



**Capital & Coast
District Health Board**

ŪPOKO KI TE URU HAUORA

**Request for Proposal for
Implementation and Delivery of the Before School
Check**

CAPITAL & COAST DISTRICT HEALTH BOARD

Planning & Funding Directorate

Private Bag 7902

Wellington South

Wellington 6242

Tel (04) 803 1100

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Section A – Overview & RFP Process

Overview

Purpose of Request for Proposal

- 1. This request for proposal ('RFP') is issued by C&CDHB and invites proposals for implementation and delivery of the Before (B4) School Check in accordance with this RFP.**
- 2. The purpose of this RFP is to select one or more proposals for further negotiation to endeavour to agree a contract for the provision of the B4 School Check.**

Background

The B4 School Check ("the Check") is the eighth and final Well Child core contact and will gradually replace the existing School New Entrant check with a comprehensive health check for all four year olds.

The purpose of the Check is to provide early identification of any behavioural, developmental or health concerns that may adversely affect a child's ability to learn in the school environment, and ensure that appropriate and timely referrals are made to support the child and their family, to improve child health and educational outcomes and reduce inequalities.

The Check was piloted and evaluated from August to November 2007 to inform phased national implementation.

Phased national implementation of the Check will commence from February 2008, with:

- The first phase of District Health Boards ("DHBs") commencing service establishment from 1 February 2008. These DHBs will have four months to establish the Check service followed by a period of phased service delivery commencing by 30 May 2008, with full implementation commencing twelve months later;**
- The second phase of DHBs will commence service establishment from 1 June 2008 and begin delivering services by 31 August 2008; and**
- All DHBs will be delivering the Check by 31 August 2008.**

The Ministry is setting up a national information management system to support the Check. The Check's information management system will capture and store data relating to the child, permission, checks (height, weight, hearing, vision, development and behaviour assessments), any issues identified and referrals made. It will also provide regular standard and ad hoc reports for various stakeholders in the health sector. Training will be provided to the DHB in the use of this system through the Ministry's contracted information management system provider. Further guidelines and protocols on specific information sharing with other providers and agencies are being developed with the Ministry of Education and other agencies. The Ministry will provide the DHB with guidelines and protocols when they are confirmed.

Guiding Principles

In providing the Services, the DHB must give effect to the following general principles:

- a) The Check is primarily an opportunity for a health promoting and wellness enhancing contact between parents and a child health nurse with a focus on improving child health and education outcomes and reducing inequalities.
- b) Early detection of and provision of supports for vision, hearing, behavioural and developmental problems, and existing health and disability conditions, is important to support learning and school attendance.
- c) Promotion and delivery of four year old immunisations as per the National Immunisation Schedule. The Check provides an ideal opportunity for four year old immunisation checks and catch-ups to occur.
- d) Timely referral to appropriate services and follow up to ensure:
 - the referral has been accepted by the appropriate service;
 - the referred child has received the appropriate service (i.e. further assessment, treatment, support); and
 - the referred child is linked back to their existing provider(s), especially general practice and Primary Healthcare Organisations (“PHOs”), and other relevant services (e.g. Needs Assessment and Service Coordination providers and Group Special Education (“GSE”).
- e) Ethical consideration of the whole of care pathway, including:
 - availability of referral services that may be indicated as a result of screening;
 - identification of the demand for referral services from the Check; and
 - identification of the resources and supports that may be needed to meet the demand for those services.
- f) Importance of the continuum of care for the child and family/whānau to the sharing of the Check information, in particular with their lead primary health care and education providers.
- g) Engaging with children and family/whānau who are not well connected with services and linking them back to primary health care and education.
- h) Support for the family/whānau to maximise their child’s educational potential and health status.
- i) Collaboration between the health and education sectors to complete the Check and to plan for any resources and supports that the child and school may be need for successful learning.
- j) Health and educational professionals have a greater awareness of the child’s needs and are supported to deliver quality care.
- k) Ongoing evaluation of the Check in line with best practice and evidence, including identification of useful outcome measures.

Funding

There are three funding components available for these services. Funding is GST exclusive:

- Establishment funding - \$50,793.00 one off

- **Ongoing funding - \$438,491.00 per annum based on 85% coverage of children in the District aged 4-5. Further funding will be released on meeting the 85% target.**
- **Interpreter services - \$66.70 per hour (these will be claimed Fee for Service)**

How to use this Document

3. Section A of this document provides background information.
4. Sections B and C set out instructions and conditions for responding to this RFP. You need to read and understand these sections. Please complete and return with your proposal the proposal form and checklist as set out in Appendix 1.
5. The appendices contain information about C&CDHB and the required service that may be of assistance to you in the preparation of your proposal. *[Add further descriptions/purposes and appendices as appropriate]*
6. This RFP consists of:
 - Section A - Overview & RFP Process;
 - Section B – RFP Requirements;
 - Section C – RFP Conditions;
 - Section D – Evaluation;
 - Section E - Notification;
 - Appendix 1 - Proposal Form and Checklist;
 - Appendix 2 - Proposal format and information required;
 - Appendix 3 - Contract Price Form and Budget template;
 - Appendix 4 - B4 School Check Coordinator Role Description;
 - Appendix 5 – Assessment tools.

RFP Process

7. The anticipated timetable for this RFP is:

From date	To date	Date due	Activity
	N/A	Wed 19 March 2008	Issue of RFP
N/A	N/A	Wed 2 April 2008	Intention to submit a proposal. Email Justine Mecchia justine.mecchia@ccdhb.org.nz stating that you intend to submit a proposal.

