

## Health and Disability Sector NGO Working Group

### Annual Report for 1 July 2011 to 30 June 2012

#### 1. Background

The Health and Disability NGO Working Group has partnered with the Ministry of Health to implement the [Framework for Relations between the Ministry and Health and Disability NGOs](#) since 2002. The Framework identifies key areas to work together on that strengthen the relationship with non-government organisations (NGOs.) These include communication, consultation and capacity/capability building. Working Group members were first elected in September 2002.

This is the annual report of the NGO Working Group (NGO WG), which carries out the executive function for the wider membership of NGOs.

#### 2. Overview from the Chair: Focusing on key issues

Now in our 10<sup>th</sup> year, our continued thanks go to Ministry of Health staff for their ongoing commitment and work helping to facilitate access to key senior managers.

Although we enjoy a constructive relationship and open dialogue with Ministry personnel, it is sometimes disheartening that key issues from 2002, such as audit duplication, the reporting and compliance burden and problematic contract clauses such as political neutrality continue to be a bugbear for many NGOs in our sector.

The goodwill and formal agreements exist and new initiatives such as the [Kia Tutahi Relationship Accord](#) and [Better Public Services](#) acknowledge the issues and our sector's contribution. But identifying the solutions co-operatively and putting them into practice respectfully continues to be a challenge.

Our activities this year helped focus us on five key issues that we believe will make a huge difference to the effectiveness and efficiency of the health and disability NGO sector, as well as strengthen the robustness of sector planning. We have raised these issues with key Ministry of Health managers, DHBs and PHOs, and will continue to do what we can to progress these matters, as we believe significant efficiency gains will result from improvements in these areas.

The five key issues are:

- *Elimination of multiple audits*  
Unnecessary duplication of auditing processes has long been recognised by the sector, the Ministry of Health and Treasury as a drain on public resources. We believe significant cost-savings for the Ministry, DHBs and NGOs could be made through more active sharing of audit

results – money could then be directed back into the health sector instead of being diverted to the audit industry. While improvements have been made in some areas, there is still room for additional streamlining of this compliance burden.

- *Duplication of services*  
We are keen to explore ways to avoid DHBs and PHOs setting-up and funding their own services when there are already established not-for-profit providers in a region. We plan meetings with some DHBs and PHOs in the latter part of 2012 to explore this.
- *Enhancement of information and health sector intelligence*  
Our research shows a lack of awareness of regional NGO services amongst many GPs and PHOs despite a [range of information sources](#). This lack of knowledge about NGOs is a barrier to integrated, wrap-around services and limits NGO involvement in patients' continuum of care. It is also vital that increased use of IT and electronic referral systems does not create barriers to more NGO inclusion in patients' health pathways.
- *NGO input to health sector planning*  
The absence of significant NGO input to policy setting and strategic planning at the senior level is a barrier to whole-of-sector thinking and successful implementation of community-based services. NGOs need to be included earlier – helping to identify the issues and direction, not just commenting around the edges of potential solutions when decisions are virtually made.
- *Co-ordinated contracting processes*  
We are keen to explore options for better co-ordination and consistency of DHB-NGO contracting processes to reduce the compliance burden on providers.

Your Working Group representatives give their time on a voluntary basis and we will continue to do what we can to progress issues, but we seek your input, experience and intelligence to help. It may feel like progress is slow, but as a sector we can have a major influence on the health and well-being of our communities – so we need to keep at it.

As we look ahead to the forthcoming Working Group elections in October 2012, we encourage more non-profit health and disability providers to [register to vote](#), so you can contribute to and influence our work programme. Together we can all share our collective knowledge and experience with government using a stronger, united voice.

*Jackie Edmond*  
*Chair of the NGO Working Group*

### **3. Key activities**

During the year, the NGO Working Group representatives:

- met six times at two-monthly Working Group meetings.
- represented the views of the health and disability NGO sector to various personnel from different parts of the Ministry.
- held a successful 16<sup>th</sup> MoH/NGO Forum in Wellington on the theme *Health Care in the Community – Connections, Collaboration & Challenges*.

