



REQUEST FOR TENDER (RFT) STATEMENT OF REQUIREMENT

TITLE

Mapping of disability services for Aboriginal people in the Northern Territory (NT), including Aboriginal community-controlled disability services.

ABORIGINAL MEDICAL SERVICES ALLIANCE NORTHERN TERRITORY (AMSANT)

AMSANT is the peak body for Aboriginal Community-Controlled Health Services (ACCHS) in the Northern Territory. The Not-for-Profit Aboriginal Community Controlled Health Services sector, as the largest provider of comprehensive primary health care to Aboriginal people in the NT, has been a primary driver of the impressive health gains for Aboriginal people in the NT over the last three decades. AMSANT represents 12 full-member organisations and 13 associate members across all areas of the Territory from regional centres to the most remote communities.

AMSANT aims to grow a strong Aboriginal community controlled primary health care sector by supporting our members to deliver culturally safe, high quality comprehensive primary health care that supports action on the social determinants of health; and represent our members' views and aspirations through advocacy, policy, planning, and research.

ACCHS are owned and governed by the Aboriginal communities they serve. ACCHS exist because Aboriginal people have exercised their voice and choice through establishing their own health services on their own terms. The ACCHS sector is the larger of the two providers of Aboriginal Primary Health Care in the Northern Territory and provides around two thirds of Aboriginal client contacts.

ACCHSs deliver a range of services as part of a broader model of Comprehensive Primary Health Care (CPHC). CPHC is an intentionally broad understanding of primary health care that is reflective of a holistic understanding of health adopted by Aboriginal people. It includes a medical component however this should not imply that services are delivered through the lens of a medical model. ACCHS deliver a wide range of non-clinical services such as allied health, social and emotional wellbeing, psychosocial support, family support, youth support, early childhood development, education and care, health promotion, public health, aged care, and disability services.

PROJECT BACKGROUND

The Northern Territory Government (Office of Aboriginal Affairs) is supporting AMSANT to engage a consultant to map existing NT disability services for Aboriginal people and NT Aboriginal community-controlled disability services, to identify gaps and needs to inform an NT Disability Sector Strengthening Plan based on the National Disability Sector Strengthening Plan.

While the National Disability Insurance Scheme (NDIS) has brought about significant positive changes for many people living with disability, the unique challenges faced in the NT necessitate a different funding and service delivery approach for Aboriginal people. Aligning the funding approach of the NDIS with the community-controlled model that has proven most effective in the delivery of Comprehensive Primary Health Care is essential to address the many challenges that the Scheme has posed for the delivery of high quality, continuous, and sustainable services for Aboriginal people in the NT.

SCOPE

The consultant will be required to research, map, and assess:

- Disability services in the broadest sense, including not only medical and allied health services, but also psycho-social and social and emotional wellbeing (SEWB) supports, in-home care, employment services, access to equipment etc.
- Aboriginal Community Controlled Health Services in the Northern Territory delivering disability services, including:
 - Disability services that ACCHS currently deliver.
 - The additional disability services that ACCHS would like to deliver.
 - The barriers to delivering existing (and additional) disability services.
 - Potential solutions to addressing these barriers, and what is required to ensure sustainable delivery and funding of disability services for Aboriginal people and by Aboriginal organisations into the future, particularly in remote communities.
- Other providers that deliver disability services to Aboriginal people in the Northern Territory (councils, private providers, non-government organisations, commercial entities).

POLICY CONTEXT

This project will be informed by the recent Disability Royal Commission findings and the NDIS Review Panel report, including consideration of block funding and blended commissioning models.

Royal Commission into Violence, Abuse, Neglect, and Exploitation of People with Disability

Recommendation 10.10: the Australian Government should urgently engage with state and territory governments about funding and arrangements for a provider of last resort scheme. It should also consult with people with disability, disabled people's organisations, disability representative organisations including member led First Nations Community Controlled Organisations, and peak bodies about how such a scheme could operate. The scheme should be designed to address:

- failed or thin markets, particularly for First Nations people with disability in remote or very remote areas and consider the use of block funding to guarantee service provision in those communities.
- access to services for:
 - people in crisis situations.
 - people at risk of losing their accommodation and disability services.
 - people whose needs cannot be adequately met by existing services.
- access to case management for people with disability at heightened risk of violence, abuse, neglect, or exploitation.
- clarity about which agency has the lead coordinating role.

Block funding is funding that is provided through a contract between governments and disability service providers. It is generally fixed-term funding provided to organisations to deliver an agreed amount or type of service for specific cohorts or in specific geographical areas.

The transition from block-funded services to individually funded NDIS participants created a disability services market. NDIS participants are consumers in that market, seeking a range of services and supports from providers who may be competing with each other to deliver them. To counter the lack of NDIS services for First Nations people in remote communities, the Commission heard block funding of various programs and trials has been used to improve participation and access to the NDIS. For First Nations people with disability, block funding refers to funding that provides specific supports to NDIS participants through a contract between government and a service provider. Block funded programs are said to complement and support the operation of the NDIS by wrapping around individualised funding. The use of block funding may in some circumstances be the difference between First Nations participants living in remote communities receiving a service or not. For this reason, the Commission suggested block funding could be considered an example of 'provider of last resort' arrangements for remote communities.