		Wed 16 April 2008	Last day for questions or clarifications.
N/A	N/A	Wed 23 April 2008	Proposals close, 4pm.
N/A	N/A	By 30 April 2008	Selection of preferred proposer (if any).
		Between 20 April and 15 May 2008	Negotiation with preferred proposer.
N/A	N/A	By 15 May 2008	Contract award (if any).
N/A	N/A	20 May 2008	Services commence.

8. **Please note, this timetable is indicative only and may be subject to change at the sole discretion of C&CDHB. C&CDHB will notify participants of any changes.**

Section B – RFP Requirements

Proposal Form

9. Your proposal must be submitted on the proposal form attached to this RFP (Appendix 1).
10. The checklist attached to the proposal form must be completed. The information and other items required by this RFP must be enclosed with the proposal and (where relevant) clearly labelled as part of the proposal.
11. You may attach any other documents you wish to lodge in support of your proposal to the completed proposal form. Please summarise any attachments in a covering letter.
12. Please provide six hard copies of your proposal. You only need to supply 1 copy of any additional material (eg brochures) not specifically requested by this RFP.

Joint Proposals

13. Joint proposals may be submitted, provided one of the joint proposers is identified as the contact point for all communications relating to this RFP.

Lodging of Proposals

14. There are two stages. By 5:00 pm on Wednesday, 2nd April 2008, please notify us of your intention to submit a proposal in response to this RFP, by sending an email to justine.mecchia@ccdhb.org.nz Enter “Notice of intention to submit proposal - B4 School Check” in the subject line.
15. Your proposal must be received by C&CDHB before the closing date of 4pm on Wednesday, 23rd April 2008.
16. If hand delivered or delivered by courier, your proposal must be placed in the tender box addressed to:

Justine Mecchia

Portfolio and Contracts Manager - Primary Care

Capital & Coast District Health Board

Planning and Funding Directorate

Level 1, Lotteries Commission Building

54-56 Cambridge Terrace

Te Aro

Wellington 6011

Proposals should be delivered between 8:30am and 5:00pm on business days.

17. **Proposals sent by post must be sent in sufficient time to allow the proposal to be placed in the tender box before the closing time. Proposals sent by mail must be addressed to:**

Justine Mecchia

Portfolio and Contracts Manager - Primary Care

Capital & Coast District Health Board

Planning and Funding Directorate

Private Bag 7902

Wellington South

Wellington 6242

C&CDHB will take every care to ensure proposals forwarded by courier or post are placed in the tender box promptly. However, C&CDHB will not be responsible or liable in any way for any failure to place the proposal in the tender box by the closing time.

18. **Your proposal should be placed in a sealed envelope marked ‘Proposal for B4 School Check Implementation and Service Delivery’.**
19. **Proposals sent by facsimile or email will not be accepted.**
20. **You should ensure your proposal is placed in the proposal box before the closing date and time. C&CDHB’s policy is not to evaluate late proposals. However, C&CDHB does retain the right to evaluate late proposals where there is no material prejudice to other proposers.**

Proposal Qualifications

21. **Any qualifications to the proposal documentation must be outlined in a covering letter or memorandum and included in your submitted proposal. Any qualifications not included in a covering letter will not be considered to be a part of the proposal.**
22. **Proposals submitted subject to significant qualifications may be considered as alternative proposals and will, if evaluated, be evaluated by the evaluation panel accordingly.**
23. **You may be requested to remove unacceptable qualifications. Refusal to remove qualifications may result in the proposal being rejected. If the consequence of the qualification or the qualification itself is unacceptable to C&CDHB, the proposal will be considered to be non-conforming and shall be rejected.**

Further Communications

24. All communications as to this RFP, or requests for clarification or further information should be directed to C&CDHB's Representative. C&CDHB's Representative is:

Justine Mecchia

Contracts & Portfolio Manager – Primary Care

Planning & Funding Directorate

Capital & Coast District Health Board

Private Bag 7902

Wellington South

Wellington 6242

Email: justine.mecchia@ccdhb.org.nz

Additional Information and Clarification

25. Requests for clarification or additional information should be in writing. Any requests must be made prior to 3.00pm on Friday, 14th March 2008.
26. C&CDHB will issue any clarification and change to the RFP by way of written amendment notice. A copy of each amendment notice will be mailed or delivered to each person receiving this RFP. All amendment notices issued will become part of this RFP.
27. Requests for information or clarification that relate solely to a proposer's proposal will be provided to a proposer requesting the information or clarification only.
28. C&CDHB will not be bound by any statement, written or verbal, made by any person other than C&CDHB's Representative. C&CDHB's Representative (or any other person authorised by C&CDHB's Representative) is the only person authorised to make representations or explanations to proposers as to this RFP.

No Canvassing

29. Any proposer who indirectly or directly canvasses any officer, employee or advisor of C&CDHB or C&CDHB other than the authorised representative(s) concerning any aspect of this RFP process may in C&CDHB's discretion be disqualified.

