

Gippsland Health Network Ltd trading as Gippsland PHN

Population Health Planning Governance Framework



Gippsland PHN is committed to Population Health Planning as a core function which involves gathering data to determine the unique health priorities of our region. This Framework outlines Gippsland PHN’s integrated approach to Population Health Planning, which will be consistent with Population Health Planning principles. The purpose is to influence work plans and all other activity within Gippsland PHN and key external stakeholders to achieve the vision of a measurably healthier Gippsland.

This Framework overarches all policies, procedures, workflows and guiding documents and supports a consistent and well-regulated process across all business functions of Gippsland PHN.

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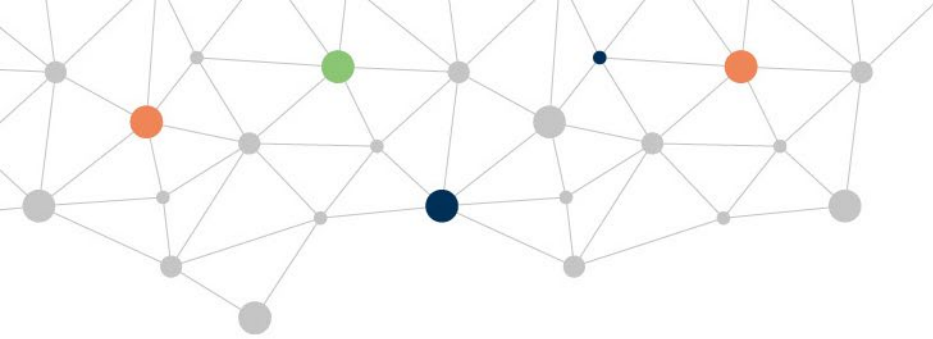
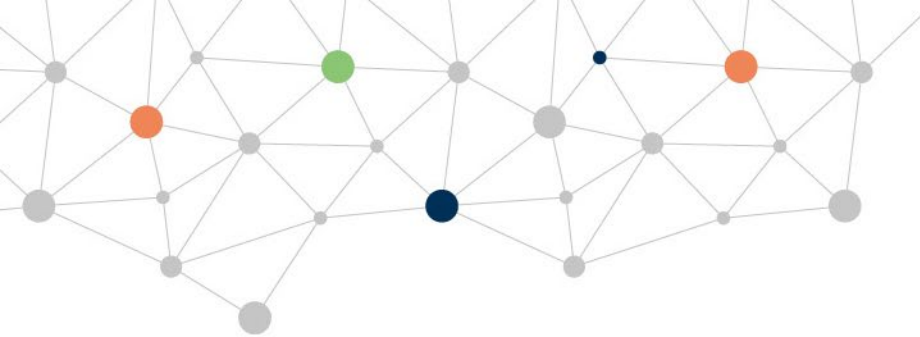


