

Health and Disability Sector NGO-Ministry of Health Forum

Annual Report from the NGO Working Group

1 July, 2007 to 30 June, 2008

1. Introduction

The Health and Disability Sector NGO-Ministry of Health (MoH) Forum process, aimed at promoting the relationship between the MoH and NGOs, has now been operating since March 2002. The Working Group, which has responsibility for the "executive" function, was first elected in September of that year.

1.1 Membership

During this reporting period, the election for Working Group membership occurred after the October 2007 Forum. Membership of the Working Group as we entered this financial year is shown below:

Member	Organisation	Sector Represented
Jo Fitzpatrick (WG Chair)	Women's Health Action	Public Health
Joanne Hayes (WG Vice Chair)	Taumata Hauora Trust	Maori Health
Carole Ingley- Maraku	Te Upoko o Nga Oranga o te Rae	Maori Health
Kawshi De Silva	Problem Gambling Foundation	Public Health
Tiva Toeono	Pasifika Integrated Health Care	Pacific Health
Barb Long	Royal New Zealand Plunket Society	Personal Health
Jackie Edmond	Family Planning Association	Personal Health
Chris Inglis	Royal Foundation of the Blind	Disability
Lorraine Bailey	Te Roopu Taurima O Manukau Trust	Disability
Karen Covell	Progress to Health	Mental Health
Kath Fox	Richmond Fellowship Inc.	Mental Health
Muno Richards	Secretariat	
Kirsty Peel	Ministry of Health	
Julie Peterson	Ministry of Health	

Jacki Richardson, representing Disability Support, left the group to explore other career opportunities and the Working Group appointed the next highest polling candidate, Lorraine Bailey, to cover the period to the October Forum. The formal resignation of the second Pacific sector representative was also received at this time. He had not attended any Working Group meetings. The October Forum had only one Pasifika nomination and the second position has remained vacant for this year. The current Pasifika representative and the chair approached a number of possible candidates to fill the position but were unsuccessful. This has been a longstanding situation for the Working Group.

The Working Group elected after October 2007 is listed below. NGO Working Group membership has remained relatively stable since this time and this consistency has proved useful. The Ministry of Health restructure has seen considerable movement in the Ministry representatives on the group and a period where the NGO desk remained unstaffed.

Working Group Membership for the period July 2007 to June 2008.

Jo Fitzpatrick(Chair)	Public Health
Kawshi De Silva	Public Health
Carole Maraku	Maori Health
Joanne Hayes	Maori Health
Sharlene Tapa- Mosen	Maori Health
Tiva Toeono	Pacific Health
Vacancy	Pacific Health
Barb Long	Personal Health
Jackie Edmond	Personal Health
Chris Inglis	Disability Support
Lorraine Bailey	Disability Support
Karen Covell	Mental Health
Kath Fox	Mental Health
Single Non-elected positions	
Muno Richards	Secretariat WG
Rose Wall, Julie Paterson; Harvey Steffens	Ministry of Health- NGO Desk responsibility
Kylie McKee; Kirsty Peel; Phillip Bergen-Whyman; (currently Caroline Speight)	Ministry of Health – NGO desk position

1.2 Meetings

The Working Group held 5 meetings during the year and organised one Forum.

1.3 Meeting attendance

Member	Sector Represented	Meetings eligible	Meeting record
Jo Fitzpatrick (WG Chair)	Public Health	5	5 attended
Joanne Hayes (WG Vice Chair)	Maori Health	5	3 attended; 2 apologies
Carole Ingley- Maraku	Maori Health	5	4 attended; 1 apology
Sharleen Tapa-Mosen*		3	3 attended
Kawshi De Silva	Public Health	5	4 attended 1 apology
Tiva Toeono	Pacific Health	5	4 attended 1 apology
Barb Long	Personal Health	5	5 attended
Jackie Edmond	Personal Health	5	3 attended 2 apology
Chris Inglis	Disability	5	3 attended 2 apology
Lorraine Bailey	Disability	5	3 attended 2 apology
Karen Covell	Mental Health	5	5 attended
Kath Fox	Mental Health	5	3 attended 2 apology
Muno Richards	Secretariat	5	5 attended
Rose Wall Julie Paterson Harvey Steffens Kirsty Peel	MoH	Ministry representatives at all meetings	

