

DHB Engagement with NGOs

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Working with NGOs

- DHBs have a legislative responsibility to improve population health outcomes in their district (DSP, DAP)
- Community relationships are critical and of mutual benefit – untapped historically
- Working intersectorally makes sense – wider determinants of health (MSD, Housing, Med, ACC, Local Councils LTCCP)
- Is NGO value clear, how to capture this ?
- Networks essential: community, service, workforce, organisation, information



Current Issues

- Fragmented funding and contracting
- Small contracts, high admin costs
- Workforce issues
- Information issues
- Business development



Moving from What to How

- All Strategies have an NGO dimension
 - Services relevant to communities
 - Cross Government
- NGOs are diverse
 - How to capture value at local level
 - How can regional & national help
- Capable organisations & networks
 - Focus on the How and Who
 - Value of Networks
- “Way of Working” example (PHCS)
 - Funding & Accountability
 - Service Design
 - Infrastructure
 - Change Management



Maximising Local Progress

- Talk, but actions speak louder
 - Commit staff & resources for long enough to make a difference
- Work with “like-minded” agencies & people
 - Give sufficient time to talk & gel
 - Tolerate failure & learn from it
- Funding is not always the biggest issue
- Provide active, compelling governance & operational leadership



Regional & National Support

- Where NGO Forum can add value
 - Community engagement approaches
 - Service development
 - Workforce & Future Workforce
 - Organisation & Business networks/support
 - Information systems
- Support local activity “Iceberg”
- Representatives vs Experts Reps own the network
Experts populate network
- Develop Way of Working

Intersectoral Examples



Joint Appointment [MSD & DHB]

- Who?
GM, Health & Social Improvement, MSD & Hawkes Bay DHB
- What?
“Healthy Communities” through joint, strategic social development leadership and action
- How?
Network management
Systems thinking: policy, funding, outcomes
Understanding patterns, connections in complex environments
- Projects
 - Obesity
 - Drug & Alcohol Use
 - Increasing educational achievement - & the health workforce
 - Aging in Place
 - Community Health



PATHS: MSD/DWI & DHBs

- Who?

Capital & Coast

Counties Manukau

Bay of Plenty

Canterbury

Taranaki

- What?

Health + Employment = Client + Family Wellbeing

- How?

Sickness & Invalids Benefit clients access personal & mental health Services so can return to work

- Different districts are testing different models of delivery

No magic cure, hiccups experienced - takes time & commitment from client & agency



Healthy Christchurch

[one of NZ's WHO-linked projects]

- **Who?**
Network of > 200 charter signatory organisations
- **What?**
Work together: promote, protect & improve health & wellbeing of people of Christchurch
- **How?**
Steering group [CDHB chair & host infrastructure base] + 10 others
- **Projects**

Physical Electronic noticeboard	Reducing Poverty & Disparity
Nutrition & Physical activity	Health Impact Assessment

Healthy Housing

- Who?
CMDHB & Housing NZ
- What?
Improving health status & reducing overcrowding
- How?
Public Health Nurses + HNZ + families work together to improve health status & reduce overcrowding, e.g.
insulation; maintenance; enlarge home or transfer; referrals to social services; benefit entitlements

Learnings

Joint outcomes + joint resources + joint delivery + solution focus increase likelihood of success



Long Term Council Community Plans

- Who?
City, District & Regional Councils develop LTCCPs with intersectoral input
- What?
Health indicators a key feature in LTCCPs
- How?
Intersectoral leadership [operational & governance] and shared, agreed measurable outcomes are crucial for success

DHB & Council visions strongly aligned & many examples of successful collaboration

Recognise multiple and complex relationships – some DHBs have >10 Councils in their district – and benefits of planning & acting together



Funding for Outcomes

- Who?
MSD – led; government, iwi & community involvement
- What?
Joint funder contract agreement developed 2005
- How?
Consultative development process
Ongoing steering group to manage joint funder contracting
- Project
DHB-MOH joint project, managed through SFG, to improve Health contracts, using MSD model as base



Accident Compensation Corporation

- What?

- Improve relationships, strategic & operational alignment with DHBs

- How?

- Synergy & collaboration at national & district levels

- Projects

- joint funders of Home Based Support Services
 - purchaser of services from hospitals, General Practice, through PHOs
 - complementary funder of Pharmaceuticals for claimants
 - working collaboratively on initiatives such as falls prevention for the elderly; injury prevention for children