

Request for Tender Title:	Head to Health Adult Mental Health - Satellite (Balga/Mirrabooka)
Request number:	RFT2022-3
Closing Date:	Thursday 19 th January 2023
Closing Time:	2:00pm Australian Western Standard Time (AWST)
Submission method:	tenders@wapha.org.au
Contact Person:	tenders@wapha.org.au

*****SUBMISSION TO BE A SINGLE ZIP FOLDER AND NO LARGER THAN 20MB*****

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PART A: BACKGROUND & INFORMATION

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1. FORMAT OF REQUEST

This Request consists of four (4) PARTS as follows:

PART	DETAIL	ACTION
A	Part A - Request information and background.	Read and keep.
B	Part B - Conditions of Request	Read and keep.
C	Part C - Draft Agreement Documents - Consisting of the following attachments:	
	1 – Service Agreement	Read and keep.
	2 – Draft Activity Schedule	Read and keep.
D	Part D - Submission Forms - Consisting of the following attachments:	
	1 – Submission Form	Complete and submit.
	2 – Budget Template	Complete and submit.
	3 – Non-Conformance Schedule	Complete and submit if required.

1.1 Part A – Request Information and Background.

This Part A provides background and information on the WA Primary Health Alliance (WAPHA) generally, and this Request specifically. It provides context and assistance to Respondent's in the expectations of WAPHA and the method in which to approach/complete documents. Information is provided on each of the documents provided in the Request and the expected actions (if any) Respondents are to take in relation to these documents.

1.2 Part B – Request Conditions

1.2.1 General

The Conditions of Request in Part B of this Request contain important provisions regarding the nature of this Request and the consequences of the Respondent making a Submission. The Respondent is deemed to have read and considered the Conditions of Request, as well as all other documents which comprise this Request, prior to making a Submission.

1.2.2 Submission Format

All submissions shall be emailed to tenders@wapha.org.au. Respondents are to ensure that Submissions and all related attached information is to be emailed as a single zip folder and no larger than 20MB.

1.3 Part C – Draft Agreement Documents

1.3.1 Service Agreement

The Services Agreement that will be used to enter into Agreements with the successful Respondent(s) is provided in draft format with this Request. This provides the form of the Agreement, including contractual terms and conditions.

Respondents are to review this document thoroughly and are required to indicate in the Submission Form provided in Part D either:

- a) that they accept the terms and conditions as presented; or

- b) that they have proposed amendments and complete the Non-Conformance Schedule detailing all proposed amendments including the reason/justification for each proposed amendment.

1.3.2 Activity Schedule

The draft Activity Schedule provided in this Request provides the detail of the services that will be provided by the successful Respondent(s) (including guidelines, reporting requirements, payment milestones and other requirements, etc.).

Some sections of the final Activity Schedule may be completed using information provided in Respondents Submissions (such as locations of services, modality of service provisions, sub-contractors, etc.). These areas will be indicated as such in the draft Activity Schedule.

Respondents are to review this document thoroughly and are required to indicate in the Submission Form provided in Part D either:

- a) that they accept the draft Activity Schedule as presented (acknowledging that some parts will be subject to finalisation using information provided in their Submission); or
- b) that they have proposed amendments and complete the Non-Conformance Schedule detailing all proposed amendments including the reason/justification for each proposed amendment.

1.4 Part D – Submission Forms

1.4.1 Submission Form

Respondents are to complete and submit this document in accordance with the questions and information requested in the form.

a) Prequalification Questions

Where a Respondent answers “No” to a prequalification question this indicates that the Respondent is not a suitable provider of the required services. A Respondent who answers “No” to a prequalification question is strongly advised to consider whether to make a Submission.

b) Disclosure and Compliance Questions

Answers to disclosure and compliance questions will not preclude a Respondent’s Submission from being evaluated or considered. The responses to these questions will assist the PHNs in assessing inherent risks, financial sustainability and stability of the Respondent and information that is required for the Activity Schedule.

c) Qualitative Requirements

Responses to the Qualitative Criteria are designed to demonstrate the Respondent’s capacity, experience, suitability of proposed model, and its understanding of the PHNs’ requirements.

