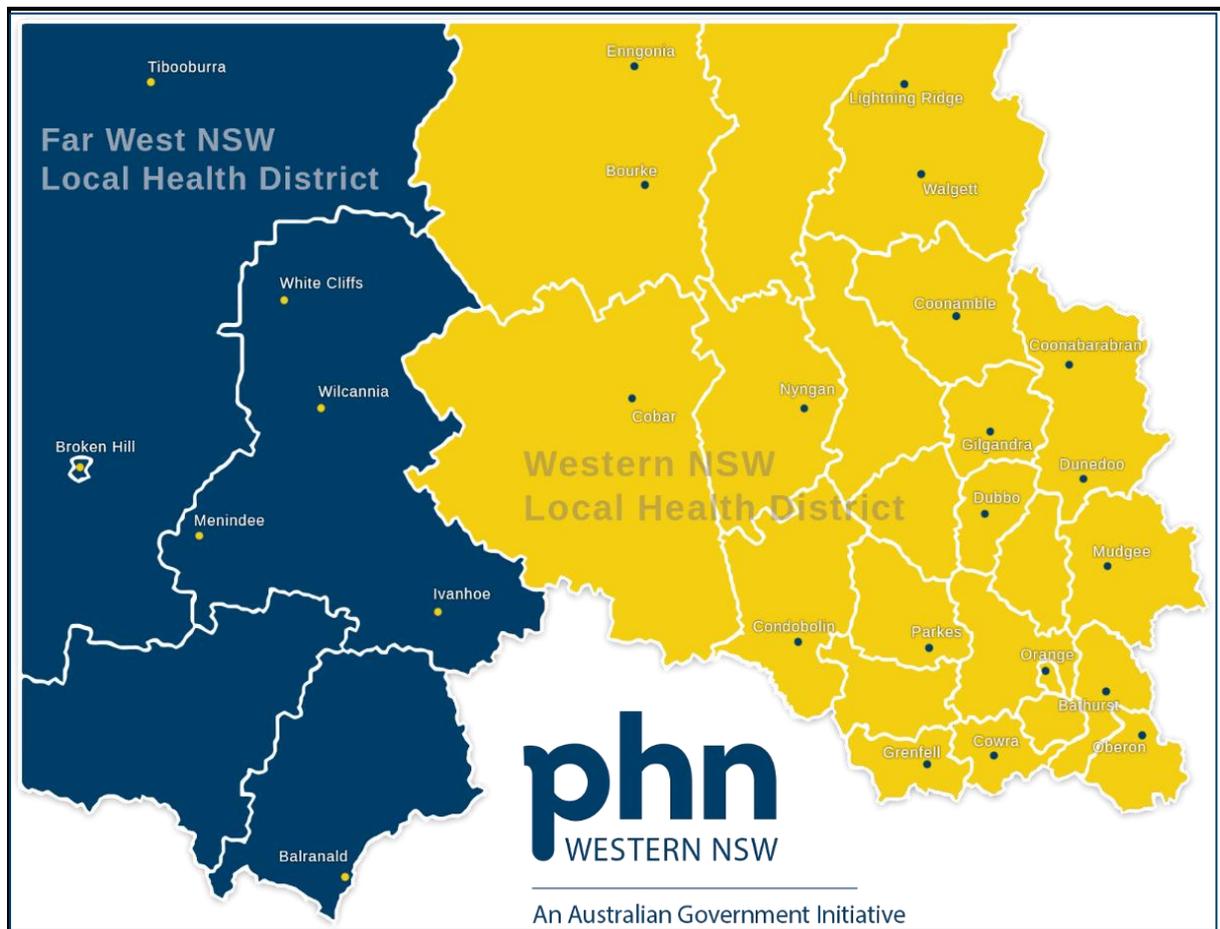


Request for Proposal

Aboriginal Wellbeing Collaboratives



Date of Issue: Friday, 26 March 2021

Western Health Alliance Limited trading as Western NSW PHN

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1. Introduction

This request for proposal (RFP) has been developed by the Western New South Wales Primary Health Network (WNSW PHN) as part of the commissioning process to select and engage a suitable organisation to support eleven Aboriginal-led community-based suicide prevention networks across the region. The work will include assisting individual networks to plan and undertake initiatives in their local community as well as supporting the networks to form collaboratives in the Western and Far West Local Health Districts. The project is being undertaken as part of Aboriginal Suicide Prevention activities funded by the federal government.

