

# **Provision of Healthy Ageing Service Response**

Request For Tender Briefing (EMPHN-E051)

5 February 2020

Whitehorse Centre, Nunawading

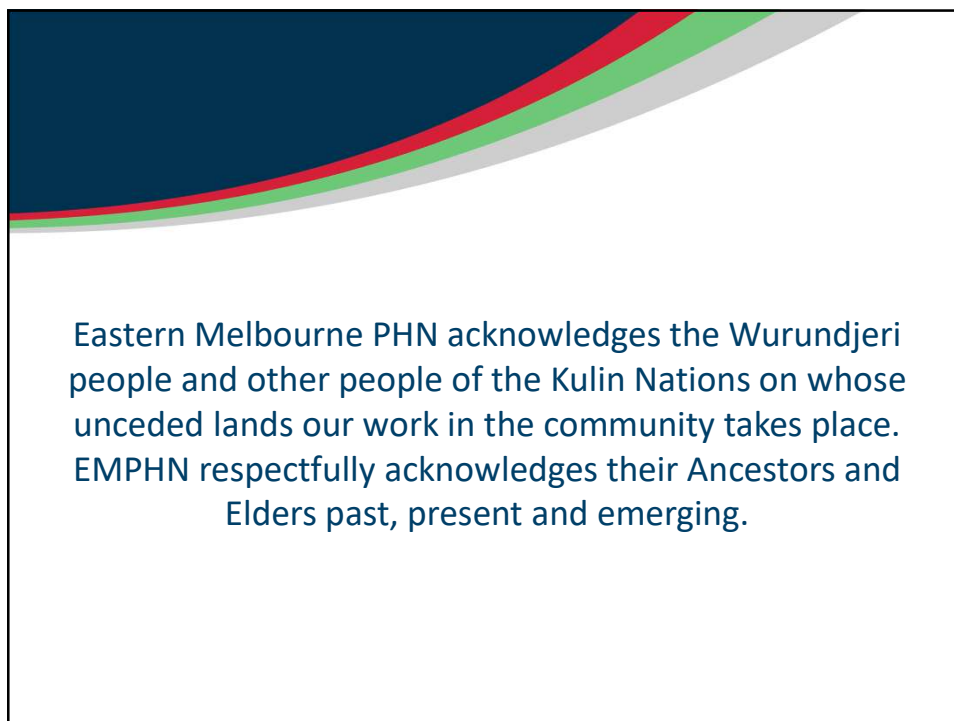
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## **Welcome and overview**

Anne Lyon

Executive Director, Mental Health & AOD



# Agenda

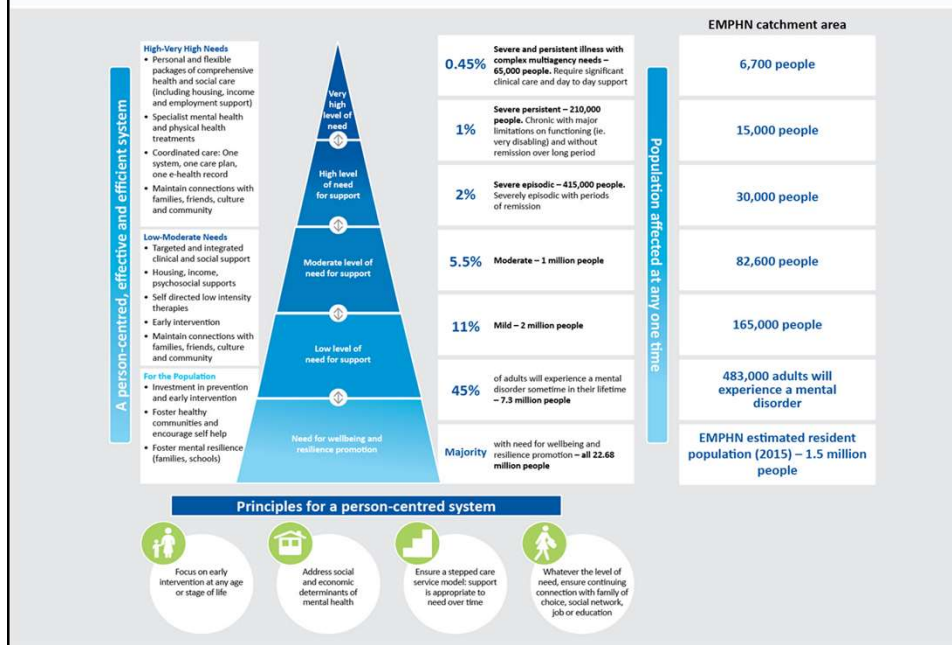
1. Policy & Background
2. Components of the Healthy Ageing Service Response
3. RFT Timelines & submission process
4. Evaluation criteria & Pricing schedule
5. Q&A
6. Networking opportunity

