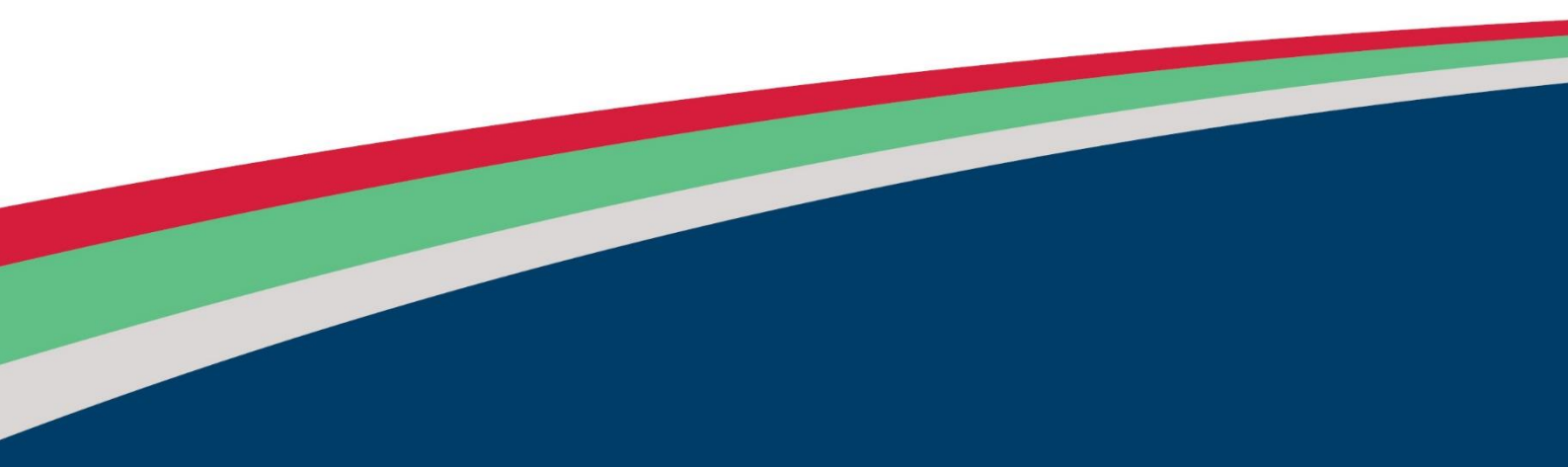


Request for Tender

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

Sector briefing Q and A transcript 15 January 2020

**E050 - For the provision of Mental Health Stepped
Care Model Outer East**



A sector briefing for EMPHN RFT E050 – for the provision of Mental Health Stepped Care Model Outer East was held on Wednesday 15 January 2020 at REALM, Ringwood.

The briefing agenda covered:

- components of the Mental Health Stepped Care Model
- role of the Referral and Access Team
- RFT timelines and submission process
- evaluation criteria and pricing schedule
- questions & answers.

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

Question	Answer
Can you give an indication on the types of services and activities that EMPHN haven't seen with the current provider that you'd like to see with a new provider?	<p>We are seeking elements of the model that we have articulated:</p> <ul style="list-style-type: none"> • Collaboration and care needs to underpin the model. • A stronger connection to GPs and referral back to GPs regarding information about their patient is an imperative of what we're looking for. • Innovation.
Are there things EMPHN identified that haven't worked, that have been delivered in the last couple of years?	<p>EMPHN's Draft Regional Integrated Mental Health, Alcohol and Other Drugs, and Suicide Prevention Plan speaks to issues around an integrated service system.</p> <p>We want to ensure strong, safe care delivered to people, and that they are well connected and can find appropriate pathways in the system.</p> <p>Transition of care has been a weakness of our system. Working strongly and collaboratively with EMPHN's Referral and Access Team forms a key part of achieving a system responsive to pressures.</p> <p>Links with tertiary health is vital. People need to be able to step up and step down, and work in collaboration. Something we're still building on is collaborative care. Stepped care is not a siloed service - a person may have supports from within stepped care, as well as the broader community or tertiary health. Bringing that together to function effectively is important.</p>
How will EMPHN track self-management and measure whether individuals are acquiring self-management skills?	<p>The Your Experience of Service (YES) survey is designed to obtain consumer feedback on their experience of care.</p> <p>EMPHN view self-management as part of building capacity of people to manage their own care. As with all chronic illnesses, that should be a foundational part of building the capacity of consumer's to self-manage where possible and also identifying themselves when they need to access further care.</p> <p>Stepped Care enables people to step in and out as needed. They may step in and build new skills, then step out to self-manage, knowing they can step back in again, if needed.</p>

	<p>Additional outcome measures EMPHN use to track consumer progress and recovery are K10+, K5+, SDQ and SOFAS. The model also includes with health screening and shared care plans.</p>
<p>To reduce the barriers for the Aboriginal and Torres Strait Islander community, how is EMPHN working to reduce the number of times a consumer has to tell their story?</p>	<p>EMPHN appreciate the need to reduce the number of times a consumer has to tell their story, and try to minimise that wherever possible.</p> <p>The Stepped Care Model opened up referrals to any source, and referrals can now be made directly to service providers' Intake teams for that very purpose.</p> <p>If a consumer calls EMPHN's Referral and Access Team, our process is to try to direct, warm-transfer the call to the provider, to avoid the consumer having to tell their story twice at the Intake point. If we cannot directly transfer the call, EMPHN Referral and Access take the call because it is imperative that consumers taking that huge step of ringing for support, feel that they are being heard.</p> <p>They still have to tell their story to Intake and then to the ongoing support worker, but hopefully it is about building on the overview provided at intake, and not having to repeat everything.</p> <p>EMPHN are encouraging the uptake of electronic health records. It's another important tool that holds an ongoing history that can be shared across providers.</p>
<p>How will EMPHN evaluate how the project will deliver to and support the Aboriginal and Torres Strait Islander community?</p>	<p>It is a selection criteria requirement that tenderers can demonstrate the delivery of consumer centric care and how they involve consumers, and culturally appropriate service delivery.</p>
<p>How will EMPHN identify whether a Tenderer has demonstrated the delivery of consumer centric, culturally appropriate services?</p>	<p>EMPHN are seeking collaborative models. We seek to evaluate the documentation tenderers provide and how they can speak to that. If they're successful to be shortlisted, these are the sorts of questions we would ask at interview.</p>
<p>Will EMPHN be asking tenderers to provide a letter of support from an Aboriginal organisation, confirming that the tenderer works well with the Aboriginal and Torres Strait Islander community?</p>	<p>EMPHN would leave that up to the providers to determine what letters of support they believe will support their application. EMPHN would rely on them to make that determination.</p>
<p>Are the indicative numbers of consumers per clinical stage based on the experience of the previous provider?</p>	<p>EMPHN used two methodologies as an indicative way to determine the numbers:</p> <ol style="list-style-type: none"> 1. Service utilisation over a long period of time (not just the current provision) has shown where demand is in the clinical stages; 2. The National Mental Health Services Planning Framework (NMHSPF), which is population based, to provide percentages of people you might expect in those particular levels of severity.