- published and distributed the Primary Health Care research project report: *How NGOs make a difference to health care in the community*.
- filled six Working Group positions via the annual nomination and election process and a subsequent Maori Health vacancy following a resignation.
- wrote to the Director-General of Health, Kevin Woods in late January 2012 highlighting some of the key issues that came out of our primary health care project report.
- wrote to the Minister of Health and Associates following the general election.
- sent two representatives to the Health Workforce NZ forum in August 2011.
- revised the Terms of Reference for the Working Group.
- met with the Midlands region DHB funding and planning managers.
- organised four pre-consultation engagement meetings to explore potential changes to the high level Tier 1 Service Specifications for Public Health services.

#### 4. Formal relationship with the Ministry of Health

The current two-year *Letter of Agreement* between the Ministry of Health and the NGO Working Group expires on 31 August 2012. A new agreement will be in place from that date.

The letter specifies Services comprising three parts:

- the secretariat function for the NGO Working Group
- facilitating and organising the NGO forums with the Ministry's NGO Relationship Manager
- project work to be agreed with the Ministry as and when required.

The Ministry's NGO Desk is responsible for the regular communications to the sector via the [newsletter](#), and liaison between the NGO Working Group and the Minister and the Ministry.

#### 5. Elections and membership

Two hundred and thirteen health and disability NGOs were registered to participate in the annual elections of Working Group members in October 2011 – this rose slightly to 219 NGOs by 30 June 2012<sup>1</sup>.

NGOs can register in a maximum of two categories, and are registered to vote as follows:

- |                                      |                       |
|--------------------------------------|-----------------------|
| ▼ 80 in Disability Support Services  | ▼ 40 in Māori Health  |
| ▼ 79 in Mental Health and Addictions | ▼ 9 in Pacific Health |
| ▼ 54 in Personal Health              | ▼ 63 in Public Health |

Pacific representative Jane Poa and Mental Health and Addictions representative Mandy Shelker both resigned before the August 2011 meeting and their positions were vacant until the annual elections. Two new appointments and four re-appointments resulted from this process (as shown in the table below). Thirty-four of the NGOs registered to vote in the

<sup>1</sup> See list of member organisations in Appendix 1.

Mental Health and Addictions category chose to vote in the elections. Voting was not required in the other categories as nominations did not exceed vacancy numbers. Appointments are made for a two-year term.

A Māori Health vacancy was created by Sandy Taylor's resignation on 31 January 2012. In March 2012, eight nominations were made to fill this role and Christine Maxwell from Nga Ngaru Hauora o Aotearoa in Dunedin was elected to the Working Group. Nineteen of the 40 eligible Māori Health NGOs voted during this process. Although the voting level was not high, it was pleasing to have such a good number of high calibre nominees for the role.

In September 2011, registered NGOs also voted to endorse the revised [Terms of Reference](#) for the NGO Working Group. The new *Terms of Reference* did not alter the purpose or priorities of the Working Group – they simply clarified, and made more transparent, processes for the Group's operations.

Key clarifications were:

- Group represents non-profit health and disability providers receiving 'vote Health' funding (ie: funding from the Ministry of Health or DHBs).
- Nomination and election processes are separated out from national Forums.
- Requirement for annual nominations in every subsector removed, but all positions still contestable every two years.
- The Group's meeting quorum specified as six people.
- Proxy representatives have been abandoned.
- Vacancies between elections can be filled in a timely manner.
- Reference to new [Community-Government Relationship Accord](#) added.

There are thousands of non-profit health and disability providers. Working Group membership covers many of the larger NGOs as well as a range of smaller ones. Forty-five of the 200 health NGOs and 20 of the 70 disability NGOs with the largest levels of government funding recorded on the Charities Register are registered to vote for the Working Group<sup>2</sup>. The combined annual government funding of these 65 NGOs exceeds \$648 million – significantly more than that reported by the PHOs.<sup>3</sup>

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<sup>2</sup> According to their [Annual Returns on the Charities Register](#), 510 charities whose main sector is 'health' and 309 charities whose main sector is 'disability' receive funding through government grants or contracts.