## Request for Tender for the provision of Healthy Ageing Service Response

# Policy context and background

- NMHC review and government response
  - Older people face unique challenges that can affect their mental health including age discrimination, bereavement, social isolation, susceptibility to chronic disease, and transition to retirement
  - Older people with depression and anxiety are poorly served and rarely access clinical psychologists in comparison with younger peers
  - Restricted access to community-based care for older Australians with mental health illness.
- Royal Commission into Victoria’s Mental Health System
  - Interim report released November 2019
- Royal Commission into Aged Care Quality and Safety
  - Interim report released October 2019
- DoH funding for RACFs

# Population level model of integrated stepped care



## Healthy Ageing background

- EMPHN numbers at a glance:
  - 230,000 people aged 65+
  - Expected to increase to 370,000 by 2031
  - 243 RACFs
  - 12,000 RACF residents
- Over half of RACF residents express symptoms of depression
- People with severe and enduring mental disorders die 15-20 years earlier
- People with co-morbidities, dementia, older carers and Indigenous Australians are at higher risk of developing mental health issues

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## Healthy Ageing as part of integrated service system

The Healthy Ageing Service Response must be delivered as an integrated part of EMPHN-commissioned and wider sector services across the EMPHN catchment, including:

- **Tertiary mental health services**
- **Primary Care and General Practices**
- **Residential Aged Care Facilities**
- **Wider support services**

The Healthy Ageing Service Response will actively promote integrated and coordinated care for consumers, focusing on supporting 'whole of person' needs and ensuring that consumers mental health, physical health and other supports (housing, functional and financial needs) are addressed as part of an integrated model without duplicating existing services

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## Healthy Ageing and other EMPHN-commissioned services

The Healthy Ageing must be integrated with relevant EMPHN-commissioned services, including:

- **Mental Health Stepped Care** (delivered across three tranches)
  - The clinical staging approach (see next slide) from Stepped Care will underpin the Healthy Ageing Service Response
- **Psychiatric Advice and Consultation Service (PACS)**
  - Provides psychiatric advice across EMPHN programs
- **Psychosocial Support Service (PSS)**
  - Provides practical support and community connections for people with severe mental illness and a need for ongoing support

## Clinical Staging Indicators

Clinical Stage:	Stage 0 Asymptomatic Subjects	Stage 1a Help seeking subjects with symptoms	Stage 1b Attenuated syndromes	Stage 2 Discrete Disorders	Stage 3 Recurrent or persistent disorder	Stage 4 Severe, persistent unremitting illness
Indicators for Clinical Staging:	<ul style="list-style-type: none"> <li>• Not assigned to those presenting to health care services with symptoms</li> <li>• Individuals who may be at increased risk of psychotic or severe disorders. This may include those with a family history of mental illness, preterm delivery and/or low birthweight, or the presence of adverse childhood experiences.</li> </ul>	<ul style="list-style-type: none"> <li>• Help-seeking</li> <li>• Presenting with symptoms, which may be non-specific and relate to either anxiety and/or depression</li> <li>• May be evidence (subjective or objective) of mild neuropsychological deficits, and/or recent mild impacts on social, education or occupational function.</li> </ul>	<ul style="list-style-type: none"> <li>• Help-seeking</li> <li>• May present with what can be termed 'attenuated syndromes', characterised by 'specific symptoms of severe anxiety, moderate depression, brief hypomania or brief psychotic phenomena'</li> <li>• May present with evidence of moderate neuropsychological change and moderate to severe impacts upon social, educational or occupational functioning because of the presenting attenuated symptoms.</li> </ul>	<ul style="list-style-type: none"> <li>• Presenting with 'clear episodes of psychotic, manic or severe depressive disorders'</li> <li>• Associated with significant effect on social, educational or occupational functioning, and significant neuropsychological deficits</li> <li>• Likely that 'full threshold disorder with moderate-severe symptoms and persistence over time' is apparent.</li> </ul>	<ul style="list-style-type: none"> <li>• Evidence of 'incomplete remission from discrete disorder (stage 2) at 12 months after entry to care following reasonable course of treatment (of at least 3 months duration)</li> <li>• Further, the recurrence after complete recovery (after a period of three months) warrants classification into stage 3.</li> </ul>	<ul style="list-style-type: none"> <li>• Characterised by 'severe, persistent and unremitting illness after at least 24 months of engagement with relevant specialised clinical services</li> <li>• Received or receiving a reasonable range of medical, psychological and social interventions.</li> </ul>