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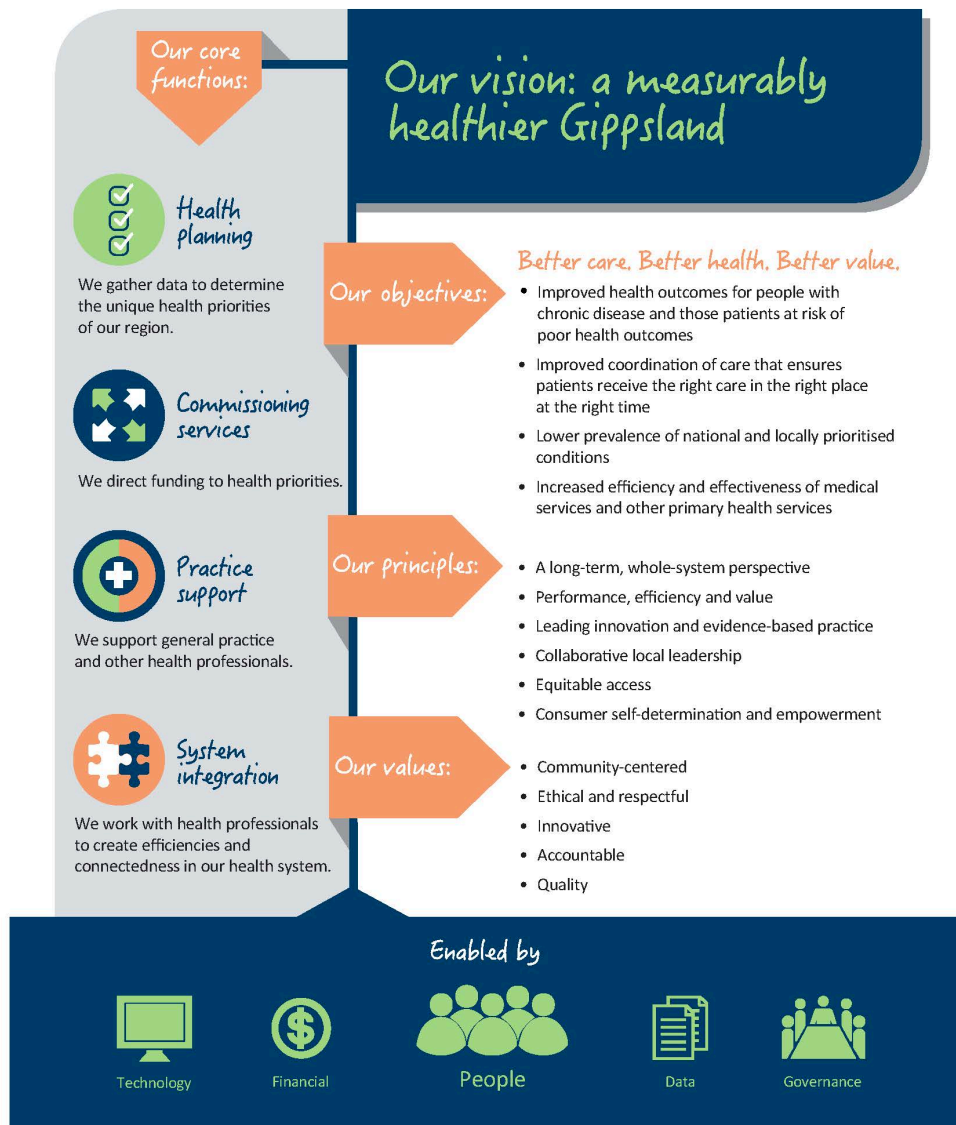


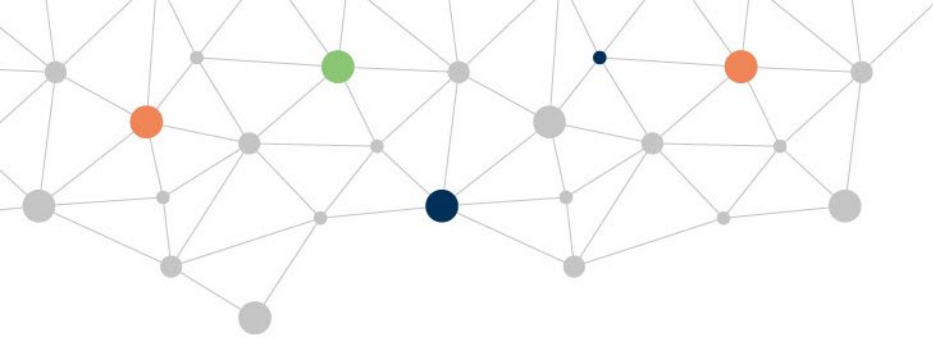
1. Introduction

1.1 Organisational Context

Gippsland PHN’s vision is for a measurably healthier Gippsland; one of the four core functions to achieve this vision is Health Planning.