Site Inspections

30. Site inspections should be arranged with C&CDHB's Representative.

Proposal Validity Period

- 31. Every proposal will be a continuing offer and irrevocable until the expiry of one calendar month from the proposal close date or such later date as we may agree on.**

Price – GST

- 32. Proposal prices should be quoted exclusive of goods and services tax ('gst') and in New Zealand dollars.**

Bid Clarification

- 33. You may be asked to clarify your bid or provide additional information during the proposal evaluation process. These requests will require prompt action and must be responded to in writing within 2 working days or the time specified in the request. Otherwise, C&CDHB reserves the right not to consider your proposal.**

Proposal Format

- 34. Your proposal should be structured and cover the issues as set out in Appendix 2.**

Section C – RFP Conditions

General conditions

35. C&CDHB reserves the right to:

- **reject all or any proposals and not award and to not accept the lowest proposal;**
- **negotiate with any proposer (to the exclusion of any other proposer), at any time before, or after selection of a preferred proposer, and upon any terms and conditions;**
- **deal separately with any of the divisible elements of any proposal, unless the relevant proposal specifically states that those elements must be taken collectively;**
- **award contracts for all or part or any combination of parts of the services and to one or more proposers;**
- **re-advertise for proposals or revisit any prior Request for Expression of Interest process;**
- **waive any irregularities or informalities in the RFP process;**
- **amend the closing date, the acceptance date or any other date in the RFP process by the issue of a written amendment notice;**
- **amend this RFP, or any associated documents, by the issue of a written amendment notice;**
- **seek clarification of any proposal;**
- **suspend or cancel, (in whole or in part), this proposal process;**
- **meet with any proposer before and/or after proposal close and prior to award of the contract;**
- **consider or reject any alternative proposal, in C&CDHB's sole discretion.**

Contract

36. The contract form included in this RFP is substantially the contract that C&CDHB will require the successful proposer to enter into. However, C&CDHB may negotiate outside this contract form during the negotiation phase.

Errors and Omissions

37. C&CDHB is under no obligation to check any proposal for errors. Acceptance of a proposal that contains errors will not invalidate any contract formed based on that proposal.

38. If C&CDHB discovers errors and/or omissions in your pricing submitted in your proposal prior to award of a contract, C&CDHB may notify you as soon as practicable where, in C&CDHB's opinion, the error and/or omission is an obvious error, and the correction of that error does not involve re-calculation of any rates submitted in the proposal or repricing or other material change to the proposal then C&CDHB may amend the error and invite the proposer to confirm that its proposal remains open for acceptance as amended. Unless the proposer confirms its proposal as amended, the proposal shall be deemed to be withdrawn.

Where any error and/or omission if corrected would result in the re-calculation of any rates or repricing or other material change, then C&CDHB shall not make any changes to the proposal and shall invite the proposer to confirm that its proposal remains open for acceptance as tendered notwithstanding the error and/or omission. Unless the proposer so confirms its proposal, it shall be deemed to be withdrawn.]

Tenderers Investigations

39. You must examine this RFP yourself, and make all other investigations you consider necessary, (including as to information provided by C&CDHB in relation to this RFP), before submitting your proposal.
40. C&CDHB accepts no responsibility for any error or misdescription in this RFP, or any associated documents.

No Warranties or Representations

41. C&CDHB makes no representations and gives no warranties other than as set out in the contract.

Confidentiality

42. The information supplied by C&CDHB (either itself or through its consultants or advisors) in connection with this proposal or any contract that may arise out of it is confidential. You must not release or disclose any of the information to any other person, (other than your employees or advisors), without the prior written consent of C&CDHB. Any publicity also requires C&CDHB's prior written consent.
43. C&CDHB may, if it considers it appropriate to do so, require you to sign a confidentiality deed, before releasing any confidential or commercially sensitive information to you. You agree to sign a confidentiality deed, if required to do so.
44. C&CDHB will keep proposals received confidential. However C&CDHB is subject to the Official Information Act 1982. Information provided by proposers may be required to be disclosed under that act.

Ownership of RFP and Proposal Documents

45. The RFP documents are the property of C&CDHB and may not be copied or reproduced in any way (other than for the purposes of preparing and submitting your proposal) without the prior written approval of C&CDHB.

46. The proposals submitted to C&CDHB in response to this RFP shall be retained by C&CDHB. We will not return any material that you submit to you.

Complete and Accurate Information

47. By submitting your proposal you warrant that all information provided by you to C&CDHB or C&CDHB's Representative, in or in relation to your proposal is complete and accurate in all material respects. You also warrant to C&CDHB that the provision of that information to C&CDHB, and the use of it by C&CDHB for the evaluation of your proposal and for any resulting negotiation, will not breach any third party intellectual property rights.

Costs

48. You must pay your own costs of preparing and submitting your proposal, including but not limited to:
- any communications or negotiations with C&CDHB;
 - any meetings, presentations or interviews with C&CDHB;
 - any site inspections.

Governing Law

49. This RFP is governed by New Zealand law. The New Zealand courts have non exclusive jurisdiction as to all matters relating to this RFP.

Liability Limitation

50. C&CDHB and its agents or advisors will not be liable in contract or tort or in other way for any direct or indirect damage, loss or cost incurred by any proposer or other person in respect of this RFP process.

Section D – Evaluation

Selection Process

51. After receipt of the proposal, C&CDHB may require to meet with you. If required, all meetings will be carried out at C&CDHB's offices at Level 1, Lotteries Commission Building, 54-56 Cambridge Terrace, Te Aro, Wellington or such locations we may agree on.
52. Proposals will be evaluated by C&CDHB against the requirements as set out in this RFP.
53. There will be no public opening of proposals.

Evaluation Process

54. The proposal evaluation process shall be conducted in accordance with the following method:
 - The panel will agree weightings of attributes detailed in the table below through a prioritization process; and
 - Proposals will be judged according to those weightings.