# The Healthy Ageing Service Response

Tara Laursen  
Mental Health & AOD Manager

## Overview

EMPHN is seeking to establish an Agreement for the Provision of the Healthy Ageing Service Response with a Service Provider/s, that can deliver an integrated mental health and wellbeing response to older persons across the entire EMPHN catchment.

The service response is targeted for people aged 65+ years (or 55+ years for Aboriginal and Torres Strait Islander populations) who live in the community or in Residential Aged Care Facilities.

This new service response will have a focus on primary and secondary consultation, multidisciplinary care, collaboration and sector capacity building.

## Overview *cont'd*

Recognising the particular challenges facing older persons in accessing mainstream mental health services, EMPHN have:

- Trialled service model components, including service provision in RACFs and primary and secondary consultation to General Practice clinics
- Co-designed the service specifications for the Healthy Ageing Service Response

Continuous collaboration with primary care and RACFs is fundamental in developing and implementing the service response, and the provision of seamless support in tandem with other existing services is pivotal.

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## Guiding principles for Healthy Ageing Service Response

- Evidence based, or evidence-informed, short term therapies delivered by mental health professionals or other service providers with training in delivering these therapies;
- Equitably and efficiently provided in order to ensure optimal access is achieved within the available funding;
- Person-centred;
- Collaboratively, working in consideration of existing informal and formal supports and identifying pathways and partnerships with existing mental health services, including EMPHN commissioned providers;
- The workforce must be supported and operating at the 'top of their scope'; and
- Delivered within a quality framework which ensures clear clinical governance, and compliance with national standards.

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## Purpose

- Address the mental health needs of individuals aged over 65 (or 55+ years for Aboriginal and Torres Strait islander people) with mild to moderate mental health illness in RACFs and in the community
- Include consideration of ‘whole of person’ needs, including alcohol and other drugs (AOD), suicide prevention, psychosocial support, housing, physical health needs and their impact on the mental health and wellbeing of older people
- Be tailored to the needs of the EMPHN catchment, and in particular the geographic sub-regions of the PHN, building on existing mental health services, including the EMPHN commissioned services of mental health stepped care model and psychiatric advice and consultation service, and align with EMPHN’s overall strategic direction.

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## Consumer Eligibility

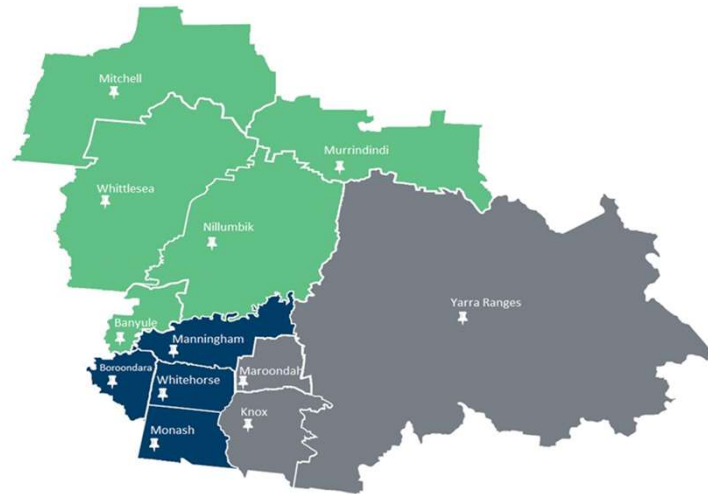
In order to ensure the most effective use of resources, the following criteria determine consumer eligibility for the Healthy Ageing Service Response:

- Residing in the community or in a RACF within the EMPHN catchment
- Aged over 65 (over 55 for Aboriginal and Torres Strait Islander Persons)
- At risk of or diagnosed with mild to moderate mental health illness:
  - Secondary consultation eligibility – clinical stages 0-4
  - Primary consultation and/or brief intervention support eligibility – clinical stages 2-4
- Not able to afford or access a comparable service

**Exclusions:** Persons with dementia or cognitive decline where this is the primary driver of their behavioural presentation

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## Services are to be delivered across the EMPHN catchment



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## Healthy Ageing Service Response

**Three service types must be included as part of an integrated service response:**

### **1) Secondary consultation support (for clinical stages 0-4)**

A telephone advice and consultation line, staffed by mental health clinicians will be available to GP's, general practice staff and Residential Aged Care Facility (RACF) staff requiring support with the assessment and management of individuals over 65 (or 55+ years for Aboriginal and Torres Strait Islander populations) with or at risk of mild to moderate mental health needs.

Specialist advice provided by a psychiatrist with specialist experience with older persons' mental health and/or psycho-geriatrician for more complex queries must also be available to provide support via the telephone advice line.

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## Healthy Ageing Service Response *cont'd*

### **2) Primary consultation and brief intervention support (for clinical stages 2-4)**

Primary consultation and brief intervention support by a mental health clinician and/or psychiatrist/psycho-geriatrician for older people with moderate mental health conditions who have more complex needs or require greater multi-disciplinary assessment and support.

Primary consultations should be carried out in conjunction with the older person's GP, practice staff, or the RACF registered nurse or clinical team, as well as other care team members for the purposes of team-based care, capacity building, collaboration, and care planning. Activities should promote a shared understanding of the consumer, promote consistency in practice, avoid duplication of care, reduce stress, build the capacity of existing primary health workforce and work towards the consumer's identified needs or goals.

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## Healthy Ageing Service Response *cont'd*

### **3) Capacity building**

Mental health clinicians, psychiatrist and/or psycho-geriatrician (as required) will conduct visits to GP clinics and RACFs to build capacity of workers in regard to the management of older persons' mental health.

These sessions are intended to include all relevant staff in the care teams and may involve formal education; informal learning opportunities, and the distribution of information packs.

Clinicians must also use primary consultations and brief intervention sessions to build the capacity of general practice and RACF staff by involving them in collaborative care planning and assessment and treatment interventions (where relevant).

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## Intended Outcomes

1. **Health outcomes for consumers:** improved quality of life, well-being, and improved consumer pathways and integrated care
2. **Consumer experience:** Consumer (and family) report being adequately supported to be decision-maker in own life and care, satisfaction in accessing services
3. **Organisational and workforce experience:** a system that is easy to integrate with, work collaboratively with, and navigate for providers
4. **System change and cost effectiveness:** Utilisation of outcome measures, data collection and collaboration in system reform. Value for money

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## Operational Conditions

The successful provider will have developed appropriate systems for:

- **Referral and Intake**  
Referral and intake arrangements well linked with other service systems to provide alternate options where appropriate. The service provider/s will develop strong connection and liaison with the EMPHN Referral and Access Team
- **Waitlist/Demand management**  
Service modelling should be tailored to ensure easy access and responsive support, and should avoid reliance on waitlists for initial assessment or treatment interventions
- **Assessment**  
Delivering a robust evidence-based assessment and clinical staging process
- **Collaborative care teams and planning**  
When a consumer is identified as requiring the support of multiple services, service providers should come together with the consumer and family/carer (where relevant) to establish agreed working practices and develop a Collaborative Care Plan (CCP) to maximise team-based care. This should ensure whole-of-person care and collaborative goal setting

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## Operational Conditions *cont'd*

- **Review**  
Processes for regular review of consumers accessing services to ensure their needs are being met and they are addressing their recovery goals, and that families and carer/s are adequately supported.
- **Integrated care pathways**  
Providing an easy-to-navigate mental health system - careful coordination and collaboration with EMPHN (e.g. MH SCM, PSS and non-EMPHN commissioned agencies) will be a crucial part of the service model in order to avoid fragmentation of care due to a complex health system.