<sup>3</sup> Thirty-three PHOs were registered in the 'health' sector category, but are excluded from the NGO figure above as they are not eligible to join the NGO Working Group. (PHOs reported \$424.8 million of funding from government.) The Charities Commission does not verify the figures reported by charities in their Annual Returns. (Open data from Register sourced on 30 August 2012 – subject to change as more Annual Returns submitted.) Not all NGOs are registered charities; others may have indicated a different 'main sector' so are not included above.

## 6. NGO Working Group representatives and meeting attendance

In the period from 1 July 2011 to 30 June 2012, the NGO Working Group held six face-to-face meetings. Elected representatives attended as shown below.

Representative	Sector Represented	Meetings eligible	Meetings attended	Appointment Status
Angela Crawford	Disability Support	6	3 + 1 part	Elected 2010
Chris Harris	Disability Support	6	5	Re-elected 2010
Carole Maraku (Vice-Chair)	Māori Health	6	4	Re-elected 2010
Donna Matahaere-Atariki	Māori Health	6	3	Re-elected 2011
Christine Maxwell	Māori Health	1	1	Elected March 2012
Sandy Taylor	Māori Health	4	2	Resigned Jan 2012
Rob Warriner	Mental Health	6	5	Re-elected 2011
Shaun McNeil	Mental Health	3	2	Elected Oct 2011
Eleni Mason	Pacific Health	6	2 + 1 part	Re-elected 2011
Key Frost	Pacific Health	3	3	Elected Oct 2011
Barb Long	Personal Health	6	4	Re-elected 2011
Jackie Edmond (Chair)	Personal Health	6	6	Re-elected 2010
Joyce-Anne Raihania	Public Health	6	3	Elected 2010
Judi Clements	Public Health	6	5	Appointed May 2011

## 7. Meetings

In addition to project work, key topics covered in the meetings included:

- perceived lack of progress on eliminating multiple audits
- the [\*Kia Tutahi Relationship Accord\*](#)
- DHB funding and tendering processes
- possible revision of membership categories – the status quo was favoured
- financial planning for the Working Group budget
- ongoing changes within the Ministry of Health and key priorities, etc.

At our February 2012 meeting, the Working Group welcomed back Caroline Speight from extended leave and thanked Joan Mirkin for filling the NGO Relationship Manager role at the Ministry of Health, in her absence.

Mark Powell (Group Manager – Contract and Information Support, National Health Board) and Jill Lane (General Manager, National Services Purchasing, National Health Board at the Ministry of Health) also attended meetings as their schedules allowed. Warren Lindberg had been acting in the role until Jill's appointment, and he attended the August 2011 meeting.

Meeting guests:

- Chris Howard-Brown from the Ministry's Older People's Health team and Graeme Osborne, Director of the National IT Board met with us in May 2012.
- Janice Wilson from the Health Quality and Safety Commission met with the Working Group in October 2011 to provide an update on the work of the Commission.
- At the August 2011 meeting, we met again with National Health Board National Director Chai Chua and discussed topics ranging from a shared patient record, to Header Agreements, and multiple audits. Chai talked of how the NHB has been engaging with different communities and consumer groups, and acknowledged the important role of NGOs in future community care.
- Also at our August meeting, we met with Brenda Wraight (Director) and Prof. Des Gorman (Executive Chair) from Health Workforce NZ. They updated us on HWNZ's engagement activities across the health sector and commented on the significant challenges of communicating with such a large and diverse sector. Working Group reps observed that many [Workforce Service Review reports](#) seemed to encompass much more than just workforce planning and were told this was deliberate. The Working Group advised that DHBs seemed to be using the Service Review reports for contracts and planning, and Brenda confirmed this was not the intention.

## 8. National NGO-MoH Forum 2012

A total of 265 people attended the 16<sup>th</sup> NGO-MoH National Forum on 29 March 2012 at Westpac Stadium in Wellington. This was a great turn-out, with over half the NGOs present not actually members of the Working Group – showing how our activities reach a much wider audience.