* New member elected in October 2007

1.4 Summary of Activities

1.41 Relationships with Ministry of Health

Meetings with Steven McKernan, Director-General and Deputy Directors' General of Health

Working Group representatives met with Steven McKernan the new Director General early in his term (August 2007) to welcome him to his new role. An overall orientation to the group was given. Steven expressed his interest in using the NGO working group as a reference point.

The October 2007 forum was an opportunity for Stephen McKernan to address the NGO community and talk about the proposed Ministry of Health restructure and the reasoning behind it. NGO representatives had been at his 'Harder and Faster' workshop to provide input into future strategy directions which preceded the restructure. This Forum was also an opportunity for Stephen McKernan to introduce the new Deputy Directors' General where they had been appointed.

The Working Group followed up the Forum by meeting with the Director General and a series of individual and collective meetings with Deputy Directors General as they were appointed. These meetings occurred from October 2007 to December 2007 and were attended by the Chair and Working group members. Individual meetings were held with Margie Apa (Sector Capability and Innovations Directorate); Janice Wilson (Population Health Directorate); Geraldine Woods (Health and Disability National Services Directorate) and a combined meeting was held with all these people. Stephen McKernan (Director General) and Teresa Wall (Maori Health Directorate) were scheduled but unable to attend the combined meeting.

The NGO Working group took the following agenda to these meetings:

- Issues arising out of the 'Innovations and Collaborations'¹ paper particularly those related to:
 - Funding and contracting
 - Levels of funding
 - Involvement in policy setting/strategy and service delivery planning and co-ordination between these two functions
 - Relationships and communication
 - The possibility of an NGO Innovations and Collaborations Fund
- Relationship issues between the MoH and the NGO Working Group including the role of the NGO desk and the future shape of the Ministry NGO cross-directorate group. (Role, membership and Terms of Reference)
- Mechanisms for communication and engagement – NGO desk; NGO cross-directorate group; NGO Update (weekly newsletter); Forums; secondments and special projects

¹ (Available at:

http://www.ngo.health.govt.nz/moh.nsf/indexcm/ngo-currentactivity-barriers?Open&m_id=5.5)

Each meeting aimed to address these issues with particular relevance to the Directorate concerned and also explored with each of the Directors' General the opportunities within their Directorate for NGO involvement and engagement. Where appropriate, we also raised the Primary Care strategy and the issues arising out of the PHO/NGO interface.

The meetings and discussions were useful and the following issues were raised and discussed:

- The need to build capacity and capability amongst Maori and Pacific NGO's and in the nursing sector
- The possibility of a Health Innovations roadshow
- The need to tailor service delivery to health targets
- The variability in service delivery between DHBs and the need for innovation to reduce variability
- The role of benchmarking
- The importance of community focussed development
- Quality issues

All Deputy Directors' General stressed the fact of the restructuring and the time it would take for the changes to impact and settle. The cross-directorate group is yet to be re-established.

1.42 NGO desk

During the period of transition within the Ministry, NGO Working group contractor Kirsty Peel staffed the NGO desk within the Ministry. This was a useful opportunity to critically assess a number of administrative issues including the database, the website and the terms of reference for the Working Group. We used the Ministry 'downtime' to put our administrative house in order.

1.43 Meeting with Minister of Health

Working group representatives met with the Minister of Health, Hon David Cunliffe on April 16th, 2008. It was a short but very productive meeting and the Group was asked to prepare a paper for presentation at a Ministerial workshop on Primary Care. The paper is attached as Appendix 1 and was presented on behalf of the group by Deputy Director General, Margie Apa. One of the results was ongoing NGO involvement in the Ministry Primary Health Care Advisory Group. The Working group has appointed Jackie Edmond from Family Planning to this role.