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## Workforce

- Psychologists (registered and clinical psychologists)
- Accredited mental health social workers
- Qualified social workers (Australian Association of Social Worker member)
- Credentialed mental health nurses
- Mental health competent occupational therapists
- Psychiatrists
- Psycho-geriatricians
- Aboriginal health workers
- Culturally and Linguistically Diverse (CALD) specialists
- Lived experienced workforce

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## Out of Scope Services

- Not supported by an empirical evidence-base
- Duplicate other existing services such as Australian and Victorian Government services, or services delivered by EMPHN-funded providers (e.g. Mental Health Stepped Care, Psychosocial Support Service, Psychiatric Advice and Consultation Service)
- Services more appropriately delivered within an acute or hospital setting or by state specialised aged care mental health services
- Solely focused on providing broader social support services that are the responsibility of another sector such as housing, disability, or non-health sector
- Associated with clinical trials, research, travel or conference attendance
- Debt repayments or to off-set deficits in other program areas
- Capital and infrastructure resources
- Respite care

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## Indicative Funding and Term

The indicative amount of funding available to deliver the Healthy Ageing Service Response is \$5.691 million for 3 years, from 1 July 2020 to 30 June 2023. Service delivery must commence from 1 September 2020.

Description	Years
Initial contract term	3 years
Options to extend	3 years + 1 year + 1 year
Maximum contract term	5 years after which the services will cease or need to go to market

NOTE: The indicative funding will be reviewed once the PHN have received confirmation of funding arrangements for future financial years.

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## Timelines & RFT submission process

### RFT Indicative Timelines

Key Activities	Dates
Release of Request for Tender (RFT)	12pm Wednesday 29 January 2020
Tender briefing	Today (Wednesday 5 February 2020)
<b>Prequalification closes</b>	12pm Wednesday 4 March 2020
<b>Questions close</b>	12pm Sunday 15 March 2020
<b>RFT closes</b>	12pm Wednesday 18 March 2020
Tenderer interviews (if required)	Tuesday 7 April 2020
Site visits (if required)	To be scheduled if required 2020
Announcement of outcome	May 2020
Service Delivery commencement	1 September 2020

## Prequalification requirements

The online response to this tender is in two parts:

1. Part D Response Schedule D1 – Pre-qualification Eligibility Criteria form
2. Part D Response Schedule D2 – Weighted Evaluation Criteria form

Successful completion of D1 is a mandatory requirement before you can access Schedule D2

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## Prequalification Part D Attachments

#	Document Name	Requirement
1	<b>Part D Attachment 1</b> – Partnering, sub-contracting and other Third Party Arrangements	If required
2	<b>Part D Attachment 2</b> – Tenderers Legal Proceedings	If required
3	<b>Part D Attachment 3</b> – Tenderers Referees template	<b>Mandatory</b>
4	<b>Part D Attachment 4</b> – Contract Departure template	If required

The remainder of the tenderer mandatory eligibility requirements are set out according to Part D - documents (Prequalification).

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# Prequalification requirements

## All Responses must meet the following eligibility criteria:

- The tenderer has the capacity to commence service delivery by 1 September 2020
- The tenderer must be able to deliver the proposed services across the geographical boundaries of EMPHN's entire catchment. Local government areas of Boroondara, Whitehorse, Manningham, Banyule, Nillumbik, Whittlesea, Maroondah, Knox, most of Yarra Ranges and parts of Mitchell, Murrindindi and Monash.
- The tenderer complies with all requirements of this RFT

The remainder of the tenderer mandatory eligibility requirements are set out according to Part D - documents (Prequalification).

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# eProcure online tender portal

Register via EMPHN's eProcure online portal

<https://www.eprocure.com.au/emphn/>

The screenshot shows the EMPHN eProcure online tender portal registration page. The page features a navigation bar with links for 'eastern melbourne phn home', 'my watch list', 'my details', and 'help/facp'. The main header includes the 'phn EASTERN MELBOURNE' logo and the tagline 'An Australian Government Initiative'. The page is titled 'Eastern Melbourne PHN' and contains the following content:

**Eastern Melbourne PHN**

Welcome to Eastern Melbourne PHN's eTendering Portal. This is where you will find information about procurement opportunities such as Expressions of Interest (EOIs) and Requests for Tender (RFTs) for delivery of health and other services (e.g. ICT or cleaning services), or goods. The Portal is one of the ways Eastern Melbourne PHN is ensuring a transparent and accountable process and one that is more cost and time efficient for our providers and our PHN.

We encourage current and potential suppliers of goods and services to register on this Portal. **Registration is free.** Just click on the registration link and complete your details. You will receive a confirmation of your registration, which will include your login credentials.