General

55. C&CDHB anticipates receiving proposals that may vary considerably. C&CDHB also anticipates a phase following closure of this RFP during which C&CDHB may hold discussions and/or negotiate with one or more proposers. During that phase C&CDHB will seek to resolve qualifications to proposals and develop proposals to ensure an appropriate outcome is achieved for C&CDHB and to enable C&CDHB to compare credible alternatives. C&CDHB may invite one or more respondents to reprice or amend their proposals during this process.

Alternative Proposals

56. Alternative proposals will not be considered by C&CDHB.

Checks and Privacy Act

57. You as proposer confirm to C&CDHB, on your own behalf and on behalf of any key personnel referred to in your proposal, that C&CDHB is authorised to verify with any third person any information included in the proposal or disclosed to C&CDHB in connection with the proposal (whether that information relates to such personnel or otherwise).
58. C&CDHB is not obliged to contact referees provided by proposers and may seek further information on any issue from sources other than the referees provided. C&CDHB may also take into account knowledge of the proposer it already has.

Section E – Notification

Notification of Successful Proposal

59. **C&CDHB will notify the successful proposer or proposers (if any) in writing that has been selected as preferred proposer to proceed to the negotiation phase.**
60. **C&CDHB will notify all unsuccessful proposers in writing that their proposals have not been successful.**
61. **All notices will be forwarded to the address provided by proposers in their proposal.**

Short-listing on Negotiation

62. **Where there is a decision to short-list and proceed to negotiation, the preferred proposer(s) will be notified of their preferred status and the expected timeframe for negotiations.**
63. **Other proposers will be notified that:**
 - **their proposals have been unsuccessful, or**
 - **their proposals are short-listed but not preferred. In this case the proposer will be asked to confirm that their proposal remains open for the period of negotiation with the preferred proposer(s).**

Preferred Proposer

64. **Should C&CDHB advise the proposer that it is ‘the Preferred Proposer’, such advice does not:**
 - **constitute an acceptance by C&CDHB of the proposer’s proposal, or create a contract;**
 - **constitute an award of the contract to the proposer;**
 - **imply or create any obligation on C&CDHB to enter into negotiations with the proposer or award the contract to that proposer.**
65. **C&CDHB may discontinue any negotiations at any time.**

Checklist

Our proposal (tick boxes to indicate 'yes')

Includes all required contractor information - see Section B and Appendix 2.

Includes all required pricing information (including the contract price form and the Budget template) - see Appendix 3

Includes all required insurance information – see Appendix [2], part [8].

Has been set out and labelled in the manner specified in the RFP – see Section C.

Appendix 2 – Proposal Format and Information Required

Proposals should be structured and include the information as set out in this appendix.

Part One – General

Introduction

- 1. The introduction to the proposal should state that you have read and understood all the terms and conditions contained in this RFP and that they have been complied with and will continue to be complied with.***

Executive Summary

- 2. This section should include:***
 - an overview of your proposal for the provision of services required by this RFP***
 - a summary of the major benefits which, in your opinion, C&CDHB would gain from accepting your proposal***
 - an overview of your capability to carry out the works and of any subcontractors (if any) which you propose to engage in connection with the services***
 - confirmation that your proposal covers all of the requirements of the general conditions of contract or otherwise expressly identifies those requirements which are not covered by your proposal.***

Corporate Structure

- 3. Full details of:***
 - the street and postal address and a facsimile number for your main office***
 - your corporate structure (eg a partnership? a company?)***
 - if a company, full names of all major shareholders of the company, including any beneficial shareholders who are not the registered shareholders***
 - numbers of administrative and operational staff you employ.***

Assumptions

- 4. Your proposal should set out clearly any assumptions you have made in respect of the requirements set out in this RFP.***

Part Two – Relevant Experience

RFPs will be evaluated against C&C DHB's requirements as set out in this document.

	SERVICE AREA
	<p>Please discuss how you will deliver on each of the service components below. The service areas are based on the Ministry of Health's requirements to us, and any service specification will include these requirements.</p> <p>Note that you must show us how you can meet the requirements, and how you have met requirements for similar services in the past. It is not sufficient to simply tell us that you will be able to deliver on the work.</p>
1	<p><i>Timeframes and Implementation:</i></p> <p>1.1 We propose a phased approach to implementation.</p> <p>It is expected that from May 2008 there will be a two month period for the Provider/s to establish a B4 School Check service followed by a period of phased service delivery. Full service delivery will begin by the first anniversary of service delivery period.</p> <p>In providing the Services, the Provider/s must:</p> <ul style="list-style-type: none">• Complete the planning and preparation for the first phase of implementation of the B4 School Check by 20 June 2008.• Commence phased service delivery by 1 July 2008.• Complete implementation of B4 School Checks across the DHB by 1 July 2009.• Employ a co-ordinator who will be the key contact for the service. More information on the key roles for this position is provided in Appendix A.

2	<p><i>Target Population:</i> You must:</p> <p>2.1 Ensure that the Check will be provided to families in urban and rural areas and ethnic representation proportionate to the population in the DHB area, with a particular focus on provision of services to priority population groups, i.e. high risk/high need populations, and Maori and Pacific.</p> <p>2.2 Plan to deliver the Check to four year old children in the region with four year birth dates that fall after 30 June 2008. For phased implementation, the Ministry will negotiate coverage targets across deprivation levels with the DHB during the establishment period to inform the funding for inclusion in the 1 May 2008 CFA variation omnibus round.</p> <p>2.3 Plan to ensure that from 30 June 2008 children who do not receive the Check, receive the existing School New Entrant check (hearing and vision screening as a minimum), until the DHB has fully implemented the Check.</p> <p>2.4 Plan to deliver a catch-up Check at school entry to children who were eligible for the Check (i.e. children with four year birth dates that fall after 30 June 2008) but have not previously received the Check.</p> <p>2.5 Demonstrate your track record of reaching high need populations.</p>
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Service Content:

