

Not just another acronym: NGOs in the Health and Disability sector

A Presentation on behalf of

**The Health and Disability Sector NGO
– MoH Forum**

What / Who is an NGO??

THE THIRD SECTOR

- Organisations – whether formal or informal
- Private – not part of the apparatus of government
- No profit distribution – does not distribute profits to the owners
- Self Governing
- Voluntary – non compulsory

What's your non-work experience of NGOs?

- Are you a volunteer?
- Are you on a governance board, school committee, etc?
- Why??

The Third Sector

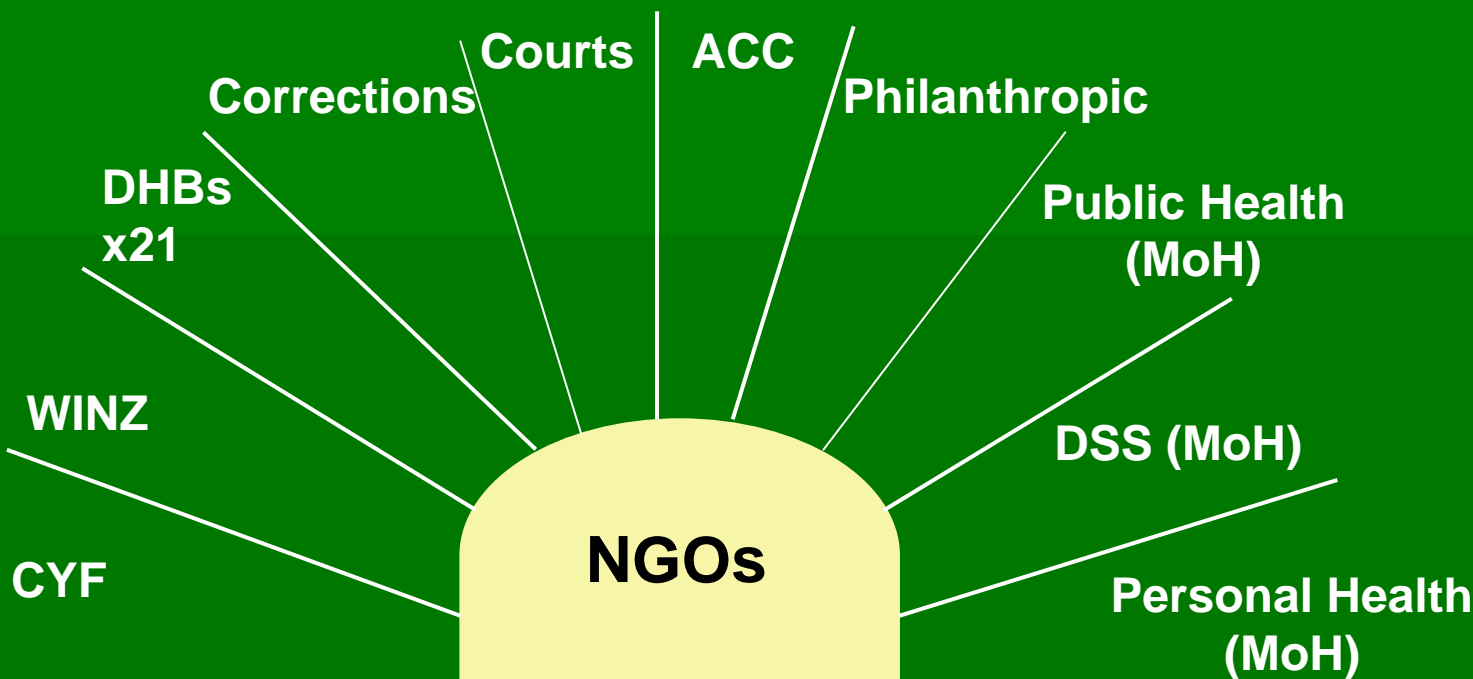


Not for Profit

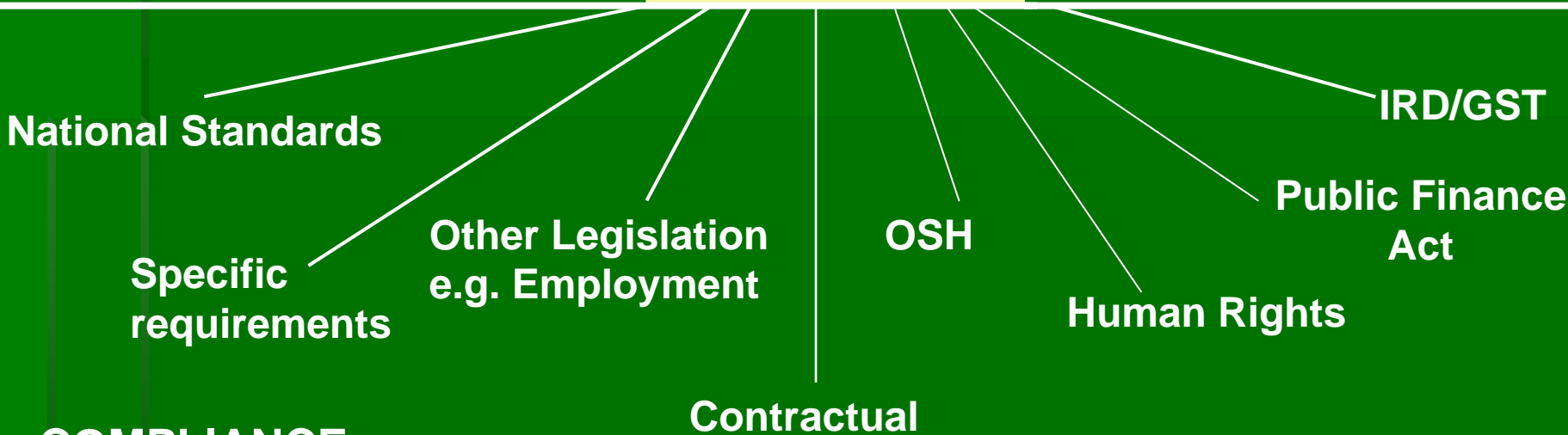
The Private
Sector

Government/
Public Sector

FUNDING



COMPLIANCE



NGOs work collaboratively to achieve best outcomes, which means working across other sectors as well as health.

- Our networks are sizeable and reach across all sectors
- NGOs share skill and knowledge
- NGOs often have to work with little resource
- VAVA

NGOs are values driven, not-for-profit, and built by passionate people. They see their role as wider than just fulfilling health contracts.

NGOs are:

- Passionate about serving our communities
- Often under-resourced
- Highly specialised and contracts need to reflect this

Government Policy directives

- “Statement of Government Intentions for an Improved Community-Government Relationship” (2001)
- Treasury’s “Guidelines for contracting with NGOs for services sought by the Crown”

Statement of Government Intentions

Recognises NGOs having :

- unique and vital role in NZ society
- Essential contribution to healthy civil society

States will be an active partner, based on honesty, trust and integrity, compassion and integrity; recognising diversity



Treasury Guidelines - Principles

- Services purchased should:
 - contribute to the achievement of Government outcomes and objectives
 - reflect the needs of the ultimate users or recipients of the service
 - provide appropriate accountability for public money
 - represent value for the public money
- The crown and its organisations should:
 - act in good faith
 - understand the nature of the organisations they contract with
 - be consistent with the relationship the Government seeks to have with the community and voluntary sector

CONTRIBUTION OF NGOS TO HEALTH & DISABILITY SECTOR

1. NGOs are committed to the social and economic wellbeing of the communities they work for, and to reducing social inequalities.

NGOs:

- Work towards community outcomes
- Have a wider view of health
- Are well placed to advise on funding choices
- Are a useful resource to help DHBs in communicating with local stakeholders

2. NGOs employ experienced and expert staff.

- **Staff know their communities and product.**
