

APPENDIX 4: All proposals considered

REGION	Organisation	Current FTE up to 30 June 2013		Proposed FTE by organisation		PANEL RECOMMENDATION		Available indicative FTE	
		CLINICAL	PUBLIC HEALTH	CLINICAL	PUBLIC HEALTH	FUND Yes/No	FTE Distribution		CLINICAL
Northland									
Northland									
Northland									
Northland									
Northland								3.0	2.0
Northland									
Northland									
Total									
Auckland									
Auckland									
Auckland									
Auckland									
Auckland									
Auckland								30.0	20.0
Auckland									
Auckland									
Auckland									
Auckland									
Auckland									
Total								See note 1*	
Waikato									
Waikato									
Waikato									
Waikato									
Waikato									
Waikato									
Waikato									
Waikato									
Total									
Bay of Plenty									
Bay of Plenty									
Bay of Plenty									
Bay of Plenty									
Bay of Plenty									
Bay of Plenty									
Bay of Plenty									
Bay of Plenty									
Bay of Plenty									
Bay of Plenty									
Total									
Gisborne									
Gisborne									
Gisborne									
Gisborne									
Gisborne									
Gisborne									
Total									
Hawkes Bay									
Hawkes Bay									
Hawkes Bay									
Hawkes Bay									
Hawkes Bay									
Hawkes Bay									
Total									
Taranaki									
Taranaki									
Taranaki									
Taranaki									
Taranaki									
Total									
Manawatu									
Manawatu									
Manawatu									
Manawatu									
Manawatu									
Manawatu									
Total									

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Wellington			
Wellington			
Wellington			
Wellington			
Wellington			
Wellington			
Wellington			
Wellington			
Wellington			
Total			See note 7*
Tasman Nelson			
Tasman Nelson			
Tasman Nelson			
Tasman Nelson			
Total			
Canterbury / WC			
Canterbury / WC			
Canterbury / WC			
Canterbury / WC			
Canterbury / WC			
Canterbury / WC			
Canterbury / WC			
Canterbury / WC			
Total			
Otago			
Otago			
Otago			
Otago			
Otago			
Otago			
Total			
Southland			
Southland			
Southland			
Total			

Note 7* Bolded providers in Appendix 4 represent Panel supported decisions. A variance (over/undersupply) of FTEs is due to FTE contained in proposals. Minor moderations have been applied

APPENDIX 5: Current Full Time Equivalent (FTE) provider mix compared to Panel recommendations

Current Service Providers as at 30 June 2013		FTEs in 30 June 2013		FTEs as recommended by Panel		
Provider name	Region	Clinical	Public Health	Confirmed by Panel	Clinical	Public Health
Total						

The following previously funded providers up to 30 June 2013 but are not recommended for funding by the Panel.

Provider name	Location	Clinical	Public Health	Panel: Not Recommended	Clinical FTE requested in RFP	Public health FTE requested in RFP

Appendix 6: Evaluation Methodology

Summary of Criteria Weightings

The table below represents the overall weighting by criteria grouping
Contained within each criteria are specific questions (or sub-criteria).

Criteria	Weighting
Requirements	12.5%
Delivery	15%
Experience	7%
Capability	15%
Alignment	10%
Outputs and Outcomes	7.5%
Purchase Units	3%
Price	30%
Total	100%

Commentary:

Post summary of the criteria weightings

There is an error in the Evaluation Workbook in relation to the Price: Quality Ratio (PQR). With the PQR, both Quality and Price weightings must total 100% respectively. This error has had NO EFFECT on the overall total scores and rankings for this RFP.

It may appear that the total score is out of 200, but then the respective Quality and Price weightings are applied (70% and 30% respectively in this case). The Quality weightings subtotal to 70% and the remaining 30% was for price

Price has been "scored" out of 10 - see additional notation below. All tenderers were subject to the SAME scoring system and this has had NO EFFECT to the outcome.

Specific weighted quality criteria (by sub-criteria / question)

Criteria	Weight	Sub-criteria	Sub-weight	Template question
Requirements	12.5%	Governance	25	8
		Management	35	9
		Financial Viability	25	12
		Conflicts of Interest	15	14
			100%	
Delivery	15%	Viable Organisational Structure	15	10
		Innovative practice or structures	10	11
		Understanding requirements	5	17
		Knowledge of the sector	15	17
		Work with Māori	10	18
		Work with Pacific	5	18
		Work with Asian	5	18
		Work with Disabilities	5	19
		Demonstrate how services are delivered	20	18-21
		Innovative service delivery models	10	20
			100%	
Experience	7%	Experience	60	22
		Successful prior experience	40	22
			100%	
Capability	15%	Technical ability	70	23
		Recruit and train	30	24-25
			100%	
Alignment	10%	Alignment with addiction treatment sector	40	26
		Alignment with strategic plan	30	28
		Alignment with provider collective	15	29
		Alignment with Whānau Ora collective	15	30
			100%	
Outputs and Outcomes	7.5%	Quality measures	50	32
		Performance measures	50	31
			100%	
Purchase Units	3%	Deliver all purchase units across a region	100%	27
			100%	
Price	30%	Deliver clinical and PH	25	Region B & E
		Ability to deliver as sole provider	15	Region
		Price per FTE	60	Region D & G
			100%	

Additional notation for Price per FTE

The maximum FTE rates were specified in the paragraph 95 of the RFP. As such, the following score guide was agreed to by panel members at the outset of the evaluation process:

Score	Quoted price sub-criteria conditions
10	below the total RFP maximum price
8	at the maximum price set in the RFP
6	above the RFP maximum set price

Scoring System

Evaluators scored the response using a 10-point scoring system (only even numbers were used in accordance with the table below).