Once logged in you will be able to:

- receive email notifications when you register your interest in an opportunity we publish to eProcure;
- view and download Tender documentation;
- use the Question Forum, anonymously and confidentially, to ask questions and see answers to all the questions related to Tenders; and
- submit your Tender response electronically.

The eProcure helpdesk is available by dialling 1800 377 628 if you need any assistance registering or experience any difficulties logging in or downloading/uploading any documents from/to this Portal.

To access Eastern Melbourne PHN's website visit: <https://www.emphn.org.au/>

**Public Opportunities**

**member login**

Please sign in below. Existing users, login below; new users can register for free.

Email address:

Password:

**LOGIN** [Forgot your Password?](#)

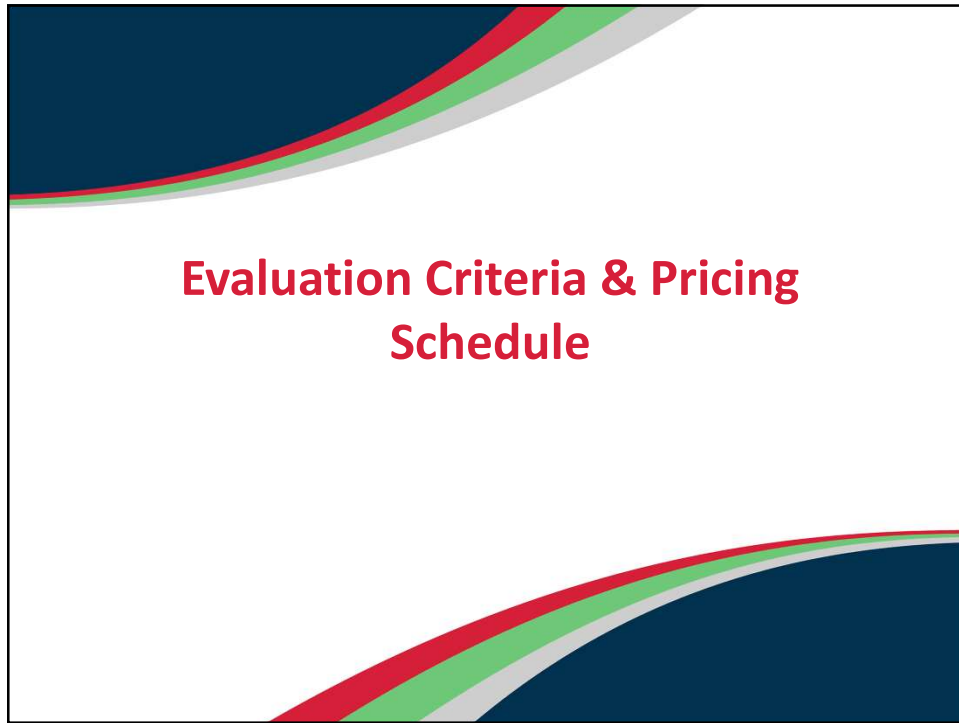
**Not a member?**

**Benefits of registering:**

- Free to register
- Simple to sign up
- View a list of open opportunities
- Be updated on any tender changes
- Questions & Answers forum
- Electronic Submissions

**REGISTER**

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### Evaluation Criteria

#	Criteria	Weighting %
1	Service model and structure	35%
2	Organisational capability	20%
3	Consumer/Carer participation	15%
4	Quality systems, risk management and performance management	15%
5	Suitability of pricing and value for money	15%
<b>Total</b>		<b>100%</b>

## Tender Reference Documents:

**Part A: Conditions of Tendering**

**Part B: Service Requirements** (and separate appendix)

– **Appendix 1 – Geographical boundaries for EMPHN**

**Part C: Proposed Contract Terms and Conditions** (and separate attachments)

– **Attachment c** – Communication Protocols

– **Attachment d** – Incident Management Procedure

– **Attachment e** – Project activity work plan template

– **Attachment f** – Clinical governance framework

**Part D: Response Schedule** (completed online in eProcure)

**Part D: Response Schedule attachments:**

(uploaded with online response)

– **Attachment 5** – Pricing Schedule template (MANDATORY)

– **Attachment 6** – Summary Risk Table template (MANDATORY)

– **Attachment 7** – Workforce Plan (MANDATORY)

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## Questions & Answers

Anne Lyon

## List of Questions & Answers

Questions and answers are recorded.