Gippsland PHN Strategic Directions





Gippsland PHN has a Board of Directors with an Audit, Risk and Finance Committee, Clinical Governance Committee, CEO Performance and Remuneration Committee and Director Independent Selection and Remuneration Committee reporting to the Board. This ensures a dynamic coverage of topics and authorities are in place to govern process and approvals for organisational documents.

1.2 Purpose and structure of this Framework

This document sets out the Framework for Health Planning work at Gippsland PHN, including:

- mandate,
- underpinning principles,
- internal and external stakeholder relationships,
- reporting requirements such as the needs assessment, and
- how population health relates to commissioning of services.

A graphical overview of the Health Planning Framework is provided at the end of this document.

1.3 Reference documents

This Framework has been prepared having regard to the following documents:

- Gippsland PHN Commissioning Governance Framework
- Gippsland PHN Community and Stakeholder Engagement and Communication Governance Framework
- Gippsland PHN Data Governance Framework
- Gippsland PHN Ethics and Research Governance Framework
- Commonwealth Department of Health (DoH) Standard Funding Agreement
- DoH Primary Health Networks Needs Assessment Guide, December 2015
- PHN Program Performance Framework

1.4 Definitions

Population Health Planning at Gippsland PHN will be undertaken using a Population Health approach.

Population Health is defined by the Australian Institute of Health and Welfare (AIHW):

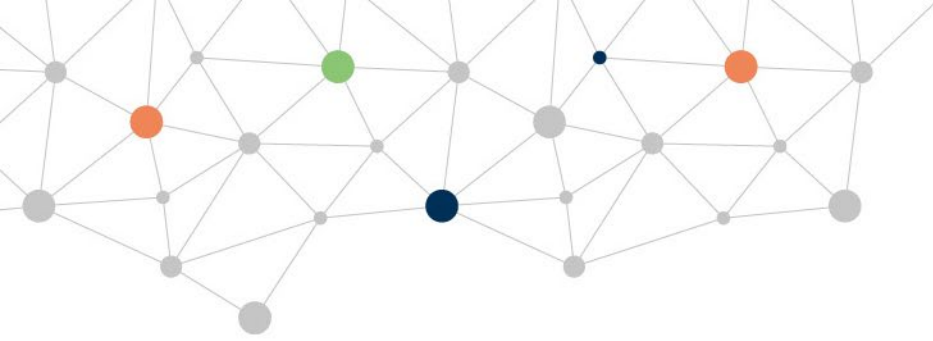
“The study of population health is focused on understanding health and disease in the community, and on improving health and well-being through priority health approaches addressing the disparities in health status between social groups.” <http://www.aihw.gov.au/population-health/>

Primary health care **Commissioning** is defined as:¹

“A process of strategic planning and investment in quality primary health care services with the aim of maximising health gain for the population and efficiency for the health system.”

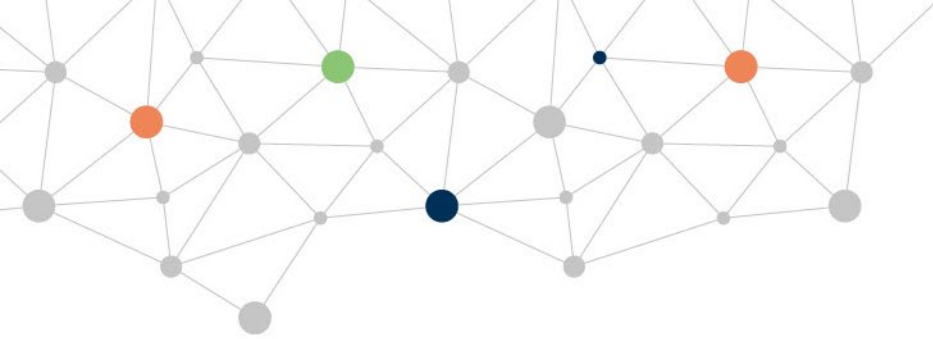
For Gippsland PHN purposes the following definitions will be used:

¹ Gippsland PHN, *Commissioning in the context of a Primary Health Network*



Consumers – are people who use, have used, or are potential users of health services, including their family and carers.

