

Market development workshop: Mental Health and AOD

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Introductions and welcome

- Eastern Melbourne Primary Health Network team
 - Anne Lyon Executive Director Mental Health and AOD
 - Emma Newton Manager System Redesign and Service Transition, Mental Health and AOD
 - Maria Yap Mental Health and AOD Manager
 - Kieran Halloran "
 - Joel Robins "
 - Craig Russouw "
 - Rachel Pritchard "
- Grant Thornton team
 - Darrell Price darrell.price@au.gt.com
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Welcome to Country

We acknowledge the Wurundjeri people and other 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.

Recognition of Lived Experience

- We recognise and value the knowledge and wisdom of people with lived experience, their supporters and the practitioners who work with them.
- We celebrate their strengths and resilience in facing the challenges associated with their recovery and acknowledge the important contribution that they make to the development and delivery of health and community services.

Objectives for this session

Provide allied health providers, mental health nurses and organisations with the tools to navigate funding and tendering opportunities with Eastern Melbourne PHN and other government organisations, develop the capacity to form successful strategic partnerships, and acquire the tools to succeed in a commissioning environment.

Scene setting

Background and context

National health funding and PHNs

- Primary Health Networks are provided with flexible funding
 - Respond to national priorities as determined by Government
 - Respond to local priorities identified in needs assessments - by purchasing and commissioning required services.
- PHNs are working to foster partnerships and remove barriers to good health and building the evidence around health interventions.
 - Critical for improving the health and wellbeing of the community.
 - Provide mechanism to engage with particular communities on goals and priorities for health.
- PHNs have commissioning processes to build capacity & support organisations & minimise fragmentation & lack of coordination caused by competitive tendering.
- **The intent is to build consistent, open and respectful working relationships through an agreed engagement/partnership model to improve health outcomes**

EMPHN strategic focus

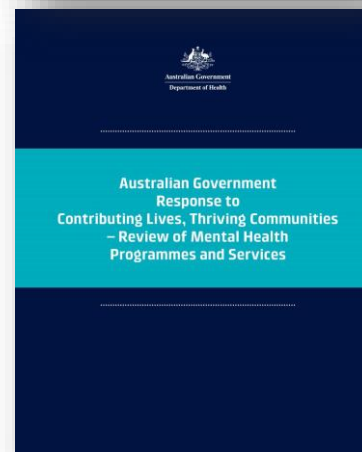
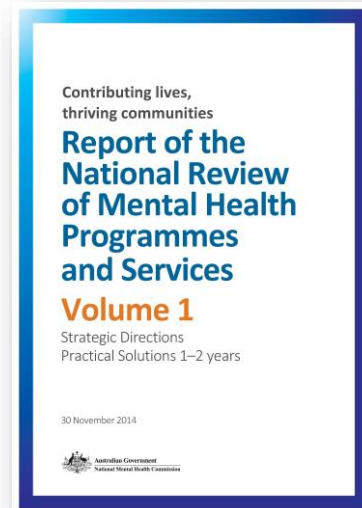
1. Addressing health inequities and gaps
2. Enhancing primary care
3. Leveraging digital health, and information technology
4. Partnerships for integrated health care

This is why we are getting together today

MH&AOD sector reform

Sector reform agenda

- National Mental Health Commission
 - Instead of a ‘mental health system’ . . . we have a collection of ten uncoordinated services . . . with no clarity of roles and responsibilities or strategic approach reflected in practice.
- Government Response
 - Commission has provided a strong case to ‘redesign, redirect, rebalance and repackage’ the approach to mental health, and highlighted the risks of maintaining the status quo or further ‘tinkering around the edges’.