1.44 DHBNZ

The Working Group has met with DHBNZ to discuss partnership possibilities in the following areas:

- Workforce projects
- Creating network linkages with Funding and Planning managers and HR staff
- Joint workplans aimed at
 - addressing the lack of consistency and transparency across DHB's
 - addressing regional disparities in funding, performance, engagement in NGO relationships

Some progress has been made. Kath Fox represents NGO's on the Future Workforce group and appointments have been made to other workforce strategy groups with high NGO involvements.

There has been productive and ongoing engagement with HWIP (Health Workforce Information Programme) which aims to bring NGO's under the health workforce information umbrella. This will help us track the movement of staff across the sector and more reliably assess the impact of workforce initiatives such as the MECA on the sector.

1.45 Representations on behalf of the sector

Demands for representation are increasing. In response, the NGO Working Group has put together a Representations Policy. See Appendix 2. Where appropriate, representations requests will be met by the Working group or through Working group member networks. Where time and opportunity allow, they may also be advertised in the weekly newsletters. The website will also have a representations section with recent reports from groups where we have NGO Working group endorsed representations.

The following is the list of current representations:

- **Primary Care Information Management Reference Group**
Helen MacKenzie [helen.mackenzie@fpanz.org.nz]
- **Advisory Committee on workforce to support Clinical Workforce**
Brenda Hynes
- **Nationwide Services Framework project, Mental Health and Addictions Sector**
Was: Wei Yoon
Now: Kath Fox with Carol Maraku as proxy
- **H&D Safer Industry Forum**
Ros Murrell – PACT
Ros Murrell [ros.murrell@pactgroup.co.nz]
- **DHBNZ Future Workforce Group**
Kath Fox
- **Health and Disability Standards**
Joanne Hayes
Carole Maraku (not from NGO Working Group)
- **Ministry of Health emergency management related HR Toolkit**
Karen Covell

2.0 Financial Report

Attached as Appendix 3 (Ministry).

Available on request (Forum)

3.0 Conclusion

The Ministry of Health restructuring has slowed the progress of the Working group projects and activities. The Working group has taken the opportunity to meet with the Minister, the Director General and the Deputy Directors General to raise the profile of NGO's and their place in the health and disability sector.

At our forum last year, we called the section with the Ministry of Health presentations – Pathways to Partnership – and entitled the Forum 'Building a healthy future together'. A year later we have a Forum entitled 'Making Partnerships Work' which indicates our determination to build a working relationship with the newly restructured Ministry in the changed political landscape. It is somewhat ironic that the 'Pathways to Partnership' section of this Forum is a report from the Ministry of Social Development on an NGO funding stream introduced at a time when we were talking with the Ministry of Health about much the same concept. To date, our success has been modest. A new Government will bring a further period of disruption as it settles in to its work. We look forward to working with the Minister, the Ministry and DHBNZ to chart a pathway forward in partnership with NGO's to ensure that they are an integral part of a Health and Disability sector building a healthy future for all New Zealanders.

Appendix 1: Ministerial Briefing Paper March 2008

ENHANCING ENGAGEMENT WITH NGOs: SUMMARY DISCUSSION PAPER FOR MINISTER OF HEALTH

NGO WORKING GROUP, MAY 2008

1. PURPOSE

The Minister of Health recently met with representatives of the NGO Working Group and requested that consideration be given to identifying strategies that could be used to enhance health sector design and performance – including improving NGO involvement and empowerment, and giving effect to the full implementation of the primary health strategy.

This summary paper responds to that invitation and presents some ideas to inform further discussion.

