

Request for Tender

**Eastern Melbourne Healthcare Network Ltd trading as
Eastern Melbourne PHN**

Sector Briefing Q and A Transcript 11 February 2020

**E054 – Provision of the Lilydale Integrated Youth Health
Hub**



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A sector briefing for EMPHN RFT E054 – for the provision of the Lilydale Integrated Youth Health Hub was held on Tuesday 11 February 2020 at the York on Lilydale Resort in Mount Evelyn.

The briefing agenda covered:

- Policy Context and Background
- Components of the Lilydale Integrated Youth Health Hub
- RFT Timelines and Submission Process
- Evaluation Criteria and Pricing Schedule
- Question and Answers

A transcript of the questions and answers follows. A copy of the presentation slide deck is also available on EMPHN’s website.

Questions	Answers
I’m wondering if you can give us more information about the platform on which client information will be stored and used for information sharing. Is there anything in place, and will EMPHN be expecting development of something common across the site?	We currently use a system called Fixus for managing service delivery data, but we have no specifications around an integrated platform. Fixus only collects Minimum Data Set (MDS) data, but not other client information, so that is something the lead agency will need to propose in the tender response, as well as how it will be managed in an integrated way.
The list of facility makeup is specific, and tender documents talk about working with Council and EMPHN to select an appropriate site; has any pre-work been done to select a site or is that something that will start from the tender process onwards?	It will be part of the tender process. In the initial consultation, development and design of this piece of work, we engaged with Council and they indicated to us that they would be a good guide for relevant locations in the LGA- not only in Lilydale, but also in outer reaching parts of the catchment that we’ve identified in the tender. We would encourage anyone planning to make a submission to speak to Council about availability. Of course that doesn’t prohibit you from doing your own due diligence around identifying locations.
In terms of none of the core funding replicating or supplementing existing services, has there been any mapping of specific core functions where you think there is a gap in the service system that you’re looking to fix, or is there some flexibility where there are services that are currently funded, but that don’t have the reach or scope to address the needs that the tender is trying to address?	<p>We want to avoid explicitly duplicating existing services, and we want the successful provider/s to fill gaps in the service system. So that doesn’t mean a service won’t do some roles that are performed by existing services, such as service coordination or integration; however, we don’t want pure duplication of existing services.</p> <p>We want this to be an accessible platform for young people in Yarra Ranges. They have advocated strongly for this service, and the</p>

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	<p>details of that information is publicly available. We are hoping we can find a provider who can coordinate and act as a lead agency to deliver on young people’s vision.</p>
<p>Has EMPHN conducted a gap analysis of the sector?</p>	<p>Not an in-depth gap analysis. We do an annual general needs analysis, and did a deep dive into that analysis for this particular project. We encourage tenderers to also look into Council’s Health and Wellbeing Plan which is a very local view of what is going on in a particular locality and what services are available.</p>
<p>One of the Tender Briefing slides that talked about options to extend the contract, and mentioned that it would be subject to further funding. Given the window of funding is short, at what stage in the 2 years and 7 months do you believe that further funding options might come on to the horizon?</p>	<p>This funding stream is through a Commonwealth initiative, called the Community Health and Hospitals Program which has a fixed term horizon. Government couldn’t guarantee further funding in our early discussions, but we will advocate for the continuation of funding in the longer term. We want to see the program evaluated as it proceeds, and on those merits build a case for continuation. We will also call on the local community to be strong advocates for the work being done.</p>
<p>You mentioned there isn’t adequate data available on outcomes for young people. How will you measure those outcomes? Collecting data is a very difficult, time-consuming and costly exercise. How would you measure performance?</p>	<p>In the RFT (Request for Tender) Part B, we have more specific information on the outcomes, including our proposed methodology for collecting a range of different outcomes measures: PREMs, PROMs, etc. We will ask the Lead Agency to work with us to make sure we have an appropriate methodology. We would expect tenderers to provide a response that covers this area.</p> <p>Over time we will be working in partnership with organisations to ensure we have an understanding of what the outcomes are and how to best track them. We will also be having this program evaluated.</p>
<p>You mentioned wellbeing activities and education activities; how far would you expect these activities to go?</p>	<p>All of the activities described in the slides and RFT are in scope—the full range of wellbeing activities as well as the health services. We are asking the tenderer to propose a model by which it will operate, which may look different based on the different tenders that we receive. What we are trying to get a sense of is how a Lead Agency would lead that process and lead that range of service options for young people.</p>