Community – a group of people united by physical, social or geographic factors such as age, gender, developmental level, culture, or health or disability status, or by a shared perspective.



2. Population Health Planning mandate

Gippsland PHN is mandated through its funding agreement with the DoH to undertake Population Health Planning. The DoH requires Gippsland PHN to:

- *Undertake population health planning and assess the health needs.*
- *Review and identify the market factors and drivers relevant to the provision of health services.*
- *Analyse relevant and current local and national health data, including but not limited to, data collected by Local Health Networks (LHNs) (or equivalent).*
- *Take into account data or guidance provided by the Department.*
- *Be informed by stakeholder and community consultation and market analysis.*
- *Determine priorities and identify the strategies that will be implemented to better align funding to population health needs.*

3. Underpinning principles and elements of practice

Population Health Planning will be undertaken in accordance with the following principles.

3.1 An integrated approach to Population Health Planning

Population Health Planning will adopt a whole of organisation approach, embedded within all work areas of Gippsland PHN, informing work across teams and be informed by the work of teams. Furthermore, Population Health Planning will continually identify, develop and foster external stakeholder relationships to enable comprehensive assessment of needs by exchange of information and work towards an increase in skills and knowledge to maximise the use of the region's Population Health Planning expertise. The principles of the Gippsland PHN Community and Stakeholder Engagement and Communication Governance Framework will be adhered to.

3.2 Community and consumer participation

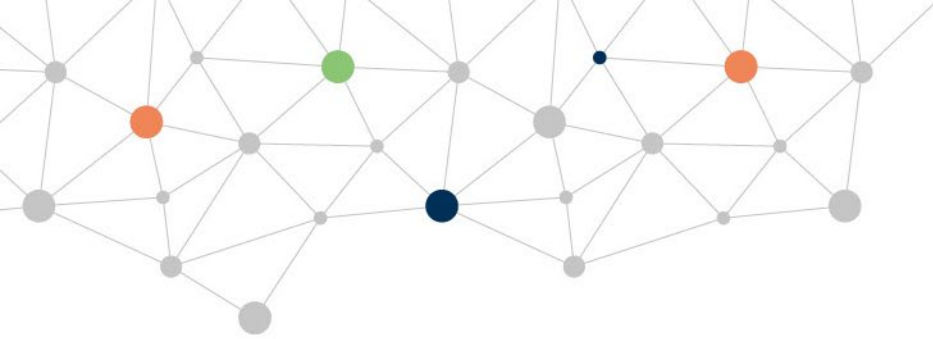
Population Health Planning will be informed by the views of the Gippsland population through consultation activities in collaboration with Gippsland PHN Community Advisory Committee. Consultation strategies will be developed and implemented to ensure the views of the most vulnerable in Gippsland, and those who are not actively engaged with the health system, are incorporated. In addition, the views of consumers and carers, who have an existing or past relationship with a health service, will be incorporated. It is acknowledged that in consumer consultation, it is critical to consult directly with consumers, rather than through gate keepers such as service providers.

3.3 Consultation with professional stakeholders

Population Health Planning will be informed by the views of health and community service providers, who will be given formal and informal opportunities to provide input, including through the Gippsland PHN Clinical Councils.

3.4 Addressing health inequities

Consistent with the social model of health and expectations of the Department of Health, Population Health Planning will ensure that health inequities are identified and addressed wherever possible in its needs assessment process, service design and procurement activities.



3.5 Collaboration with other planners

Population Health Planning activities will build on, complement and add value to existing regional, sub-regional and local government planning, including inter-sectoral planning. Of note is the local government mandate to prepare a Municipal Public Health and Wellbeing Plan.