2. NGO SECTOR CAPABILITY

- 2.1 The NGO sector represents \$1b - \$3b value as a delivery arm across the health and disability sector. It is a major sector participant.
- 2.2 NGOs have many years of experience in working in communities of need. They are used to working from a community development model; they offer an extensive range of services including health promotion, clinical services, community, client and whanau support in home and social support for a wide variety of health conditions. Some NGOs focus on specific issues (e.g. cancer) or particular populations of need (e.g. children) or particular communities of need (e.g. Maori providers).
- 2.3 NGOs have much to offer. The NGO sector:
- is experienced in working in communities
 - offers clients choice
 - is innovative and creative
 - provides a range of services
 - is more likely to support clients across the continuum of wellbeing rather than take an episodic approach.
 - is experienced in collaboration
 - employs holistic approaches
 - is client centered
 - works across the health sector and inter-sectorally
 - provides value for money
 - facilitates access to primary care and entitlements
 - is commercially savvy, with business acumen
 - is experienced in management of populations with chronic conditions
 - contributes to the achievement of Ministry of Health targets
 - traverses communities locally, nationally and regionally
 - is mature and professional
 - is representative of 20-25% of the health and disability sector providers and represents an enduring component of the social service sector.

- 2.4 That said, sustainable funding of the sector remains a key issue as contracts do not necessarily meet the full costs of service delivery, nor is there a level playing field between NGOs and other sector providers such as DHB delivery arms.
- 2.5 DHBs (and other funders) are understandably looking for a streamlined approach to funding and dealing with large numbers of NGOs is a challenge to them. The large number of NGOs can also create high transaction costs (for example, in the mental health and addiction sector, there are about 360 NGO providers) and enhanced collaboration would be beneficial and may offer efficiencies. The NGO sector is well positioned to contribute to increased sector efficiency and more seamless service provision, as it is already experienced in working with multiple and diverse stakeholders and funders. The sector is well positioned to work positively with both DHBs and PHOs.
- 2.6 There are some good examples where PHOs and NGOs are working well. There are opportunities for further system enhancement – for the full implementation of the primary health care strategy means extending the focus beyond General practitioners. There is also ability to make better utilization of the NGO skill base – in some areas PHOs are building their own capability, when it would be more effective and cost efficient to utilize the capability already existing in NGOs (and particularly so in a tight labour market). The NGO sector is experienced in working in primary support and health promotion contexts, and is well positioned to promote the full implementation of the primary health strategy and play a more influential role.

3. ENGAGING NGOs IN PRIMARY HEALTHCARE

- 3.1 NGOs focus on communities of need and are spread across communities, so it is no surprise that they struggle to fit within the context of a registered population and PHO. PHOs are essentially horizontal organizations that are focused on improving the health outcomes of their enrolled populations.
- 3.2. There are currently several challenges around funding streams. The majority of the new funding through the primary health care strategy has been appropriately channeled through PHOs. Most of this money is funding for GP services. There has been some funding allocated to special areas, like services to improve access and support services for clients with high needs.
- 3.3 NGOs are funded for either supporting communities of high need or providing community based services. These contracts are not based around a registered population or around any individual PHOs.
- 3.4 Added to this there is the different approach that DHBs are taking to contracting to NGOs, particularly in the areas such as the term of the contract and future funding track increases.
- 3.5 Performance improvement could be significantly enhanced through engaging NGOs in primary health care. One of the core foundations of the primary health care strategy is to try to work on prevention rather than 'the ambulance at the bottom of a cliff'. NGOs play a pivotal role in supporting communities of need and individuals of need in their homes, in their communities and supporting them to stay as independent as possible. Many NGOs focus on health promotion and supporting people to make healthy lifestyle choices and caring for their own health, so it makes absolute sense that investment be made in the NGO sector to support the development of comprehensive primary health care services.

- 3.6 Many NGOs have been around over 70 to 80 years and have been providing services for all of those years. They have extensive experience of working in developing support services for communities. Many have also focused on areas other providers have shied away from: for example Youth Health, specialised community services, Maori and Pacific services, Sexual Health services, Mental Health services, disability support services. All of these areas are where NGOs have tackled the challenging parts of community care, and done so with positive outcomes. In contrast, it is a new thing for primary health care and GPs to work in those areas of need from a community development focus.