Responses should ensure that claims or statements made to address any aspect of the Qualitative Criteria are supported through the use of examples.

d) Addressing Capability and Capacity

When providing information regarding organisational capacity and capability Respondents should assume that the persons evaluating the Submissions have no prior knowledge of the Respondents activities, experience or any previous work undertaken.

1.4.2 Budget Template

Respondents are to complete and submit this document in accordance with the template provided. This document when completed will assist WAPHA in assessing the financial aspects of the proposed model and to

compare the value for money outcomes (when considered in concert with the associated completed Submission Form).

Where a Respondent proposes to provide services in more than one PHN it is required submit a separate Budget for each PHN region.

1.4.3 Non-Conformance Schedule

Respondents are complete and submit this document (if required) detailing any non-conformances or proposed changes that it has relied upon in making its Submission to either or both of the draft:

- a) Services Agreement; or
- b) Activity Schedule.

Proposed changes to either of these documents will not preclude a Submission from being considered but may require negotiation and discussion (depending on the detail of the proposed changes).

2. WAPHA BACKGROUND AND INFORMATION

2.1 General

In the 2014 Federal Budget the Australian Government announced the establishment of Primary Health Networks (PHN's).

In early 2015, the Commonwealth Government entered into funding agreements with the Western Australian Primary Health Alliance (WAPHA) to operate Western Australia's three PHN's: Perth North; Perth South; and Country WA commencing on 1st July 2015.

PHNs have been established with the key objectives of increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes, and improving coordination of care to ensure patients receive the right care in the right place at the right time.

To achieve this, the PHNs are expected to be commissioners of healthcare services and not providers of healthcare services.

WAPHA is responsible for the purchasing and commissioning of high quality, locally relevant and effective health services in PHN Regions, by engaging providers who have the necessary and relevant expertise. In doing so WAPHA is to achieve value for money outcomes.

Further information can be obtained from the following websites:

<http://www.health.gov.au/internet/main/publishing.nsf/Content/PHN-Home>

and

<http://www.wapha.org.au/>

3. REQUEST BACKGROUND AND INFORMATION

3.1 Background

As part of the 2019-20 Budget, the Australian Government announced it would invest \$114.5 million over five years to undertake a trial of eight Adult Mental Health Centres, with one to be established in each state and territory.

In 2020-21 the Productivity Commission (PC) released its Inquiry into Mental Health. The Report noted the complexity of the mental health system and that many people who needed treatment and care were unable to access appropriate services that were well integrated with other parts of the system – both those funded through Commonwealth and State and Territory services. The planning and development of adult mental health services

has been further informed and refined in the context of the PC report and the response by all governments to COVID-19.

Through the 2021-22 Budget, the Australian Government invested \$487.2 million to establish the Head to Health centre and satellite network of community-based adult mental health services delivered by multidisciplinary teams who will provide holistic, collaborative care. This includes funding for eight new Head to Health centres, 24 satellites embedded into existing primary care settings and ongoing funding for the initial eight sites announced as part of the 2019-20 Budget.

The announcement in the 2021-22 Budget also included funding for a National Head to Health central intake and assessment telephone service that promotes consistent triage and enables warm transfer and referral to the most appropriate services, including Head to Health centres and satellites, and other PHN commissioned services.

In March 2022, the first Head to Head adult mental health centre in WA opened to the public. The centre is located in Midland, Perth North Primary Health Network (PHN). Following this, as of 1 July 2022 the local WA component of national Head to Health Assessment and Referral Phone Service (1800 595 212) was launched.

3.1.1 **Head to Health – Establishment Centres and Satellites**

This activity is underpinned by the Service Model for Head to Health Adult Mental Health Centres and Satellites - Refer to Australian Government, Department of Health – Revised , June 2021 for further information.

Head to Health centres and satellites, collectively referred to as ‘sites’, are designed to provide a welcoming, low stigma, soft entry point to engagement, assessment and treatment for people who may be experiencing moderate to high levels of distress or crisis, including people with conditions too complex for many current primary care services, but who are not eligible for, or who need more timely care than that available through public mental health services.

