

NWMPHN Industry Briefing – Social Connectedness Trials

2:00pm – Thursday February 7 2019

**Improving
health
outcomes
for everyone
in our
community**

Julie Borninkhof – Deputy CEO, North Western Melbourne PHN

- This is the culmination of a big piece of work. There have been lots of consultations since July last year. The team met with the community to understand wellbeing, in a physical, spiritual, and mental holistic approach. The outcome was then brought to stakeholders, who then co-designed a response to those needs.
- Through this, loneliness and social connectedness were identified as fundamental to wellbeing
- These commissioning activities are being funded from two streams:
 - flexible core funds to meet community needs (our local identified need is social connectedness); and
 - Funds under the mental health banner

Janelle Devereux – Executive Director, Health service integration

The tender process, including probity

- Be mindful of presenting all information; don't assume we know anything about you or your organisation. We will assess your tender response on the information you provide only. Take time to clarify and don't be ambiguous. We can then more effectively assess against the criteria.
- Your tender information is confidential and your intellectual property is safe
- We avoid conflicts of interest in the assessment panel, and ask organisations to declare conflicts of interest too.
- It is a level playing field, no one has an advantage.
- No late tenders will be accepted
- Communications / questions to be sent only via Tenderlink please, not directly through individual staff.
- Questions and answers from others will be shared up on Tenderlink so keep an eye out. All the information is posted there.

The PHN

- We are here to understand the needs of people in our region. We attract new funds for the region but also help to strengthen what is already here
- Our region has 1.7 million people, a diverse population and a huge array of services but they don't work together as effectively as we'd like them to for our people.

Sarah O'Leary – Acting Director, Integrated care

- See powerpoint presentation for details of request for tender

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North Western Melbourne Primary Health Network (NWMPHN) is operated by Melbourne Primary Care Network

We acknowledge the peoples of the Kulin nation as the Traditional Owners of the land on which our work in the community takes place. We pay our respects to their Elders past and present.

nwmphn.org.au

Questions and answers

(Note that any further questions can be submitted through the Tenderlink forum, and each question will be posted publicly through the Tenderlink forum so that the answers can be shared with all potential applicants.

Q: In the Request for Tender, it says you will accept a formalised partnership in place. What level of formalisation do you require? Is this an opportunity to establish new partnerships?

A: There is no specific requirement for a partnership approach. We have referenced formal partnerships in the Request for Tender because we recognise that some organisations may have established partnerships. We also recognise that some providers may not have established partnerships, and this is also acceptable.

We recognise that establishing new partnerships takes time and may not be achievable within the tender timeframe. If you do envisage a partnership approach but don't have a formalised partnership already in place, we would like to know how you will do this in a timely way so that it is fully formed prior to the service start date (so that there is no delay in service provision). i.e. if you can demonstrate a willingness and a plan, then this will be fine.

If you do have a partnership, make sure there is a nominated lead organisation.

Q: You are tendering the same thing in two different geographic areas. Is it your intention to get two different providers?

A: This may be the outcome if one provider is the most suitable to deliver services in both areas, though different providers may also successfully tender for each area. Providers are welcome to apply for both, but must submit two separate tenders – one for each geographical area.

We also recognise that they are two different geographical areas with different needs.

Q: You have allocated \$500,000 for each area. Are you looking for one project per area, or do you want multiple projects happening per area?

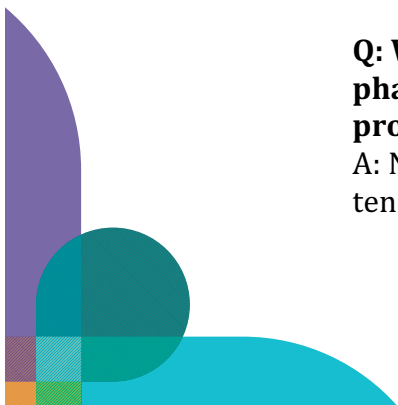
A: We've kept it quite broad on purpose. We'll evaluate the tenders based on the stipulated criteria. It is up to applicants to define what you think is best for the community.

Q: If you've worked with a number of different cohorts, could you put in two bids for the same area (concentrating on delivering to different cohorts)?