This document provides contextual and technical information for organisations interested in submitting a proposal to undertake the project. It firstly provides background information about PHN's, Aboriginal Suicide Prevention, Collaboratives and conceptualisations of Social and Emotional Wellbeing. It then describes the aims and objectives of the proposed project and the roles and responsibilities that the successful organisation would have. The RFP concludes with information about the indicative funding amount, process for submitting proposals, assessment criteria and timeline.

2. Background

Primary Health Networks

On 1 July 2015, the Australian Government established 31 PHNs as part of its commitment to delivering an efficient and effective primary health care system. Evidence indicates that health systems with strong integrated primary health care at their core are both effective in improving people's outcomes and experiences and efficient at delivering appropriate services where they are needed most. As such, the key objectives of the PHNs are to:

- Improve the efficiency and effectiveness of health services, particularly for those at risk of poor health outcomes; and
- Improve the coordination of services to ensure people receive the right care in the right place and at the right time.

PHNs achieve these objectives by researching local mental and physical health needs and risk factors, consulting with community members and stakeholders, working with general practitioners, local health districts and other primary health care providers. They also utilise this knowledge and partnerships to ensure the best possible translation of national policies, frameworks and funding streams into the diverse range of service systems and communities across their catchment.

Western NSW PHN

The Western Health Alliance Ltd trades as Western New South Wales Primary Health Network. The PHN covers a region of more than 430,000 km² or around 53% of the state. The total population is estimated to be nearly 310,000 and approximately 11% identify as Aboriginal. The main centres of population and health services are Dubbo, Orange, Bathurst and Broken Hill. These are separated by vast distances and each serves numerous smaller communities that are themselves widely dispersed.

The PHN’s vision is “Supporting, strengthening and shaping a world class person-centred primary health care system in Western NSW.” The organisation has identified the following priorities:

- Aboriginal Health
- Chronic and Complex Care
- Older Person Care
- Maternal and Child Health
- Mental Health and Substance Abuse
- Risk Factors/Prevention
- Workforce
- Access to Services
- Coordination, Integration, Collaboration

Indigenous Suicide

It is well documented that Aboriginal and Torres Strait Islander communities experience higher rates of suicidal behaviour and suicide as well as associated risk factors.

Suicide Rates

The latest available data from the Australian Bureau of Statistics reports that suicide rates for Aboriginal and Torres Strait Islander people are almost double the rates for non-Indigenous Australians. In 2018, suicide was also:

- The fifth leading cause of death for all Aboriginal and Torres Islander people;
- The seconding leading cause of death for Indigenous males;
- Accounted for more than a quarter (26.5%) of all deaths of Aboriginal and Torres Strait Islander children aged 5-17 years.

The following table contains the standardised death rates for suicide by Indigenous status and sex, 2014-2018.

	Aboriginal and Torres Strait Islander rate	Non-Indigenous rate
Male	36.4	19.0
Female	11.6	5.9
Persons	23.7	12.3

(ABS Catalogue 3303.0 – Causes of death, Australia, 2018 released 25/09/2019)

Psychological Distress

In 2018–19, among Indigenous Australian adults, an estimated:

- 66% reported 'low or moderate' levels of psychological distress, while 31% reported 'high or very high' levels; and
- 32% of those living in Non-remote areas reported 'high or very high' levels of psychological distress, compared with 27% of those living in Remote areas (ABS 2019).

The rate of Indigenous Australians reporting 'high or very high' levels of psychological distress was 2.3 times the rate for non-Indigenous Australians, based on age-standardised rates. (ABS 2019 cited in AIHW Indigenous Health and Wellbeing snapshot released 23 July 2020).

