recognition of the health inequity that exists with Australia's First Nations Peoples. Our strategy approach recognises the four priority areas of Closing the Gap:

1. Ensuring Aboriginal and Torres Strait Islanders' own governance and decision-making structures are supported
2. Recognising Aboriginal Community-Controlled Health Organisations are an act of self-determination where Aboriginal and Torres Strait Islander people know and deliver services to their communities based on their needs, cultures and relationship to Country
3. Confronting institutionalised racism in government mainstream institutions and agencies to ensure Aboriginal and Torres Strait Islander people can access services they need in a culturally safe way
4. Sharing data and information with Aboriginal and Torres Strait Islander people to ensure Aboriginal and Torres Strait Islander people have more power to determine their own development.

## Relational commissioning

Relational commissioning is a commissioning approach that emphasizes strong engagement and communication in rural and regional areas, to achieve quality outcomes from programs, projects and services without unduly stressing markets and creating competition.

It involves aligning mutual strategies and priorities with stakeholders, strengthening improvements and dexterity, and managing shared challenges and risk, to ensure deliverables are met, demonstrating a best practice approach to coordination. Relational commissioning includes the Weenthunga 4 Rs of Relationships, Responsibilities, Respect and Reciprocity as we work towards anti-racist commissioning focusing on achieving an equitable society. Relational commissioning is applied through planning, design, procurement, contract management, evaluation and contract closure.

## Community connections

- Is the cornerstone of commissioning for outcomes and experiences that make sense to local people.
- Our staff having local connections to our community facilitates collaboration at the local level and are critical to successfully progressing towards an integrated system of patient care.

## Community choice

- Individuals having a choice and being able to access the right support, from and in the right place, at the right time is at the heart of our commissioning framework.
- Authentic consumer engagement includes consulting our Advisory Councils and other networks about their lived experience.

## Anti-racist commissioning towards achieving an equitable society.

- Weenthunga 4 Rs: Relationships, Responsibility, Respect and Reciprocity.

# The role of health system quintuple aims

We are required to drive performance through commissioning with a focus on achieving the quintuple aims. In 2008, the US-based Institute for Healthcare Improvement (IHI) published a paper that described what its authors called the Triple Aim – the goal of healthcare that worked to enhance the care experience, improve population health and reduce costs. In subsequent years, the triple aim was expanded to become the quadruple aim with the addition of workforce wellbeing and safety, acknowledging the growing challenges of burnout in the healthcare workforce. [IHI Triple Aim 2008](#)

In 2022, even as the triple aim was still not universally achieved, contributors to the IHI proposed adding a fifth aim – to advance health equity – acknowledging the various determinants that allow people across society to achieve good health.

Experts noted that the COVID-19 pandemic drew attention to the lack of health equity in many parts of the world, where many disenfranchised groups experienced higher rates of morbidity and mortality from infection. [IHI Quintuple Aim 2022](#)

From triple aims through to quintuple aims, none of the aims are intended to be tackled independently – the authors of the aims have argued that each aim reinforces the others and creates a system that is significantly more than just the sum of its parts.

The quintuple aims play a key role in the work commissioned by Murray PHN through its purposeful design processes.



**Figure 5** Murray PHN's overarching quintuple aims

## Application of the Commissioning Cycle - What we do

Murray PHN applies a Purposeful Design and Outcomes Thinking methodology to our commissioning cycle (*Table 1*). A key component of this is firstly understanding the health needs of our region to ensure services are available in the most appropriate location for specific sub-groups relative to the investment purpose.

Our work designing and commissioning services is informed by our annual regional Health Needs Assessment (HNA) and other nuanced health needs assessments. We also explore opportunities within the local market. To address population health and service needs, we draw from detailed evidence and analytics, clinical and community engagement mechanisms, including our primary care workforce, advisory councils, our First Nations Voice through Aboriginal and Community Controlled Health Organisations (ACCHOs) and community, that inform service planning and appropriate models of care.



**Figure 6** Murray PHN's process for determining health needs

The commissioning cycle defines six steps to commissioning and how we relate this to Purposeful Design, facilitating a consistent process is undertaken ensuring appropriate allocation of funds and best outcomes for our community (*Table 1*).

