Survey of NGO relationships with DHBs – November 2003

Introduction

At the March 2003 NGO-Ministry of Health Forum in Wellington a number of issues arose about the relationship between DHBs and NGOs, in particular in relation to contracting procedures and audits.

Subsequently it was decided to send a questionnaire to NGOs within the NGO-MoH network. This network includes a wide range of NGOs, working, for example in public health, disability, mental health, personal health, and some Maori organisations.

It is intended to implement a similar survey for NGOs contracting with the Ministry of Health, as a number of these organisations also had Ministry contracts for a wide range of activities.

While the survey results provide only a snapshot rather than in-depth information, they highlight issues which DHBs, NGOs and the Ministry may wish to consider in developing a positive productive relationship in order to improve health outcomes, and minimising risks. Some issues may already have improved over the last six months.

The questionnaires from 103 respondents were collated in November 2003. Of these, 75% had a contractual relationship with one DHB or more, and 25% were involved in a PHO. 57% had at least one contract with the Ministry of Health. Nearly 10% identified as a Maori/Iwi organisation and the Working Group wants to emphasise that the responses cannot therefore be considered to be fully representative of the issues for Maori organisations. Likewise those NGOs with public health contracts are likely to be far more fully reflected in the follow up survey related to relationships between NGOs and the Ministry. The range included public, mental and disability organisations and organisations at local and national level.

The number of responses in relation to each DHB varied widely with the highest numbers having contracts with Auckland, Capital and Coast and Hutt Valley Health.

Executive Summary

Overall it was clear from the responses that the majority of NGOs felt that communication with their DHB could be improved.

Approximately one third felt they had a good relationship with their DHB. A small number felt they had received constructive feedback on their reports, and even fewer believed their DHB was following the "Treasury Guidelines for Contracting with Non Government Organisations".

A third believed that their DHB board members shared government's commitment to a strong and respectful relationship with NGOs as expressed in the Statement of Intent.

Overall, the survey results indicated the need for improved, more equal relationships, in particular, increased understanding, more clearly defined expectations, and more effective, regular communication, including 'constructive' feedback on reports, and greater involvement in planning and consultation.

Maori/Iwi organisations in particular indicated that there were specific issues related to lack of guidelines, commitment to Maori provider development, and issues related to audit.

The feedback is discussed in greater detail below, with a statistical summary as an Appendix.

Communication

Clearly there are some positive relationships already, for example, "Always available and open to our perspective", "very satisfied", "a good relationship with DHB staff at the grass roots", but generally, the feeling that DHBs did not understand, or appear to try to understand their organisation was widely expressed: "Communication is initiated by us and we hear from them only when there is a problem", "We receive lots of information re planning and consultation [but] I feel we are just a name on the mailing list", "no meaningful consultation with families or consumers", "very high unrealistic expectations", "Planning is poor and decision making regarding innovation is protected", "Not forthcoming with information but expects us to be". Staff turnover in DHBs was identified as a key factor in this area, requiring "constant effort to maintain and improve these relationships".

Just over 36% believed they had a good relationship with their DHB, and 20% believed this was improving. Some commented very positively about moving towards a mutual trusting relationship, while others were clear about the need for major improvement. 20% believed they shared an equal relationship, with those who did not, often suggesting funding as the primary cause for the power imbalance, others specified the need for risk to be shared. Contacts within DHBs varied considerably, with over 40 staff positions listed.

Reporting and Contracts

A minority responded positively in relation to reporting, but a number of issues were raised in relation to reporting, including lack of feedback for the majority, resource intensiveness, questionable usefulness to either party, particularly output reporting, and loss of reports. Only 16.5% felt they received constructive feedback on their reports. Some of the comments reflected an historic concern, prior to the Health Sector reforms, e.g. "In the seven years of our operation I cannot recall ever having had feedback on our monthly quarter activity reports."

Commitment to a strong respectful relationship with NGOs

This question related to the Board of the DHBs because of their governance role, and many respondents had no contact with Board members as opposed to DHB staff, so

this affected the response. Nevertheless, there was considerable feeling that there was a significant lack of understanding and communication.

Comments included "We have attended three board meetings and at no stage have they stated or indicated their support for primary health care"; "Whilst the board may share this commitment it is often not apparent in interaction between DHB services and the NGO sector." Generally it was felt that, even when there was a verbal commitment, there was very little understanding of the NGOs, their role, or usefulness, and that it was an unequal relationship.

Treasury Guidelines and Contracting issues

Half of the respondents were unaware of these, and less than one fifth felt their DHB was using them.