Please detail how you will:

3.1 Ensure the Check will be provided to families free of charge.

3.2 Ensure that the following content will be provided in the Check and the information is recorded in the Check information management system:

- (i) The date of the Check.
- (ii) A general health questionnaire/checklist. The Ministry will provide the DHB with a copy of the finalised questionnaire/checklist, by no later than 28 February 2008 (attached as Appendix 5).
- (iii) Hearing and vision screening through sweep audiometry, tympanometry and distance visual acuity as per the screening protocol. The Ministry will provide the DHB with a copy of the finalised screening protocol by no later than 28 February 2008.
- (iv) Measurement of height and weight and recording, which must also be recorded in the Child Health Book where available.
- (v) Behavioural/developmental screening using the Strengths and Difficulties Questionnaire (“SDQ”) and Parental Evaluation of Developmental Status (“PEDS”) tools (attached as appendix 5)
- (vi) An oral health assessment using the *Lift the Lip* resources and check of enrolment in a school dental clinic.
- (vii) Health promotion and education through provision of resources, advice and support as required by the child and their family/whānau. A minimum list of universal and targeted resources will be provided during the establishment period.
- (viii) Referrals to appropriate health, education or social services where the Check has identified a need for such services.
- (ix) Follow up of referrals to confirm:
 - that a provider has accepted a referral;
 - that the referral services have been provided;
 - the date of the referral;
 - the date the child was seen by the referral service; and
 - the outcomes of the referral (e.g. no further action, further assessment, treatment, support, etc).

Immunisation:

When possible, and in accordance with the Immunisation Handbook (Ministry of Health, 2006), provide or demonstrate a process for opportunistic immunisation to children who have not accessed this service previously.

4

Check Providers:

Demonstrate how you will:

4.1 Ensure the Check will be delivered by Registered Nurses who have a background in Public Health, Well Child or Primary Care nursing and will build on and develop experience and knowledge in child health (“Registered Nurses”).

4.2 Ensure that a staff person representing the DHB attends the Train the Trainer session and is available to train the Registered Nurses in delivery of the Check. The trainer may also be required to provide education about the Check to other staff such as Vision/Hearing Technicians (“VHTs”), Community Health Workers (“CHWs”), General Practitioners (“GPs”), paediatricians and other health, education or social service providers who may be involved in facilitation of or referrals from the Check.

4.3 Ensure the Registered Nurses receive training on the delivery of the Check, the SDQ and PEDS tools, cultural competencies and specific Check competencies. VHTs may deliver the vision hearing component of the Check as the VHTs currently do for the School New Entrant five year old check.

4.4 Ensure that the professionals delivering the vision hearing component of the Check (VHTs and/or Registered Nurses) receive training from an Audiologist and Ophthalmologist in the hearing and vision protocols for the Check.

4.5 Ensure the Registered Nurses receive adequate training on child development, behaviour and speech and language from a Senior Clinical Advisor/paediatrician.

4.6 Ensure a Senior Clinical Advisor is available to support the nursing workforce and provide guidance on clinical issues, ie, developmental/community paediatricians, GPs, senior nurses.

4.7 Foster strong linkages and encourage regular contact and meetings between providers of the Check and other child health, education and social service providers.

4.8 Ensure the Registered Nurses have access to a multidisciplinary specialists group that will provide support around decisions on referrals and care plans for children who may require additional services/support following a Check.

4.9 Demonstrated track record of supporting outreach nurses/ managing nurses who go into people’s homes. Please describe the processes and infrastructure you have for this work.

4.10 Demonstrated track record of providing professional development to staff; ability to retain staff and contracts.

4.11 Competency under the Health Practitioners Competency Act

<p>5</p>	<p><i>Information Management:</i></p> <p>Demonstrate how you will:</p> <p>5.1 Ensure all staff involved in the delivery of the Check receive training in the Check's information management system from the Ministry's contracted provider so that information is collected, recorded and managed to support the Checks.</p> <p>5.2 Ensure that if the DHB chooses to use a different provider information management system, any information captured on the separate provider system is also captured on the Check's information management system.</p> <p>5.3 Work with the DHB's nominated data management staff to ensure consistent capture of information.</p>
<p>6</p>	<p><i>Linkages and Referral Pathway:</i></p> <p>Please discuss how you will:</p> <p>6.1 Ensure that where the Check will be delivered outside of the primary health care setting, the child's primary health care provider:</p> <ul style="list-style-type: none"> • is notified that a child has had a Check; • of the findings of that Check; and • of any referrals made. <p>6.2 Ensure timely referrals will be made to appropriate services for any children who are identified as requiring those services.</p> <p>6.3 Ensure referrals will be followed up on to confirm that a provider has:</p> <ul style="list-style-type: none"> • accepted a referral; • provided the referral services ; and • recorded in the information system the data on the timing and outcome of this referral. <p>6.4 Build and maintain knowledge of and relationships with all services that the Check service may refer to or accept referrals from. This includes the provision of written information about services to provide to families/whānau, a collaborative approach to service provision for families in which more than one service is involved, and the development and maintenance of formal (two-way) referral processes, which includes documenting the outcome of any referral that is made to a referee(s).</p>

