Internal Briefing for the Group Manager Mental Health Service Improvement

To:	Rod Bartling	**For your:**	Decision
Date:	4 March 2014	**Timing:**	Routine (1 week)
From:	Derek Thompson, Team Leader Gambling Harm Minimisation	**Security:**	Confidential
Copy to:			

Advice following the RFP for Regional and National services to prevent and minimise Gambling Harm

1. Background

You have asked for advice regarding the RFP proposal evaluation panel's recommendations following the open tender for proposals for regional and national services to prevent and minimise gambling Harm.

This memo sets out information and advice under six headings:

- Impact on provider services
- Strategic guidance
- Advice
- Implementation and transition
- Requirements of the RFP
- Recommendations

2. Impact on provider services

Overall the RFP evaluation panel has recommended an increase in FTE capacity delivering problem gambling services and have sought greater alignment with the revised needs assessment, in terms of geographical distribution of services.

The outcome of the proposal evaluation process identifies five current providers not being selected for future services plus four current providers who did not offer a proposal. In total, nine current providers are not recommended by the panel for future contracts. Within the total list of potential providers who submitted a proposal, the panel have not recommended any new service providers who are not currently part of the current problem gambling service delivery sector.

The net result of the panels' recommendations represents significant change for the current problem gambling services sector. In addition the panel has noted one innovative proposal from a provider new to the sector which they considered was outside the "space" of the RFP service delivery but noted it had potential to explore should the Ministry desire.

Specific details are outlined in Table One Appendix One to this memo.

3. Strategic Guidance

The current strategic documents include:

- Rising To The Challenge The Mental Health and Addiction Service Development Plan 2012-2017 (RTTC)
- Preventing and Minimising Gambling Harm Strategy 2010/11 to 2015/16 (PMGH)
- Ala Mo'ui: Pathways to Pacific Health and Wellbeing 2010–2014
- He Korowai Oranga Māori Health Strategy 2002
- Whanua Ora: Report of The Taskforce on Whānau Centred initiatives, Ministry of Social Development 2010
- Te Puawaiwhero, the second Māori Mental Health and Addiction National Strategic Framework 2008-2015.

The two most recent strategies include **RTTC** and the **PMGH Strategy**. Both of these strategic documents call for ongoing enhancement of the problem gambling service sector along with a strong focus on effective Māori Health services which build a whanau ora approach. Both also acknowledge the need to address inequalities across Māori and Pacific People's populations.

RTTC also calls for a strategic direction that suggests integration of services in the mental health and addiction sector where appropriate.

One of the priority actions within RTTC is to "enhance services to minimise gambling harm". Theme 4 Cementing and building on gains in resilience and recovery for Māori and Pacific peoples, refugees, people with disabilities and other groups. RTTC outlines a requirement that Kaupapa Māori services be offered where the number of Maori who need a service is sufficiently high and Māori are not achieving equitable outcomes relative to other populations from mainstream service use.

PMGH Strategy also places a significant emphasis on Whanua ora and notes the PMGH strategy sits alongside the Whanua ora outcomes described in He Korowai Oranga and Te Puawaiwhero. Objective 2 of the PMGH Strategy states "Maori families are supported to achieve their maximum health and wellbeing through minimising the negative impacts of gambling". The strategy also quotes the Ministry's 2009-2012 Statement of Intent, "the health system has not worked as well for Māori whanau as it could work, with disparities across the board such as a lower life expectancy, higher tobacco usage, higher problem gambling prevalence and worse health outcomes than the total population".

He Korowai Oranga and **Te Puawaiwhero** have common themes around Māori participating in all levels of the health sector including service provision. Specifically He Korowai Oranga states:

> "Supporting Māori participation at all levels of the health and disability sector is the second pathway to improving whanau ora. Active participation by Māori in planning, development and delivery of health and disability services will ensure services are appropriate and effective for Māori. Pathway Two seeks to increase:
> - Māori participation in health and disability sector decision-making
> - Māori provider development
> - Māori workforce development.
>
> Gains in Māori mental health over the last five years include an emphasis on building Māori participation across all levels – including governance, management, service delivery and workforce development."

