



REQUEST FOR PROPOSAL (RFP) GUIDELINE

Head to Health – Moruya

Submission Deadline: 5.00pm AEST Friday 23 June 2023

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1. COORDINARE – South Eastern NSW Primary Health Network

COORDINARE - South Eastern NSW PHN is one of 31 Primary Health Networks (PHNs) established throughout Australia with the key objectives of improving the efficiency and effectiveness of health 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.

COORDINARE's vision is "A coordinated regional health system which provides exceptional care, promotes healthy choices and supports resilient communities." The following strategic approaches have been set by the PHN:

- Putting consumers front and centre in all that we do
- Supporting general practice as the cornerstone of primary care
- Commissioning services for those most at risk of poor health outcomes
- Partnering to integrate services and systems

COORDINARE covers a region spanning from Wollongong in the north to Upper Lachlan, Yass Valley and Snowy Monaro in the west and the Bega Valley in the south. It has a total population of 641,968 people and:

- 27,687 (4.3%) identify as Aboriginal and Torres Strait Islander
- 62,349 (9.7%) are from multicultural communities
- Just over 21% of residents are aged 65 years and over; and
- 42% of residents live in areas of high socioeconomic disadvantage

COORDINARE's *Population Health Profile: South Eastern NSW* (January 2023) is at Attachment 1. Further information about COORDINARE'S Strategic and Business Plans and activities can be found at: www.coordinare.org.au

COORDINARE works directly with general practitioners, other primary health care providers, secondary care providers and hospitals to bring about improved outcomes for patients. Our focus is on local health needs as well as national health priorities and funded programs, particularly in the areas of chronic disease (and potentially preventable hospitalisations), mental health and suicide prevention, drug and alcohol, Aboriginal health, after-hours services and healthy ageing.

Mental health service commissioning is central to COORDINARE's ability to achieve these objectives and address local and national priorities. As a commissioning organisation, COORDINARE is involved in a continual cycle of developing and implementing health services and related initiatives based on a planning, procurement, review and evaluation cycle involving providers, communities and consumers.

The Head to Health Moruya service will join the Head to Health Shellharbour LGA & Surrounds, and five local mental health networks, based in the following locations: Wollongong, Nowra (Metro Mental Health Networks), and Bega, Goulburn and Queanbeyan (Rural Mental Health Networks). All these services are intended to reduce pressure on Emergency Departments and support GPs to provide treatment and care to people with mental ill health in settings for the provision of holistic, integrated, and ongoing care.

2. Demographics snapshot

The South Eastern NSW PHN catchment (the catchment) covers 12 administrative regions including 11 Local Government Areas (LGAs; see map [here](#)). Funding available under this RFP is for activity within Eurobodalla Shire LGA (Population approximately 40,000).

COORDINARE's Population Health Profile¹ highlights the following:

- Over 30% of population of the Eurobodalla region is aged 65 years and over. This figure ranks the Eurobodalla as the highest in NSW state and one of the top 10 highest figures in Australia, for persons aged 65 years and above as a proportion of the total residential population.
- Almost 7% of the total resident population of the Eurobodalla identifies as Aboriginal and/or Torres Strait Islander which is the highest proportion amongst all the LGAs in the SENSWPHN catchment.
- Several smaller geographic areas (Statistical Area Level 2) of the Eurobodalla experience high socio-economic disadvantage. Across many indicators, the Eurobodalla has the worst figures within the SENSWPHN catchment such as highest rates of unemployment, household stresses, single parent families, and social isolation in the catchment.
- The Eurobodalla has higher than NSW state and Australian national average figures of proportion of the population claiming one or more forms of Centrelink income support payments.
- Measurements of key well-being indicators in early childhood environments and experiences highlight areas of vulnerability in the Eurobodalla. In comparison to other regions in the catchment, the Eurobodalla has lower rates of participation in education, higher rates of families with vulnerable circumstances, and higher rates of developmental vulnerability among school children across key domains, including physical health and wellbeing, emotional maturity, and language and cognitive skills.
- Crime rates for some selected crimes are higher in the Eurobodalla than NSW state figures. From a health needs perspective, the higher than state rates in the Eurobodalla for the crime types of possession and/or use of cannabis, and domestic violence related assault are a concern.
- A considerable proportion of the population of the SENSWPHN catchment self-report fair or poor health status and the catchment has high prevalence of lifestyle risk factors. The prevalence of key behavioural risk factors including smoking, harmful use of alcohol, and bio-medical health risk factors of obesity and chronic mental health issues are high in the Eurobodalla.
- Eurobodalla has the highest mortality burden of premature deaths and potentially avoidable deaths of all regions in the catchment.
- The figures on Psychologists workforce availability as a rate of the resident population locally in the Eurobodalla, is indicative of workforce shortages especially when compared to NSW state and Australian national average figures.
- The catchment had a higher than Australian national rate for low urgency care ED presentations and the overall proportion of all ED presentations in the catchment that were categorised as low urgency care, was higher than the national Australian figures with a substantial proportion presenting during the after-hours period.

