

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
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- 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)
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- 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
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- 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
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- 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
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- 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
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- 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 managers
 - 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