7	<p><i>Communications and Informed Consent:</i></p> <p>Discuss how you will:</p> <p>7.1 Promote the Check locally using the nationally consistent promotional material developed by the Ministry.</p> <p>7.2 Develop a communications plan and strategy for implementation and ongoing public awareness and promotion of the Check.</p> <p>7.3 Ensure parents will be informed of the Check in writing and obtain informed parental consent in accordance with the Ministry developed Use of Information (Privacy) Notification Standard, which will be available for the DHB during the establishment period.</p>
8	<p><i>Settings for Service Delivery:</i></p> <p>Show how you will:</p> <p>8.1 Ensure the Check will be delivered in a range of settings appropriate for the DHB's population, for example primary health care settings, early childhood education/kohanga reo settings, school, marae or community based settings, home visits or mobile clinics.</p> <p>8.2 Ensure the Check will be delivered in a culturally and socially appropriate manner and privacy of children and families is respected.</p>
9	<p><i>Equipment:</i></p> <p>A range of equipment will be required to provide the checks. Show how you will:</p> <p>9.1 Ensure provision of a weighing machine, stadiometer, portable audiometer and tympanometer, distance vision chart and paper-based resources including questionnaires, growth charts, forms and health promotion and education materials.</p> <p>9.2 Ensure the equipment that will be used for the Check will be maintained and calibrated.</p>

10	<p>Quality:</p> <p>Demonstrate how you will:</p> <p>10.1 Comply with the quality standards for delivery of the Check that the Ministry is developing and that will be provided by the Ministry to the DHB during the establishment period to inform the establishment of the service.</p> <p>10.2 Comply with the following legislative requirements in the provision of the Check:</p> <ul style="list-style-type: none"> (i) The Privacy Act 1993 and the Health Information Privacy Code 1994. (ii) The Code of Consumer Health and Disability Services 1996. (iii) The Children, Young Persons and their Families Act 1989. (iv) Section 125 of the Health Act 1956 with respect to the medical examination of children.
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Evaluation Process

8. Each EOI will be evaluated as to the capability of the participant / provider and strengths of the proposed service delivery model. The evaluation team assessing the EOIs consists of individuals who are independent from the C&C DHB's business units and have external expertise available to assist in ensuring that an objective evaluation is achieved. The evaluation panel will include at least:
- Two representatives from C&CDHB Service Planning & Funding Directorate;
 - Representative from the C&CDHB Primary Care team;
 - Representative from Pacific Team;
 - A representative from the Maori Team.

Part Three – Resources, Subcontractors and Personnel

Any comments

Part Four – Technical Skills

Any comments

Part Five – Management Skills

Any comments

Part Six – Price

Any comments

Part Seven – Insurance

Please describe your insurance arrangements.

Part Eight – Health and Safety
Please describe your health and safety arrangements.

Appendix 3 – Contract Price Form and Schedule of Prices

Contract Price Form

Proposal for: _____

We/I offer to The B4 School Check in accordance with the RFP, our proposal for the sum of \$50,793.00 (excl GST) one off establishment funding, and \$438, 491 (excl GST) ongoing funding based on 85% coverage.

Proposer: _____

Date: _____

Signature(s): _____

Budget Template

You must include a budget using the table set out below. Examples of possible budget items have been included as a guide only. Use alternative and / or additional items as you consider appropriate to accurately describe the cost structure of the proposed services.

	Basis of Calculation	Subtotal	Total
Establishment			
Equipment			
Recruitment			
Other items			
Total Establishment Expenses			
Ongoing expenses for service delivery			
Direct Expenses (add further lines as necessary)			
Salary			
Travel			
Resources			
TOTAL DIRECT EXPENSES			
Indirect Expenses (add further lines as necessary)			
Accommodation			
Utilities (power/phone)			
Management overheads			
TOTAL INDIRECT EXPENSES			
TOTAL BUDGET			

Appendix 4: B4 School Check Coordinator Role Description

Suggested qualifications: Senior Registered Nurse with experience in child health.

Size of role: estimated 0.5 – 1.5 FTEs, depending on size of service.

Suggested salary: apply the DHB's Senior Nurse salary range (average is approximately \$80,000).

The Services:

Include:

- Be a key contact for the B4 School Check in the DHB area;
- Lead and coordinate the B4 School Check project on behalf of the DHB to meet the aims and objectives of the B4 School Check programme for the DHB's population;
- Manage and facilitate all operation matters related to the Check ;
- Manage relationships: maintain linkages between the programme and the key health providers, early childhood centres, Te Kōhanga Reo and schools. Liaison across sectors at a strategic level, provision of reports to all stakeholders including the DHB and the Ministry of Health;
- Have overall responsibility for data and information management and reporting to the DHB and the Ministry of Health – including management of Authorised User Agreements;
- Monitor and report (at a local level) service coverage rates, referral pathways and referral timeframes.

The role may also include:

- Assisting with the B4 School Check project establishment;
- Training B4 School Check providers.

Aims and Objectives of the B4 school Pilot

1. To offer the B4 School Check to all four year old children in the DHB's population.
2. To complete the B4 School check for at least the target number of children (target to be negotiated between the DHB and Ministry of Health) from all sections of the DHB's population, particularly those living in high need areas.
3. To ensure participation of the family/whānau at all stages of the B4 School Check.
4. To promote the B4 School Check to parents/caregivers, the community and other stakeholders.
5. To coordinate with the various agencies involved with the care of the child ensuring sharing of information after obtaining consent from parents/ care giver.
6. To address the needs of the child/whānau as identified by the B4 school check
7. To ensure that immunisation is completed as per the schedule for every child enrolled.
8. To identify and ensure dental enrollment for the children not previously enrolled
9. To offer opportunities to parents and caregivers to attend seminars and hui on parenting skills and discuss concerns related to development, behaviour nutrition and injury prevention /safety of preschool children

- 10. To encourage and support parents of children with behaviour problems to attend these seminars/hui.**
- 11. To develop and manage the referral pathways for vision, hearing, growth, development and behaviour as well as other childhood concerns like asthma, convulsions and eczema.**
- 12. To maintain and enhance linkages with primary care who will undertake general practice based B4 School Checks as well as be responsible for follow up of referrals, and ensuring completion of childhood immunisation of children where the B4 school check has been completed in other settings.**
- 13. To establish links with the schools where the child will be enrolled and support the family to ensure a smooth transition.**

Appendix 5 - Assessment forms

Strengths and Difficulties Questionnaire

T 3/4

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of the child's behaviour over the last six months or this school year.

