**Commissioning & Funding Panel Concurrent sessions – Community**

What would help us change – local & national level

* Appreciate funding for services provided
* Value providers – stop devaluing us!
* Provider bashing will not help
* We have knowledge, hearts (huge) and passion!
* Stop taking the choice of individuals – disabled persons away
* Be more responsive to known needs
* Be open to new ideas to fix issues – innovation
* Efficiency to solutions
* Last RFP – way to fluffy!!! Consider solutions
* Become solution focused!!!
* Transparency – say it – do it
* Taking small providers out of the running of local services results in $$$ being spent on travel time and costs rather than providing the service. Subcontracting to local providers – further loss. Fund local providers to provide local services
* Person centered funding = individual focus will not necessarily = social change
* Amalgamate funding from MOE / MSD / Whaikaha / Health into one pool
* Ongoing public campaigns to encourage / inform the general public about inclusion of disabled people in everyday activities etc.
* Align with initial needs assessments people’s personal plans and resulting outcomes
* Have a centralised data capture system (retire Socrates) give all providers nationally access to data – avoid workarounds
* Continue the work to clarify the application of purchasing guidelines to get consistency across providers
* Review performance monitoring by providers to align with EGL approach and to provide a feedback loop about outcomes (vs quantitative data that doesn’t really tell us anything)
* Stronger communications
* Contract manager – unclear who we should be speaking to
* Restructure has been confusing – Te Whatu Ora, Whaikaha
* Build relationships with the providers
* Proactive not reactive
* “Partnership managers”
* Streamlining & simplifying accreditation = level 4
* Compliance – 1 level for all contractor – MSD / Whaikaha – Compliance / Te Whatu Ora
* Uploading information to one portal that all “auditors” can access (3 yearly)
* Level of accountability is too high
* Trust model – where is it?
* Uncertain future – 1 year contracts – planning, budgeting, staffing levels
* Rollout EGL to whole country – “sick of waiting” in non EGL areas
* Pay Equity in Govt / NASC roles “connectors” verses what providers can pay for similar roles – CSW (community roles) level 4 – equivalent role
* Better systems
* Socrates
* Data analysis and insights
* Fit for purpose – large and small
* We have some data, let’s use it!
* And get more/better data
* Avoid data “black holes”
* Timing – not “knee-jerk”, longer timeframes, more responsive
* Whaikaha should commission, not “do” eg. building tech systems
* Clarity, plain language
* Impact measurement and feedback loops and barriers removed/reduced
* Shift from “task driven” to living well, EGL
* More funding
* More people, new and different skills e.g. diet/nutrition, exercise
* “domino effect” – right response, right time
* Being clear about “why”
* Support people to be aspirational
* Programming – breaking it down, what you can get verses what you need
* Positive self-application for funds rather than needs assessment
* Reclaim the narrative
* Data
* Don’t wait, no white horse, lead from the front
* Change in language
* Self-direction – consult with community, be clear about “why”, what needed, barriers to participation, outcomes delivered for funding received
* Understand cost of delivery
* Understand contract requirements, then deliver in creative ways

What’s important – commission / funding

* Project initiative fund
* Initiatives – how do we give services for whanau and access in the community or Marae
* Working with local Runanga Marae
* Services that work with a collective in the community Whanau model / ie not just individuals so it’s an AND collective / Whanau and Individuals
* Adaptive support
* Flexible support / flexible hours
* Of what works for the individual / whanau
* Maori development training
* More direct funding to the people – whanau haua
* Maori Haua Maori service within mainstream organisations
* Self-determination person / whanau and service providers
* Flexibility FTS! To deliver service
* Directed by the family and the individual
* Regional based – needs to move nationally
* Regions are not communicating
* More collaboration
* Without fear of losing funding
* Stronger connections with disabled people and whanau’s
* Parents need to have more space to voice their feelings
* More funding to provide families with information on what’s available
* Support networks for families
* More knowledge around what the disabled person is entitled to
* Supported lifestyles under 19 – getting access is hard!
* Providers need more money and time to actually provide a service to a disabled person and their families.
* Funding needs to be flexible to suit the needs of the individual
* Fund peer networks
* Have more people on the ground working in the community
* Cost models and disparities especially for complex and high needs
* Individuals missing out or access less service = cost of service delivery
* Need assurance of funding levels
* Fiscal drag
* Restricting growth
* Provider driven use of funding increase rather than direct
* Pay equity outcomes positive for front line mangers
* Data gap – makes planning and growth strategies – some of it is privacy excuse
* Practice model change at service levels
* Services exploring own waste
* Use client /whanau voice
* Creative design of support
* Transparency especially where not best provider to meet identified desires