3.6 Increasing understanding and capability of Population Health Planning external to Gippsland PHN

Gippsland PHN will share, when not subject to confidentiality restrictions, qualitative and quantitative data where relevant, to assist services and community organisations in their activities; and link these organisations into activities that will increase their capability to adopt population health planning in their work.

3.7 Increasing Population Health Planning capability and capacity within Gippsland PHN

Population Health Planning staff will share knowledge, skills and resources within Gippsland PHN to increase organisational capability and capacity in Population Health Planning activities.

3.8 Social model of health

Population Health Planning will build on a social model of health, including acknowledging the relationships between social factors and health status and service access, while acknowledging the DoH expectations around PHNs on impacting on National and Local Priority Indicators. Health service and system design will seek to mitigate social disadvantage where feasible, and maximise access to, and outcomes for disadvantaged groups.

3.9 Population Health Planning as a dynamic process

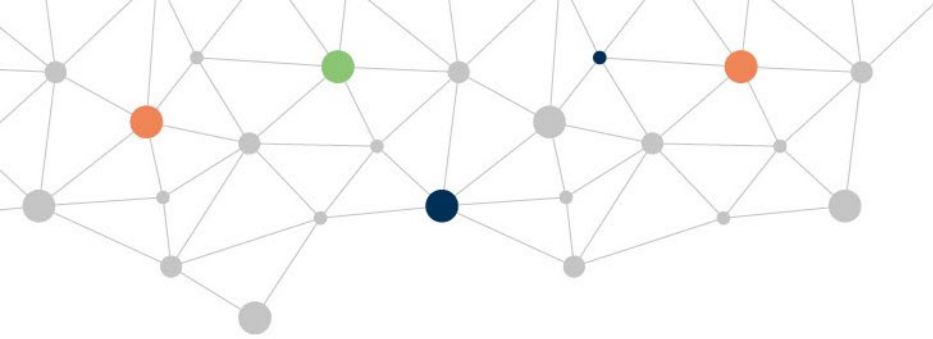
Gippsland PHN embrace Health Planning as an ongoing and dynamic process, shaped by collection and analysis of newly available quantitative and qualitative data; and a commitment to a continuous cycle of quality improvement in its methods and strategies.

3.10 Quantitative data

Quantitative data relevant to the health needs of the Gippsland population will be accessed via a range of organisations including the Commonwealth Department of Health (DoH), the Australian Bureau of Statistics (ABS), the Australian Institute of Health and Welfare (AIHW), Population and Health Information Development Unit (PHIDU) and the Victorian Department of Health and Human Services (DHHS). Key national datasets include census data, mortality data, Indigenous health data, workforce data, immunisation data, Medicare Benefits Schedule (MBS) and Pharmaceutical Benefits Scheme (PBS) data. The METeOR metadata registry will be utilised for definitions wherever possible. Key Victorian datasets include the Victorian Population Health Survey, Local Government Area Profiles, Victorian Emergency Minimum Dataset (VEMD), Victorian Admitted Episodes Dataset (VAED), Victorian Alcohol and Other Drug treatment data and Ambulance Victoria data. Local data will also be considered, e.g. from health service providers.

In addition, Gippsland PHN have access to data extracted from general practice clinical and management software. These data allow monitoring of population level practice information over time and provide the ability to benchmark, both at the practice level and the population health level. This unique dataset provides a comprehensive and longitudinal view of health and health needs compared to the more episodic nature of other data sources.

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4. Relationship to commissioning

Population Health Planning forms part of the commissioning cycle, which can be summarised as having four stages:²



Stage	Components
1. Analyse	Analysis of resources/service provision Population Needs Assessment Legislation/Policy/Guidance Market drivers
2. Plan	Service Gap Analysis Commissioning Strategy Co-design services – shape supply
3. Deliver	Service capacity building Sector development Procurement Provider relationship management
4. Review	Evaluate outcomes Review strategy and performance

5. Needs assessment

The Commonwealth Department of Health (DoH) requires PHNs to undertake ongoing needs assessment, which then informs the Gippsland PHN work plan by addressing national and PHN specific priorities. The Department of Health *Needs assessment guide*, December 2015, outline the DoH expectations.