Respondents are encouraged to consider the demographic and epidemiological data relating to this region in COORDINARE's Population Health Profile at Attachment 5.

¹ Ghosh A. 2019, Population Health Profile: South Eastern NSW. COORDINARE - South Eastern NSW PHN. [Last Updated: Jan 2023]. Available here: <https://www.coordinare.org.au/assets/Population-Health-Profile.pdf>

3. Request for Proposal

In mid-2021, PHNs with local government areas (LGA) under extended stay at home orders, or declared areas of concern, were funded to establish temporary (“pop-up”) Head to Health clinics. In South Eastern NSW, a Head to Health pop-up clinic was established in the Shellharbour LGA in September 2021. This will be replaced with a permanent ‘Head to Health Shellharbour LGA & Surrounds’ from July 2023 providing immediate access to mental health supports to people from hard-to-reach groups, who are also facing socioeconomic barriers to service access.

On 21 April 2023, the Commonwealth announced funding for ‘[Head to Health Moruya](#)’. The choice of location was informed by analysis of the population data, service and workforce gaps, current and existing pandemic response activities in the region, and with input from Southern Local Health District. Significant sections of the community in the Eurobodalla LGA face socioeconomic barriers to service access. This initiative is designed to break down those barriers. The new location in Moruya needs to support high accessibility via public transport and be easily accessible for vulnerable persons.

People living in the Eurobodalla LGA and surrounding areas will be eligible to use the service.

Successful respondents will be required to enter into a Service Agreement with COORDINARE. Funding recipients will be required to provide progress reports on agreed milestones and achieve performance outcomes and measures. The format and framework for progress reports and measures may take account of the size, costs, complexity, relative risks, service model and other considerations of the project being undertaken.

4. What is a Head to Health service?

Head to Health offers face-to-face, as well as digital, video and telephone, mental health services, ensuring people can access the services in their neighbourhood, on site or remotely.

The **multidisciplinary mental health team** will provide accessible, no-cost mental health services and support. The service will be agile and flexible to adapt to local need, pandemics, and natural disasters.

Head to Health Moruya will offer a “no wrong door” policy, delivering supports for people needing **moderate and high intensity mental health services** and navigating consumers needing either low intensity or acute specialist services to appropriate providers through warm referrals. The service is expected to use the Initial Assessment and Referral (IAR) decision support tool (DST) when assessing new consumers. Training will be offered to the successful provider to ensure the team can deliver this requirement.

People who have attempted, or who are at risk of, suicide or self-harm, are eligible for this service and are an important priority group. Staff will be expected to use the SafeSide Prevention framework for managing comprehensive risk assessment of consumers with suicidality. Teams must work towards accreditation under Suicide Prevention Australia Standards for Quality Improvement and be actively involved in local suicide prevention collaboratives.

Over time, Head to Health Moruya will grow the multidisciplinary workforce from the local neighbourhood. The benefit of local knowledge and established networks must be realised, and the new service should also provide opportunities for employment for the local neighbourhood.

