

# Market briefing

Prospective tender: Improve low birth weight outcomes  
in Melton South and Wyndham

25 September 2019



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# Purpose of market briefing

# Purpose

- About North Western Melbourne PHN
- Background for tender
- Key elements of the service intervention - Group activity
- Procurement
- Q and A



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# About North Western Melbourne PHN

# North Western Melbourne PHN

We strive to strengthen access to, and the quality of, general practice and primary health care.

As a commissioner, we attract and aggregate resources for the region, and allocate these fairly and efficiently.

We understand and identify health needs, establish priorities, and plan, advocate and collaborate to meet them.

**phn**  
NORTH WESTERN  
MELBOURNE  
An Australian Government Initiative

## Strategic Overview

**VISION**  
A healthy community,  
a healthy system

**MISSION**  
Better care, every day  
in every way

**VALUES**  
Equity  
Respect  
Collaboration  
Innovation

**STRATEGIC OBJECTIVES**

1. Develop a person-centred health system that people can access and navigate easily.
2. Improve the capacity of primary care and its integration, effectiveness and quality in a connected health system.
3. Increase recognition of primary care's key role in building a better health system.
4. Focus on priority health and population needs.

To achieve our objectives we:

-  Support the Quadruple Aim as the foundation of better care - improving patient experience, improving provider experience, achieving better population health outcomes and keeping costs sustainable.
-  Consider the whole person. Health is about more than just medicine, so we think about more than just health – including family, community, work, housing and education.
-  Consider the whole system. The capacity for better and more equitable care already exists. We help unlock this potential through supporting primary care, evidence-based commissioning, care navigation, cross-sector partnerships and innovative tools like HealthPathways.
-  Work with our stakeholders and partners: the community, GPs, general practice staff, allied health, community health, pharmacists, hospitals and specialists, patients and consumers, carers, peak and community groups and governments.
-  Build and strengthen our capacity as a trusted partner in health care reform. We are here for the long haul. We are responsive, innovative and reliable. We deliver.

# Area profile

<b>Population:</b>	1,707,000*
<b>Land area:</b>	317,867 ha
<b>Local Government Areas:</b>	13
<b>Hospital services:</b>	37
<b>Medical clinics:</b>	565

- One of the fastest growing areas in the state
- High population of CALD, LGBTI+, low SES

## Profile areas

NWMPHN area



Compiled and presented in profile.id by .id, the population experts.

.id  
the population experts



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Background for upcoming  
tender

# Low birth weight in the context of First 1,000 Days

The *first one thousand days* refers to the earliest stage of human development, from conception to the end of a child's second year. This is a period of maximum developmental plasticity, when the foundations of optimum health, growth, and neurodevelopment across the lifespan are established.

*Executive Summary of The First Thousand Days: The case for investment. Strong Foundations Collaboration, April 2019*



# Outcomes for babies born with low birth weight

Birthweight is a key indicator of infant health and a principal determinant of a baby's chance of survival and good health.

## Outcomes for babies born with low birth weight:

- greater risk of poor health, disability and death than other babies
- risk factor for neurological and physical disabilities
- health effects of low birthweight can continue into adulthood i.e. increased risk of Type 2 diabetes, high blood pressure as well as metabolic and cardiovascular
- amplified risk of chronic diseases throughout life, such as obesity, diabetes and cardiovascular diseases

# Risk factors of low birthweight

Factors that contribute to low birthweight include:

- extremes of maternal age
- illness during pregnancy
- low socioeconomic position
- multiple pregnancy
- maternal history of spontaneous abortion
- harmful behaviours such as smoking or excessive alcohol consumption
- poor nutrition during pregnancy and poor antenatal care

*A number of these risk factors are modifiable and amenable to intervention.*

# Rationale for focusing on Melton South and Wyndham

## Melton South

Has a **SEIFA decile score of 1** i.e. it is among the most socio-economically disadvantaged suburbs in Victoria.

Data shows that Melton South has higher proportions of:

- children who are developmentally vulnerable in at least one or two domains
- children with low birth weights
- mothers who smoke during pregnancy
- single parent households

# Rationale for focusing on Melton South and Wyndham

## City of Wyndham

- Population forecast for 2018 is 249,803 and is **forecast to grow to 434,742 by 2036.**
- Six of Wyndham's nine suburbs have higher than State and Melbourne's West average proportions of children experiencing vulnerability across two developmental domains

## Laverton

- second highest proportion of children with a **developmental vulnerability** in Melbourne's west
- significantly larger than state and Melbourne's west average proportion of **women who smoke during pregnancy**
- **proportion of adults who experience social isolation** in Laverton (5.7 per cent) is larger than Melbourne's west and Victorian average



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## Commissioning response

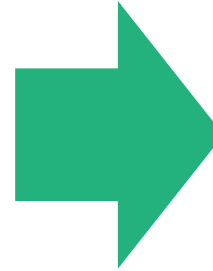
# Commissioning response

Commission the design and implementation of service interventions that address **physical, psychological and/or social factors** that contribute to low birth weight in **Melton South and Wyndham**

# Target population

Pregnant women (who live in Melton South and Wyndham); particularly:

- Women who may be experiencing one or more of the risk factors for low birth weight.
- Women from NWMPHN **priority population groups** who have additional and complex needs that are not necessarily being met by the current service system.



