

# Service Specifications for a Locally Integrated Care Model

## Table Of Contents

|  |   |
|--|---|
| Service Specifications for a Locally Integrated Care Model ..... | 1 |
| Context.....   | 2 |
| Overview .....   | 2 |
| Background.....  | 3 |
| Service Requirements .....                                       | 3 |
| Expected Outcomes .....  | 4 |
| Quality & Performance Standards .....                            | 4 |
| Reporting.....   | 4 |
| Insurance .....  | 5 |
| Timeline.....  | 5 |
| Procurement Process and Evaluation Guidelines .....              | 5 |

## Context

Sydney North Health Network (SNHN) is inviting suitably qualified and experienced organisations currently servicing the region, to join us in delivering innovative and creative solutions to the Sydney north region.

Whilst SNHN is one component in a large private and public health and social care system, we have the ability to create an innovative commissioned system. One that is local and integrated with a focus on continuity and coordination of care from primary through to secondary. We also can influence the wider system to collectively address the trending demands on the acute sector.

A key challenge is to delay the onset of illness/disease to ensure Australians are living healthy in their later years. To achieve this, we need to:

- Tackle loneliness and enhance social connection.
- Increase health check visits to GPs.
- Breakdown the bureaucratic barriers to health care.
- Activate fragile communities to support people and families.
- Reduce the impact of adverse childhood experiences.
- Create local integrated primary care systems designed to meet the specific needs of vulnerable communities.

## Overview

SNHN will provide a lead agency role and will work together as a syndicate with providers to adapt to local needs and improve outcomes. SNHN commissioning will adopt a layered approach, focusing on place-based, regional-based, and outreach services. This will allow for a balance between universal service provision, targeted interventions, and flexible services that meet the unique needs of the community. SNHN will provide data, partnership agreements and system infrastructure through a “no wrong door” approach. Meaning access through a central location via phone, digital line, walk-ins, referrals and outreach in order to target vulnerable populations in our region.

SNHN will adhere to the commissioning framework which is guided by key commissioning principles to bring to life the value-based commissioning process that prioritises health outcomes and value for money, in accordance with SNHN strategic objectives and funding requirements. This is referred to as the **10A framework** and consists of ten key characteristics.

- **Analysis** of the population's needs and the evidence base for effective prevention and primary care commissioning.
- **Authority** to allocate funding according to the specifications provided by the funder with funding level agreements negotiated according to SNHNs probity and delegation policy and procedures.
- **Anchor** SNHN's continuous presence in communities experiencing inequities of health outcomes.
- **Adaptability** of service models to support the changing needs and emerging evidence.

- **Alliance** with government, other agencies, funders and communities through strong governance to ensure data-driven strategy, risk management, and collaboration, aimed at attracting resources to the region.
- **Activation** of communities with the skills, knowledge, and resources they need to become self-sufficient.
- **Acquisition** of the necessary services, resources, or providers to ensure a structured approach to procurement.
- **Acceleration** of services by rapidly scaling the expansion to other communities once data demonstrates that it effectively achieves the desired results to benefit a wider population.
- **Accountability** by consistently measuring, monitoring, and reporting successes and failures to maintain trust with the Board, funders, partner agencies, and the community.
- **Advancing** the future processes internally and externally by sharing the knowledge gleaned from failure and success with other Primary Health Networks in Australia and beyond.

## Background

While SNHN is the least socio-economically disadvantaged PHN in Australia, there are still areas within Ryde, Hornsby, and Northern Beaches that face high levels of socio-economic disadvantage, with poorer health outcomes such as lower life expectancy, higher obesity and smoking rates, and increased chronic health conditions. These areas also have higher proportions of vulnerable populations, including children vulnerable in developmental domains, people from culturally and linguistically diverse (CALD) backgrounds, and those requiring mental health and homelessness services.

Stakeholder consultations and qualitative data highlight significant barriers to healthcare, such as financial hardship, low bulk billing rates, and poor access to primary mental health care, particularly affecting disadvantaged groups like single-parent families, CALD communities, and older populations. Additionally, rising living costs and limited access to health services exacerbate these challenges. By focusing on Ryde, Hornsby, and Northern Beaches, SNHN aims to address these disparities through a place-based service model that offers more accessible, affordable, and culturally sensitive healthcare, improving service delivery and coordination in these high-need areas.