The characteristics of the multidisciplinary team must reflect the needs of the neighbourhoods served and can include:

- Mental health peer workers
- Allied mental health including occupational therapists, psychologists or social workers
- Mental health nurses
- Aboriginal and Torres Strait Islander health workers
- Generalist counsellors
- General social workers not mental health accredited

The range of psychological therapies must also be tailored to the needs of the neighbourhood and can include:

- individual and group dialectical behaviour therapy
- individual and group cognitive behavioural therapy
- relaxation strategies
- skills training
- interpersonal therapy
- trauma interventions such as EMDR
- Peer worker support groups
- access to physical health checks
- warm referrals to private allied mental health services
- acceptance and commitment therapy
- health and lifestyle counselling
- interpersonal psychotherapy
- motivational interviewing
- medication monitoring
- narrative therapy

It is desirable that the provider of Head to Health Moruya have an existing presence in Eurobodalla Shire LGA. Existing partnerships with community, local agencies, and capacity to proactively outreach to hard-to-reach neighbourhoods will be an advantage.

Scope and specifications

An Australian Government guidance document, *Service model for Head to Health Adult Mental Health Centres and Satellites*, is at Attachment 2. The successful provider will demonstrate how they intend to work with the low socioeconomic neighbourhoods and partner agencies in and around Eurobodalla Shire LGA, to adapt the guidance document into a service model that fits the local context.

There is an expectation that implementation will be phased. The establishment phase will commence in July 2023, the embedding phase from October 2023, with full implementation from January 2024.

The successful provider will demonstrate how it intends to design, develop, and set up a service through an evidence-based implementation process. As a minimum requirement, the provider will demonstrate a clear understanding of successful service implementation in the field of complex community mental health.

Key planning milestones must show how the provider intends to orientate and engage with the community, how it will balance the research with the local context, how it will partner and create a collective service system, how it will project manage the change and how it will adapt in response to issues that emerge over time.

Proposals must demonstrate existing partnerships with general practices in the LGA, community managed organisations including alcohol and other drugs, headspace centres, Aboriginal Community Controlled Health organisations, NSW Department of Communities and Justice, Local Health District, and private allied mental health professionals.

Further information on writing submissions can be found in the [commissioning section](#) of our website.

Out of Scope

Funding under this contract may not be used for:

- purchase of land
- capital infrastructure such as the purchase of real estate or for building, construction or demolition
- the purchase or repair of equipment or motor vehicles
- major construction/capital works
- security for the purpose of obtaining commercial loans or for the purpose of meeting existing loan obligations
- activities which subsidise commercial activities

Eligibility Criteria

Entities with a registered ABN are eligible to submit a response to this RFP. Proposals submitted in partnership with another provider or as a collective of providers will be considered. The mental health provider must be able to provide the service in a premises readily accessible to the community, for example an established, trusted community centre in Moruya. The service must be accessible by public transport.

Eligible organisations must have and provide evidence of:

- Legal identity with an Australian Business Number (ABN)
- Public liability insurance - \$20 million per claim and in the aggregate of all claims
- Professional indemnity insurance - \$10 million per claim and in the aggregate of all claims
- Workers compensation insurance as required by the law
- provide relevant and current accreditation

Performance indicators

The successful provider will be required to participate in regular service monitoring and evaluation activities by contributing data to the Primary Mental Health Care Minimum Data Set (PMHC MDS). Further details will follow in the schedule and contract.

5. Indicative funding

The indicative funding available from contract commencement to 30 June 2025 for service delivery of the clinical intervention, is as per table below. These figures are written without prejudice and are subject to confirmation from COORDINARE pending written advice from the Department of Health.

The funding is to cover the three phases of implementation, from the establishment phase commencing in July 2023, to the embedding phase from October 2023, with full implementation phase from January 2024.

Purpose	23/24 Financial Year ex GST	24/25 Financial Year ex GST
Head to Health Satellite Service – Moruya	\$1,177,367	\$1,031,797
TOTAL		\$2,209,164 ex GST

All respondents are asked to provide their indicative budgets for the 2023/24 and 2024/25 financial years in their proposal using the budget template at Attachment 3. Please clearly outline establishment costs in a separate budget.

6. Submission

Developing and submitting your proposal

The submission form is available on COORDINARE'S online procurement portal which can be accessed at: <https://www.tenderlink.com/coordinate/>. You will need to register on the site before you can access the form. Registration is free. You will receive a time and date stamped confirmation after successful submission. A user guide can be found at Attachment 4.

Please submit your proposal using the online submission form. Please ensure you read each question carefully and answer each component and section of the submission form, by considering all information provided. Respondents should also refer to the conditions and assessment criteria described in this RFP.