Speakers and presentations on the theme *Health Care in the Community – Connections, Collaboration & Challenges* included:

- Associate Minister of Health and Minister for the Community and Voluntary Sector, the Hon. Jo Goodhew, who spoke about her portfolios, the community sector in general and invited NGOs to [share examples of areas](#) where barriers to effectiveness could be addressed.
- Chai Chuah, National Director of the National Health Board presented a number of questions for NGOs to consider.
- A keynote address on '[Future Pressures on the Health System](#)' – exploring health disparities and ethical frameworks was made by Barry Smith, Population Health Analyst from Lakes DHB.
- Joanne Hayes talked on [NGO-related initiatives at the Southern PHO](#) in a breakout

session, while other groups attempted to address some of the key challenges identified in the Working Group's recent primary health care report.

- Six expert panellists shared their visions for the future of primary health care:
  - Dr Lynne Lane from the Mental Health Commission
  - Kindra Douglas from [Victory Village Nelson](#)
  - Martin Taylor from the Aged Care Assn
  - Materoa Mar – Director of Maori Health at Compass Health
  - Dr Ashley Bloomfield, Acting Deputy-Director General Sector Capability & Implementation, Ministry of Health
  - Anthony Hill, the Health and Disability Commissioner.

Presentations and workshop discussion notes are on [the NGO Working Group website](#).

## 9. Project workstreams

Project activity this year was focused around three key areas.

### Primary Health Care

The *How NGOs make a difference to health care in the community* report was published online and distributed in hard copy to Chief Executives, CFOs and funding and planning teams in 20 DHBs, to the Chief Executives of 32 PHOs and to approximately 30 case study subjects. Copies were also sent to key Ministry of Health managers, the Office for the Community and Voluntary Sector and the Social Services Forum convenor at MSD.

The full 96-page report is [available on our website](#), along with a 4-page summary. The report illustrates how the NGO sector is a major provider of public and personal primary health care in New Zealand. It profiles 15 case studies of non-profit NGOs' relationships with other health providers and their collaborative approaches to primary health care planning and delivery.

The case studies are a diverse collection of examples of NGOs and others working together to achieve results. Those featured in the case studies include Comcare, Fanau Centre, Greater Auckland Integrated Health Network (GAIHN), Kaipara Community Health Trust, Kapiti Youth Support, Linkage Trust, Linking Hands Inc, Mangere Community Health Trust, Midlands Health Network, National Committee for Addiction Treatment, Nelson Women's Centre, Nurse Maude, Odyssey House Auckland, Pacific Health Services Porirua, PACT, Partnership Health Canterbury, Pegasus Health, Rangitāne o Tamaki nui a Rua Inc, Southern PHO, Spectrum Care, Sport Gisborne Tairāwhiti, St John, Stroke Foundation Northern Region, Turanga Health, Turanganui PHO, Victory Community Health Centre, Victory Village, WALSH Trust and Wellink.

Immediately following publication, Te Puni Kokiri sought permission to publish case study #7 on the [Whānau Ora section of their website](#), describing it as 'fabulous'. Case studies #10 and #15 were covered at the National Forum.

The report also features insights from 364 responses to an online survey identifying common practices and experiences. Survey respondents held a broad range of roles in a variety of different types of organisations, covering all DHB regions. They included 223 responses from non-profit organisations, 39 from commercial operations, 69 from consumer/client groups and 44 from government agencies. In addition, 11 PHOs responded to a separate survey. As expected, the levels of collaboration between non-profit NGOs are much higher than those between non-profits and medical centres, or between non-profits and PHOs. But, many of the challenges non-profits face in engaging and collaborating with others are mirrored in the comments from commercial health providers (e.g. pharmacies) and government bodies.

The project identified that while the *Better, Sooner, More Convenient* approach has resulted in some progress, many aspects of primary health care function with little integration, co-ordination or collaboration with the community-based health and disability NGO sector.

### Public Health engagement

In response to a request from Warren Lindberg, Group Manager Public Health at the Ministry of Health, a proposal for four workshops and online discussion was submitted to the Ministry in January 2012.

Once approved, the Working Group organised four meetings for NGOs in Auckland, Wellington, Christchurch and Dunedin so the Ministry's Public Health purchasing team could seek input before proceeding with revisions to the high level Tier 1 Service Specification used for contracting. These meetings were held in June and early July 2012.

A total of 52 people from 44 NGOs participated in the four regional events, which featured some rich discussion and seemed well-received by those who attended. For many, it was a chance to become familiar with a document they knew little about and to share ideas about the way forward.