Score	Response	Description
10	Fully answers the question, exceeds requirements and tangible additional benefits achievable.	Excellent
8	Fully answers the question, meets requirements.	Superior
6	Mostly meets requirements; or will meet requirements with some further work.	Good
4	Will only meet requirements with extensive further work.	Poor
2	General assumptions without substance, or is too vague to be meaningful interpreted.	Very Poor
0	No response or extremely poor	Unacceptable

Minimum standards

Have or will obtain insurance to cover any liabilities that may arise	Yes/No	13
Clear and justified logic for holding any information as confidential	Yes/No	15
Arrangements in place to ensure client confidentiality	Yes/No	16

The evaluation panel unanimously agreed to automatically exclude proposals that did not meet the minimum standards.

Appendix 7: Panel moderation methodology and process

<p>Summary</p> <p>Having evaluated all the individual regions and proposals, the panel were in a position to understand how regional and national providers reflect the service mix and need. The panel reviewed the outcome comparing the result of the regional and national providers.</p> <p>A moderation process was undertaken to enable the Panel to review the preferred provider(s), first for appropriateness to the region and, secondly whether a national provider was able to provide the same or better service for that region</p> <p>The following principles were important dynamics that assisted the discussion and balance reached in the final recommendation set out in Appendix 1:</p> <p>Features</p> <ul style="list-style-type: none"> Regional providers can range in size but often will have a localised focus. Some regional providers have significant infrastructure and support networks to sustain a significant local presence and profile. By comparison, an incumbent national provider should have an acute awareness of the importance of identifying and relating their particular service delivery model to local conditions. <p>Regional / local providers</p> <ul style="list-style-type: none"> Consideration was placed by the panel in the first instance on the regional provider(s) ability, capability and presence in the region. For an incumbent provider, the expectation of clear evidence and service delivery should be taken in the context of additional considerations such as the accessibility of the region, the population needs and the ability of the provider to service the region. For a new provider, there were additional challenges with workforce recruitment sources, inexperience in the problem gambling field and ensuring sufficient checks and balances were in place. By having an enhanced delivery model, co-operative ventures with an experienced provider or a thought out transitional plan were all potential opportunities. A dedicated Māori service provider that is iwi mandated to deliver the preventing and minimising gambling harm services, is likely to have a highly placed status in that region and community. The panel recognised that being iwi mandated cannot be underestimated irrespective of where the proposal was numerically ranked. Where a proposal had significant issues on multiple fronts, the decision to set aside the local provider, whether incumbent or new, was taken into careful consideration. Where there was no clear preferred regional provider, the panel moved to consider the service delivery by a national provider. 	<p>National providers</p> <ul style="list-style-type: none"> For national providers, there is a competitive advantage with efficiencies, size and overall resilience. The panel considered how the national provider would best serve the local region. Examples include the ability to connect with the local community, would the national providers' reputation resonate with the local community, could the service be better or superior to a local provider? For an incumbent provider, the Panel agreed that ideally the expectation and standard needed to be significantly higher than the regional provider. For example, the addition of multiple to existing problems, advanced referral pathways, facilitation of clients, and local key local connections were all considered reasonable expectations from a national provider. For new national providers, the standard needed to be equal or superior to that demonstrated by an incumbent national provider. Where more than one national provider was delivering in the same region, the panel revisited how that region was specifically described and would support local clients. While the response template asked for the identification of the regions that would be delivered, the national provider needed to be specific and demonstrate exactly how that region was going to be serviced. This distinction is important as it recognises that while it is expected that there is national delivery framework, that there are in fact regional differences, which are evidenced by the regional proposals that were assessed.
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Appendix 8: Overview and Rationale for Moderated Recommendations
 Key: "CNS Score" = Consensus Score and "MOD Score" is the Moderated Score

Region	Provider	CNS Score	MOD Score	Service Type	Coverage	Rationale
Northland						

Region	Provider	CNS Score	MOD Score	Service Type	Coverage	Rationale
Auckland						

Region	Provider	CNS Score	MOD Score	Service Type	Coverage	Rationale
Waikato						

Region	Provider	CNS Score	MOD Score	Service Type	Coverage	Rationale
Bay of Plenty						

Region	Provider	Cons Score	Mod Score	Service Type	Coverage	Rationale
Gisborne						

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Region	Provider	CNS Score	MOD Score	Service Type	Coverage	Rationale
Hawkes Bay						

Region	Provider	CNS Score	MOD Score	Service Type	Coverage	Rationale
Taranaki						

Region	Provider	CNS Score	MOD Score	Service Type	Coverage	Rationale
Manawatu						

Region	Provider	CNS Score	MOD Score	Service Type	Coverage	Rationale
Wellington						

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Region	Provider	CNS Score	MOD Score	Service Type	Coverage	Rationale
Nelson-Marlborough						

Region	Provider	CNS Score	MOD Score	Service Type	Coverage	Rationale
Canterbury / West Coast						

Region	Provider	CNS Score	MOD Score	Service Type	Coverage	Rationale
Otago						

Region	Provider	CNS Score	MOD Score	Service Type	Coverage	Rationale
Southland						

Note: In the table above, the provider names listed for each region have been recommended for funding by the evaluation panel

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