Research Studies

Various national and international studies have explored the factors contributing to higher rates of suicide in Indigenous communities in different countries. Canadian researchers Chandler and Lalonde, found that rates were lower in their First Nation's communities that exhibited the following attributes:

- achievement of a measure of self-government;
- have litigated for Aboriginal title to traditional lands;
- accomplished a measure of local control over health;
- accomplished a measure of local control over education;
- accomplished a measure of control over child welfare services;
- accomplished a measure of local control over policing services;
- had created community facilities for the preservation of culture; and
- that are characterised by having elected councils composed of more than 50 percent women.¹

Leading Australian Indigenous authors propose that there are many similarities between the risk and protective factors for suicide between Canadian and Australian Aboriginal peoples. Dudgeon and Holland (2017) for example describe that across Australia, higher suicide rates arise from a complex web of interacting social and personal circumstances and risks at the individual and collective level.² At the community level are the enduring traumatic disruptions and disempowerment caused by colonisation and its aftermath including:

- Dislocation from traditional lands, loss of traditional language, cultural beliefs and practices (including self-government);
- Systemic racism such as removal of children from their families
- Exclusion from equitable access to social, economic and political resources, including employment, education and health services.

¹ Chandler M, Lalonde C (1998). Cultural Continuity as a Hedge against Suicide in Canada's First Nations. *Transcultural Psychiatry*; 1998 35(2):191–219. Chandler, M. J. & Lalonde, C. E. (2008). Cultural Continuity as a Protective Factor against Suicide in First Nations Youth. *Horizons --A Special Issue on Aboriginal Youth, Hope or Heartbreak: Aboriginal Youth and Canada's Future*. 10(1), 68-72.

² Dudgeon, P. and Holland, C. (2017) The context and causes of suicide among Aboriginal and Torres Strait Islander people. ATSI S P E P website accessed 07/09/2020 https://www.atsispep.sis.uwa.edu.au/__data/assets/pdf_file/0017/3004190/ATSI S P E P-The-contexts-and-causes-of-suicide-among-Indigenous-Australians.pdf

The range of disruptions at the contextual and community level have given rise to specific stressors and risks at the individual level such as: family and relationship breakdown, alcohol and drug use, child neglect and abuse, unemployment, poor housing, low income, poor health, low self-esteem, impulsivity and a personal (and collective) sense of powerlessness or helplessness.

Central to efforts to reduce Aboriginal and Torres Strait Islander Suicide has been the concept of empowerment and promotion of Indigenous People's right to self-determination. These are broadly understood to mean the right to self-governance and influence over decisions which impact on individuals and communities. Further, "In Aboriginal and Torres Strait Islander settings, each community is different and good governance is defined by culturally based values and normative codes about what is 'the right way' to get things done in terms of legitimacy, leadership, power, resources and accountability."^{3 4}

Related Federal and State Policies

There are several key policy priorities underpinning this proposal:

- Under the Fifth National Mental Health and Suicide Prevention Plan (2017), Commonwealth Programs and state-funded local health districts are required to jointly develop regional mental health and suicide prevention plans. This seeks to ensure that the needs and circumstances of local communities form the basis for the design and delivery of health and wellbeing services.
- The Department of Health guidance on "Regional Approach to Suicide Prevention" (2019) states that PHN's are expected to engage Aboriginal communities in the co-design of services and ensuring appropriate cultural governance and safety in commissioning services.
- The National Aboriginal and Torres Strait Islander Suicide Prevention Strategy (2013) sets out several key principles. The first one is that initiatives should be grounded in community, owned by the community, based on community needs and accountable to the community.

At the State level, the NSW Ministry of Health has committed \$87 million over three years for a range of new initiatives under the 2018-23 Strategic Framework for Suicide Prevention. These include funding for two years for Aboriginal Suicide Prevention in five locations across the Western NSW PHN region. The Ministry is also encouraging the development and growth of Suicide Prevention Collaboratives that bring together local individuals and organisations to share expertise and experiences.

Suicide Prevention Collaboratives

Across NSW several Suicide Prevention Collaboratives have been formed in different communities involving stakeholders from diverse sectors such as people with lived experience, Emergency Services, Health, Human Services, Education and Media.

