

HOW NGOs MAKE A DIFFERENCE TO HEALTH CARE IN THE COMMUNITY

This 10th research report from the Health and Disability NGO Working Group explores how non-profit, non-government organisations (NGOs) help New Zealanders become healthier by using their relationships, connections and innovative models of care – and what gets in the way.

Summary of key findings

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 delivery. It also features insights from a 2011 online survey identifying common practices and experiences. (The 364 survey respondents held a broad range of roles in a variety of different types of organisations covering all DHB regions.)

While the *Better, Sooner, More Convenient* approach has resulted in some efficiencies, improved health outcomes, more collaboration and innovative approaches – the report shows that the community-based NGO sector is often marginalised in planning and development discussions.

As a result, many aspects of primary health care function with little integration, co-ordination or collaboration with the community-based health and disability NGO sector. Silos of professional ownership and control and competitive perceptions complicate care pathways and miss opportunities to improve health outcomes and efficiency. This creates gaps in care, duplication and confusion for consumers and providers.

Challenges

A range of factors limit the return on the investment in primary health sector NGOs. While some NGOs deliver services at peak

performance – others are constrained by a lack of investment in capacity and capability building, onerous compliance practices or exclusion from planning processes.

Barriers to providers forming collaborative relationships and delivering integrated services are time constraints (i.e. networking /relationship building is not prioritised and is the first thing to suffer when resources are tight); and a lack of knowledge about who to engage with.

Community-based NGOs' capacity to collaborate is hampered by competitive funding models and administration of multiple contract that swallow precious resources.

Concern about PHOs and DHBs building their own capability, instead of using and resourcing existing NGOs is an ongoing challenge.

A lack of communication is also an issue – exacerbated by high levels of recent changes of PHOs and within the Ministry of Health. Established relationships have been lost and many people in the sector do not know who to contact. Information management and training are also factors, as many clinicians have low awareness of the wider networks, services and resources offered outside the DHB provider arm.

Strengths

Community-based NGOs often work with the most vulnerable populations – the ones with the worst health outcomes and high mortality rates.

Many NGOs are deeply embedded in these communities and strong connections exist between individuals/whānau and their NGO health workers. Many of the people who most need help are very engaged with these NGOs. Rather than try to attract these people elsewhere, wise funders direct additional resources to the services where the people are.

In addition to delivering health services, many NGOs respond to clients' needs and reduce inequalities by providing information, support, advocacy and education.

Because many of these population groups face multiple challenges – social, economic, educational – the NGOs working with them are skilled at working in multi-disciplinary teams and are well-networked with other providers to deliver a seamless, holistic, client-centred service. These integrated approaches need funding models that match, as many NGOs involved in health are also funded by the Ministries of Social Development, Education and Justice.

Opportunities

NGOs' experience delivering one-stop-shop health services and working with high-need population groups can provide vital insight to those developing Integrated Family Health Centres, planning a wider range of care and support for patients or shifting secondary care services to communities. Dialogue with a broader range of NGOs is essential to avoid 'reinventing the wheel' and wasting resources.

Greater co-ordination between **all** providers, including NGOs, will deliver integrated primary health services that improve effectiveness and efficiency across all health and disability services.

Given the opportunity, community-based NGOs can help reduce acute demand pressures on hospitals by supporting people to better self-manage chronic conditions. NGOs' delivery of health education and promotion can also prevent illness and disease.

The efficiencies in terms of dollar savings and improved health outcomes, through intentional service planning and co-ordination can exceed those made by sharing back office functions.

Three areas for urgent action stand out:

- There is need to make better use of the extensive health provider data available within DHBs and through various public repositories such as *Contract Mapping*, *Healthpoint*, *Healthpages*, *Health Connection*, *Webhealth*, *Right Service Right Time*, *Family Services Directory*, and the *Charities Register*.

By increasing understanding of what non-profit NGO health providers offer, other health providers and planners will recognise the benefits of working with community-based NGOs. The current lack of knowledge about NGOs is a barrier to better-connected, wrap-around services.

- By extending joined-up funding models (such as Whānau Ora and Integrated Contracts) funders can reduce providers' purchasing and contracting compliance burdens. Then more of the resources government invests in NGOs can be directed at frontline services. This will deliver better value for money and better results for no extra overall cost.
- Unnecessary duplication of auditing processes has long been recognised by the sector, the Ministry of Health and Treasury as a drain on public resources. The compliance burden of multiple audits is a significant constraint on greater efficiency, collaboration and service integration.

We urgently need a system that enables the Ministry and DHBs to share audit information, so well-performing NGOs are not subjected to repeated visits and inspections by auditors all examining the same systems and documentation.

The case studies

For all the difficulties experienced by NGOs within the primary health sector, wonderful things are being achieved – as the 15 case studies in the report show.

They cover acute nursing services, health information services, virtual practices, youth one-stop-shops, mental health networks, community development approaches, cardiac rehab, Whānau Ora and Asiasiga models of care, and more – from North to South.