PHN's role in Mental Health and AOD reform

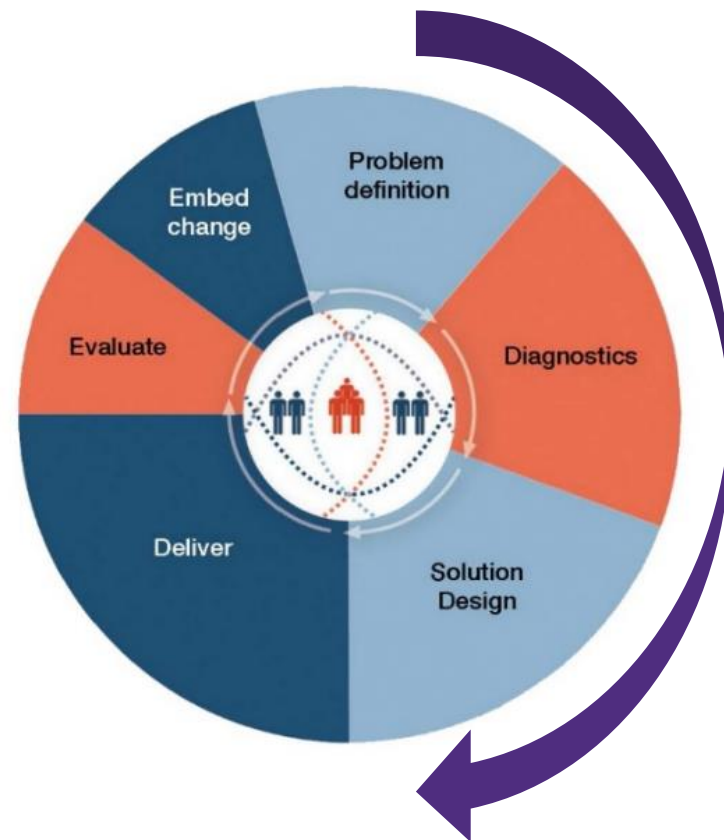
- PHNs are one element of complex mental health & social care system
 - Governance crosses all tiers of government and multiple sectors
- Manage approx 10% of Commonwealth MH expenditure
- PHNs alone cannot achieve reform - all service sectors & stakeholders must come together
 - Strong partnerships and shared Regional Plans
- Ultimately aiming for a shared vision to achieve more integrated services and better outcomes for people mental health and AOD issues

(National Mental Health Commission)

The Commissioning Process

The commissioning framework

- Commissioning is a cycle.
 - Needs and priorities are assessed through community consultation and solutions designed in partnership with stakeholders.
 - Transparent processes are used to promote the implementation of these solutions, including the identification of providers from whom services may be purchased.
 - Solutions are then evaluated and the outcomes used for further assessment and planning.
- Underpinning the commissioning cycle is a focus on ongoing relationships with consumers, providers and other stakeholders



A move to outcome-based commissioning

- Outcome Based Commissioning (OBC) means that health care services are paid based on the achievement of the outcomes important to the people using the service.
- Designed to improve the experience of the individual and achieve cost-efficiencies.
- How does this approach drive value across the system?
 - Working with stakeholders to define outcomes that matter
 - Incentivising efficiency through different payment mechanisms
 - Removing barriers to produce greater value
 - Aligning provider, commissioner and public goals
 - Incentivising providers to innovate to deliver high-value patient outcomes
 - Working with stakeholders to define outcomes that matter

(National Mental Health Commission)

Types of commissioning approaches (the lingo)

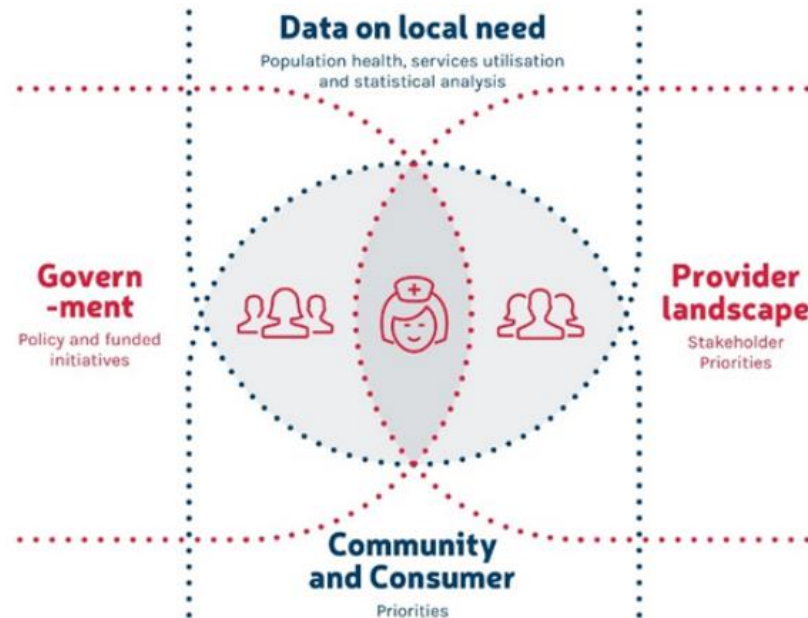
- **RFI – Request (or registration) for information**
 - Required to obtain key information and documents (eProcure)
- **EOI – Expression of Interest**
 - Often issued in the initial stages of procurement process
- **RFP – Request for Proposal**
 - A proposal is a written offer from a seller to a prospective buyer
 - Buyer of services may be testing the market in terms of capability and possible solutions
- **RFT – Request for Tender**
 - Proposal is a document describing how you will design a solution or deliver a product or service
 - Normally includes business details and info on your capability and resources, finances, partners, organisational sustainability and track record
- **RFQ – Request for Quotation**
 - Direct request for price quote for clearly defined services