The first to form was the Illawarra-Shoalhaven Collaborative and it drew from four key operating principles for success networks identified in research:

- Network members focus on achieving their agreed mission, rather putting their own organisation's growth and gains first;

³ Tsey K, McCalman J, Bainbridge R, et al. (2012). Improving Indigenous community governance through strengthening Indigenous and government organisational capacity, Closing the gap Clearinghouse, Resource sheet no. 10, Closing the Gap Clearinghouse, Australian Institute of Health and Welfare, Canberra. Cited in Dudgeon & Holland (2017) p 5.

⁴ Note, this is in contrast to poor governance which "can be identified by factors such as corruption, favouritism, nepotism, apathy, neglect, red-tape and self-serving political leaders and public officials." Tsey et al (2012) as above

- Network members come together based on a desire to work collaboratively and build trusting partnerships rather than the promise of additional funding or recognition for their own organisation;
- Network members recognise the enormity of the problem they are addressing and approach with humility about their knowledge and experience; they seek to promote the work and contributions of others and understand that it can be more powerful to give rather than receive control and recognition for themselves.
- Network members do not strive to be the brightest star, but rather to build the strongest constellation which will be able to achieve the shared mission. They recognise that pooling resources can achieve more impact.⁵

Further information, including examples of existing collaboratives, can be found at <https://www.health.nsw.gov.au/mentalhealth/Pages/services-towards-zero-suicides-collaboratives.aspx>.

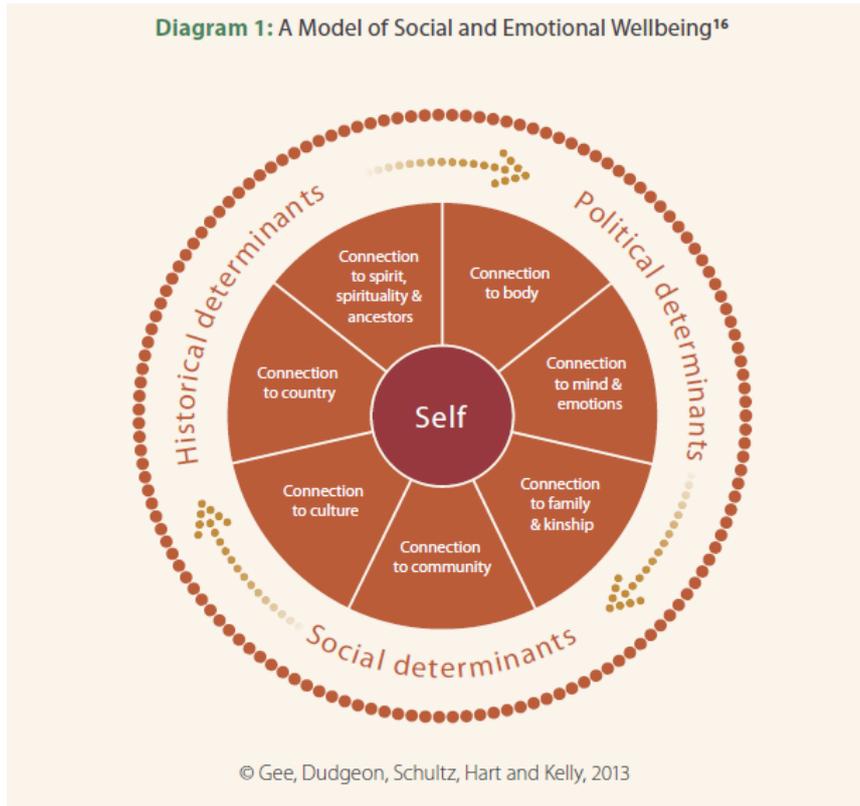
Social and Emotional Wellbeing Concept

The service provider contracted following this tender will be required to endorse and work within Aboriginal and Torres Strait Islander conceptualisations of Social and Emotional wellbeing. Social and Emotional Wellbeing (SEWB) is a holistic concept that is the foundation for physical and mental health for Aboriginal and Torres Strait Islander peoples. Although there are variations in understandings of specific aspects of SEWB between different Aboriginal and Torres Strait Islander cultural groups and individuals, it is generally agreed that health of Indigenous peoples is inextricably linked to social, emotional, physical, cultural and spiritual dimensions. The National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017 – 2013, adopts a model composed of seven sources of social and emotional wellbeing:⁶