Questions and answers related to the RFT, will then be published on the eProcure portal and on the EMPHN website.

Frequently asked questions on Healthy Ageing Service Response will be published on the EMPHN website

Any addition questions are to be submitted in the 'questions' tab of the tender in eProcure

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## List of Questions & Answers

**Q1: Are the Aged Care Standards included under required standards for this tender?**

A: This tender would fall under Mental Health Standards, however it should align with the appropriate standards for the service delivery setting.

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## List of Questions & Answers

**Q2: Can you say more about the integration between the Healthy Ageing Service Response and My Aged Care services?**

A: The Healthy Ageing Service Response does not have a major direct interface with My Aged Care, however these services would also need to be considered as part of the wider service system that the Healthy Ageing Service Response will integrate with.

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## List of Questions & Answers

**Q3: Are you able to give some feedback about the aspects that worked well in the previous trials informing this model, and the ones that didn't?**

A: We have had a trial providing psychological support within RACFs. Some of the challenges around that have been appropriately targeting the RACFs and establishing relationships with those people in the facilities to ensure the services are delivered to the right people. The capacity building side of it has also been a challenge, including being able to get access to staff, however this has been well received when it has happened.

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## List of Questions & Answers

**Q3: Are you able to give some feedback about the aspects that worked well in the previous trials informing this model, and the ones that didn't?**

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*Cont'd*

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## List of Questions & Answers

*Cont'd*

The second pilot having mental health nurses and psycho-geriatricians providing consultation to general practice clinics. Some of the challenges include engagement of general practices, however the ageing population make up a very significant cohort of people presenting to general practice, so this is considered a work in progress.

The third pilot is going to focus on team based care in general practice. These are some of the elements in our broader approach that we are trying to focus on in, not just a healthy ageing response, but mental health support more generally through the services we've funded.

*Cont'd*

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## List of Questions & Answers

*Cont'd*

The elements we have listed in this tender are very congruent with our approach to develop a more integrated system and better support of the workforce to meet the challenges they face in clinical settings.

Finally, we would encourage everyone to review our Integrated Regional MHAOD and Suicide Prevention Plan. It has been developed over the last 18 months and will be launched in March. One of the working groups focused on people who are ageing and a number of actions were identified.

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## List of Questions & Answers

**Q4: Has a desired split between the service components of secondary consultation, primary consultation and capacity building been identified?**

A: We have not defined a requirement for this split, however direct service delivery is a very strong component and we are funded specifically from the Commonwealth for psychological interventions in RACFs. One of the aims of the program is to maintain independent living in the community by supporting general practice through team based care, integration and building capacity in the workforce. We will look at the balance proposed in submissions. We have listed the four outcomes of the program and responses should reflect these.

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## List of Questions & Answers

**Q5: Can you define the session number limits of the “brief interventions” included in the service model?**

A: We do not define a prescriptive session number. Interventions should be based on the appropriateness, need and efficacy through clinical staging.

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## List of Questions & Answers

**Q6: Would you accept group therapy in RACFs as part of the model?**

A: Yes we would be open to that as a modality.

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## List of Questions & Answers

**Q7: Do services need to be delivered in either the community or the RACF setting, or as a combination of both?**

A: Services should be delivered across community and RACFs settings.

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## List of Questions & Answers

**Q8: Are expected Key Performance Indicators defined, e.g. how many people or facilities or consumers must be reached?**

A: Key Performance Indicators have not been set in advance as these depend on the service model proposed. These will be identified as part of the contract negotiations with the successful provider.

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## List of Questions & Answers

**Q9: Can current EMPHN Stepped Care Model services be delivered within RACFs?**

A: Services under the Stepped Care Model are not for service delivery within RACFs. This Healthy Ageing Service Response is partly funded by Commonwealth funding specifically targeted for mental health service delivery within RACFs.



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**Close Opportunity to network**

The slide features a dark blue header with the PHN Eastern Melbourne logo on the left and the text 'Close Opportunity to network' on the right. Below the header is a decorative curved band with red, green, and grey segments. The main content area is white and contains a network diagram of colorful human figures (purple, orange, blue, green, yellow, pink, red) connected by white lines, symbolizing a community or network.