REQUEST FOR TENDER (RFT)
STATEMENT OF REQUIREMENT

TITLE

Development of a Business Case to Determine the Next Central Australian Communities to transition to Aboriginal community control.

ABORIGINAL MEDICAL SERVICES ALLIANCE NORTHERN TERRITORY (AMSANT)

AMSANT is the peak body for Aboriginal Community-Controlled Health Services (ACCHS) in the Northern Territory (NT). Our sector is the largest provider of Comprehensive Primary Health Care (CPHC) to Aboriginal people in the NT and has been a primary driver of many health gains for Aboriginal people over the last five decades. AMSANT represents 12 full-member organisations and 14 associate members across the Territory, from regional centres to the most remote communities.

ACCHSs deliver a range of services as part of a broad model of CPHC that is reflective of a holistic understanding of health adopted by Aboriginal people. ACCHS deliver a wide range of clinical and non-clinical services including general practice, 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.

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. Communities taking control of their own health and human services brings benefits in many forms - a more responsive health and human services system, improved quality and cultural security of services and improved heath of and wellbeing of families and communities.

CONSULTANCY BACKGROUND

In the 2000's, Aboriginal leadership across sectors and growing capability in regional services run by the community-controlled sector prompted planning for the transfer of more Northern Territory Government (NTG) primary health care services to Aboriginal community governance. This resulted in the establishment of the Pathways to Community Control (P2CC) agenda in 2005 and the NT Aboriginal Health Forum's (the Forum) publication of *Pathways to Community Control: An agenda to further promote Aboriginal community control* in 2009. This provided the framework for subsequent work to progress Aboriginal community control, including transitions supported through the Indigenous Australians Health Program (IAHP).

The history of the P2CC agenda is intertwined with that of regionalisation. The NT Regionalisation of Aboriginal Primary Health Care Guidelines state that regionalisation aims to:

- increase the involvement of Aboriginal communities in health decision making (through regionalised governance models)
- improve service delivery and outcomes through better coordination and integration of services (through information sharing, working together and, in some cases, creation of a single regional service provider).

Regionalisation could potentially result in a single Aboriginal Community Controlled Health Organisation (ACCHO) delivering all comprehensive primary health care services in a region, replacing or amalgamating smaller ACCHOs and NTG clinics. As such, the P2CC program was initially progressed as part of the regionalisation.

Since the establishment of the P2CC program in 2009, ten clinics have transitioned to Aboriginal community control.

In 2022, consultations were undertaken to seek community views and collate evidence in relation to the potential transition of NT Government clinics to community control at Ikuntji, Papunya, Watiyawanu and Yuendumu. *The Honey Ant Health Service Report (2022) on the Transition of Northern Territory Government Health Clinics to Community Control in Central Australia* found strong support from community members for the transition of the four NT Government health clinics. There was discussion and agreement at a NT Aboriginal Health Forum (NTAHF) meeting in 2023 that Titjikala, Laramba and Apatula (Finke) could also be included as communities interested in transitioning their clinics to community control given previous informal expressions of interest.

While not endorsing a particular model, there was strong support for a regional model and an understanding of the necessity for economies of scale. Beyond the four communities initially suggested for inclusion in the region, The Honey Ant Health Service Report also reported that Nyirripi and Yuelamu were recommended by community members for inclusion in the region, possibly at a later stage. Although these communities include people from different language groups, they have strong cultural connections and practical links due to geographic proximity and community interaction. Community members travel between these communities regularly. Given the number of communities interested in transitioning, a comprehensive, coordinated regional approach is required with prioritised staging of the transitions that takes account of the capacity constraints of the parties involved, available transition funding, geographic and cultural considerations.

Based on the findings of the Honey Ant Health Service Report (2022) and on recommendation from the Forum, the NT Primary Health Network (NT PHN) is supporting AMSANT to engage a consultant to develop a Business Case to determine the next Central Australian communities to transition to community control.

GOVERNANCE

Remote primary health care transitions are guided by the NT Aboriginal Health Forum (NT AHF) Pathways to Community Control (P2CC) Program, which supports and further promotes Aboriginal community control in the planning, development, and provision of primary health care services.