A: Yes you can do that, but you need to recognise that only one bid would win so you'd be competing with yourself.

Q: Would you go back to an applicant during the evaluation of tender phase and say 'Would you consider changing the scope of your project?' (i.e. allow them to amend and resubmit)?

A: No, this would be unfair to other applicants. We will only evaluate a tender on the face of the original submission. Once we appoint a successful



applicant, then there may be contract negotiations around the details of that tender.

Q: Do you have expectations on how the service will progress after the trial period? For example, do you expect further funding after the two-year period?

A: Good question but hard to answer. This is a new area for us. We do have ongoing funding for 'service delivery' towards an identified local need. Whether it continues will depend upon a number of things, including whether the service evaluation says the service has been successful. If it was to continue there would then be other considerations such as giving the rest of the market the opportunity to bid for the service, allowing the service to evolve, allowing others the opportunity to innovate. There may also be an opportunity to change based upon learning, scale up etc. Sorry, it's not a straightforward answer.

Q: Do you have an idea of how many people you hope to impact in each geographical area?

A: We don't have a way of measuring who in our region feels lonely and who feels socially disconnected. The data is very thin on the ground. So we therefore don't know what the specific need is in our region, nor its impact upon chronic conditions. We would like to know your expertise and what your on-the-ground experience is, and therefore what you think would have best impact and what that impact looks like.

Q: The Australian Loneliness Report identifies that one in four adults feel lonely. Can you clarify if you are only looking at a subset of those lonely people who ALSO have chronic conditions?

A: We confirm that we are targeting loneliness and social disconnectedness specifically. The people do not have to be chronically ill. We started our investigations by engaging with people with chronic illnesses and low intensity mental ill health. From talking to these people it became clear that these people are significantly affected by feelings of loneliness. We are therefore targeting the broader group of any people who feel lonely. We acknowledge that these people *may* also have chronic conditions or mental health issues, but they may not. We also acknowledge that feeling lonely or being socially isolated may increase a person's risk of developing a chronic illness or mental ill health. So we are operating at the prevention end of the spectrum as well as the intervention end.

Q: Regarding an independent evaluator, do you have specific organisations that you would prefer us to use to conduct the independent evaluation? For example universities or independent data collection organisations?

A: We do not have preferences at this stage. We would like this to be based on your own organisation's evaluation capacity and capability as well. The main thing we want you to demonstrate is that you have thought about this and demonstrate what you'd be seeking from an independent evaluator. We need to understand your process and how you would manage it. We



essentially want to see that plans are in place to ensure it is carried out independently from the work that is being delivered as part of the service.

Q: Do you want the same evaluator across the providers in both regions?

A: We don't have an answer to this at this stage. This would be something that needs to be worked out down the line.

Q: Wouldn't you want the same evaluation criteria across all providers?

A: Ideally yes we would – this would add value to the evaluation of the program as a whole. Providers may decide to collaborate on this so that there is a joint evaluation of both the Hume and Wyndham region. However, this will really depend upon what the successful bids end up being, and there may be quite different delivery parameters which require different mechanisms for evaluation. We just don't know at this stage, but there is opportunity to collaborate on evaluation, in discussion with the PHN.

Comment: There are overall frameworks that we could use as part of evaluations, such as hospital admissions for over 85 year olds.

A: Yes it is possible. It would be good for tenderers to collaborate and tell us this information / what they intend their program to deliver in terms of outcomes.

Q: Have the tenders for both Hume and Wyndham regions been released?

Yes, both have been released in tandem and both are due by 5pm on 25 February 2019.

Q: Just clarifying if \$500,000 is the total funding for 2 years per region.

Yes, \$500,000 is the total for two years of service delivery, and this also includes funding for independent evaluation of the project.

Q: If you were to award both regions areas to one provider, you would hope there are economies of scale. Would the funding be the same if this were the case?

A: Yes, the funding would not change.

Q: Is the wording of the two available Hume and Wyndham tenders exactly the same, apart from the difference in the name of the region?

A: Yes, the wording of the two tenders is exactly the same apart from the region's name that it is targeted at.