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<p>When the funding was announced there was talk about the headspace satellite office providing a schools programs; are you able to talk about that program and if that will be a requirement of the tender?</p>	<p>The headspace satellite is a different funding stream and that goes to the current appointed headspace provider in the catchment. We would strongly encourage partnerships around a whole range of current service options that are available to young people. One of the outcomes we are looking for is how to better integrate the system for young people, for example including headspace and tertiary services. What we are looking to see in the tender response is how respondents incorporate all of those other elements and bring that integration to life.</p>
<p>In the tender documents, I read that EMPHN reserves right to award several tenders based on what comes forward in the tender process. I'm curious as to whether that model will be motivated by EMPHN receiving lead tender documents that are good in parts. If you received tenders from agencies with different arenas of expertise, would you be considering stitching together a consortium or set of partnerships to run an idealised model for the service delivery?</p>	<p>We are hoping to see the creativity of the service sector to come together to develop a model and a proposal that will serve young people well. We have no preconceived ideas apart from the outcomes listed in the tender. We are going to an open market and want to see what respondents can come up with.</p>
<p>The service is planned to open on the 14th of August; do you think that's achievable, and do you expect all the services to be in place?</p>	<p>Our experience tells us that the establishment of a new service takes time. We would hope to see the beginnings of service provision, but it may not be a fully realised service. Our funders will have an expectation that services will start as soon as possible and we will work with successful provider/s to try to achieve that aim.</p>
<p>For the successful provider, what profile are you looking for? Any particular experience or skills?</p>	<p>We are looking for a Lead Agency that can demonstrate how they can lead a platform that can deliver an integrated service response for young people. That may not necessarily mean delivering services themselves; they could be leading a network of providers who are delivering services. There needs to be a successful track record, and if you look at the scoring criteria in the RFT, there will be certain questions that will detail more of what we are looking for. We are hoping to see a market that comes up with something exciting.</p>
<p>Is there a location for the main operating site?</p>	<p>That will be the responsibility of the Lead Agency once the tender is awarded. EMPHN will work in partnership with the successful Lead Agency to</p>

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	support that process. We have given some further guidance in the specifications.
Is there any more information about the software requirements, and the integrated platform to share information? Is there any more information about how providers can work with EMPHN to address the challenges around duplication of data entry?	Fixus is the only system we currently have available that could be used to collect MDS data. Fixus can't be used to collect clinical information, such as notes, so tenderers will need to propose a methodology around data capture and software requirements. The consultation suggested full integration would be best practice, however we understand that this is an area that is challenging.
Is there a requirement to use Fixus as well as other software?	No, in this tender we haven't made the use of Fixus a requirement, but it is available if it's something the tenderer would like to use.
Regarding the target cohort, can I confirm that the scope of the centre will include the ability to provide services at all stages of need (mild, moderate and severe)? Is there a priority within those groups?	Yes, services can be provided to young people with different needs. The consultation suggested that people with complex needs should be a priority, but funding is intended to provide services ranging from prevention to intervention, across a range of need. Appropriateness of service delivery in the right settings forms part of good clinical governance; this should also include working with relevant partner agencies to make sure young people are supported most appropriately.
At what point after the submission of pre-tender documents do successful parties learn that they can move through to the next stage of the process?	As soon as you submit the prequalification and receive a "qualify" response from EMPHN, you can move through to the next phase and start your entry online.
EACH is the Knox headspace provider that will be providing satellite services to the Lilydale region, and we'd be keen to speak to agencies about co-location and collaboration.	The room is available after the event for opportunities to network.
What role is EMPHN going to take in being able to ease the burden on what might be multiple providers (e.g. a Lead Agency for this tender and another provider for the headspace satellite), to avoid duplication of outcome reporting and some of the frameworks?	headspace has its own data reporting platform, and we are working with headspace on how that might be more open; we want to work with any Lead Agency to streamline reporting as much as possible. We understand the burden that reporting can place on providers.
How did you arrive at the funding amount of 4.1 million dollars? Is there a breakdown?	The Department determined the final funding amount based on an original proposal made by EMPHN.

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<p>How will the consortium arrangement work if we are looking to employ staff? Will the Lead Agency employ staff directly, or could the employment contract sit with one of the partners?</p>	<p>It's up to the Lead Agency and consortium partners to propose the model that will work best for them, and to detail any contracting or subcontracting arrangements in their tender submission.</p>
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