

Request for Tender Title: Family, Domestic, and Sexual Violence Pilot – Supporting Primary Care via Local Link – PHN South

Request number: RFT2023-11

Closing Date: 31 May 2024

Closing Time: 2.00pm AWST

Submission method: Email to RFT2023-11@wapha.org.au

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*****SUBMISSION TO BE IN A SINGLE ZIP FOLDER*****

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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 – Short Form Agreement	Read and keep.
	2 – Draft Short Form Activity Schedule	Read and keep.
D	Part D - Submission Forms - Consisting of the following attachments:	
	1 – Submission Form	Complete and submit.
	2 – Non-Conformance Schedule	Complete and submit if required.
	3 – Budget Template	Complete and submit.
	Appendix A – CRM Specifications	Read and keep.

1.1 Part A – Request Information and Background.

This Part A provides background and information on 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

Respondents are to ensure that Submissions are to be submitted in a **single zip folder**.

Refer to section 5 of the Conditions of Request.

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:

1. that they accept the terms and conditions as presented; or

2. 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:

1. 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
2. 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.

1. 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.

2. 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.

3. 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.

4. 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:

1. Services Agreement; or
2. 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

Family, domestic, and sexual violence is a major health and welfare issue in Australia, occurring across all socioeconomic and demographic groups, but predominantly affecting women and children. These types of violence can have a serious impact on individuals, families and communities and can inflict physical injury, psychological trauma and emotional suffering. These effects can be long-lasting and can affect future generations (<https://www.aihw.gov.au/reports/domestic-violence/family-domestic-and-sexual-violence>).

On the 17th of October 2022, the Australian government, along with state and territory authorities, introduced the "National Plan to End Violence against Women and Children 2022–2032." This comprehensive national policy framework serves as a guiding strategy for the next ten years to combat violence against women and children.

The plan underscores the necessity for a collective effort from all segments of society, including government bodies, businesses, media, educational institutions, families, the domestic and sexual violence sector, communities, and individuals. Their joint objective is to eradicate gender-based violence within a single generation.

The National Plan delineates the required actions across four key domains:

1. Prevention: Focusing on altering the root causes of violence by addressing the underlying attitudes and systems that drive violence against women and children, with the aim of preventing it from occurring.
2. Early intervention: The plan aims to identify and provide support to individuals at a high risk of experiencing or perpetrating violence, preventing its recurrence.
3. Response: This domain involves the provision of services and support to address existing instances of violence and assist victim-survivors. These services include crisis support, police intervention, and the establishment of a trauma-informed justice system to hold perpetrators accountable.
4. Recovery and healing: Designed to minimize the risk of re-traumatization and support victim-survivors in achieving safety and well-being, helping them recover from the physical, mental, emotional, and economic consequences of violence.

As part of the Australian Government's commitment to the National Plan to End Violence against Women and Children 2022-32, WA Primary Health Alliance has been successful in its application for a grant to support an effective primary health care response to Family, Domestic, and Sexual Violence in Perth South PHN. WAPHA is required to pilot a model for an integrated primary health care response to victim-survivors of family, domestic and sexual violence and child sexual abuse (FDSV). The pilot is funded until June 30 2026.

The Supporting Primary Care Family, Domestic, and Sexual Violence Pilot is based on the Recognise, Respond, Refer (RRR) integrated primary care response to Family and Domestic Violence. The RRR model was developed by Brisbane South Primary Health Network (PHN). The codesign process was facilitated by the Australian Centre for Social Innovation (TACSI). A report on this foundational work is available on request. The model was then used to codesign local responses in five other PHNs around Australia. An independent evaluation conducted by the Sax Institute ([available at saxinstitute.org.au](http://saxinstitute.org.au)) found that, despite the challenges of COVID-19, "the FDV pilot...was overwhelmingly perceived as valued, useful, important and needed, with evidence it is contributing towards an improved support experience and outcomes for FDV victim-survivors".

Key factors in the success of the pilot were identified as:

- i. Funding for system integrators and implementation activities
- ii. A flexible and collaborative implementation approach, with PHNs adapting their activity delivery around the needs and preferences of their local general practices.
- iii. A partnership approach which brought the primary care and FDSV sectors together to affect system change.
- iv. A focus on working with whole practices (rather than individual GPs)

In 2023, the Australian Government added sexual violence (including child sexual abuse) to the scope of the pilot and called for applications for additional PHNs to participate. A total of twelve PHN's pilot sites across Australia are now working in partnership with local primary care providers and specialist FDSV services to further develop and evaluate the model in diverse contexts.

The current model incorporates six influencing factors, which are to be tailored for integration within the local service environment:

- i. Commissioned FDSV “system integrator” to support integration of general practice care with the broader FDSV service response.
- ii. Workforce Capacity building – training and support activities for primary care workers.
- iii. Whole-of-practice approach – support and tools for clinical and non-clinical staff to work together on improving the practice’s care for people experiencing FDSV.
- iv. Local Integration strategies – innovation, tools, and activities to address barriers to integrated care.
- v. System influence – defining and promoting the scope of the primary care response to FDSV. Helping specialist services understand this role. Advocacy to promote and resource an effective primary care response.
- vi. Continuous improvement, including an action learning approach.

WAPHA is now seeking an appropriate organisation to play the role of “system integrator” (see i. above) and to support WAPHA as we conduct a range of activities addressing the five other influencing factors. Specific requirements are outlined in Request Part C – Services Agreement

The activities in this pilot require active participation from commissioned providers in the development and evaluation of the primary care approach to FDSV across Australia. This includes collaborating with WA Primary Health Alliance and other providers in the pilot to address service barriers hindering an effective, integrated response. The service providers will share resources on a national level and have opportunities to contribute to national discussions around FDSV.

WAPHA has used WA Police data, service supplier information and stakeholder consultation to inform the commissioning of this pilot service in the South-East Metro corridor which includes the Local Government areas of Canning, Gosnells, and Armadale (SA3). For further information, refer to the dedicated project page at WAPHA’s website <https://www.wapha.org.au/family-and-sexual-violence/>.

3.2 Request Briefing

A non-mandatory briefing will be held at: Microsoft Teams on Friday, 10 May 2024 at 9:30am.

Please RSVP to RFT2023-11@wapha.org.au no later than 48 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	Thursday, 2 May 2024
Close date for Submissions	Friday, 31 May 2024
Close date for queries	Friday, 24 May 2024
Completion of evaluation of Submissions	Friday, 28 June 2024
Negotiation, drafting and finalisation	Friday, 5 July 2024
Execution of Agreements	Friday, 12 July 2024
Commencement of Services	Monday, 15 July 2024