⁵ Wei-Skillern, J., & Silver, N. (2013). Four Network Principles for Collaboration Success. *The Foundation Review*, 5(1). <https://doi.org/10.4087/FOUNDATIONREVIEW-D-12-00018.1>

⁶ Australian Government (2017) National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017 – 2013: p. 6 <https://www.niaa.gov.au/resource-centre/indigenous-affairs/national-strategic-framework-mental-health-social-emotional-wellbeing-2017-23>

Diagram 1: A Model of Social and Emotional Wellbeing¹⁶



The model describes each source of wellbeing and gives examples of associated risk and protective factors. For example, Connection to body involves physical health – feeling strong and healthy and being able to participate as fully as possible in life. Risk factors (for poor connection to body) include poor diet, smoking and chronic diseases. Protective factors can include exercise, having access to a nutritious diet and having access to culturally safe and competent health services.

Australian research evaluating previous programs to prevent suicide in Aboriginal and Torres Strait Islander communities have found that those who apply a holistic conceptualization of SEWB are likely to be the most effective in reducing rates of suicide and suicidal behavior.⁷

WNSW PHN Initiatives to Prevent Suicide in Aboriginal Communities

Since it commenced, the WNSW PHN has been undertaking a range of mental health, substance abuse and suicide prevention initiatives, many of which have a sole focus on working with Aboriginal communities. These presently include the provision of funding to eight Aboriginal Community Controlled Organizations to promote SEWB in local communities and to support the development of the SEWB workforce across the region.

Up until November 2020, the WNSW PHN had funded a Service Provider to facilitate the establishment and operation of Aboriginal-led Community Suicide Prevention Networks.

⁷ Gee, G., Dudgeon, P., Schultz, C., Hart, A., Kelly, K. (2014). Aboriginal and Torres Strait Islander social and emotional wellbeing. In Dudgeon, P., Milroy, H., Walker, R. (Ed.), *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice* (2nd ed., pp. 55-68). Canberra: Department of The Prime Minister and Cabinet. Dudgeon, P., Cox, A., Walker, R., Calma, T., Milroy, J., Ring, I., ... Luxford, Y. (2016, Nov). Solutions that Work: What the Evidence of our People Tell Us: Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Report. Perth, Western Australia: School of Indigenous Studies, UWA.

The sites for establishment of networks were determined firstly by review of available data on rates of suicide and suicidal behaviour and then consultations with local Aboriginal Community Working Parties and community members.

Networks have been established in the towns of Brewarrina, Broken Hill, Collarenebri, Condobolin, Dareton, Menindee and Wilcannia. Initial consultations have also been undertaken with community representatives in Bathurst and Bourke. Networks with leadership by and/or a strong focus on Aboriginal initiatives had already been established in Dubbo and Walgett.

Networks typically consist of a mix of local community members, people with lived experience and/or local health and human service workers or school-based workers. They commonly undertake a SWOT analysis and then plan and undertake initiatives accordingly to local needs. These can range from hosting local awareness raising events, to producing information and other resources.

The project proposed in this RFP will be required to engage with and support the development of these networks.

3. Proposed Project Aims, Objectives and Deliverables

The WNSW PHN seeks to engage an organisation with a track record of working alongside Aboriginal communities and organisations in a culturally safe and responsive manner.

Aim

The aim of the proposed project is to create and support mechanisms for Aboriginal leadership in the identification of needs, priorities, and actions to prevent suicide and promote wellbeing in local communities.

Objectives

The proposed project will have the following objectives:

- a) To continue to support the established Aboriginal-led community suicide prevention networks in their efforts to promote wellbeing and prevent suicide in their local communities.
- b) To host an annual forum in each Local Health District (LHD) and facilitate the formation and operation of Aboriginal led wellbeing collaboratives in each LHD.

Contract Deliverables and Output Measures

The Supplier must report against all deliverables in their Performance reports.