All the feedback from these events was [compiled and provided](#) to the Public Health team in National Services Purchasing within the Ministry of Health so they could use it to help create a new draft specification. The two Public Health representatives on the Working Group were subsequently nominated for a Ministry Advisory Group, which will help develop the revised specifications for formal consultation later in the year.

### Older People's Health/Aged Care

Growing demand for older people's health services and support in the community prompted the NGO Working Group to explore the issues and current service alternatives in mid-2012. These findings were [summarised in a short report](#) and subsequently published on the website in August 2012 to help facilitate NGO involvement in exploring alternative options for older people. By sharing what we have learnt, we hope some others may see an opportunity to get more involved in areas where they could contribute.



## 10. Key representations and other activities

Outside of meetings and projects, the Working Group endeavours to progress issues and promote the views of the wider health and disability NGO sector. Activity included:

- **May 2012:** The Chair and a Working Group representative met with Midland region DHB General Managers of Planning and Funding in Hamilton. This meeting followed distribution of the Working Group report on *'How NGOs make a difference to health care in the community'*, which identified issues limiting NGO effectiveness in primary health. These included the compliance burden of multiple audits and contracting, duplication of services and a lack of knowledge of NGO services in many general practices. A very constructive exchange of ideas was made and this prompted the Working Group to prioritise more such meetings with other DHBs and PHOs in the new financial year.
- **Feb 2012:** Chair of Working Group interviewed as part of the State Services performance review process for the Ministry of Health – took the opportunity to raise such long-standing issues as multiple audits, contract reporting and compliance burdens and other issues from the primary care report.
- **Jan 2012:** Wrote to Director-General of Health, Kevin Woods to mark 10th anniversary of endorsement of the *Framework for Relations between the Ministry of Health and Health/Disability Non-Government Organisations*. The letter identified 5 key issues that the Working Group was keen to see progress on this year. They were:
  - Elimination of multiple audits
  - NGO representation at governance level
  - Co-ordinated contractual negotiations
  - Enhancement of information and health sector intelligence
  - Repositioning of the NGO Desk.
- **Jan 2012:** Made a submission on HWNZ's draft Workforce Strategy expressing concern about the process and short timeframes for submissions, and the lack of NGO views or issues in the document. We understand a number of other sector organisations expressed similar concerns.
- **Dec 2011:** Wrote to the Minister of Health (Hon Tony Ryall) and the three Associate Ministers (Dunne, Turia and Goodhew) congratulating them on their appointments and drawing their attention to the vital role of the non-profit health and disability sector. (Replies received from Associate Ministers Goodhew, Dunne and Turia.)
- **Sept 2011:** Wrote to August meeting guests Des Gorman and Brenda Wraight of HWNZ reiterating the NGO Working Group's willingness to support HWNZ as it continues to engage widely with health and disability providers.
- **Aug 2011:** Sent two representatives to the Health Workforce NZ forum, which included around 200 attendees, but only about three other NGO representatives.

## 11. Financial report of the Health & Disability Sector NGO Working Group

### *Summary of NGO Working Group Financial Performance for the period 1 July 2011 to 30 June 2012*

#### **WORKING GROUP CORE ACTIVITY**

<b>OPENING BALANCE</b>	<b>\$ 52,152.57</b>
<b>INCOME</b>	
MoH Grant	80,000.00
Interest Received	2,162.84
	<b>82,162.84</b>
<b>EXPENSES</b>	
Administration – Family Planning	4,000.00
National Forum	21,422.18
Secretariat ( <i>incl. organising Forum</i> )	33,718.75
Working Group Expenses	1,131.46
Working Group Travel	11,959.18
	<b>72,231.57</b>
<b>NET SURPLUS/(DEFICIT)</b>	<b>9,931.27</b>
<b>UNSPENT AT END OF PERIOD</b>	<b>\$ 62,083.84</b>

#### **PROJECT ACTIVITY**

<b>OPENING BALANCE</b>	<b>\$ 12,200.00</b>
<b>INCOME</b>	
MoH Project Grant	25,500.00
<b>EXPENSES</b>	
Research Project	26,745.48
<b>NET SURPLUS/(DEFICIT)</b>	<b>(1,245.48)</b>
<b>UNSPENT AT END OF PERIOD</b>	<b>\$ 10,954.52</b>

