Organisation name

Brisbane North PHN

5.1 What is your experience with and reflections on place-based funding approaches?

Partners 4 Health, operating as Brisbane North PHN, are one of 31 Primary Health Networks across Australia. Our region covers approximately 4100 km2 of urban, regional and rural areas, with a population of over one million.

In 2013, the Brisbane North PHN was successful in winning an open tender to deliver Home and Community Care (later called Commonwealth Home Support Services) services to approximately 3,500 consumers through a consortium-based bid. Through an Expression of Interest process, the Brisbane North PHN established a group of accredited aged care providers interested in being part of the CHSP consortium with an emphasis placed on delivering culturally appropriate services to Aboriginal & Torres Strait Islander people and people from culturally and linguistically diverse backgrounds.

Over the 10 years since inception, this consortium has grown into a collaboration of 18 not for profit organisations including 13 aged care peak organisations, 4 peak body organisations and Brisbane North PHN functioning as the Consortium lead/backbone organisation. It now provides services to over 9,000 consumers per annum and has grown and evolved in terms of the number of service types delivered, the maturity of consortium partner relationships, governance arrangements and level of collaboration and capacity.

The Consortium has consistently delivered over 100% of required outputs for the Department and a significant over-representation of First Nations people receiving services. The consortium commissioning model involves more than sub-contracting of services and includes a focus on collaboration to achieve effective and efficient large scale service delivery,and having a positive impact on the quality of aged care services, the broader aged care sector and the aged care system. Through an MOU, Consortium members commit to delivery of all funded outputs -supported by funding redistribution mechanisms.

5.2 What innovative approaches could be implemented to ensure the grant funding reaches trusted community organisations with strong local links?

Across Australia - as regional commissioning organisations - PHNs have implemented a broad range of programs and activities to improve the health of people within their regions. PHNs act as planners, commissioners, and integrators for services within their regions. They have built a body of evidence that demonstrates their capacity for understanding, analysing and prioritising local needs and services, and collaboratively developing localised responses to meeting those needs. PHNs have a particular focus on vulnerable populations.

Regionally-based commissioning enables commissioning organisations to establish criteria that ask organisations (for example) to demonstrate/explain their current footprint of service delivery in the region; the range of services they currently deliver and who and how they would link to other relevant organisations within the region. Locally based assessment panels can then apply their knowledge of the local service delivery landscape to the responses received to determine the most appropriate mix of service providers for the delivery of relevant services.

5.3 Which areas do you consider have duplicative funding or gaps you think need to be addressed, and what is the evidence?

Analysis of data and qualitative feedback by Brisbane North PHN across a range of aged care programs (care finder, Regional Assessment Service, Commonwealth Home Support Programme, Home Care Packages) together with demographic and health data, indicate increasing demand for services due to an ageing population, increasing prevalence of chronic health conditions and increasing levels of frailty among older people in the community. Clinical supports for CHSP clients indicate complexity – with more nursing and allied health and less domestic assistance over time. Clients are increasingly needing social support services to address isolation as well - this has been amplified during COVID.

Growth in service provision and demand: RAS, CHSP (PHN delivered) and Home Care Packages (non-PHN delivered service) have all seen increases in activity delivered and in some instances are not keeping up with demand. There have been increases in rejections for RAS, lack of supply of CHSP services and care finder commenced as a new service in 2023 and is already nearing capacity. Clients are also often referred on to other services which indicates an increased need for aged care services, housing and homelessness services or other services alongside PHN funded services.

PHNs are required develop annual health needs assessments in consultation with key stakeholders,

including our local hospital and health service, clinicians, service providers, community and consumer representatives. The assessments outline the health and service needs of the population and healthcare system within our region and highlight key gaps in services. These needs assessments are available on each of the 31 PHNs websites - for example: https://brisbanenorthphn.org.au/about/commissioning-reports-plans

5.4 Where there is a community-led change initiative, could shared accountability to community and funders (government) strengthen service delivery?

Based on the experience of the healthy@home Consortium (mentioned above) that was formed 10 years ago in the Brisbane North PHN region, shared accountability to community and funders has enabled:

- consistent delivery of more than 100% of outputs - ensuring that all funding received results in services delivered to our community. Service providers state that they are highly committed to delivering on the agreed targets within the Consortium because no organisation wants to let others in the Consortium, or the community down

- spreading of risk through transparent distributions of funding within the Consortium. When service providers have experienced difficulties within meeting expected delivery targets, conversations have flowed to consider how those organisations could be supported more to deliver, or have resulting in mutual agreements to transfer funding from one provider to another/others to ensure full delivery of services to the community

- sharing of information and resources through mutual support and collaboration (rather than competition)
- increased capacity to support people with particular needs (e.g. CALD community, First Nations people

- more effective management of change and ability to inform policy makers about impacts of policy changes.

These outcomes have been achieved through a shared focus on outcomes for the community, building of trust and an environment of collaboration rather than competition, a focus on the collective impact, sharing of data and a commitment to continuous improvement.

6.3 What does success look like?

Optimal outcomes for the community; services that address need; a strong, vibrant, capable, adaptable, responsive community sector that is clear about the objectives being sought, but has some autonomy to make decisions within their local environment and service context about how to deliver services.