## 2015 AIHW National Perinatal Data Collection

- Babies born to mothers in the lowest socioeconomic areas were more likely to be of low birthweight as those born to mothers in the highest socioeconomic areas (7.6% compared with 5.5%)
- Twice as many babies of Indigenous mothers were of low birthweight (11.9%) compared to babies of non-Indigenous mothers (6.2%)

# Key elements of the service intervention

## Family-centred

- **Response-based approach** positions the client (i.e. family) as the expert
- Services are **accessible and culturally safe** for all families and children

## Evidence-based

- Identifies **causes and social determinants** of high rates of low birth weight outcomes
- Delivers **improved low birth weight outcomes / key indicators**
- Supports **innovation and adaptation** to emergent, dynamic realities through **developmental evaluation**

## Partnership

- Generates **collective impact** through collaborative, evidence-based, community-generated and locally targeted responses

## Service integration

- Improves **equity of outcomes** for vulnerable children and families by contributing to large-scale change
- Contributes to **service system integration**, builds **sustainable** service models



# Group activity

- Divide into two groups

Group 1	Group 2
<p>Question 1: What are the strengths and challenges of these elements of the service intervention</p> <p><b>Family-centred Service integration</b></p>	<p>Question 1: What are the strengths and challenges of these elements of the service intervention</p> <p><b>Evidence based Partnership</b></p>
<p>Question 2: Are there any other key elements that the PHN should consider for the service intervention</p>	<p>Question 2: Are there any other key elements that the PHN should consider for the service intervention</p>



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## Feedback from group sessions



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Next steps

# Next steps

## For us

- Circulate presentation and notes from today's session
- Incorporate today's feedback in the tender documentation

## For you

- Think about what might be the focus of your tender response and who your partners will be.

# Next steps

## Procurement timeline

- October 2019: planned tender release
- November 2019: tender submissions close
- January 2020: successful provider announced
- March 2020: contract commences



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# Questions and Answers

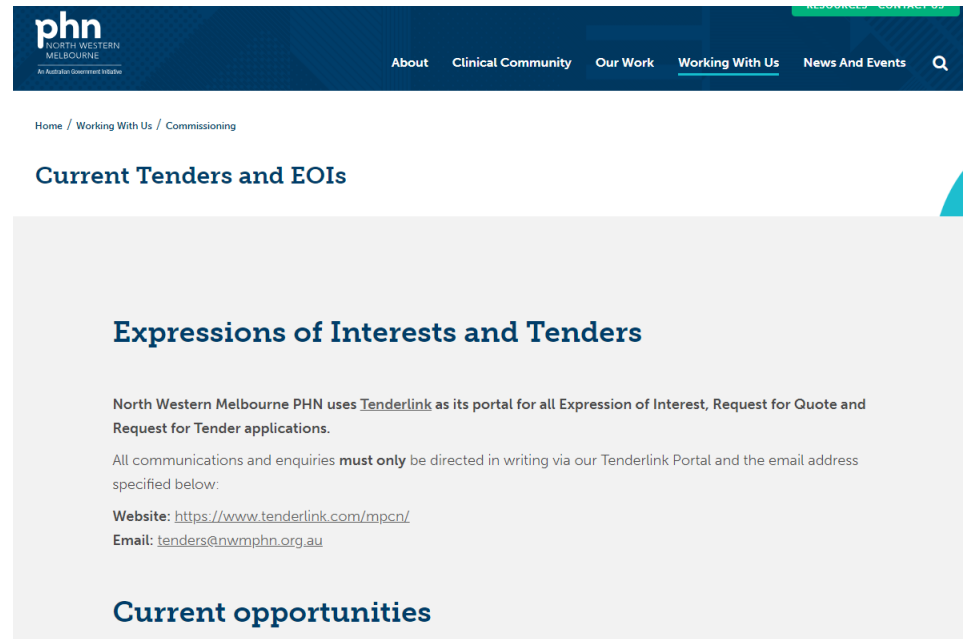


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# Procurement

# Procurement access and portal

1. Tenders are advertised on the NWMPHN website and this contains a link to the e-tendering portal



2. Tenderlink is our e-tendering portal and providers are required to register in order to access tenders or respond to requests. Its quick and easy to register.

3. All questions and submissions must be addressed through Tenderlink.



# Registering as a provider



Tenders, Quotes & EOI

## Supplier Registration

If you are a supplier of goods and services and wish to access the tender notices within this portal, you need to register first.

Please complete the fields below and click the "Next" button located at the bottom of this page.

Please choose your country	<input type="text" value="Australia"/>	
What is your ABN Number?	<input type="text"/>	
What is the full legal name of your organisation?	<input type="text"/>	i.e. TenderLink.com
What is your email address?	<input type="text"/>	
Please confirm your email address	<input type="text" value="You must type this"/>	

**Note :** Registration on the Melbourne Primary Care Network e-tendering portal is provided free of charge. This portal is hosted by TenderLink.com on our behalf. To register, you must first agree to the TenderLink.com terms of service on the following page.

# Procurement tips

- Ensure you leave enough **time and plan** effectively. When uploading responses don't leave it to just before the closing time.
- Each question will be weighted depending on how important it is to the organisation. Pay close attention to the **weightings** attributed to each question and ensure this is reflected in the detail and length of your response
- Make sure you understand the Evaluation criteria and focus your answers around this.
- If unsure about any aspect of the tender you can ask a question through the portal. Please leave enough time to do this
- If you have problems uploading responses, contact either Tenderlink or the Procurement team **before the closing** time for assistance.

# Procurement tips

- Read the questions thoroughly, making sure you understand everything
- Try to avoid using words like *may, could, might* (etc.)
  - Instead focus on **positive words/phrases** like effectively, demonstrated, had a positive impact (etc.)
- Be concise and clear
- Use bullet points and/or headings to segment your answer
- Always use **examples and/or case studies** to back up your response
- Keep in mind the Evaluation Panel may include people with limited knowledge of clinical terms (etc.)
  - Don't assume prior knowledge



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# Questions and Answers



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Thank you