## Appendix 1: List of 219 voting member organisations as at 30 June 2012

- Abbeyfield NZ Inc
- Affinity Services
- Age Concern Auckland
- Age Concern Counties Manukau Inc
- Age Concern Havelock North
- Age Concern North Shore
- Age Concern NZ Inc
- Age Concern Otago
- Age Concern Wanganui Inc
- Alcohol Drug Assn NZ
- Alcohol Healthwatch
- Allergy NZ
- Alzheimer's NZ – National
- Ambulance NZ
- Arahura Charitable Trust
- Arai Te Uru Whare Hauora Ltd
- Arataki Ministries
- Arthritis NZ
- ASH (Action on Smoking & Health) NZ Inc
- Asian Health Foundation of NZ
- Asthma & Respiratory Foundation of NZ Inc, The
- Asthma & Respiratory Services (Waikato) Inc
- Atareira (Schizophrenia Fellowship Wellington)
- Auckland Disability Providers Network Inc
- Auckland District Kidney Society Inc
- Auckland Regional Consumer Network
- Autism NZ
- Awhina Wahine Inc
- Balance NZ – Bipolar & Depression Network
- Barrier Free NZ Trust
- Body Positive Inc
- Brain Injury Assn Auckland
- Brain Injury Assn Northland
- C.A.R.E Marlborough
- Café for Youth Health
- Cancer Society of NZ
- CancerVoices NZ
- Carers NZ
- Caring Communities Inc
- Caroline House Inc
- Children's Autism Foundation
- Chinese New Parents Support Service Trust
- Community Living Trust
- Connect: Supporting Recovery, Tama Tu Tama Ora
- Corstophine Baptist Community Trust
- Cospro Child Obesity Support Programme
- Cystic Fibrosis Assn of NZ
- Deaf Assn of NZ Inc (Te Roopu Turi o Aotearoa)
- Delta Community Support Trust
- Diabetes NZ Inc
- Eating Difficulties Education Network (EDEN)
- Endometriosis Waikato
- Epilepsy Assn of NZ Inc
- Equip
- Framework Trust
- Friends Who Care Inc
- Gateway Housing Trust
- Gracelands Group of Services
- Haemophilia Foundation of NZ
- Hamilton Residential Trust
- Hanmer Clinic Tauranga
- Hapai Te Hauora Tapui
- Hawksbury Community Living Trust
- He Oranga Pounamu
- Health Care Aotearoa Inc
- Health Promotion Forum of NZ
- Heart Foundation of NZ, The
- Hepatitis Foundation of NZ
- Hokianga Health Enterprise Trust
- Home Instead
- Hospice NZ
- IHC NZ Inc
- Injury Prevention Network of Aotearoa NZ (IPNANZ)
- IRIS Ltd (formerly Focus 2000)
- James Family
- Kahungu Health & Community Health Service
- Kahungunu Executive ki te Waiora Charitable Trust
- Kapiti Choices
- Kites Trust
- Koputai Lodge Trust
- La Leche League NZ
- Life Links
- Life Unlimited Charitable Trust
- LifeLine Aotearoa
- LifeStart Inc
- Lifestyle Trust
- Linkage Trust
- Living Streets
- Mangere Community Health
- Mary Moodie Respite Care Charitable Trust
- MASH Trust
- Melanoma Network of NZ (MelNet)
- Mental Health Advocacy & Support Trust
- Mental Health Foundation of NZ
- Mosgiel Abilities Resource Centre
- Motor Neurone Disease Assn of NZ Inc
- Mount Cargill Trust, The
- Muaupoko Tribal Health Authority
- Multiple Sclerosis Society of NZ
- Natural Fertility NZ Inc
- Needle Exchange Programme NZ
- NFD - National Foundation for the Deaf Inc
- Nga Ngaru Hauora o Aotearoa
- Nga Tai O Te Awa Trust
- Ngaruahine Iwi Health Service
- Ngati Ruanui Tahua Society
- North Able Disability Service
- Nurse Maude
- NZ AIDS Foundation
- NZ Assn of Optometrists
- NZ Breastfeeding Authority
- NZ CCS