Head to Health is also intended to offer immediate, short to medium term episodes of care and service navigation to connect people to ongoing services. It will assist adults seeking help in times of crisis, or as needs emerge, to have access to on-the-spot care, advice and support provided by mental health professionals – without needing a prior appointment.

Head to Health sites are intended to complement, not replace or duplicate, mental health services already provided. They are not designed to offer longer term ongoing care but will be based on an episode of care model, delivering packages of evidence-based care and family support to cover the short to medium term, based on clinical judgement and individual need, including interventions to support those with associated Alcohol and Other Drug (AOD) misuse.

Centres and satellites, whilst both working within the principles of this service model, differ in their service delivery due to their structure and resourcing, outlined below.

- **Centres** - Head to Health centres are stand-alone multi-disciplinary mental health services providing immediate, and short to medium term mental health support for people in distress and/or with moderate to severe mental illness.
- **Satellites** - Satellites are multidisciplinary, collaborative mental health services embedded within existing primary care settings. Satellites are expected to be closely connected with the nearest centre to support clinical governance, administration efficiency and expand the geographic reach of community based mental health services.

RFT 2022-3 is only for a satellite. Information on Centres has been provided to give context on the Head to Health system and its structure.

3.1.2 Service Objectives

The objectives are:

- Offer a highly visible and accessible ‘no wrong door’ entry point for adults and their families to access information and services which are designed to empower, support and improve their psychological and physical health, and social and emotional wellbeing.
- Provide information and services which can assist those providing support to people in need.
- Provide a welcoming, compassionate, culturally appropriate and safe environment that is inclusive for all people accessing services or supports that are trauma-informed, person-centred and recovery-focused.
- Provide access across extended hours to best practice on the spot advice, support and care for immediate, short term, and where appropriate, medium term needs delivered by a multidisciplinary collaborative professional health care team providing discipline specific and interdisciplinary care including a suitably trained peer support workforce, nursing and allied health and specialist medical care, without prior appointments or a fee.
- Assist people in need to find, access and effectively utilise digital forms of help including information, support and therapies. Support people to connect to pathways of care through integration with longer term existing community mental health services where these are accessible and appropriate, local Primary Health Network commissioned services, or GPs and state and territory funded services, as required.
- Provide an option for intervention and support that may reduce the need for emergency department attendance.
- Explore opportunities for the development and utilisation of innovation to complement defined core functions, and to meet gaps in the provision of mental health services in the region.
- Implement appropriate confidentiality and privacy arrangements in accordance with relevant legislation.
- Operate under robust effective governance frameworks that support connectivity to other supports and services, and conduct local evaluation activities, to ensure transparency and accountability and maximising service quality.

3.1.3 Service Outcomes

The outcomes of the service are:

- People requiring support in the area, or those attending the site, will recognise Head to Health as an accessible entry point to the mental health care system for the services and information they need.
- People will be able to access, or be connected to, the particular mental health and related services they are assessed as needing.
- People will receive immediate advice and care which will reduce their level of mental and emotional distress.
- Individuals experiencing high levels of psychological distress or in crisis will receive the care they need from the site, resulting in a reduction in the number of non-urgent presentations to local hospital emergency departments.

3.2 Request Briefing

A non-mandatory briefing will be held online (via Microsoft Teams) on Thursday, 1 December 2022 at 10:00am.

Please RSVP to tenders@wapha.org.au if you wish to attend by no later than 24 hours prior to the briefing.

3.3 Anticipated Timeframe

At the time of issuing this Request, WAPHA anticipates the following timeframe for the completion of the process.

Request opened to market	Wednesday, 23 November 2022
Close date for queries	Monday, 16 January 2023
Close date for Submissions	Thursday, 19 January 2023
Completion of evaluation of Submissions	Friday, 10 March 2023
Negotiation, drafting and finalisation	Wednesday, 5 April 2023
Execution of Agreements	Friday, 7 April 2023
Commencement of Services	Monday, 3 July 2023