Child's Name

Male/Female

Date of Birth.....

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares readily with other children (treats, toys, pencils etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often has temper tantrums or hot tempers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rather solitary, tends to play alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally obedient, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many worries, often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often fights with other children or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often unhappy, down-hearted or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often argumentative with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picked on or bullied by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often volunteers to help others (parents, teachers, other children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can stop and think things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can be spiteful to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets on better with adults than with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sees tasks through to the end, good attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any other comments or concerns?

Please turn over - there are a few more questions on the other side

Overall, do you think that this child has difficulties in one or more of the following areas:
emotions, concentration, behaviour or being able to get on with other people?

	No	Yes- minor difficulties	Yes- definite difficulties	Yes- severe difficulties
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered "Yes", please answer the following questions about these difficulties:

- How long have these difficulties been present?

	Less than a month	1-5 months	6-12 months	Over a year
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Do the difficulties upset or distress the child?

	Not at all	Only a little	Quite a lot	A great deal
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Do the difficulties interfere with the child's everyday life in the following areas?

	Not at all	Only a little	Quite a lot	A great deal
PEER RELATIONSHIPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEARNING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Do the difficulties put a burden on you or the class as a whole?

	Not at all	Only a little	Quite a lot	A great deal
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature

Date

Playgroup leader/Nursery teacher/Other (please specify):

Thank you very much for your help

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Strengths and Difficulties questionnaire evaluation form
Please read this first

Thank you for agreeing to trial this new component of the preschool health check. The Strengths and Difficulties questionnaire is a well validated, commonly used questionnaire which gives the parent, teacher and child health professional an indication of the child's emotional and behavioural development. In particular it identifies pro-social strengths and emerging social and behavioural difficulties at an early stage, when interventions are possible and more likely to be effective.

Please use this questionnaire with a child known to you between 4 and 6 years of age, and fill in the attached form. We do not want to know anything about the child except their age. We do not require you to score the questionnaire. However we are interested in how easy the form was to use, and whether it felt right, as a descriptor of the child's strengths and difficulties.

Questions

1 How long did it take to fill out the form [] mins

2 Was the form easy to fill out?
Please put a X in the appropriate box

Very difficult Difficult Average Easy Very easy
 []-----[]-----[]-----[]-----[]

3 Were the questions easy to understand?
Please put a X in the appropriate box

Very difficult Difficult Average Easy Very easy
 []-----[]-----[]-----[]-----[]

4 Did answering these questions help you with your understanding of the child?

Not at all A little Quite a bit A lot Tremendously
 []-----[]-----[]-----[]-----[]

5 Did filling in this questionnaire raise any concerns for you?
If yes please describe?

Thank you for your time. Please post the form and this evaluation sheet back to us in the envelope provided.

PEDS SCORE FORM - AUTHORISED AUSTRALIAN VERSION

Child's Name: _____ Date of Birth: _____ Date(s) of scoring: _____

Find appropriate column for the child's age. Place a tick in the appropriate box to show each concern on the PEDS Response Form. See Brief Scoring Guide for details on categorising concerns. Shaded boxes are significant predictors of difficulties. Non-shaded boxes are non significant predictors.

Child's Age:	0-3 mos	4-5 mos	6-11 mos	12-14 mos	15-17 mos	18-23 mos	24-35 mos	36-47 mos	48-53 mos	54-71 mos	72-83 mos	84-96 mos
Global/Cognitive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expressive Language and Articulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receptive Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine Motor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gross Motor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social-emotional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Count the number of ticks in the small shaded boxes and place the total in the large shaded box below.

--	--	--	--	--	--	--	--	--	--	--	--	--

If the number shown in the large shaded box is 2 or more, follow **Path A** on PEDS Interpretation Form. If the number shown is exactly 1, follow **Path B**. If the number shown is 0, count the number of ticks in the small unshaded boxes and place the total in the large unshaded box below.