Principles and priorities

Commissioning principles

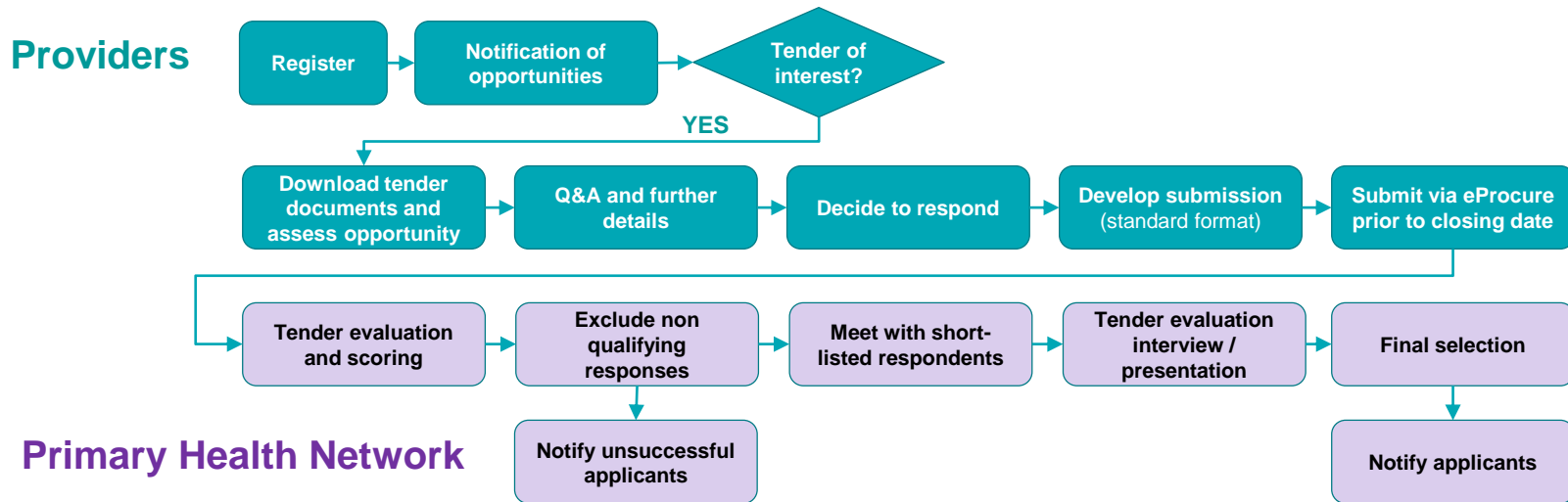
1. Understand the needs of the community by engaging with consumer, carer and provider representatives, peak bodies, community organisations and other funders.
2. Engage potential service providers well in advance of commissioning new services.
3. Focus on outcomes rather than service models or types of interventions.
4. Adopt a whole of system approach to meeting health needs and delivering improved health outcomes

Prioritisation approach

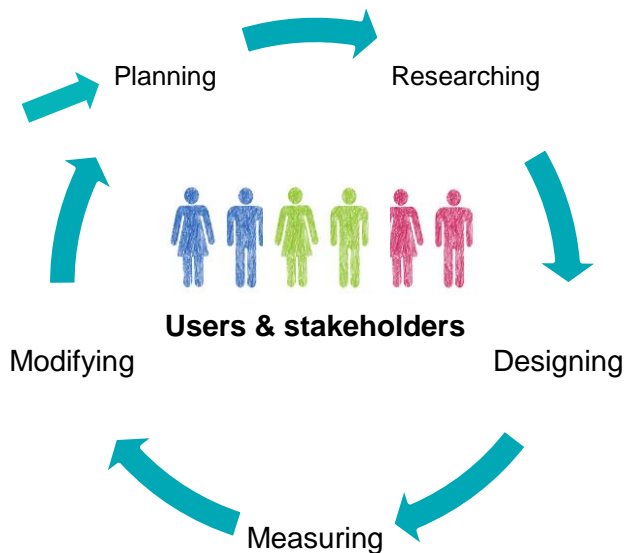


How the commissioning process works

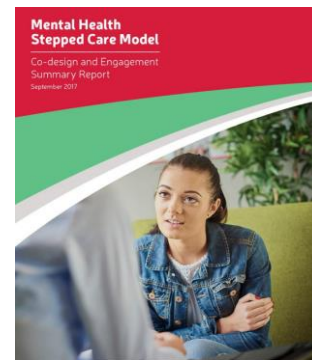
- Depending on the tender requirements, opportunities may be managed via open tender or by invitation to a select group of providers to submit a response.
- In some cases, a pre-qualification process may be in place to ensure that submissions are made by suitably qualified organisations or practices. This is to minimise the potential to waste the time of respondents where they might not meet the qualification criteria.