This Consultancy will be informed by:

- Honey Ant Health Service Report (2022): Community Consultations with Central Australian Communities on the Transition of Northern Territory Government Health Clinics to Community Control.
- Previous expressions of interest from communities in Central Australia.
- Previous transitions, including the recent transition of three Central Australian Health Services to community control.
- The outcomes of the Evaluation of the P2CC Program by the NTAHF, which found that future transitions should build on the learnings from previous successful transition processes.
- Indigenous Australians' Health Programme Northern Territory Pathways to Community Control Grant Opportunity Guidelines GO5067.
- Extensive appropriate community engagement.

The Consultancy will also be guided by the Transition Business Case Working Group, which will consist of members from the Aboriginal Community Controlled Sector and Departments of Health.

CONSULTANCY SCOPE

The consultant will be required to develop a Business Case for submission to NTAHF to determine the next Central Australia communities to transition to community control and the ACCHO that will deliver the services.

Communities in scope include: Papunyua, Watiyawanu (Mt Leibig), Ikuntji (Haasts Bluff), Yuendumu, Titjikala, Laramba and Apatula (Finke). Communities who are very close to the four communities in the Tin Truck report will also be considered (e.g. Nyirripi and Yuelamu).

Consultancy deliverables will include detailed information on:

- The region and community population
- The health profile of the region
- Current health service provision in the region
- Purpose and reasons for transitioning
- Demonstrated community support for change/transition
- Expected benefits
- Proposed model(s) of care and service delivery
- Governance - Cultural; Clinical; Regional and Local; New / Auspicing to support the transition
- Feasibility and transition risks, including financial and resourcing risks
- Financial information and proposed activities, including a detailed budget and a timeline to transition to ensure financial viability
- Arrangements for monitoring and communicating progress.

KEY RESPONSIBILITIES

The consultant will be required to:

- Comprehensively familiarise themselves with the health services currently delivered in the individual clinics; regional services; the understanding of comprehensive primary health care and acute care; the funding structures including but not limited to NT Health, Indigenous Australian Health Program (IAHP) and NT PHN to ensure they have the required knowledge to provide informed and accurate information during the community engagement.
- Undertake extensive community consultations across Central Australian communities (traditional owners, identified cultural authorities and other community members).
- Undertake consultations with key partners and stakeholders, including, but not limited to Aboriginal Community Controlled Organisations (ACCOs) NT Health and the Commonwealth Department of Health (CDoHAC).
- Establish the total funds pool available for service delivery for each of the clinics as well as regionalised services and supports.
- Research and drafting the Business case.

KEY DELIVERABLES AND TIMEFRAME

The timeframe for this consultancy is 12 months with anticipated commencement in April 2024.

- The Consultant will meet monthly with the Transition Business Case Working Group.
- Quarterly progress reports will be deliverable to the NT Aboriginal Health Forum.

Deliverable	Timeline
Community Consultation Report	31 October 2024
Draft Business Case	January 30 2025
Final Business Case	April 30 2025

RFT TIMETABLE

Activity	Date
Tender advertised/circulated	Wednesday 28 February 2024
Closing Time	Wednesday 20 March 2024, 5pm ACST
Tenderers notified of outcome	Wednesday 10 April 2024
Unsuccessful tenderers debriefed	Friday 19 April 2024

CONDITIONS FOR PARTICIPATION

To be eligible for consideration to undertake this consultancy, 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.

At all times the contractor must comply with the Australian Evaluation Society Guidelines on Ethical Conduct of Evaluation and the Code of Ethics, the National Health and Medical Research Council (NHMRC) 'National Statement on Ethical Conduct in Human Research' (2007) - updated 2018, and the best practice principles outlined in the Lowitja Institute 'An Evaluation Framework to Improve Aboriginal and Torres Strait Islander Health' 2018.

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:

a) 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.
b) examined all further information which is obtainable through making reasonable enquiries regarding relevant risks, contingencies and other circumstances that may affect their tender.
c) satisfied itself as to the correctness and sufficiency of the tender.
d) satisfied itself to the and effect of any laws regulating the provision of the services.
e) 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 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 **secretariat@amsant.org.au** by **5pm (ACST) on Wednesday 20 March 2024**. AMSANT will accept tenders lodged in Microsoft Word, Microsoft Excel, Microsoft PowerPoint, or PDF format. AMSANT will not accept any tenders that are received late, except where the delay is solely due to mishandling by AMSANT.