KPI No	KPI Type	KPI Description
1	<ul style="list-style-type: none"> A minimum of 2.0 FTE Aboriginal Identified staff are employed to engage and support the 11 Aboriginal-led Suicide Prevention Networks across WNSW PHN region. A minimum of 0.8 FTE is allocated to support the networks in each Local Health District. 	1.1 2.0 FTE Aboriginal staff are employed to engage and support the networks 1.2 A minimum of 0.8 of these staff work in each LHD.
2.	<ul style="list-style-type: none"> Continue to support the establishment, development and sustainability of the Aboriginal-led Suicide Prevention Networks in: Bathurst, Bourke, Brewarrina, Broken Hill, Condobolin, Coonabarabran, Dareton, Dubbo, Menindee, Walgett and Wilcannia. 	2.1 Each network: meets at least quarterly, maintains a membership of at least 6 people, has a completed strategic plan and undertakes two activities per year in their local community. 2.2 A staff person attends at least 80% of the meetings held by each network per year. They provide administrative support for each meeting (prepare Agenda and minutes) and other support as requested by the network such as: preparing and keeping strategic plans up to date based; and, assisting with the organising local network activities.
3.	<ul style="list-style-type: none"> Enable and encourage Networks to collaborate with other local WNSWPHN funded suicide prevention activities and other relevant community groups and services to address suicide. 	<ul style="list-style-type: none"> Each network's strategic plan identifies the names of local suicide prevention and SEWB services and other groups that they will work with and the type of collaboration involved.
4.	<ul style="list-style-type: none"> Provide Networks with access to current research, information and resources to operate effectively. 	<ul style="list-style-type: none"> Network meeting minutes and other communications demonstrate that networks have been provided with information about latest research, training courses and examples of evidence-based initiatives.
5.	<ul style="list-style-type: none"> Collaborate with each network & WNSW PHN to organise one forum each for the networks based in Western or Far Western NSW Local Health Districts. The purpose of the forums is for the networks to exchange knowledge and experiences, showcase initiatives, identify common values, priorities and strategies for action across their communities. 	5.1 One forum is held in each LHD per year for the networks in the District. 5.2 The agenda is developed in consultations with local networks and includes a mix of presentations and discussion workshops; 5.3 At least one workshop discusses the formation and operation of regional Aboriginal Wellbeing collaboratives and includes consideration of the NSW Ministry of Health resources: https://www.health.nsw.gov.au/mentalhealth/Pages/services-towards-zero-suicides-collaboratives.aspx 5.4 A report is prepared within 4 weeks summarising forum activity, participant evaluations, discussion themes, priorities and strategies for further action.
6.	<ul style="list-style-type: none"> Collaborate with WNSW PHN to organise and facilitate a regional forum for representatives of all suicide prevention networks to meet with each other and all relevant WNSWPHN commissioned services to discuss their work, share insights and identify priorities for action. 	6.1 Each network is encouraged to send at least one delegate (funding for travel and accommodation will be provided by WNSWPHN). 6.2 Each forum report (as per output 5.4) is presented by a participant representative; 6.3 Each network contributes to the development of the program agenda via surveys distributed beforehand by WNSWPHN. 6.4 Delegates assist with the running of the forum as required.

4. Contact Details

If you have any questions regarding the RFP, please respond via the forum link in Tenderlink.

5. Indicative funding

The Indicative Funding for this project is: **\$846,671.00 (2020-2023)**.

6. Submission Details

All applications must be submitted in full using the Request for Proposal Response Application Document along with the required mandatory information. Please note that all fields must be completed (including inserting N/A if not relevant to your proposal).

Submissions to be via Tenderlink by 5:00pm on Friday 16th April 2021.

Applications received after the RFP closing time shall not be accepted, except where the Supplier can clearly demonstrate events outside of their control were responsible for the application being received late. It is at WNSW PHN CEO's sole discretion whether a late application will be accepted.

7. Evaluation of this RFP will be based on the Evaluation Criteria Below

After the deadline for the receipt of the RFP Application, a Panel will assess the responses based on evidence provided within the RFP Application Response Document.