## Service Requirements

An important step in the development of a locally integrated model is achieving better integration across and between mental health (MH), suicide prevention and Alcohol and Other Drugs services and other relevant parts of the health system.

Services will need to incorporate the following and adopt an open dialogue approach, placing emphasis on collaboration, transparency and inclusivity for the person seeking care, their families and other significant contributors in the process.

- Medicare MH line
- MH triage
- Service navigation
- Peer work
- Outreach
- Social prescribing

- Digital health
- Service Directory
- Care coordination
- Health promotion
- GPs in schools
- Funded programs
- Training and support

## Expected Outcomes

**Financial:** Increase funding for service providers through MBS items and philanthropic investment.

**Workforce:** Improved confidence in employment stability.

**System:** Collective action and adaptive services tailored to target health inequity.

**Community:** Begin life well, maintain and manage wellness, stay connected and age with dignity.

**Economy:** Improved employment rates.

**Public purse:** Reduced demand on acute services and disability benefits.

It is important to note the success of this model is determined, not merely by the lead agency's commitment and the willingness of other contributors to embrace and advocate for system change, but also on the support of service providers to offer a comprehensive network of integrated services to ensure the client and their families receive the right care, at the right time and in the right place.

## Quality & Performance Standards

The provider will be responsible for ensuring that trauma informed evidence-based practice is delivered to the clients, with the individuals' goals being the target of services delivered.

The provider will be required to have appropriate governance and policies and processes in place to ensure service quality and risk management and must also ensure that reporting and improvement processes in place for risk identification, incidents and complaints.

The provider will be responsible for continually improving the program and service delivery, for example in response to service user feedback, new and emerging evidence or guidelines and is required to develop an annual Quality Improvement plan.

## Reporting

Data collection specifications will be clearly defined in the funding agreement, but broadly will include:

- Number of clients who have accessed the service
- Number and modality of occasions of service
- Client demographics
- Patient reported experience measures (PREM)
- Patient reported outcome measures (PROM) including outcome measures from the International Consortium for Health Outcomes Measurement (ICHOM)

- Engagement activities completed to promote the service
- Case studies illustrating impact on clients

SNHN may work with the provider to identify additional performance indicators that will form the basis of reporting to demonstrate success and to assist in identifying future areas for service enhancement.

## Insurance

Providers must have adequate insurance coverage and adhere to sound workplace health & safety practices. Providers are required to provide the following on request:

- Certificates of currency for Public Liability Minimum Limit \$20,000,000
- Certificates of currency for Professional Indemnity Minimum Limit \$20,000,000
- Certificates of Cyber Security Insurance Minimum Limit \$500,000 - \$1,000,000
- Evidence of workers' compensation insurance
- A copy of the organisation's most recent audited financial statements

## Timeline

The table below outlines the key activities and dates.

| Activity                         | Date           |
|----------------------------------|----------------|
| Expression of Interest Released  | March 2025     |
| Competitive Dialogue Workshop    | April 2025     |
| Request for Proposal Released    | July 2025      |
| Notification of Tender Outcome   | September 2025 |
| Contract Negotiation & Execution | December 2025  |
| Commencement of Service          | July 2026      |

The timetable serves as a guide. SNHN reserves the right to make alterations to the timetable for the request for proposal process.

## Procurement Process and Evaluation Guidelines

Providers will be formally invited to join SNHN through an expression of interest process. Once expressions are reviewed, SNHN will move into a Competitive Dialogue phase. This collaborative procurement approach enables us to work closely with providers to co-design a service model that effectively address complex problems. By leveraging market expertise, this process ensures we develop integrated solutions that align with the specific needs of the region.

Upon concluding the Competitive Dialogue process, a formal Request for Proposal (RFP) will be uploaded to the Tenderlink eProcurement portal. This will be a closed tender process, meaning only providers who expressed interest will be invited to formally submit their applications in response to the RFP.