Documents can be attached which are directly relevant to your response. Please avoid attaching large documents or unrelated supporting documents. The attachment area is only reserved for diagrams or additional resources that may add to your overall submission. The attachment areas are not to be used to upload your submission in a word document.

There is an upload limit of five pages per attachment.

Proposals will be accepted that:

- Are received on or **before 5:00pm Friday 23 June 2023** through COORDINARE'S TenderLink portal <https://www.tenderlink.com/coordinate/>
- Meet the conditions as outlined in this RFP
- Include a minimum of three (3) professional referees
- Provide copies of required insurances.
- Provide relevant and current accreditation.

- Risk management plan for the establishment of the service.
- Declare any known conflicts of interest.
- Provide most recent audited financial statements.

7. Obtaining further information

After you have registered on the Tenderlink portal, you can also submit any questions anonymously via the online forum. Please note that any questions, answers, and points of clarification will be shared with all other providers participating in the RFP. Any identifying information about the organisation submitting the question will be removed.

Industry briefing

An information session will be held on Friday 12 May 2023. This session will focus on the RFP process and guidelines. Session details:

Date:	Friday 12 May 2023
Time:	11.00am
RSVP:	By Wednesday 10 May 2023 to abeadnell@coordinare.org.au
Mode:	Webinar (MS Teams)

To register for the webinar please **RSVP** to abeadnell@coordinare.org.au. After registering, you will receive a confirmation email containing information about joining the webinar. A copy of the slides and any questions and answers will be posted on the TenderLink portal after the webinar.

8. Timeline

An indicative timeline is outlined below. COORDINARE reserves the right to modify these timeframes. Registered providers will be notified of key changes via TenderLink.

Milestone	Date
Request for proposals (RFP) released	Friday 5 May 2023
Information session / Industry Briefing	Friday 12 May 2023
Last day for questions about the RFP to be submitted (via TenderLink)	Friday 19 May 2023
Last day for SENSW PHN to respond to questions (via TenderLink)	Friday 26 May 2023
Last day for proposals to be received (via TenderLink) – late applications will not be accepted	Friday 23 June 2023 5.00pm
Evaluation and recommendations by Panel	July – August 2023
Inform applicants of outcome	September 2023
Contracts commences	September 2023

A response to this RFP will be accepted until 5pm on Friday 23 June 2023.

9. Assessment criteria

Successful respondents will be selected through a competitive process. An evaluation panel will consider each submission against the mandatory requirements as well as the information identified in this RFP and the assessment criteria outlined below.

If additional information to that requested in this document is required by COORDINARE when proposals are being considered, written information and/or interviews may be requested to obtain such information at no cost to COORDINARE.

Please ensure that responses do not exceed word limits stipulated below and that attachments should not exceed five pages and are reserved for diagrams or additional resources, as required.

Assessment Criteria	Weighting
1. Service delivery model (1,500 max word limit)	40%
<p>Outline your proposed service delivery model which is evidence based and appropriate for this service. Your service delivery model should clearly articulate how it will operate in the target region and demonstrate:</p> <ul style="list-style-type: none"> • how the model aligns with the national Head to Health service model guidelines • delivers evidence-based practice, utilising a competent and accredited workforce and innovative skill mix and shows presence in the local communities to be served including current partnership arrangements with local agencies and understanding of the local context • person centred model of care and systems to ensure high levels of quality care and service • robust evaluation and monitoring systems to sustain high standards of service • competency to be agile and adapt to local community needs including responding to environmental emergencies and health pandemics • commitment to drive improvements in value for money, health outcomes and consumer satisfaction • an organisational commitment to continuous quality improvement 	
2. Governance, leadership and ability to implement (1,500 max word limit)	30%
<p>Please provide an outline and or/evidence the following:</p> <ul style="list-style-type: none"> • consideration of operational and technical capacity, capability and experience to implement services • implementation processes reflects evidence and local context, while also engaging local community and partners • ability to mobilise and implement the specifics of the service within a short time frame, including mobilisation of an existing workforce while recruitment is underway • a system for reporting complaints, compliments and identifying practices that need quality improvement • risk management policy and procedures are in place including pathways for escalation of care, when required 	