Criteria	Description	Overall Weighting
1.	<p>Demonstrated Capability The applicant clearly demonstrates appropriate knowledge to undertake the project:</p> <ul style="list-style-type: none">a) Can clearly describe major research findings and policy context for prevention of suicide and promotion of social and emotional wellbeing in Aboriginal and Torres Strait Islander communities. (sub criteria weighting 25%)b) Can clearly describe key elements for engagement of community members and successful operation of volunteer community-based networks. (sub criteria weighting 25%)c) Can describe non-clinical, community-based interventions suitable for untrained people to undertake to prevent suicide in their community (sub criteria weighting 25%)d) Can describe key elements for successful collaboration between community-based networks and government and non-government organisations. (sub criteria weighting 25%)	30%

Criteria	Description	Overall Weighting
2.	<p>Demonstrated experience and successful past performance in a similar contract The applicant clearly demonstrates appropriate experience to undertake the project:</p> <ul style="list-style-type: none"> a) Has a strong track record of successfully engaging Aboriginal and Torres Strait Islander communities in a culturally safe and welcoming manner and in accordance with local protocols. (sub criteria weighting 60%) b) Has a strong track record of successfully establishing and supporting the growth of volunteer, community-based networks. (sub-criteria weighting 20%) c) Has a strong track record of successfully engaging with diverse government and non-government organisations, including emergency services and schools. (sub-criteria weighting 10%) d) Has a strong track record of recruiting Aboriginal and Torres Strait Islander staff and providing them with regular supervision and opportunities for professional development. (Sub-criteria weighting 10%) 	40%
3.	<p>Implementation, operations, and governance The applicant clearly demonstrates that they have suitably qualified senior staff and internal policies and procedures and provides:</p> <ul style="list-style-type: none"> a) A plan for the implementation and monitoring of the service to ensure that it meets service deliverables on time and within budget. (sub-criteria weighting 60%) b) A description of how project staff will be recruited and supported to work across regional and remote locations. (sub-criteria weighting 20%) c) A description of key stakeholders and strategies for their engagement. (sub-criteria weighting 20%) 	20%
4.	<p>Local purchasing and opportunities Describe how your delivery model supports new local labour market opportunities, local workforce development and activities in the local economies including:</p> <ul style="list-style-type: none"> • Local workforce in the delivery of the activity • Local Aboriginal jobs supported by the activity • Local trainees supported by the activity 	10%
5.	<p>References The applicant must submit</p> <ul style="list-style-type: none"> a) A reference from a current or recent funding organisation describing performance history including achievement of project objectives within budget and compliance with submission of required reports on time. b) A reference from a current or recent partner organisation describing the nature and outcome of collaborative work undertaken. 	Mandatory- Not Weighted
6.	<p>Financial Please provide copies of the most recently audited financial statements for the lead agency for the last 2 financial years. If your organisation does not have an audit undertaken, please provide copies of the most recent unaudited financial statements (or equivalent) for the last 3 financial years.</p>	Mandatory- Not Weighted

Criteria	Description	Overall Weighting
7.	<p>Risk Management The applicant must submit a risk management plan that includes identification of major risks and mitigation strategies involved with delivering the project. The plan should include ensuring compliance with requirements for working with vulnerable persons and incident reporting.</p>	Mandatory- Not Weighted

8. Mandatory Information

Budget and Staffing - Applicants must include in their submission an indicative budget in the template provided below. Please note that:

- a) There must be an allocation of a minimum of 2.0 FTE staff to employed to work directly with networks across the entire regional and a minimum of 0.8 in each Local Health District.
- b) It is expected that staff positions requiring extensive engagement with local networks will be Aboriginal Identified. It is expected that staff will be provided with regular individual and group supervision and opportunities for professional development.

The budget will be assessed on how well the proposed spread of expenditure would enable full achievement of the project objectives and outcomes.

9. Additional Information

Responses should be contained within the RFP Application Form and should address all of the questions posed within the attached template.

Please note:

- Responding to this Request for Proposal does not constitute an agreement to a binding contract.
- Any amendments to this RFP will be provided as an addendum and will be made available to all potential suppliers via Tenderlink. Applications must acknowledge that they are aware of each addendum in their submission.