- NZ Council of Christian Social Services (NZCCSS)
- NZ Dietetics Assn
- NZ Disability Support Network (NZDSN)
- NZ Drug Foundation
- NZ Family Planning Assn
- NZ Federation of Multicultural Councils
- NZ Psychological Society
- NZ Society on Alcohol & Drug Dependence (NSAD)
- NZNASCA Inc
- NZORD (NZ Organisation for Rare Disorders)
- Order of St John
- Pacific Health Service Porirua
- Pacific Information Advocacy Support Services Trust (PIASS)
- Pacific Island Advisory & Cultural Trust Inc
- Pacific Islands Community Trust of Gisborne
- Pacific Islands Heartbeat
- Pacific Trust Canterbury
- PACT Group, The
- Paediatric Society of NZ
- Palmerston North Women's Health Collective Inc
- Pasifika Integrated Health Care
- Pathways Health Ltd
- Personal Advocacy Trust
- Phobic Trust of NZ
- Platform Trust Inc
- Porirua Healthlinks Trust
- Positive Women Inc
- Post Polio Support Society of NZ
- Poutiri Trust
- Problem Gambling Foundation of NZ
- Progress to Health
- Psychiatric Consumers Trust
- Public Health Assn of NZ Inc
- Purapura Whetu Trust
- Q-nique
- Quit Group, The
- Recovery Solutions (formerly Challenge Trust)
- Refugee Services Aotearoa NZ
- Richmond NZ
- Royal NZ Foundation for the Blind
- Royal NZ Plunket Society Inc
- Schizophrenia Fellowship Marlborough Trust
- SF Aoraki - Supporting Families in Mental Illness
- SF Nelson
- SF Otago
- SF Wairarapa
- SF Waitaki
- SF West Coast
- Silc Ltd
- Skylight Trust
- Smokefree Coalition
- South Seas Healthcare Ltd
- Spectrum Care Trust
- St John of God Hauora Trust
- Step Ahead Trust
- Stepping Stone Trust
- Stroke Foundation Northern Region Inc
- Stroke Foundation of NZ
- Supporting Families Southland for Mental Wellness
- T&T Consulting Ltd
- Taranaki Multiple Sclerosis Society
- Te Aitanga A Hauiti Hauora
- Te Awa O Te Ora Trust
- Te Hauora o Turanganui-a-Kiwa – Turanga Health
- Te Hauora Runanga o Wairarapa Charitable Trust
- Te Hotu Manawa Māori
- Te Kotuku Ki Te Rangī
- Te Kupenga Hauora-Ahuriri
- Te Oranganui Iwi Health Authority
- Te Pipiwharaua Whanau Trust
- Te Pou
- Te Puawaitanga Ki Otautahi Trust
- Te Puna Hauora ki Uta ki Tai Tauranga
- Te Puna Whaiora Children's Health Camps
- Te Reo Marama
- Te Roopu Mate Huka o Aotearoa
- Te Roopu Taurima o Manukau Trust
- Te Roopu Whakapakari Ora Trust
- Te Runanga O Ngati Pikiāo Trust
- Te Runanga O Raukawa Inc. Hauora
- Te Tai Tokerau MAPO
- Te Taiwhenua o Whanganui a Orotu
- Te Tomika Trust
- Te Upoko o Nga Oranga o te Rae
- Timaru Mental Health Support Trust
- TOA Pacific Inc
- Tuhoe Hauora
- Tuhoe Matauranga Trust
- Tuwharetoa Health Service
- VASS (NZ Federation of Vocational & Support Services)
- Victory Community Health
- Violence in the Home Inc
- Waihopai Whanau Services
- Waitaki District Health Services Ltd
- Walsh Trust
- Wellington After Care Assn
- Wellington Free Ambulance
- Wellink Trust
- Wesley Community Action
- Whanganui Disability Resource Centre
- Wise Trust
- Women's Health Action Trust
- WONS: Nursing Education & Health Promotion Services
- Youth Horizons Trust
- Youth Services Trust Whanganui
- YouthLine Otago Inc