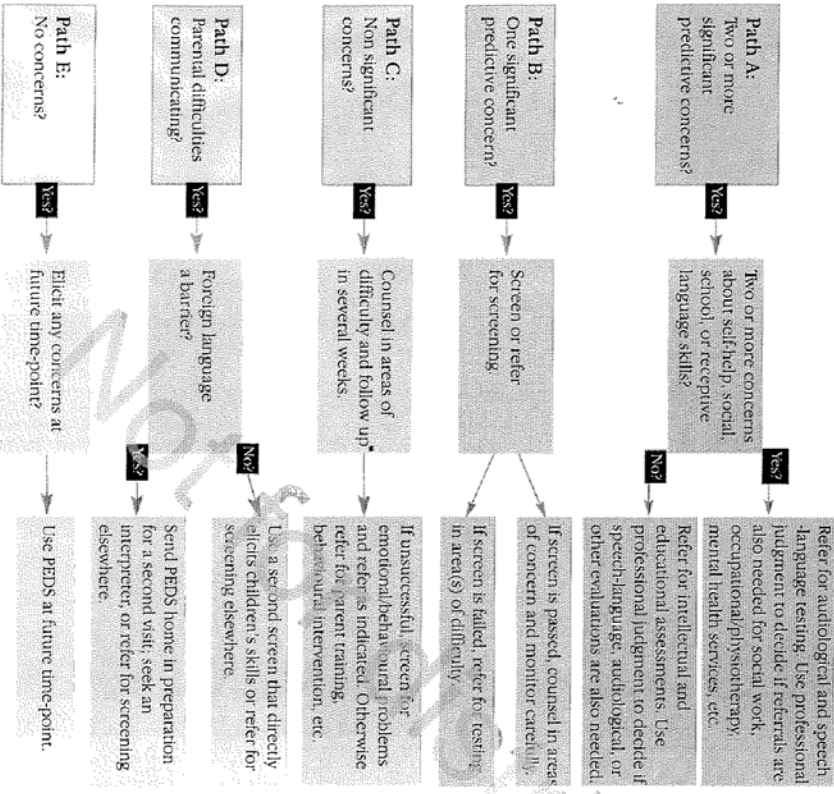
--	--	--	--	--	--	--	--	--	--	--	--	--

If the number shown in the large unshaded box is 1 or more, follow **Path C**. If the number 0 is shown, consider **Path D** if relevant. Otherwise, follow **Path E**.

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Child's Name: _____ Date of Birth: _____

PEDS INTERPRETATION FORM



Specific Decisions

0-3 mos. _____

4-5 mos. _____

6-11 mos. _____

12-14 mos. _____

15-17 mos. _____

18-23 mos. _____

24-35 mos. _____

36-47 mos. _____

48-53 mos. _____

54-71 mos. _____

72-83 mos. _____

84-96 mos. _____

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PEDS RESPONSE FORM

Child's Name _____ Parent's Name _____

Child's Birthday _____ Child's Age _____ Today's Date _____

1. Please list any concerns about your child's learning, development, and behaviour.

2. Do you have any concerns about how your child talks and makes speech sounds?

Circle one: No Yes A little COMMENTS:

3. Do you have any concerns about how your child understands what you say?

Circle one: No Yes A little COMMENTS:

4. Do you have any concerns about how your child uses his or her hands and fingers to do things?

Circle one: No Yes A little COMMENTS:

5. Do you have any concerns about how your child uses his or her arms and legs?

Circle one: No Yes A little COMMENTS:

6. Do you have any concerns about how your child behaves?

Circle one: No Yes A little COMMENTS:

7. Do you have any concerns about how your child gets along with others?

Circle one: No Yes A little COMMENTS:

8. Do you have any concerns about how your child is learning to do things for himself/herself?

Circle one: No Yes A little COMMENTS:

9. Do you have any concerns about how your child is learning preschool or school skills?

Circle one: No Yes A little COMMENTS:

10. Please list any other concerns.

B4 School Check – General Health Questionnaire

To be filled out by Parent/Caregiver/Guardian

Child’s Details:

Child Family Name: _____

First Name/s: _____

Also known as: _____

Date of birth: _____ Boy Girl NHI if known: _____

Home Address: _____

Ethnicity: Please mark the space/s that apply

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> NZ European | <input type="checkbox"/> Niuean |
| <input type="checkbox"/> Māori | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Samoan | <input type="checkbox"/> Indian |
| <input type="checkbox"/> Cook Island Māori | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Tongan | |

Language/s spoken at home: _____

Parent/Caregivers Details:

Name/s: _____ Relationship to child: _____

Address: _____

Phone: Home _____ Work _____ Mobile _____

Name/s: _____ Relationship to child: _____

Address: _____

Phone: Home _____ Work _____ Mobile _____

Do you have any other children in your care? Yes No

Name	Age	M/F	Name	Age	M/F

Who is your Family Doctor? _____

Medical Centre: _____

Who is your Well Child Provider? _____

Who is your Iwi Provider? (if any) _____

Which preschool, if any, does your child attend? _____

Location of preschool: _____

Which school will your child attend at 5 years? _____

Immunisation: Please tick which immunisations your child has had:

- | | |
|-----------------------------------|---|
| <input type="checkbox"/> 6 weeks | <input type="checkbox"/> 15 months |
| <input type="checkbox"/> 3 months | <input type="checkbox"/> 4 year |
| <input type="checkbox"/> 5 months | Meningococcal B: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |

Has your child spent time in hospital?

Yes No

If yes, details _____

Does your child have any of the following?

	Yes	No	Regular Medications	Action Plan
Asthma				
Food intolerance				
Eczema / other skin condition				
Heart condition				
Epilepsy / fits				
Chronic Chesty Cough				
Allergies				
What is your child allergic to?				
What was the reaction?				

Any Medication:

Is your child currently on any medication/s?

Yes No

Please list: _____

Dental Health:

Do you have any concerns about your child's teeth?

Yes No

Has your child been to a Dental Therapist in the last 1-2 years?

Yes No

Eye Health:

Does your child wear glasses?

Yes No

Ear Health:

Grommets/tubes inserted or planned?

Yes No

Any other conditions/disabilities?

Yes No

If yes, please comment: _____

Final questions:

Are you or your family currently getting help or support from any services? Yes No

If yes, which services? _____

Do you have any other concerns about your child's health that you would like to talk about with the
Registered Nurse or b4SC Team?