3. Engagement and participation (1000 max word limit)	20%
<p><i>Please ensure the response clearly identifies relevant priority population groups and appropriate engagement and participation strategies and is supported with evidence.</i></p> <p>Provide strategies to engage with consumers that is evidence based, effective and demonstrate:</p> <ul style="list-style-type: none"> • approaches to engage with neighbourhoods to participate in the development of agile service models that adapt to local need • the delivery of culturally appropriate services to ensure positive engagement with Aboriginal and Torres Strait Islander people and with people from multicultural communities • the delivery of trauma informed practice to ensure safe and positive engagement and participation • the provision of a safe place for people from the LGBTIQ+ community • a proactive outreach for homeless people or people at risk of homelessness 	
4. Value for investment (500 max word limit)	10%
<p>Please provide an indicative budget (on the budget template – Attachment 3) for the financial years 2023/24 and 2024/25 that includes an estimated cost of the service and represents value for investment. The budget must include allocation for the 3 stages of development; (1) establishment; (2) embedding; and (3) full implementation (operation). The budget and administration costs must be reasonable and reflect market norms.</p> <p><i>Value for Money (Australian Government, Department of Finance, Commonwealth Procurement Rules (2017)</i></p> <p><i>The price of goods and/or services is not the sole determinant of value for money. A comparative analysis of the relevant financial and non-financial costs and benefits of alternate solutions will inform a value for money assessment. Factors to consider include, but are not limited to:</i></p> <ul style="list-style-type: none"> • <i>Fitness for purpose and quality of service</i> • <i>Predicted outcomes and impact of the investment</i> • <i>A potential supplier’s experience and performance history</i> • <i>Flexibility (including innovation and adaptability over the lifecycle of the service agreement)</i> • <i>Environmental sustainability including energy efficiency and environmental impact</i> • <i>Whole of life costs</i> • <i>Added value (that is value gained over and above the specified service objectives and requirements)</i> 	
Provide a detailed risk management plan for the establishment of the service including mitigation strategies	Compliance
Provide relevant and current accreditation	Compliance
Provide copies of required insurances: <ul style="list-style-type: none"> • Public liability insurance: Certificate of currency - \$20 million per claim and in the aggregate of all claims • Professional indemnity insurance: Certificate of currency - \$10 million per claim and in the aggregate of all claims 	Compliance

• Workers' compensation as required by the Law	
Provide most recent audited financials	Compliance
Include at a minimum three (3) professional referees	Compliance

10. Conditions of this Request for Proposal

Contract arrangements and conditions of this funding

The successful respondent will be required to enter a Contract for Services (Attachment 5) and schedule with COORDINARE for the period from September 2023 to 30 June 2025 for operation of the service.

Although the final agreement and schedule will be subject to negotiation with the preferred respondent, it is assumed that the respondent is committed to and has the capacity to provide and deliver the full scope of activities they propose in their submission and in accordance with their proposed budget.

The successful respondent will carry out each activity in accordance with the agreement, which will include meeting milestones and other timeframes specified in the schedule and any agreed transition plan. Funding agreements will also outline the record keeping, reporting and acquittal requirements that will apply to the successful respondent. Activities will be carried out diligently, efficiently, effectively and in good faith to a high standard to achieve the aims of the activity and to meet COORDINARE's objectives.

COORDINARE – SENSW PHN reserves the right to work with shortlisted respondents, to clarify and finetune proposals, and in some cases request revised proposals before a contract is awarded.

Issues or Complaints

The Respondent may, in good faith, raise with COORDINARE PHN's independent probity advisor Procure Group, any issue or complaint about the RFP or RFP process, at any time. Contact details are:
Anthony Lee - alee@procuregroup.com.au or phone M: 0411 405 267.

