

Questions	Discussion points
What is the definition of a multicultural organisation	<ul style="list-style-type: none"> ● A multicultural organisation features a workforce that includes people from diverse backgrounds integrated and represented across <u>all</u> levels of the organisation. Employees in a multicultural organisation contribute their unique perspectives based on their various ethnicities, cultures, backgrounds and other unique characteristics to the benefit of their organisation. ● All applicants will be given the opportunity to demonstrate the diversity in their workforce in the tender submission ● All applicants will also be given the opportunity to demonstrate their skills and experience in working with CALD communities ● Attendees raised the description of a multicultural organisation should include the ability of the organisation to engage with the CALD communities. ● NWMPHN confirmed that it will provide greater clarity in the tender on what it considers a multicultural organisation.
Does a multicultural organisation have to be the lead? And what is their role as the lead agency?	<ul style="list-style-type: none"> ● NWMPHN confirmed that a multicultural organisation can act as lead. ● NWMPHN accepted feedback from attendees on the skills, experience and competency required to act as a lead organisation. ● NWMPHN outlined that the roles and responsibilities undertaken by the lead and partner organisations should be based on the skill, competencies and capacity of those organisations. ● All applicants will have the opportunity to outline the roles and responsibility of the lead organisation and other organisations in the tender submission. ● Attendees requested that clarity be given in the tender around the role of the lead organisation.
Cultural competency training alone is not enough, what does that mean?	<ul style="list-style-type: none"> ● This refers to one or two-day courses on cultural competency. ● The literature shows that a single approach to improving access to primary care for CALD communities is insufficient. ● Cultural competency training is highly important yet needs to be done in combination with other solutions.
Will the pilot be targeted to a specific CALD community?	<ul style="list-style-type: none"> ● NWMPHN is not being prescriptive on this. It will not specify a CALD community. ● NWMPHN is asking the market to identify CALD group/s that they understand to have the greatest need and write an application in response to this. ● This will be based on an outcomes focused commissioning approach - applicants will need to focus on and respond to outcomes ● It is important for applicants to provide a clear rationale for why they have chosen to work with the CALD group.
Is the project about the provider and their skills	<ul style="list-style-type: none"> ● The tender will request that applicants focus on and respond to community, clinical and system outcomes.

set or about the service user?	
How long is the funding for?	<ul style="list-style-type: none"> • Two years
Tenderlink limits word counts- how do we respond sufficiently?	<ul style="list-style-type: none"> • NWMPHN appreciates this feedback and is looking into how this can be addressed.
Do we need to solve everything?	<ul style="list-style-type: none"> • Applicants will be required to focus on the outcomes while considering all the key requirements in their response. • The funding amount will also help guide the scale of the trial program.
Why are CALD communities going to ED?	<ul style="list-style-type: none"> • Local data is lacking. However, the literature indicates this is because CALD communities are less likely to have a local GP, underutilise primary health care services and have a lack of knowledge of alternative options.
Can we prioritise mental health? Or to apply do we have to consider all elements of health?	<ul style="list-style-type: none"> • You can consider all elements of health or focus on one. • You do need to provide a rationale for why you have chosen a to work with a specific group. • NWMPHN does not have a preferred methodology. • All responses will be treated equally.
Is there an expectation around health services being a part of the partnership- inclusive of hospitals?	<ul style="list-style-type: none"> • The tender is focused on responding to community, clinical and system outcomes. • Hospitals may or may not be a part of the partnership or solution. • It is important to consider all relevant stakeholders to reach the desired outcomes • There are no expectation that a hospital would be involved. • However, applicants may identify this as a crucial component of your trial program.
Does it have to be a partnership?	<ul style="list-style-type: none"> • Yes. NWMPHN understands that no one provider or sector can respond to this. • The tender documentation will provide greater detail on what NWMPHN expects regarding outcomes.
This commissioning activity looks like it could be very big	<ul style="list-style-type: none"> • Applicants will be required to focus on the outcomes while considering all the key requirements in their response. • The funding amount will also help guide the scale of the trial program.
Will a small scale ethno-specific organisation be able to respond to a tender like this?	<ul style="list-style-type: none"> • Yes, if the applicant were able to demonstrate they have the skills, experience and capacity to deliver on the service requirements
Is there a post-trial plan? What comes next? What is the evidence-base intending to inform?	<ul style="list-style-type: none"> • The trial program will improve our understanding of the health needs of CALD communities in our catchment. • Information, understanding and learning from this will be used to inform NWMPHN's commissioning approach and activities.

Can people enter as two equal partners?

- Partners must identify a lead organisation when submitting a response.