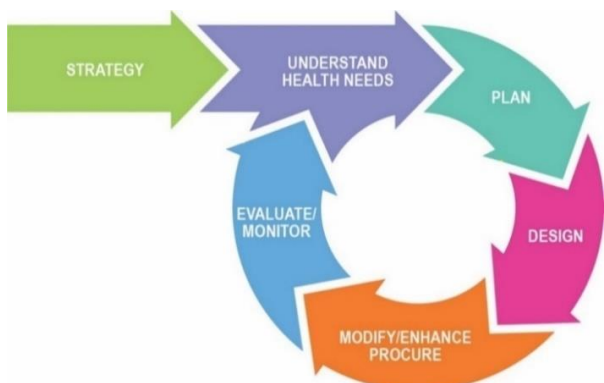
**Table 1 Commissioning cycle aligned to Purposeful Design and Outcomes Thinking Process**

Commissioning Cycle	Purposeful Design and Outcomes Thinking Approach	How we do it?
Needs Assessment	<b>Strategizing</b>	Align the development of strategy with the health needs assessment, stakeholder input and other relevant information
Annual Planning		<p>Internal cross functional teams collaboratively working on the planned approach and understanding the market and partnership opportunities related to getting value for this investment.</p> <p>Work with our stakeholders; we use an evidence-based approach to understand the capacity and capability within the primary healthcare system and services.</p> <p>We work together to identify opportunities to improve access to services and integrated care through scenario testing.</p> <p>We determine key inputs, activity and planned impact.</p> <p>We determine the value for investment focus of this investment (VFI)</p> <p>Refreshing or developing relevant activity work plans</p>



Commissioning Cycle	Purposeful Design and Outcomes Thinking Approach	How we do it?
Designing and Contracting Services	Designing	<p><b><i>Internal cross functional teams collaboratively working on the design</i></b></p> <p>Supporting a place-based and co-design approach, when relevant, with stakeholders that facilitates a collaborative dialogue to design programs addressing need, informed by 'place, problem, population', or the 3Ps.</p> <p><b><i>Local Knowledge and co-design</i></b></p> <p>Working in partnership with general practice, First Nations Peoples, allied health and local health services, Advisory Councils, ensures that services are designed according to local needs and around practice-based evidence that supports the sector to transform to an anti-racist one.</p> <p><b><i>Designing the intervention theory</i></b></p> <p>Recognise the importance of developing place-based systems of care. It requires an understanding of the breadth of current relationships between providers of healthcare and its relationship to broader social and community constructs. It examines relative strengths and gaps in the service system.</p> <p>In practice, this means working collaboratively to understand opportunity and impact to providers and to develop models of care that can extend beyond organisational and service boundaries. In doing so, Murray PHN aims to:</p> <ul style="list-style-type: none"> <li>• build a coherent picture of demand and supply of services across a given area</li> <li>• explore how networks of care operate, so that we can better understand individual pathways</li> <li>• where there is opportunity to do so, influence greater coordination and integration to improve patient experiences, outcomes, cultural safety and system efficiency</li> <li>• build relationships across health and social services and the wider sector, facilitating holistic, community-based solutions to complex problems</li> <li>• clarify financing models across organisations and ensure that procurement processes and contracting arrangements align to improve value.</li> <li>• develop new models of service delivery that meets the needs of the community, including developing the capability of the workforce to support implementation, including the use of alternate workforce models</li> <li>• be clear about the specific focus of the value for investment criteria and monitoring framework for this investment</li> <li>• be clear on costed inputs</li> <li>• be clear and have developed draft procurement strategy</li> </ul>
Shaping the Structure of Supply		