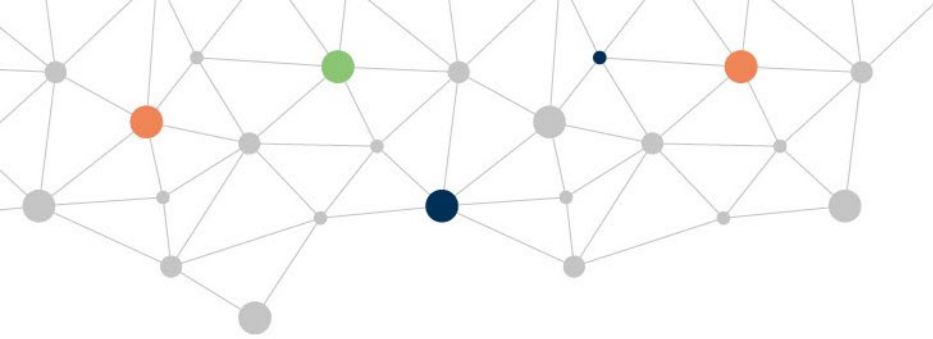
5.1 DoH identifies the key focus of the needs assessment

The DoH have noted that the needs assessment should focus on;

- the PHN objective of efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes;
- the PHN objective of opportunities to improve coordination; and
- the six key priorities for targeted work;
 1. Mental health
 2. Aboriginal and Torres Strait Islander health
 3. Population health
 4. Health workforce
 5. eHealth (Digital health)
 6. Aged care

² Gippsland PHN, *Commissioning in the context of a Primary Health Network*

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5.2 DoH guides the structure of the needs assessment

The structure of a needs assessment includes two parts; analysis and assessment. The analysis stage includes a health needs analysis and a service needs analysis. This is then followed by the assessment stage “where the PHN exercises a level of judgement about relative priorities...”.

The DoH Needs Assessment Guide states that:

*“The intention of the **health needs analysis** is to ensure the PHN has an understanding of the health status and needs of individuals, populations and communities relevant to its role within both the health system and the broader environment.*

The health needs analysis will need to make use of a range of demographic and epidemiological data, alongside structured consultations. It will also require some consideration of the wider social and economic determinants of health.”

“The focus will progressively narrow towards an identification of people, populations or conditions that are likely to be priorities for the PHN.”

The elements required to undertake a health needs analysis are identified as;

- Geography
- Demography
- Health determinants
- Health status and behaviours
- Populations with special needs
- Individuals and groups at risk of poor health outcomes.

Similarly, the DoH Needs Assessment Guide states that:

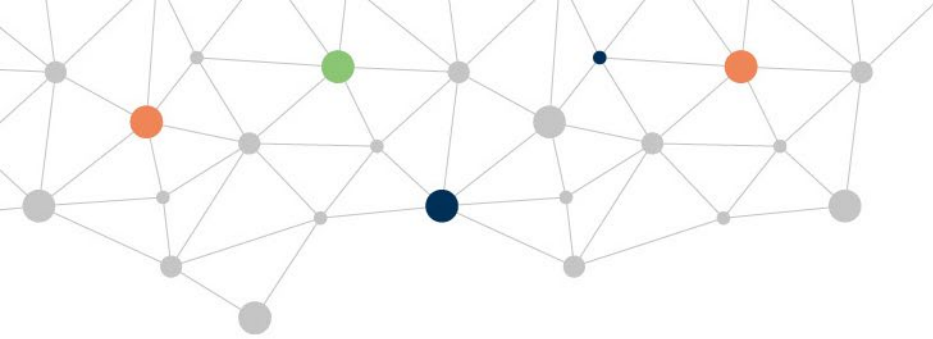
*“The intention of the **service needs analysis** is to ensure that the PHN has an understanding of the region’s services and health infrastructure relevant to its role within both the health system and the broader environment.”*

“An analysis of geography, workforce and services should provide each PHN with an overall picture of the nature of the health workforce and services in their region. In the latter parts of the analysis PHNs are asked to focus on service need issues from the perspective of the PHN objectives of efficiency, effectiveness and coordination.”