Codesign approach to service design



- Is a process
 - AKA generative design, co-creation, participatory design or co-operative design
 - Sometimes linked to rapid innovation approaches
 - Combines research to explore and define problem that need a solution
- Examples
 - Mental Health Stepped Care Model
 - Place-based Suicide Prevention initiatives
 - Regional integrated MHAOD and suicide prevention plan



phn
EASTERN MELBOURNE
An Australian Government Initiative

<https://www.emphn.org.au/images/uploads/files/SCM-Co-design-and-Engagement-Summary-Report-20092017.pdf>

The local context

- What we know . . .
 - Up to half of the providers in our catchment can be unaware of commissioning opportunities available via EMPHN
 - Some providers are confused about the processes relating to tenders and grants
 - Many potential partners are not confident that applications will be successful
 - A number of potential applicants have a look at opportunities and then don't proceed
 - Some are put off by the process
 - Some practitioners and smaller providers are more focused on clinical work than business opportunities
- We are working to change this situation and today's session is part of this

Opportunities coming up

- Mental Health Stepped Care Model – Inner East
 - Request for Tender to be released in late July 2018
 - Service delivery to commence 14 January 2019
- Suicide Prevention Initiatives
 - Consultation July – September 2018
 - Request for Tender/s planned to be released in October – November 2018 (indicative)
- Alcohol and Other Drug Model of Care
 - Co-design opportunities July – December 2018 (indicative)
 - Request for Tender planned to be released in February 2019 (indicative)
- National Psychosocial Support (NPS)
 - Co-design July Aug 2018
 - Request for Tender planned Sept - Oct 2018 (indicative)

Using eProcure

Overview of tendering via eProcure

- The system and process is designed to ensure probity and good practice
 - For both EMPHN and the organisations providing services funded by it.
 - This approach is now standard practice in the public health sector.
- Current opportunities are announced via EMPHN website and TenderSearch / eProcure website and the email notification process.
- The tender process is managed via the online eProcure portal.
- Registration is a requirement.
 - Organisations (big and small) need to register to be notified of opportunities, to download details and documents, and to submit a response to a tender.
 - Questions and answers and information updates are managed and responded to online via eProcure.

The image displays two screenshots of web portals. The top screenshot is the TenderSearch website, featuring a navigation menu with 'HOME', 'ABOUT', 'SERVICES', 'TENDERS', 'TRAINING & EVENTS', 'CAREERS', 'CONTACT US', and 'CLIENT LOGIN'. A 'Hot Tenders' section highlights 'Wild Mersey Mountain Bike Trails' with a closing date of 20/06/2018 2:00 PM. The bottom screenshot is the EMPHN website, showing a 'member login' form with fields for email address and password, and a 'Forgot your Password?' link. The EMPHN website also features a 'Public Opportunities' section with a link to 'Improving Youth AOD Access and Community Pathways in the City of Whittlesea'.

RFQ/RFT – responding to the criteria

- Ensure responses cover all required specifications in the documents
 - How your proposal will work
 - How will partnerships operate?
 - Be structured and clear
- Explain how consumers and carers/families are involved
- Consider risks and how they will be managed
 - Corporate risk
 - Clinical risk/clinical governance
 - Quality improvement systems
- Pricing Schedule
 - Consider unit costs/episode of care costs
 - Value for money
- Provide examples of relevant experience
- Explain innovative elements of your response
- Include timelines for implementation

Prime considerations the PHN uses to assess tender responses

- Fitness for purpose
- The potential supplier's experience and performance history
- Flexibility, including innovation and adaptability
- Whole of life cost and
- Value

Advantages of tendering via partnership or consortium

- Focus on consumer at the centre of the model
- Focus on outcomes for the consumer
- Realising opportunities that are coming out in the market
- Increased service coverage
- Broader skills mix and or multi-disciplinary teams
- Opportunity for enhanced clinical governance arrangements
- Can foster integration and innovation
- Potential for better integration and linkages with broader sector

Contact

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