The MoH-NGO group will continue to endeavour to raise awareness of the Guidelines and will invite Treasury to the September Forum to discuss the Guidelines and other issues. Comments included criticism of the Guidelines as being not user friendly, and, in relation to contracting, uneven risk sharing, a focus on strengthening the mainstream IPA model, and funding mechanisms designed for the private sector.

A specific comment also addressed a lack of any guidelines when dealing with Maori, "Maori committees have been established basically as window dressing to show that they do care. This has not been evident at the contracting level where every endeavour is made to strengthen the mainstream IPA model."

Audit

19.4% had received a DHB audit. Most believed the process had been clearly explained, but comments about usefulness and effectiveness were mixed.

It is worth noting that these NGOs undergo audits with many other organisations, including, in particular the Ministry of Health, Child Youth and Family Services, but most NGOs felt there was no co-ordination between the various organisations auditing them. This raises the issue as to whether some way might be found to reduce duplication, given the resource costs involved for NGOs in the audit process. One commented, for example, "Very strong areas of overlap but very frustrating because each audit wants slightly different things on the same issue."

Another commented, "The DHB hinders the development of primary health providers, especially Maori."

Guidance

Half felt that they would contact their DHB for guidance under certain circumstances. A number felt they could not do so until the relationship had improved.

This would suggest some risk for government, DHBs and NGOs, and highlights the importance of improving the relationship between DHBs and NGOs.

Conflict of Interest

Nearly half believed there was a conflict of interest in the DHB being both a funder and a provider. Issues raised included the need for strong guidelines and monitoring from the Ministry of Health, DHBs' focus on hospital based services, the need for separate lines of accountability and budget, NGO risk, unequal funding, and lack of transparency about decision making and the need for planning and funding areas to be clear about their roles. One area of major concern came from a Maori health provider: "We believe that the DHB provider has been ensuring health contracts are more applicable to them than delivering to Iwi Maori.

Impact of PHO development

25% were involved in a PHO. Some specific comments were made about PHOs, suggesting for example that "people who may not have the skills to develop this entity are thrown together and left to try and do the best they can." Others commented that more time should be resourced to help to help people establish PHOs. Some commented on the administrative demands, and high levels of resources required.

Others commented on isolation in a PHO dominated funding environment, GP capture, problems for Maori NGOs, failed or unrelated collaboration between NGOs and PHOs, lack of consultation, a lack of understanding of health promotion, lack of consultation, increasing NGO isolation when the PHOs will dominate the funding ad structure, and lack of clarity about the role of national NGOs in a DHB/PHO environment

Positive comments included a belief in "huge potential" for new opportunities for subcontracting, shared resources, lower cost of services.

Conclusion

Given the size of the NGO sector within the health environment, and the many roles they play, the efficiency and effectiveness of their services and the local communities they represent, this survey highlights areas for DHBs to consider when reviewing their policies, annual plans, strategies, and relationships.

NGOs for their part are motivated to move forward and develop productive relationships. A visit to DHB Boards from NGOs to present their views on some of these issues would be a useful initiative and the NGO/MoH group would be happy to liaise with local NGOs to arrange this. A 'key messages' document, prepared by the group, is also available to provide further background.

NGO-Ministry of Health Working Group
February 2004

APPENDIX

Statistical Summary

The majority of contracts were with Auckland (6.8%), Capital and Coast (7.8%), and Hutt Valley Health (8.7%). Thirteen respondents had contractual relationships with more than one DHB. A number also had an informal relationship with a DHB, although no formal contract.

Communication

47.6% felt communication with their DHB occurred regularly.

30% felt communication with their DHB occurred occasionally.

56.3% felt communication with their DHB was helpful.

15.5% felt communication with their DHB was unclear.

Consultation and planning

47.6% agreed they felt involved in DHB consultation, while those without formal contracts felt particularly excluded.

45.6% felt they were not involved in DHB planning.

Expectations and understanding

39.8% felt clear about DHB expectations of their organisation.

41.7% believed key DHB staff understood their organisation.

Contracting and Reporting

10.7% reported to several DHBs.

16.5% believed they received constructive feedback on their reports.

43.7% met regularly with their DHBs.

Commitment to a strong respectful relationship with NGOs

34% believed their DHB shared government's commitment to a strong respectful relationship.

36.9% believed they had a good relationship with their DHB.

19.4% believed it was and equal relationship

Treasury Guidelines and Contracting Issues

53% of the NGOs were unaware of these.

15.5% felt their DHB was following the Guidelines.

Audit

19.4% had received an audit from a DHB.

Guidance

54.4% would contact their DHB for guidance.

Conflict of Interest

46.6% believe there was a conflict of interest in their DHB being a funder and a provider.