

Request for Submission

Social Innovations for Health Equity

The Victorian Health Promotion Foundation (VicHealth) invites you to lodge a Submission for the delivery of the Goods and/or Services described in Part B of this Request for Submission (RFS), in accordance with the Submission Conditions.

VicHealth and Our Business

A world-first health promotion foundation, VicHealth focuses on promoting good health and preventing chronic disease. We pinpoint and prevent the negative influences of ill health and champion the positive influences of good health.

Our pioneering work includes creating and funding world-class interventions; conducting vital research to advance Victoria's population health; producing and supporting public campaigns to promote a healthier Victoria; and providing transformational expertise and insights to government.

We work with all levels of government, across political parties and communities, and a range of sectors including health, education, sports, the arts, media and research.

The VicHealth [Action Agenda for Health Promotion](#) presents our vision for the next decade and outlines the work we will undertake to create a Victoria where everyone can enjoy better health.

The Requirement

Through this Request for Submission process, VicHealth is seeking submissions from suitably qualified organisations to collaborate in the development and delivery of an exciting new approach to capacity building for greater social equity in health and wellbeing outcomes – a social innovations incubator for health equity.

| DETAILS SCHEDULE | |
|-------------------------|--|
| VicHealth Contact | Leanne Carlon |
| Email | lcarlon@VicHealth.vic.gov.au |
| Phone | 03 9667 1329 |
| RFS Issue Date | 14 April 2015 |
| Closing Time | 5.00 pm Thursday 7 May, Eastern Standard Time |
| Lodgement Method | Electronic Lodgement by Email: lcarlon@VicHealth.vic.gov.au Please include the RFS Title in the subject line of the email. |
| Evaluation objective | Proposed Solution, Capability, Capacity, OHS, Commercial, Price, Value for Money |
| Last Date for Questions | Tuesday 5 May |

PART A – SUBMISSION CONDITIONS

By submitting a response to this RFS, you agree:

- that you are bound by these Submission Conditions;
- that you will lodge your Submission using the Submission Form in Part D, by the Closing Time in accordance with one of the Lodgement Methods;
- that these Conditions, together with the Specification and the Submission Form and any other documents declared by VicHealth to form part of the RFS, comprise the RFS;
- to submit all documents as required by the RFS (“Submission Documents”);
- that the Submission Documents become VicHealth’s property upon lodgement;
- that the Submission Documents are succinct and free from elaborate artwork, complex bindings or any other forms of unnecessary presentation;
- to keep confidential all information provided by VicHealth in connection with the RFS;
- not to reproduce the RFS (or any part of it) except where necessary for preparation and submission of your Submission;
- to authorise VicHealth to use and reproduce the whole or any portion of the Submission documents for evaluation and audit;
- that your response to this RFS (“Submission”) will remain open for acceptance by VicHealth for 3 months from the Closing Time and Date (and for any further period or periods agreed) even if VicHealth negotiates with you or others;
- that, if VicHealth notifies you that it has accepted your Submission, you are bound by a contract with VicHealth incorporating the conditions set out in Part C without amendment or qualification;
- that you will direct all communications through the VicHealth Contact named in the Details Schedule.

VicHealth will:

- assess Submissions and determine which best meets its requirements and offers best value for money;
- advise the outcome of the RFS process;
- not be liable for any deficiency within the RFS;
- not warrant the accuracy of the RFS;
- respond to questions submitted by Respondents before the Last Date for Questions indicated in the Details Schedule;
- distribute to all Respondents the answers to questions from any Respondent unless VicHealth considers the information to be confidential;
- send a formal email message confirming electronic receipt of Submissions;
- reject Submissions received after the Closing Time and Date, except in accordance with VicHealth’s Procurement Policy;
- return late Submissions unopened at the end of the RFS process; and
- consider an “Alternative Submission” that
 - includes any necessary supplementary specification(s) and associated fees
 - enhances VicHealth’s business capabilities or project deliverables whilst representing value for money,

- fully achieves and/or exceeds the specified outputs or functional and performance requirements identified by VicHealth.

VicHealth may:

- change any details in the RFS;
- extend the Closing Time;
- reject any unacceptable Submission including your Submission;
- negotiate with one or more Respondents; and
- accept the whole or any part of a Submission (including your Submission) or more than one Submission.

PART B – SPECIFICATION

1. SCOPE

The aim of this project is to develop and test a social innovations incubation model for health equity that has the potential to improve health equity through action outside the traditional health service and public health sectors. The development and implementation of social innovations addressing the social determinants of health equity will increase the ability of Victorians to have control over and improve their health.

Participants

The participants of the incubator are expected to be individuals or organisations that have an idea for a socially innovative project or concept that will create fundamental change to health equity. These “game-changers” will develop their social innovation through the program while also connecting with a network of key stakeholders to accelerate the impact and scale of their project.

VicHealth is looking to source innovation from beyond the health sector to discover new ways to address the social determinants of health inequity. Any individual or organisation seeking to be part of the incubator must identify an area that – through a concerted effort – has the potential to increase the power, relatively disadvantaged individuals and communities have, to control and improve their health.

