

**Request for Tender Title:** Youth Enhanced Services – Country WA PHN (Geraldton)

**Request number:** 2024-38

**Closing Date:** 19 November 2024

**Closing Time:** 2.00pm (AWST)

**Submission method:** [2024-38@wapha.org.au](mailto:2024-38@wapha.org.au)

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## **PART A: BACKGROUND & INFORMATION**

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## 1. FORMAT OF REQUEST

This *Request* consists of three (3) PARTS as follows:

PART	DETAIL	ACTION
A	Part A - Request information and background.	Read and keep.
B	Part B - Conditions of Request	Read and keep.
C	Part C - Draft Agreement Documents - Consisting of the following attachments:	
	1 – Service Agreement	Read and keep.
	2 – Draft Activity Schedule	Read and keep.
D	Part D - Submission Forms - Consisting of the following attachments:	
	1 – Submission Form	Complete and submit.
	2 – Budget Template	Complete and submit.
	3 – Non-Conformance Schedule	Complete and submit if required.

### 1.1 Part A – Request Information and Background.

This Part A provides background and information on the WA Primary Health Alliance (WAPHA) generally, and this Request specifically. It provides context and assistance to Respondent’s in the expectations of WAPHA and the method in which to approach/complete documents. Information is provided on each of the documents provided in the Request and the expected actions (if any) Respondents are to take in relation to these documents.

### 1.2 Part B – Request Conditions

#### 1.2.1 General

The Conditions of Request in Part B of this Request contain important provisions regarding the nature of this Request and the consequences of the Respondent making a Submission. The Respondent is deemed to have read and considered the Conditions of Request, as well as all other documents which comprise this Request, prior to making a Submission.

#### 1.2.2 Submission Format

Respondents are to ensure that Submissions are to be submitted in a **single zip folder**.

Refer to section 5 of the Conditions of Request.

### 1.3 Part C – Draft Agreement Documents

#### 1.3.1 Service Agreement

The Services Agreement that will be used to enter into Agreements with the successful Respondent(s) is provided in draft format with this Request. This provides the form of the Agreement, including contractual terms and conditions.

Respondents are to review this document thoroughly and are required to indicate in the Submission Form provided in Part D either:

- a) that they accept the terms and conditions as presented; or

- b) that they have proposed amendments and complete the Non-Conformance Schedule detailing all proposed amendments including the reason/justification for each proposed amendment.

### 1.3.2 Activity Schedule

The draft Activity Schedule provided in this Request provides the detail of the services that will be provided by the successful Respondent(s) (including guidelines, reporting requirements, payment milestones and other requirements, etc.).

Some sections of the final Activity Schedule may be completed using information provided in Respondents Submissions (such as locations of services, modality of service provisions, sub-contractors, etc.). These areas will be indicated as such in the draft Activity Schedule.

Respondents are to review this document thoroughly and are required to indicate in the Submission Form provided in Part D either:

- a) that they accept the draft Activity Schedule as presented (acknowledging that some parts will be subject to finalisation using information provided in their Submission); or
- b) that they have proposed amendments and complete the Non-Conformance Schedule detailing all proposed amendments including the reason/justification for each proposed amendment.

## 1.4 Part D – Submission Forms

### 1.4.1 Submission Form

Respondents are to complete and submit this document in accordance with the questions and information requested in the form.

#### a) Prequalification Questions

Where a Respondent answers “No” to a prequalification question this indicates that the Respondent is not a suitable provider of the required services. A Respondent who answers “No” to a prequalification question is strongly advised to consider whether to make a Submission.

#### b) Disclosure and Compliance Questions

Answers to disclosure and compliance questions will not preclude a Respondent’s Submission from being evaluated or considered. The responses to these questions will assist the PHNs in assessing inherent risks, financial sustainability and stability of the Respondent and information that is required for the Activity Schedule.

#### c) Qualitative Requirements

Responses to the Qualitative Criteria are designed to demonstrate the Respondent’s capacity, experience, suitability of proposed model, and its understanding of the PHNs’ requirements.

Responses should ensure that claims or statements made to address any aspect of the Qualitative Criteria are supported through the use of examples.

#### d) Addressing Capability and Capacity

When providing information regarding organisational capacity and capability Respondents should assume that the persons evaluating the Submissions have no prior knowledge of the Respondents activities, experience or any previous work undertaken.

### 1.4.2 Budget Template

Respondents are to complete and submit this document in accordance with the template provided. This document when completed will assist WAPHA in assessing the financial aspects of the proposed model and to

compare the value for money outcomes (when considered in concert with the associated completed Submission Form).

Where a Respondent proposes to provide services in more than one PHN it is required submit a separate Budget for each PHN region.

#### 1.4.3 Non-Conformance Schedule

Respondents are complete and submit this document (if required) detailing any non-conformances or proposed changes that it has relied upon in making its Submission to either or both of the draft:

- a) Services Agreement; or
- b) Activity Schedule.

Proposed changes to either of these documents will not preclude a Submission from being considered but may require negotiation and discussion (depending on the detail of the proposed changes).