- **They are motivated by outcomes, not profit.**
- **NGO staff are a resource for DHBs.**
- **Recruitment and retention still a challenge.**
- **NGO sector actively involved in workforce development.**

3. NGOs are committed to meeting their obligations under the Treaty of Waitangi.

- Many NGOs are Maori organisations operating under tino rangatiratanga
- NGOs are committed to building a “Treaty-driven society”
 - Kawanatanga / Governance
 - Tino Rangatiratanga - Māori control and self determination; and
 - Oritetanga - Equity

4. NGOs have significant influence. They represent substantial economic value in the health sector and mobilise powerful networks.

- Our influence comes from:
 - Funding share -- one third of DHB budgets go to non-DHB providers
 - Expertise of staff
 - Magnitude of local networks
- DHBs have transferred risks to NGOs
- NGOs deserve more influence over issues relating to these risks

5. NGOs have flexibility that promotes innovation and tenacity in decision making.

- NGOs provide “social glue” at local level
- We are highly responsive
- We successfully balance risk and innovation

6. NGOs deliver skilled and cost effective services.

- NGOs highly skilled and committed
- Excellent value for money

- Our value comes from
 - Our networks
 - The goodwill of our people
 - Efficient and responsive governance and management systems

Challenges facing the NGO sector

Paradox of Now

Market Model	Unable to operate supply and demand
Community promotes innovation, etc	More time on paperwork monitoring
Social values driven workforce	Verification/credential creep
A vision of recovery in our grasp	Strangled by service specs and no money
Passionate activists	Efficiency driven Managers

Challenges (cont'd)

- Contracting delays
- Pricing
- Consultation limitations
- Cost of Compliance requirements (eg HPC Act)
- Financial pressures (inflation, MECA, etc)
- Advocacy and lobbying
- Co-ordination of service:
 - Contracting
 - Development
 - Delivery

Working Group activities to date

- Co-ordination and Promotion of NGO sector
- 6 monthly meetings for NGOs and invited speakers (themes incl: working with PHOs, SOGI/Treasury Guidelines, working with DHBs, quality and risk, etc)
- Scoping of NGO H&D sector (size, funding)
- Surveys of H&D sector on relationships with DHBs and MoH
- Consultations on government policy/legislation
- Sector feedback to MoH
- Membership of MoH working groups (eg PHO Steering Group, NZHIS Steering Group, etc)

Future Tasks

- Further work on audits and risk management
- Continued input to legislation and draft policies
- Sector capacity and capability support
- Sector leadership/best practice
- Enhanced NGO sector relationship with feedback to MoH