Commissioning Cycle	Purposeful Design and Outcomes Thinking Approach	How we do it?
<b>Shaping the Structure of Supply</b> <b>Shaping the Structure of Supply cont.</b>	<b>Procurement Governance</b>	<p>We determine the approach to market, ensuring commissioning does not drive competition, but requires health services to work together, strengthening integration and coordination to provide a local system of care to the community, particularly for people in rural and regional areas living with complex and chronic conditions.</p> <p>Murray PHN is committed to open and transparent procurement that:</p> <ul style="list-style-type: none"> <li>• supports our commitment to anti-racism</li> <li>• places the needs and the experiences of the person and the community at the centre</li> <li>• looks to build capacity of health workforce through integrated and networked approaches across health services</li> <li>• enables dialogue to develop evidenced, locally relevant shared models of care to suit the setting and local needs</li> <li>• creates opportunity to develop locally based solutions to achieve required outcomes</li> <li>• reflects the responsible stewardship of public funds for demonstrable public benefit.</li> <li>• apply a range of different procurement approaches to suit a range of contexts and circumstances</li> <li>• ensures all elements of procurement has the appropriate governance structures in place to ensure application of the highest levels of probity</li> <li>• ensures the most appropriate and equitable procurement approach through development of the procurement plan</li> <li>• ensures the Accountability framework is applied to ensure approach and expenditure is approved at the appropriate levels of delegation</li> </ul>
	<b>Procuring</b>	<ul style="list-style-type: none"> <li>• Market approach requesting submissions</li> <li>• Evaluation panel formed to review submissions, ensuring capability to deliver</li> <li>• Reviewing the intended organisations counter party risk assessment</li> <li>• Finalise authority to commit and approval through appropriate delegations</li> </ul>
	<b>Implementation checking – occurs across the commissioning cycle</b>	<ul style="list-style-type: none"> <li>• Internal development of required documentation</li> <li>• Contract management and financial systems readiness</li> <li>• Helping organisations to be ready to implement the service – education and training, service expectations, data collection and reporting</li> <li>• Contract inception meeting</li> </ul>
	<b>Contracting</b>	<ul style="list-style-type: none"> <li>• Refining the contract and relevant schedule</li> <li>• Applying legal oversight</li> </ul>

		<ul style="list-style-type: none"> <li>Ensuring contracts are designed for easy application by provider</li> <li>Contracts are executed and services commence in an appropriate time frame</li> </ul>
Managing Performance	Implementation and refining	<p><b>Implementation Coordination</b></p> <p>Murray PHN outlines expectations provides support and opportunities to develop funded organisation capability. Facilitates linkages to like programs, and where relevant community of practices.</p> <p><b>Continuous evaluation of Murray PHN's work ensures commissioning delivers on improved outcomes and experiences and value for investment.</b></p> <p>The continuous cycle of commissioning work - that includes monitoring, review and redesign (adjustment) of our funded programs - ensures that we work alongside our commissioned providers to deliver on the expectations of the contracted service. Where there is difficulty in meeting our expectations of the contract, we will continue to provide guidance, support adjustment until the objectives are achieved, or to determine if reallocation or disinvestment is required.</p>  <p>Quality clinical governance, risk management, patient access and experience are cornerstones of our ongoing monitoring and performance reporting.</p> <p><b>Value for Investment criteria</b></p> <p>The Purposeful Design and Outcomes Thinking Framework allows us to undertake continuous monitoring and evaluation of our planned interventions. In line with the First Nations Cultural Safety Framework, published by the Australian Evaluation Society, our approach to evaluation will be grounded in relevant First Nations approaches and worldviews, aligning to the four priority reform areas from the National Agreement on Closing the Gap.</p> <p>Intelligent data capture, review and analysis will further add depth to our commissioning approach, as it will enable internal and external stakeholders to work smarter and more collaboratively, with quality improvement centred on robust and sound data collection.</p> <p>Critically, our focus is on upholding the Indigenous data sovereignty and governance principles, including the use of strength-based approach to data.</p>
Evaluation		

## Procurement approaches

*Table 2 Procurement approaches*

Approach	Details
<b>Expression of interest</b>	An approach used when the organisation is seeking to gain a more detailed understanding of the market and a range of solutions that may be available. It is an invitation to engage in procurement activity but is non-binding. It may be the first stage in a multi-stage procurement process. An expression of interest will normally proceed a Request for Proposal (RFP), Tender, Direct Approach and Grant Application. An expression of interest is not always required.
<b>Request for Proposal</b>	A request for proposal (RFP) is a document that announces a funding opportunity to deliver a service, describes, the application process, the requirements of the service and encourages submissions from qualified contractors to complete it.
<b>Tender</b>	A 'tender' is the process of an entity/organisation inviting suppliers to provide a formal written submission for a good or service.
<b>Open Market</b>	This process requires service providers to address and demonstrate tender requirements in line with identified needs and project objectives. An open tender may result in one provider being awarded the contract or a panel of providers.
<b>Direct approach</b>	This approach is applied where there is a clear and demonstrable capability for a service provider/s to meet the desired outcome. For example, we will apply a direct approach with Aboriginal Community Controlled Health Organisations (ACCHOs) where commissioned services are intended for Aboriginal and Torres Strait Islander people in their community. ACCHOs should also be invited to open and limited tenders where they are able to provide the required services. Direct approach relates to when there is a need to continue services with an existing provider.
<b>Limited or closed tender</b>	Specific providers are invited to participate in the tender. It is not open to any other providers.