## 2. WAPHA BACKGROUND AND INFORMATION

### 2.1 General

In the 2014 Federal Budget the Australian Government announced the establishment of Primary Health Networks (PHN's).

In early 2015, the Commonwealth Government entered into funding agreements with the Western Australian Primary Health Alliance (WAPHA) to operate Western Australia's three PHN's: Perth North; Perth South; and Country WA commencing on 1<sup>st</sup> July 2015.

PHNs have been established with the key objectives of increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes, and improving coordination of care to ensure patients receive the right care in the right place at the right time.

To achieve this, the PHNs are expected to be commissioners of healthcare services and not providers of healthcare services.

WAPHA is responsible for the purchasing and commissioning of high quality, locally relevant and effective health services in PHN Regions, by engaging providers who have the necessary and relevant expertise. In doing so WAPHA is to achieve value for money outcomes.

Further information can be obtained from the following websites:

<http://www.health.gov.au/internet/main/publishing.nsf/Content/PHN-Home>

and

<http://www.wapha.org.au/>

## 3. REQUEST BACKGROUND AND INFORMATION

### 3.1 Background

WAPHA is seeking the services of an organisation to establish a Youth Enhanced Service (YES) Program to provide clinical treatment (including medication management – prescribing, monitoring, education) and associated

support directed towards functional recovery to young people aged 12-25 years who meet the criteria for Stage 1b-2<sup>1</sup> in the service model and their families.

This will be achieved through the use of:

- (i) developmentally appropriate multi-dimensional (transdiagnostic) assessments;
- (ii) personalised treatment planning;
- (iii) coordinated provision of acceptable stage-specific multi-faceted clinical treatments, psychological and social interventions and other supports with;
- (iv) care coordination; and
- (v) routine outcome monitoring aligned, accordingly.

The Contractor is required to deliver the Activity based on a co-developed local instance of the YES Model.

This must enable the sustainable provision of all essential elements of the YES model either directly or through formal partnerships.

It is also essential that the service is functionally integrated with local headspace centres, first/early episode services, other relevant PHN commissioned services (in situ and virtual) and state-funded adolescent and/or youth mental health and AOD services and teams.

It is essential this should include integrated access to MOST, the Orygen on-demand mental health service for young people currently being commissioned by WAPHA across WA. It is also important the provider develop referral and care pathways with general practice and other MBS funded allied health and specialists as well as government funded and/or provided welfare, employment, education/training and housing services.

Core clinical services will be provided by regulated practitioners complimented with appropriately trained, experienced, and supervised psychosocial support staff [trained in this model].

At a minimum this requires the service to have sufficient and timely access to:

- medical practitioners (psychiatry (psychiatrists including trainees) and/or psychiatry-supported general practitioners) and clinical psychologists to undertake comprehensive assessment and treatment planning,
- allied health practitioners (registered psychologists, occupational therapists, or social workers), and registered nurses (including nurses with a sole qualification in mental health)
- unregulated psychosocial support staff, as required and locally determined.
- Specialist clinical provision can be from directly employed staff or brokered through formal agreements with Health Service Providers, for example, or a combination of both.

The service and associated activities should be provided within an organisational clinical governance, safety and quality improvement framework that is risk assured. Arrangements must be in place to recognise and respond to clinical deterioration including pathways to emergency care.

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<sup>1</sup> Stage 1b: attenuated psychiatric and comorbid syndromes: characterised by increased symptom severity and specificity (moderate but sub-threshold), moderate neurocognitive changes (attention, learning, memory, executive functioning) comorbidity and moderate to severe functional decline:

GAF/SOFAS: 60-70, QIDS 11-20, YMRS >9.

First episode of psychiatric syndrome/disorder: meets threshold for fully developed syndromal presentation characterised by sustained/persistent severe and specific major mood, anxiety, or psychotic condition/syndrome with major functional and neuropsychological impairment:

GAF/SOFAS: 40-60, QIDS >20, YMRS >15

### Activity Schedule

The Services to be provided are detailed in the draft Activity Schedule attached to this Request (refer Request Part C – Attachment – Service Agreement – Activity Schedule).

## **3.2 Request Briefing**

A non-mandatory briefing will be held on Tuesday, 22 October 2024 at 10.00am.

Please follow the link to attend the briefing:

### **Microsoft Teams**

[Join the meeting now](#)

Meeting ID: 460 362 108 06

Passcode: Mp7Yrj

### **Dial in by phone**

[+61 8 6118 6028,,258378576#](#) Australia, Perth

[Find a local number](#)

Phone conference ID: 258 378 576#

For organizers: [Meeting options](#) | [Reset dial-in PIN](#)

## **3.3 Anticipated Timeframe**

At the time of issuing this Request, WAPHA anticipates the following timeframe for the completion of the process.

Request opened to market	Tuesday, 15 October 2024
Close date for Submissions	Tuesday, 19 November 2024
Completion of evaluation of Submissions	Friday, 29 November 2024
Negotiation, drafting and finalisation	Friday, 13 December 2024
Execution of Agreements	Friday, 20 December 2024
Commencement of Services	Monday, 3 February 2025