Suggested areas from which the audience can be sourced include, but are not limited to:

- community development organisations, social enterprises or businesses working with communities
- advocacy organisations
- policy or representative bodies
- organisations working in community services
- individuals with a passion to drive social change for health improvement.

2. BACKGROUND

Health and wellbeing outcomes can be improved not just by the actions of health services, but also by addressing the wider determinants of health in homes, schools, workplaces and community. The socioeconomic, political and cultural context in which people live creates very different life circumstances for different groups of people.

As a result, some social groups are more likely to be inactive, have poorer diets, smoke, drink alcohol at harmful levels and have poorer mental health, with resultant long-term health and wellbeing outcomes. Key markers of social position associated with health outcomes include level of education, occupational status, income level, gender, race/ethnicity, sexuality, Aboriginality and disability.

[Fair Foundations: The VicHealth framework for health equity](#) was published in 2013 as a conceptual and action-oriented framework to address the social determinants of health inequities. It suggests entry points for action to support the development of policies and programs that promote health equity.

Some of the most impactful and sustainable improvements in health equity can result from action at the socioeconomic, political and cultural level. This typically requires change well outside the health service or public health sector.

Examples of work at this layer include:

- constitutional recognition of Indigenous Australians
- development of the National Disability Insurance Scheme (NDIS)
- taxation reform and income redistribution
- social movements that challenge cultural norms and stereotypes.

The social determinants of health inequities: the layers of influence



The Social Innovations for Health Equity project aims to address the common drivers of health inequities that impact across multiple areas of VicHealth’s work.

As these drivers are upstream of health services, it is important that VicHealth helps build the capability and capacity to improve health equity outside the health service and public health sectors, and to develop and test new and novel solutions that have the potential to make a significant impact on the causes of health inequity.

It is also important that a structured pathway can be developed to scale the best ideas after the incubator program.

3. PROJECT OUTCOMES

The aim of this project is to develop and test a social innovations incubation model for health equity. The objectives are to work with VicHealth to:

- Develop an incubator model
- Engage participants for the incubator program
- Deliver the incubator program
- Provide seed funding to one or more projects developed through the incubator (and potentially leverage additional funds to contribute to this seed funding)
- Report on the potential for the incubator model to deliver health equity outcomes for VicHealth and provide recommendations to embed an incubator model in VicHealth operations.

Budget

The budget for this project is \$135k exclusive of GST.

Key deliverables

- Work with VicHealth to design the incubator model to meet the objectives of Fair Foundations, specifically to identify, support and develop a number of social innovations for the promotion of health equity
- At the conclusion of the incubator (and in partnership with VicHealth), delivery of a process that will allocate seed funding (amount to be determined) to one or more projects developed through the incubator model
- Production of an interim report on the project in February 2016 and a final report in September 2016, inclusive of audited financial statement.

4. IMPORTANT DATES

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| Request for Submission released | 14 April 2015 |
| Closing date for submissions (5pm) | 7 May 2015 |
| Applicants to be advised of selection process outcomes | 26 May 2015 |
| Contractual agreement and project commencement | Early June 2015 |
| Interim report | February 2016 |
| Project delivery completed | June 2016 |
| Final report | End September 2016 |

5. INSURANCES

One of the contract conditions for this project is a requirement that all individuals or agencies submitting for this project have professional indemnity (\$5m) and public liability (\$10m) insurance.

6. POINTS OF CLARIFICATION & CONSIDERATION FOR PROPOSAL DEVELOPMENT

- a) The submission is for a single incubator program to be delivered by June 2016, with the intention of replicating the partnership and model in the future based on its success in achieving VicHealth's objectives.
- b) A range of 6–8 participants has been discussed as a minimum requirement, however VicHealth is open to the guidance of the contractor on what process and number will provide the greatest ability to scope a range of ideas while focusing the incubator process effectively to maximise outcomes.
- c) The program must include seed funding for one or more ideas. How this seed funding is to be implemented is to be included in the submission. The ability to leverage funding as a co-investment will be viewed favourably.

- d) While projects that demonstrate innovation in service delivery at a community level will be considered, unless the project can also demonstrate how this innovation can be scaled beyond their delivery to enact macro-change at a policy, governance or social norms and values level, it will not be considered.
- e) Participant projects can be national in scope as long as they will deliver benefits to Victorians.
- f) The incubator will be based in Melbourne; however participants can be sourced nationally.
- g) The ability to draw on international best practice to apply in Australia and how to effectively enable cross-sectoral collaboration will be considered favourably in participants.
- h) Participants will not contribute to the cost of the program; however they must cover any travel-related or other expenses to enable their participation.
- i) Participants can be any type of legal structure.
- j) While income generation for participants is seen positively in sustaining the project, the primary focus for the projects is the ability to create macro-level change, which could be achieved from a variety of revenue sources.
- k) VicHealth will conduct an independent third party evaluation on the effectiveness of the model and partnership for future replication.

7. PART C – CONDITIONS OF CONTRACT

Please see Attachment A: VicHealth Standard funding agreement terms and conditions