10. Proposed Timeline

The proposed procurement activities include a Request for Proposal (RFP) process. Shortlisted RFP respondents may be invited for interviews. The table below outlines the key activities and estimated timeline.

Activity	Time / Date
Request for Proposal Released	26 March 2021
Last Day for Questions from Providers	9 April 2021
Last Day for WNSW PHN to Respond to Enquiries	14 April 2021
Last Day for Submissions via Tenderlink by Providers	16 April 2021
Submissions Assessed Against Criteria	19 April - 23 April 2021
Contract Awarded On/Before	26 April 2021

11. Conditions of this Request for Proposal

General

Respondents should familiarise themselves with this Request for Proposal document and the separate RFP Application 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 will be rejected. WNSW PHN 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 be binding.

Assessment

WNSW PHN 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

WNSW PHN 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

WNSW PHN will only deal with Respondents who have an Australian Business Number (ABN).

Costs

Each Respondent will meet its own costs associated with the preparation and presentation of its proposal and any negotiations.

Additional information

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

Process

WNSW PHN reserves the right to withdraw from or alter the RFP process described in the RFP document for whatever reason, prior to the signing of any agreement/contract with any party for the delivery of the Services described in this document.

Negotiation

WNSW PHN reserves the right to negotiate with short-listed Respondents after the RFP closing time and allow any Respondent to alter its submission.

Part applications

WNSW PHN 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 WNSW PHN 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 supply of the Services described.

Ownership

All applications and any accompanying documents become the property of WNSW PHN. Ownership rights of all information, reports or data remain unchanged. The Respondent shall not, without the written approval of WNSW PHN, use WNSW PHN's information other than in the development of the proposal or the delivery of the Services. Such information, in whatever form provided by WNSW PHN or converted by the Respondent, must be destroyed in a secure fashion following advice of the outcome of the RFP process or at completion of the provision of the Services.

Notification of Probity Breach

Should any Respondent consider that the RFP process has failed to accord it fair right to be considered as a successful Respondent or that it has been prejudiced by any breach of these terms and conditions or other relevant principle affecting tender submissions or their evaluation, the Respondent must provide to WNSW PHN immediate notice including details of the alleged failure or breach to the WNSW PHN contact person.

Lobbying

Any attempt by any Respondent to exert influence on the outcome of the assessment process by lobbying WNSW PHN staff, directly or indirectly, will be grounds for disqualification of the proposal from further consideration.

Insurances

WNSW PHN will only enter into a Contract / Agreement with a Respondent who has all types and amounts of insurance necessary to cover the Respondent's obligations in relation to the Activity, including, but not limited to the following policies:

- Public liability insurance for an amount not less than \$20 Million; and,
- Professional indemnity insurance for an amount not less than \$20 Million, in respect of any claim, and for the run-off period of 7 years.

The insurance must cover the Respondent and WNSW PHN against any liability arising out of or in connection with the performance of Respondent's obligations under the Contract / Agreement and any Authority.

The Respondent must deliver annually to WNSW PHN evidence of insurance satisfactory to WNSW PHN that the Respondent has a particular insurance policy and that policy is current. In addition, the Respondent must deliver evidence of insurance within 7 days of a written request by WNSW PHN to do so.

The Respondent must comply with and observe the terms of all insurance policies referred to in the Contract / Agreement and must not do anything which could result in any policy being rendered void or voidable.

Administration Budget WHAL will only enter into a Contract / Agreement with a Respondent who can demonstrate that the Respondent's attribution of the total administrative operational overheads and/or expenses to the Activity is reasonable and does not exceed 10% of total contract value (excl. GST).

Proposals Submitted by Joint Ventures or Consortia

Where a Respondent is comprised of more than one entity the RFP Response must include all details relevant to each entity and the structure of the joint venture or consortium submitting the Proposal, and the RFP response must be executed by each such entity;

WNSW PHN may require a copy of any joint venture agreement or other contractual arrangement relating to the Respondent's composition to be provided before considering any such Proposal.