4. POSSIBLE STRATEGIES

A range of strategies are available to leverage off the capability of the NGO sector, and to enhance sector performance. These include, but are not limited to:

- Enhancing Ministry practical understanding of NGO sector capability and capacity – for example, through a 'high' level secondment at the MOH to coordinate a package of projects on NGO relationships, ideally within the Sector Capability and Innovation Directorate.
- Actively involve the NGO sector in Ministry and funder policy development and planning.
- Currently there is a forum known as PSAAP- Primary Health Services Amendment Agreement Protocol. This group meets to agree the basic principles around PHO contracts. A group could be formed to work with DHBs and the Ministry to negotiate the basic contracts for NGOs. This would ensure consistency of approach and would be a good place to address the key issues that all NGOs are having with contract negotiations (relationship management, sustainable funding, impact of MECCA, term of contracts, future funding track etc) while enabling individual NGO to still be able to negotiate the finer details of the contracts.
- Hold a forum where NGOs, DHBs and Ministry of Health collaboratively focus on developing specific strategies to enhance sector performance, and then implement those strategies.
- Incentivise funding mechanisms which support collaboration and innovation – for example NGOs and PHOs could make a joint application for a collaborative project, with the funding going through the NGO partner.
- Review current funding streams and processes - currently these vary across DHBs, and there is frequently no transparent process around new money and allowing NGOs to assess new contracts.
- Reduce transaction costs across the sector – for example, NGO providers are typically subject to multiple audits for certification, accreditation, to meet contractual requirements.
- Develop processes which strengthen the NGO sector and its influence as a key sector participant – e.g. managed devolution of service provision and funding management.
- Incentivise true partnering and collaboration, and move away from power based approaches to contracting.

5. RECOMMENDATION

It is recommended that the Minister:

- 5.1 Note the potential to enhance sector performance by strengthening the mandate and sustainability of the NGO sector;
- 5.2 Note the interest of the NGO Working Group in participating in any process that might be established to further advance these issues.

Jo Fitzpatrick- Chief Executive, Women's Health Action Trust

Kath Fox- Chief Executive Richmond Fellowship

Chris Inglis- Divisional Manager Technology and Awareness, Foundation of the Blind

Jackie Edmond- Chief Executive Family Planning

On behalf of NGO Working Group
May 2008

Appendix 2: Representations Policy

NGO-Working Group Representation Policy

Draft for Forum approval

The NGO Working Group is a network whose key objective is to facilitate the relationship between the NGO sector and the Ministry of Health.

The Working Groups Objectives are:

- Provide the opportunity to share NGO sector experiences in relevant issues and to involve NGO's as an integral part of health & disability sector planning and decision making processes.
- Provide a forum to discuss critical issues more widely with the NGO sector and opportunity implement a consultative approach

Working group members represent the mental health, public health, primary care health, Maori, Pacific and disability sectors. The working group has increasing requests to represent NGO sector in various MoH and health sector working groups and this policy aims to clarify expectations of people appointed to represent the sector on behalf of the Working group and thereby ensure the best outcomes for the sector. This policy covers Working group members and those from the sector who are appointed to represent us on outside bodies and committees. The priority of Working group appointee's is to address collective and sector needs rather than those specific to themselves or their organisation. It is expected, however, that work within the sector will inform representations on its behalf.

Responsibilities of the representative to the working group are:

- To attend all meetings and to represent the sector
- To have a discussions with the appropriate representatives of the Working Group (Public Health , Mental Health, Disability, Maori, Pacific, Primary Health sector) or the Chair on agenda items or issues arising, when these are significant or relevant.
- To write a half page report after each meeting to be put on the Working Group website highlighting relevant issues addressed at meetings attended. This section of the website will also have a publicly available email address for sector comment and feedback.
- To alert the sector (via the Weekly Update or through the Working group mailing lists) to issues of relevance to them, and particularly opportunities for input and consultation.
- Where a representation is not filled by a working group member, nominations from working group members of people within their sector will be considered. Where there is time, expressions of interest will be called in the weekly newsletter and an appointment made from those who respond. Consideration will be given to background and experience relevant to the representation and will include both personal and sector experience.

If the costs associated with representation (travel, accommodation etc) are not met by the group requesting a representative then they will be met by the Working Group.