Working Together to deliver the NDIS: Independent Review into the National Disability Insurance Scheme, Final Report 2023

The review found that providers should be paid in different ways to reflect the differences in the types of supports provided. Using a mix of payment approaches would better reward providers for helping participants to achieve their goals and to be more connected to community. This will improve outcomes for participants and reduce cost pressure on the scheme over time.

Opportunities to shift away from the current fee-for-service approach, where providers are paid for each hour of support delivered, should be carefully explored and tested. Instead, there may be opportunities to reduce incentives for providers to ‘over-service’ — that is, to deliver more supports than needed. This could include looking at ways to better define pathways of support and to pay providers for delivering a group of supports or a range of activities rather than individual hours of support. We call this an ‘activity-based payment’.

Following the development of an outcomes framework, outcome-based payments should be more widely designed, tested and evaluated to reward providers for achieving participant outcomes. If successful, outcome-based payments could be ‘mixed’ or ‘blended’ with other payment models and be applied across a range of supports.

RFT TIMETABLE

Activity	Date
Tender advertised/circulated	30 January 2024
Closing Time	20 February 2024, 5pm ACST
Agreement Signed	2 March 2024
Tenderers notified of outcome	5 March 2024
Unsuccessful tenderers debriefed	12 March 2024

KEY RESPONSIBILITIES

The consultant will be required to undertake a desktop review and consultations with AMSANT and its member services and other relevant stakeholders. The consultant will be required to draft a report with recommendations, and address feedback from AMSANT and member services on the draft report to produce a final report.

CONDITIONS FOR PARTICIPATION

To be eligible for consideration to undertake this project, the tenderer must state in the Tender:

- In the case of an individual/sole trader, full legal names and address.
- In the case of a business name, the names and addresses of all proprietors and the address of the principal place of business.
- In the case of a company, the full name of the company and the address of the registered office of the company.
- The Australian Business Number (ABN) registration number.
- Registered for GST.
- Sum insured of the following insurance:
 - Professional indemnity insurance
 - Public Liability Policy number
- The tenderer should comply with all relevant legislation, regulations, and Australian standards applicable at all times.

EVALUATION CRITERIA

Applicants will be evaluated in accordance with AMSANT's Procurement and Purchasing Policy and based on the following evaluation criteria:

Criteria	Weighting
Past performance	10
Local development and value add	15
Timeliness	10
Capacity	25
Scope specific	40
Total	100

TENDER EVALUATION PANEL

A Tender Evaluation Panel (TEP) will evaluate submissions in response to this Request for Tender (RFT). The TEP will provide recommendations to the AMSANT CEO and Board Chair, who are authorised to finalise a formal agreement for the provision of the required services.

SHORTLISTING

AMSANT reserves the right to make a shortlist of any tenderers based on the evaluation criteria and seek further information from those tenderers or anyone else and use this information for the evaluation of the tenders before choosing a preferred tenderer/s.

TENDERERS TO INFORM THEMSELVES

The onus is on a tenderer to understand the contents of this Statement of Requirement and the implications of being involved in the RFT process. AMSANT will not accept responsibility for any misunderstanding arising from a tenderer's failure to comply with the RFT, including the RFT rules, or any issues arising from ambiguity contained in any resulting tender. The tenderer should ensure, and AMSANT accepts any tender on the condition, that the tenderer has:

- examined this RFT and any other information made available (in writing or electronically) by AMSANT to the tenderer for the purpose of preparing a tender.
- examined all further information which is obtainable through making reasonable enquiries regarding relevant risks, contingencies and other circumstances that may affect their tender.
- satisfied itself as to the correctness and sufficiency of the tender.
- satisfied itself to the and effect of any laws regulating the provision of the services.
- involved itself in this tender process entirely at its own expense and without any costs being payable by AMSANT unless there is a specific agreement signed by a AMSANT authorised officer detailing the relevant costs or expenses.

ENQUIRIES

All questions about this RFT must be submitted by e-mail to the AMSANT Project Manager, at the address shown on the Tender Response Form, up to 5 clear business days prior to the tender Closing Time. Approaches, direct or indirect, made to other AMSANT employees or contractors for information relevant to this RFT are prohibited and may be considered as grounds for exclusion from this RFT process. AMSANT will publish all tenderers' questions of substance and answers affecting this RFT on its website.

LODGEMENT REQUIREMENTS

Tenders must be lodged using the Tender Response Form and any accompanying documents to AMSANT secretariat.board@amsant.org.au by **5pm (ACST) on 20 February 2024**. AMSANT will accept tenders lodged in Microsoft Word, Microsoft Excel, Microsoft PowerPoint, or PDF format. AMSANT will not accept any tender that are received late, except where the delay is solely due to mishandling by AMSANT.