Te Puawaiwhero states "There has been significant development in Maori health, in particular Māori mental health. The New Zealand health and disability sector has changed dramatically during the health reforms of the last two decades. A significant feature of these changes has been the increasing participation of Māori at all levels of the health and disability sector, and Māori mental health has been at the forefront of these developments....

However, the gains of the past cannot be taken for granted. As mental health and addiction decision-makers shift their thinking towards a broader approach, they must ensure that initiatives established to improve Māori mental health in the past are sustainable and part of the vision for the future."

Ala Mo'ui states "for Pacific people, better service delivery has to be culturally competent. The health and disability system has not been meeting the needs of Pacific communities as well as it should.

Developing the Pacific health and disability workforce is a priority because ethnic and linguistic diversity among health professionals is associated with better access to and quality of care for disadvantaged populations (Barwick 2000, United States Department of Health and Human Services 2006). Pacific health and disability workers bring connections with Pacific communities, personal understanding of Pacific issues, and Pacific cultural and language skills.

Currently, there is a significant shortage of New Zealand health and disability workers with an understanding of Pacific health perspectives and Pacific culture in general (Health Workforce Advisory Committee 2006). Pacific peoples make up nearly 7 percent of the total New Zealand population, yet in 2007 comprised only 1.6 percent of the medical workforce (Medical Council of New Zealand 2008), and in 2006 2.8 percent of registered nurses and 2.7 percent of enrolled nurses.

Increasing the Pacific health and disability workforce will ultimately improve community health literacy."

Whanau Ora in their December 2013 fact sheet Te Puni Kokiri outline that the programme of work under whanau ora has:

- a national Governance Group comprising four community-based experts and the chief executives of three partner agencies – Te Puni Kōkiri and the Ministries of Social Development and Health – with support from two government departments: the Ministries of Education and Pacific Island Affairs
- 10 Regional Leadership Groups (RLGs) with a total of 85 community and partner agency representatives from Te Puni Kōkiri, the Ministry of Social Development and District Health Boards
- 32 collectives and two providers representing more than 160 independent Māori, Pacific and general primary health and social services providers as well as tribal rūnanga, marae and Māori trusts
- a shared work programme across partner agencies with specific lead responsibilities assigned to each
- a network of evaluation and action research practitioners.

The full fact sheet names the providers involved in each of the collectives. A copy is attached as Appendix two. Of note also is the application of whanau ora to Pacific families and communities.

4. Advice

The RFP evaluation panel has considered the proposals based on the proposal paper work submitted and the RFP document scope and criteria. Accordingly they have made a recommendation and the outcome reflects their process. The Ministry should consider the Panels' recommendations in light of wider strategic goals and desired health outcomes which in fact are congruent with the RFP tender documents.

Evidence notes that there are some populations who are more vulnerable to gambling harm the Problem Gambling Levy 2013/14 to 2015/16 Regulatory Impact Statement notes:

> "Populations disproportionately at risk of gambling-related harm
> Preliminary findings from the 2011/12 New Zealand Health Survey (Ministry of Health 2012a) indicate that Māori and Pacific people are disproportionately at risk of harm from their own or someone else's gambling.
>
> These results are consistent with a wide variety of previous studies (including Abbott and Volberg 2000; Ministry of Health 2009; SHORE 2008; Health Sponsorship Council 2007, 2012). For example, the 2006/07 New Zealand Health Survey (Ministry of Health 2009) found that Māori and Pacific people were two to four times more likely than other ethnic groups to experience problems as a result of their own or someone else's gambling.
>
> A few measures in the 2010 Health and Lifestyles Survey (Health Sponsorship Council 2012) also suggest higher risks of gambling-related harm among Asian people. However, another recent study suggests that these findings might reflect the situation for specific Asian sub-groups rather than for Asian people in general, and that gambling-related harm might be a particular issue among recent migrants and international students (Sobrun-Maharaj, Rossen and Wong 2013).
>
> If this is the case, it suggests quite specific risks. New Zealand's Asian population is growing, international education is an important sector, and both migrants and international students may not have ready access to family or community networks that help mitigate the risk of gambling harm.
>
> In New Zealand, gambling venues are more likely to be located in higher deprivation areas than in other areas. This situation is not new, and, despite the fact that the numbers of NCGMs and NCGM venues have been reducing for some years, there is little or no evidence that it is changing. (Allen and Clarke 2012a; Francis Group 2009; Ministry of Health 2006, 2008)
>
> Unsurprisingly, many New Zealand studies (including Health Sponsorship Council 2007, 2012; Ministry of Health 2009) have found that people living in more deprived areas (areas in which Māori and Pacific peoples and recent immigrants are over-represented) are disproportionately at risk of harm from their own or someone else's gambling."