# Governance and accountability

Murray PHN has a Governance and Accountability framework that is reviewed and revised annually. The following table outlines the roles and responsibilities to deliver on our commissioning requirements.

**Table 3 Governance and accountability**

Role	Responsibilities
<b>Murray PHN's Board of Directors</b>	<ul style="list-style-type: none"> <li>• Approve the Strategic Plan and forward operational budgets to address priorities and strategies</li> <li>• Approve commissioning intent and procurement approaches in accordance with the Operational Instrument of Delegation</li> <li>• Consider and provide feedback to advisory councils about healthcare issues, opportunities and matters of advocacy</li> <li>• Approve key organisational planning frameworks including population health, clinical governance, stakeholder engagement and enterprise-wide risk</li> </ul>
<b>Clinical and community advisory councils, and First Nations Health and Healing voice</b>	<ul style="list-style-type: none"> <li>• Provide Indigenous, clinical and community perspective to local area needs, priorities and health system gaps and opportunities</li> <li>• Inform models of care and commissioning priorities by facilitating input, community and workforce experiences and strengths from clinical, community and Indigenous networks</li> <li>• Support and enable effective engagement</li> </ul>
<b>Murray PHN CEO, executive and senior leadership teams</b>	<ul style="list-style-type: none"> <li>• Report to the community, the Board and our funders on the scope and impact of commissioned activity relative to health system needs, local area priorities and improved health equity for underserved populations across the Murray PHN catchment</li> <li>• Develop and execute annual business plans and needs assessment in accordance with the approved Strategic Plan</li> <li>• Design and execute commissioning strategy and procurement plans approved by the Board</li> <li>• Monitor and evaluate the efficacy of commissioned services and investment relative to priorities and underserved populations</li> <li>• Facilitate and broker partnerships and collaborative opportunities with services, sectors and government in line with shared purpose</li> <li>• Use evidence-based research to develop innovative models of care in line with service system characteristics and local needs</li> <li>• Lead staff capability building, knowledge and resource management and change management</li> <li>• Lead organisational change and development in line with our values of leadership, collaboration, innovation, knowledge, and accountability</li> </ul>
<b>Murray PHN leads and employees</b>	<ul style="list-style-type: none"> <li>• Support and strengthen partnerships with health services through a relational commissioning approach</li> <li>• Surface and contribute local evidence about experiences, capacity and needs to organisational commissioning processes</li> <li>• Manage and execute projects and commissioning activity in line with intended purpose and account for its performance aligned with Organisational Instrument of Delegation</li> <li>• Practice and model organisational change and development in line with organisational values of leadership, collaboration, innovation, respect and accountability</li> </ul>



## Related documents

*Table 4 Related documents*

Focus	Title	Status
<b>People and Partnership</b>	Stakeholder Engagement Framework	Endorsed
	Partnership Framework	In development
	Self-determination Framework	In development
	Unfair Contract Terms Act	Consumer Affairs Victoria
<b>Performance</b>	Performance and Reporting Framework	Endorsed
<b>Quality and</b>	Clinical Governance Framework	Endorsed
<b>Risk</b>	Enterprise-Wide Risk Framework	Endorsed
<b>Governance</b>	Governance and Accountability Framework	Endorsed
	Anti-racist Framework	Planning
	Diversity and Inclusion Framework	Planning
<b>Internal Capacity</b>	Organisational Development Strategy	Endorsed
<b>Procurement</b>	Procurement Policy	Endorsed
<b>Performance</b>	Purposeful Design and Outcomes Thinking Framework	Endorsed
	Program Management and Reporting Framework	DoHAC