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

- Representatives vs Experts
  - “Iceberg”
  - 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
  Aging in Place
  Community Health
  Increasing educational achievement - & the health workforce
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