“The focus will progressively narrow towards an identification of specific locations, service types or relationships between services that are likely to be priorities for the PHN.”

The elements included in the service needs analysis are identified as;

- Geography
- Workforce mapping
- Service mapping
- Market analysis
- Efficiency and effectiveness of health services



Coordination between and integration of services
Strengths and weaknesses

The DoH Needs Assessment Guide states that the purposes of the **assessment stage** are:

- *“to synthesise and triangulate evidence from consultations and the analysis of the health and service need components; and*
- *on the basis of this, identify opportunities for further consideration; and*
- *determine priorities and assess options for further development in the PHN Annual Plan.”*

Gippsland PHN will undertake its Population Health Planning work in accordance with DoH guidelines.

5.3 Gippsland PHN needs assessment principles

“Intelligence” as a data source

Gippsland PHN Population Health Planning will incorporate “intelligence”, defined as informally collected information, in its information base.

While qualitative data collection is generally gathered through formal mechanisms such as surveys and focus groups, “intelligence” derived from informal conversations with stakeholders (including consumers) is considered an important element in adding to the Population Health Planning information base. It can be of considerable assistance in understanding needs versus demands for services, barriers to access, levels of integration and coordination in service systems, service quality, and micro and macro market forces impacting on health care delivery.

Small area needs assessment

Consistent with a commitment by Gippsland PHN to commission services at local levels, collection and analysis of data will be undertaken down to the smallest area practicable and possible, usually Local Government Area (LGA) or Australian Bureau of Statistics, Statistical Area 2 or 3.

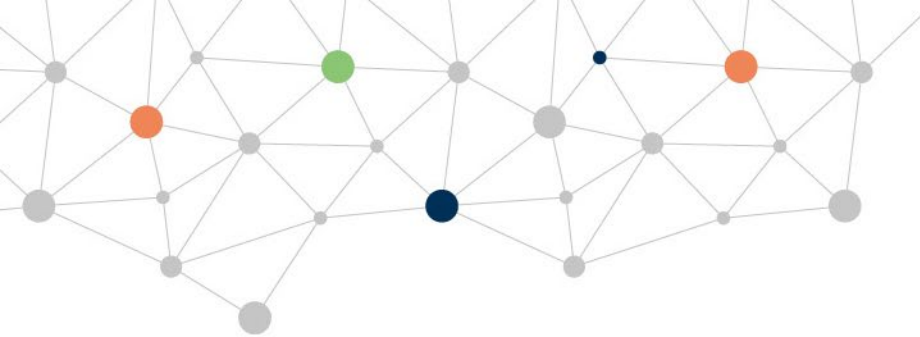
Triangulation

Triangulation is the process of bringing together all sources of data to identify priorities. Gippsland PHN is committed to including input from a broad range of stakeholders in this process, including the Community Advisory Committee and the Clinical Councils.

6. Key outcomes of Population Health Planning

The expected outcomes of sound Population Health Planning by Gippsland PHN will be information that will influence the capacity of stakeholders and the health system in Gippsland to achieve the Gippsland PHN vision of a measurably healthier Gippsland through:

- Better orientation of activities and resources towards addressing priority health needs
- Impacting on morbidity and mortality
- Improving access to services
- Improving service quality
- Improving integration and coordination
- Efficient and effective use of limited resources
- Improved equity



7. Overview of Population Health Planning at Gippsland PHN