In light of the above and the strategic guidance, outlined in section 3 of this memo, careful consideration of the Panels' recommendations for Maori and Pacific providers should occur.

Māori provider recommendations

In light of the evidence and strategic guidance, it does not make sense to exit Maori health providers who are delivering a good service and have a new provider expand into service delivery in those areas. This would occur in the:

Pacific Provider recommendations

General Service providers

In Summary

Application of the above advice would result in changes to the panel's selection recommendations. I have summarised these in Table two in Appendix Three of this memo.

5. Implementation and transition

Once procurement decisions are completed there is a need for communication to organisations that submitted a proposal. These communications group into four categories:

(a) Successful proposals that need to be confirmed and contracts negotiated and executed (3 Proposals),
(b) Proposals that the Ministry partially accepts and therefore there is a need to negotiate the scope of and execute relevant contracts (15 Proposals),
(c) Proposals from current service providers who were not successful and therefore the Ministry needs to ensure appropriate contract management through to the end of the current contract term and in particular ensure appropriate service delivery and transition for existing clients who may require ongoing service delivery (1 Proposals),
(d) Proposals from organisations that are not current service providers and therefore the Ministry needs to communicate that their proposal was not successful and provide any relevant feedback (13 Proposals).

Service client transition.

The Ministry's intervention service workforce training organisation has provided advice that services ceasing to deliver intervention treatment to clients should be given at least two months' notice so that they can contact existing clients and inform them of the change.

It is a simple matter of offering a "facilitation session" under the current service specifications to ensure an appropriate handover for the client to a new service provider. It would be best practise for an existing service to contact all of their clients to inform them of the change over and to ensure an active referral process is undertaken as a facilitation session. Existing services should not take on new clients during the three months preceding the contract term end.

The Ministry would need to ensure that client volumes being transferred between providers can be identified in the national data set to avoid the potential for clients being double counted in the statistics for the period.

6. Requirements of the RFP

The RFP tender documents noted that Proposals shall remain valid for a period of 180 days from the Closing Date set out in paragraph 17. The RFP proposal submission closing date was midday 11th September 2013. The 180 day period expires on Monday 10 March 2014.

The Ministry's Procurement office has confirmed that the RFP content means that any contracts awarded should be for a 30 month term and that it is not appropriate to reduce this even though the RFP timelines have been extended.

7. Recommendations

It is recommended that you:

1.	note	In reviewing the panels' recommendations and after considering the supporting evidence and strategic guidance it is recommended that you support the RFP evaluation panels' recommendations with minor modification in relation to provider selection as detailed in recommendations 2 to 9 of this memo.	Yes/No
2.			
3.			
4.			
5.			
7.			
8.			

9.

10.	approve	That subject to, legal advice, the Ministry respond to the proposals by entering into negotiations with the relevant proposers identified in Table Two, Appendix three of this memo for a 30 month contract term for regional and national problem gambling services.	Yes/No
11.	approve	That the Ministry advise organisations whose proposal was unsuccessful of the outcome of their proposal.	Yes/No

Ministry lead

Derek Thompson
Team Leader
Gambling Harm Minimisation
Sector capability and implementation
81603934

Rod Bartling
Manager Mental Health Service Improvement Group

Appendix One :

Table One provider level impacts of RFP evaluation Panel recommendations results