11. RFP General Terms and Conditions

General	Respondents should familiarise themselves with this document and the separate online Submission Form and ensure that their proposals comply with the requirements set out in these documents. Respondents are deemed to have examined statutory requirements and satisfied themselves that they are not participating in any anti-competitive, collusive, deceptive, or misleading practices in structuring and submitting the proposal.
Acceptance	Non-complying submissions may be rejected. COORDINARE may not accept the lowest priced proposal and may not accept any proposal.
Explanations	Verbal explanations or instructions given prior to acceptance of a proposal shall not bind COORDINARE.
Assessment	COORDINARE reserves the right to engage a third party to carry out assessments of a Respondent's financial, technical, planning, and other resource capability.
Legal entity	COORDINARE will only enter into a contract with an organisation or individual with established legal status (e.g. under Corporations Law, Health Services Act, Trustee Act), or a natural person at least 18 years of age with mental capacity to understand the agreement.
ABN/Taxation requirements	COORDINARE will only deal with Respondents who have an Australian Business Number (ABN).
Expenses	All expenses and costs incurred by a Respondent in connection with this RFP including (without limitation) preparing and lodging a submission, providing COORDINARE with further information, attending interviews and participating in any subsequent negotiations, are the sole responsibility of the Respondent.
Additional information	If additional information to that requested in this document is required by COORDINARE when proposals are being considered, written information and/or interviews may be requested to obtain such information at no cost to COORDINARE. COORDINARE may also provide additional information or clarification.
Process	COORDINARE reserves the right to withdraw from, or alter, the RFP process described in this document for whatever reason, prior to the signing of any agreement/contract with any party.
Negotiation	COORDINARE reserves the right to negotiate with shortlisted Respondents after the RFP closing time and allow any Respondent to alter its submission. Contract negotiations are strictly confidential and not to be disclosed to third parties.
Part applications	COORDINARE reserves the right to accept applications in relation to some and not all of the scope of activity described, or contract with one, more than one or no Respondent on the basis of the proposals received.
Conflicts of interest	Respondents must declare to COORDINARE any matter or issue which is or may be perceived to be or may lead to a conflict of interest regarding their submission or participation in the RFP process, or in the event their proposal is successful.
Ownership	All submissions become the property of COORDINARE once lodged. COORDINARE may copy, or otherwise deal with all or any part of a submission for the purpose of conducting evaluation of submissions.
Notification of Probity Breach	Should any supplier feel that it has been unfairly excluded from responding or unfairly disadvantaged by the process, the supplier is invited to write to the Director of Commissioning at commissioning@coordinare.org.au

Lobbying	Any attempt by any Respondent to exert influence on the outcome of the assessment process by lobbying COORDINARE staff, directly or indirectly, will be grounds for disqualification of the proposal from further consideration.
No contract	Nothing in this RFP should be construed to give rise to any contractual obligations or rights, express or implied, by the issue of this RFP or the lodgement of submission in response to it. No contract will be created unless and until a formal written contract is executed between COORDINARE and a Respondent. Respondents will not be considered approved until a final service agreement is in place.

12. Interpretation

Definition of key terms

Term	Meaning
COORDINARE	the South Eastern New South Wales Primary Health Network and the organisation responsible for the RFP and the RFP process
Closing Time	the time specified by which RFP responses must be received
Response(s) to RFP	a document/s lodged by a Respondent in response to this RFP containing a response to provide Goods or Services sought through this RFP process
Respondent	A business that submits a response to this RFP
RFP Process	the process commenced by the issuing of this RFP and concluding upon formal announcement by COORDINARE of the selection of a preferred respondent or upon the earlier termination of the RFP process
Request for Proposal (RFP)	this document and any other documents designated by COORDINARE
Establishment phase	will be informed by consultation, needs assessment, local service mapping and existing joint regional mental health planning processes before opening for service delivery. This should include establishing a mission and culture, agreeing principles underlying the model of care, and providing initial interdisciplinary training and supervision
Embedding phase	Service starts. This includes a basic core suite of information, services and referral pathways established and delivered, and partnerships are developed. This may, for example, involve focusing on provision of core in-house services such as the capacity to provide immediate information, advice and support and service navigation
Full implementation phase	through which additional partnerships to support in-reach services or more specialised support to address local need is offered

Acronyms used in this document

Acronym	Full form
ABN	Australian Business Number
GP	General Practitioner
LGA	Local Government Area
NSW	New South Wales

PHN	Primary Health Network
RFP	Request for Proposal
SE NSW	South Eastern NSW

13. Attachments

Attachments can be found as separate documents in TenderLink.

Attachment 1 – Population Health Profile South Eastern NSW (January 2023)

Attachment 2 – Service model for Head to Health Adult Mental Health Centres and Satellites

Attachment 3 - COORDINARE Budget template

Attachment 4 - COORDINARE Tenderlink User Guide for Supplier Responses

Attachment 5 - COORDINARE Contract for Service Template

Attachment 6 - Mental Health Commissioning Intent Webinar Recording (September 2022)