CS1: Team-based acute service helps patients avoid hospital

Nurse Maude and Pegasus Health

In Canterbury, registered nurses from a non-profit NGO health provider and a general practice network are virtually interchangeable – thanks to the comprehensive training, professionalism and service standards common to both.

CS2: Team gains neutral leadership from non-profit's persistence

Greater Auckland Integrated Health Network (GAIHN) and Stroke Foundation Northern Region

The dogged determination of the chief executive of a northern NGO led to him chairing a committee set up to identify ways to improve services; despite initially not even be invited to join it.

CS3: NGO's reputation brings expanded role

Midlands Health Network and St John

A trusted, national non-profit NGO was the “most natural partner” to work with according to the CEO of a health network developing new models of care in the Midland region.

CS4: A synchronisation of mindset & priorities

Wellink, WALSH Trust, PACT and Comcare in The ARC Group

Four non-profit providers of mental health support services in different parts of NZ come together to share ideas and resources to increase their effectiveness.

CS5: New tool helps NGO get better GP services for disabled people

Spectrum Care and Counties Manukau District Health Board (CMDHB) and Waikato DHB

With initial support from a DHB, a non-profit service for disabled people introduced an annual evidence-based assessment tool from Australia into New Zealand general practices.

CS6: Non-profit NGO delivers convenient health care

Mangere Community Health Trust and Counties Manukau District Health Board (CMDHB)

Recognising that many people in high needs areas get the health care they require only if you make it easy for them, an Auckland non-profit NGO brings related services together for greater effectiveness.

CS7: Māori working for Māori – with support from others

Rangitāne o Tamaki nui a Rua Inc. and CentralPHO, Tararua Health Group, GP services and social service providers.

Collaboration is vital for a whānau ora approach to primary health services – so is respect for professional integrity and skill.

CS8: The importance of a supportive champion

Webhealth, Partnership Health Canterbury and Canterbury DHB

With support from the local DHB and PHO, a non-profit's online health directory developed content to emphasise regional health priorities in Canterbury.

CS9: Connecting with the community

Pacific Health Services Porirua and the Fanau Centre

A non-profit health provider involves local Pacific communities in the planning and delivery of many of its health promotion activities – generating community buy-in and large attendances in the process.

CS10: Making the system work for everyone

Southern PHO and various NGOs

An accreditation process for NGOs is improving access to health services for high need populations, while generating enrolments with the local PHO.

CS11: Linking rural communities to health services

Linking Hands Inc and Kaipara Community Health Trust

In remote parts of Northland, a grassroots non-profit NGO helps ensure patients turn up at GP, specialist and hospital appointments; while struggling to find funding to keep operating.

CS12: In the heart of the community

Tairāwhiti District Health Board, Turanga Health, Sport Gisborne Tairāwhiti and Turanganui PHO (Midlands Health Network)

A collaboration between a DHB, a PHO, a Māori health provider and a non-profit sporting body has seen delivery of a Cardiac Rehabilitation programme successfully transition from secondary hospital services 'ownership' to the community.

CS13: Multiple relationships vital for an effective one-stop-shop

Kapiti Youth Support and various youth, community, social services and health providers

Running a youth one-stop-shop providing health and support services, means building and maintaining a vast number of relationships with providers in health, social services, education and justice; while cultivating community links and keeping multiple funders happy.

CS14: Demands of complex funding streams create inefficiencies:

Odyssey House Auckland, CHAMP – the Counties Manukau Mental Health and Addictions Partnership and the National Committee for Addiction Treatment (NCAT)

A large, non-profit alcohol and drug treatment service finds much in common with others in its two key networks, but the benefits of working together are diminished by the onerous compliance demands of multiple government funders.

CS15: Providing a space for the 'go-between' to have real impact

Victory Village and Nelson Women's Centre

A low decile (or in their words 'opportunity rich') Nelson community has put health and well-being at the centre of community life, as a non-profit community health centre and a primary school converge to help change lives for the better.

What next?

The Health and Disability NGO Working Group wants to work with Ministry of Health staff, DHBs, PHOs and other funders and planners to explore what change is possible in order to improve outcomes.

Government's investment in NGOs, the Health and Disability NGO Working Group and the wider health sector must deliver results. Efficient use of taxpayer dollars is a priority and better value for money can be achieved through greater collaboration and streamlining systems. As health outcomes are not solely about health services, a broad view of potential improvements is required.

The Health and Disability NGO Working Group is keen to hear from and meet with a range of stakeholders to talk about how things can be better.

Together, we can show leadership and develop solutions that align to government priorities and allow us all to lift our game and operate at the top of our professions – to strengthen, extend and refocus first-contact care.

The Health & Disability NGO Working Group

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Further information

- The full 96-page report is available online at the Health and Disability NGO Working Group website: www.ngo.health.govt.nz
- Opportunities for overcoming barriers will be explored at the forthcoming NGO-MoH National Forum in Wellington on 29 March 2012. (Contact secretariat@ngo.health.govt.nz for details.)