Submission to the New Zealand Productivity Commission

More Effective Social Services

Submitted 2 December 2014

TANGATA O LE MOANA

Tangata o le Moana is an Auckland region Pacific provider network which has been established in partnership with 14 Pacific providers, the Ministry of Health, and is supported through Alliance Health Plus Trust. The network represents a collaboration of Pacific-led health and social care organisations delivering services directly to patients/clients and their families. Members of the network serve predominately Pacific and high need populations through the application of Pacific models of care.

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FOR FURTHER INFORMATION CONTACT:

Project Manager - Tangata o le Moana
Alliance Health Plus Trust
Level 1, 15-B Vestey Drive
Mt Wellington
PO Box 132 366
Sylvia Park
Auckland 1644

Phone +64 9 588 4260
Email: admin@alliancehealth.org.New Zealand
Web: www.tangataolemoana.org.nz
Facebook https://www.facebook.com/people/Tangata-Moana/100008494775264
Twitter: https://twitter.com/TangataO

Introduction

The Tangata o le Moana Network welcomes the opportunity to provide a submission to inform the Government's thinking on the provision of more effective social services. We are particularly interested in providing a perspective on how social services could better meet the needs of Pacific and vulnerable families across the Auckland region. Our provider organisations represent a long history of service delivery to Pacific and high needs communities and we believe that our experiences with the commissioning of Pacific health and social care services is of great relevance to the inquiry.

Members of the Network have met and discussed a number of issues pertinent to the inquiry, and our response highlights the issues we believe most relevant. Our respective organisations have also undertaken a number of consultations with Pacific patients/consumers, community leaders, providers and other non-government organisations during 2014 which informs our submission. Key points we wish to make in our submission include:

- Pacific providers have a proven track record of being able to reach Pacific families and those 'hardest to reach' in high deprivation communities. Our cultural models of practice are often overlooked but are critical to delivering outcomes for Pacific families, particularly for those families who do not access mainstream services easily
- Competing with mainstream providers for funding where they have significant enrolled Pacific populations and a greater resource base is often difficult for smaller Pacific providers. We note the significant effort required for smaller organisations to respond to a tender process
- Competition is often created among Pacific providers where they have to bid for relatively small amounts of funding for the provision of services targeting Pacific families. This can lead to tensions in the sector, and does not create a platform for collaboration
- The answer is not necessarily 'bigger is better' as provider performance suggests that there are a number of benefits to smaller and specialty niche providers (such as some Pacific-led organisations)
- There is significant variability of reporting requirements and levels of compliance across our funders and contracts. Often reporting is onerous and does not always capture information that demonstrates results for families. A funder focus on purchasing outputs keeps providers focused on measuring widgets as opposed to results. It also limits provider innovation and does not create a relationship of trust between funder and provider
- There is a mismatch between funding levels for Pacific health services and the level of expectation placed on Pacific providers to do 'more with less'. We are concerned that a shift to outcomes focused service delivery seems to be absent of a purchasing framework which details pricing for outcomes for vulnerable and high need families
- Our ability to grow as a sector is hindered by the lack of a coherent investment strategy into Pacific-led services targeting high need families. While we may receive funding from a specific sector (eg: health), in reality our models of care require us to provide services across a range of sectors which we are not funded for (eg: housing, education)
- There needs to be greater flexibility of funding across the region for Pacific contracts as funding is limited by DHB boundaries which does not reflect the needs of a transient and highly mobile Pacific population
- There remains a perception by some government agencies that Pacific-led providers offer a lesser quality of services which impedes provider growth strategies. Evidence in primary and community health contracts demonstrates that Pacific providers are delivering high quality services
- We often feel that there is a disconnect between centrally driven policy and funding decisions with what is happening at the local level. Also, the lack of information flows from the centre to the Auckland region leave providers unclear on policy direction.

We also wish to make mention that we are concerned that there is little commentary in the Issues Paper in relation to Pacific service delivery providers or Pacific populations. Given the health and social inequalities experienced by Pacific populations, and conversely the strengths and potential within Pacific communities, we would request that the Commission specifically consider Pacific providers, families and communities as part of its recommendations to the Government.

About Tangata o le Moana

Tangata o le Moana – Auckland Region Pacific Provider Network provides an overarching framework for connecting a range of key stakeholders with a common goal of improving the health and wellbeing of Pacific families across the Auckland region. The Network was established in June 2014 as a result of a tender process conducted by the Ministry of Health seeking to establish four regional Pacific networks that it could work alongside to progress the implementation of its Pacific work programme (Ministry of Health, 2014).

The 14 founding member organisations of the Network worked together to identify three important aspirations to collectively progress:

- a platform to discuss and implement a longer-term strategy for Auckland to improve the health and wellbeing of Pacific families
- a coordinated voice for the Auckland Pacific health sector to influence policy and service planning decisions that affect Pacific populations
- Pacific-led services are able to access a more equitable share of health expenditure based on the evidence of better health outcomes using Pacific models of care.

The Network is coordinated through Alliance Health Plus trust which is a Pacific-led primary health care organisation (PHO) based in Auckland.

Issues for consideration

Pacific population trends

This section responds to:

- What are the most important social, economic, and demographic trends that will change the social services landscape in New Zealand?

Seventy three percent of the total New Zealand Pacific population reside in the Auckland region (approximately 194,958 Pacific people).

Within the Auckland region Pacific peoples account for 16 percent of the population. The Pacific population within the Auckland region is growing at a faster rate in comparison to the total Auckland population. Conservative estimates project that the Pacific population will increase by 30 percent whilst the total Auckland population will increase by 23 percent within the next 15 years (Statistics New Zealand, 2011).

Pacific peoples are both geographically dispersed and clustered across the region. Pacific peoples predominantly reside in the western (Massey & Henderson), central (Maungakiekie, Tamaki and Whau) and southern parts of Auckland. Recent population estimates indicate concentrations of Pacific peoples within the Counties Manukau district with over half (54 percent) of the Auckland Pacific population residing in this district.

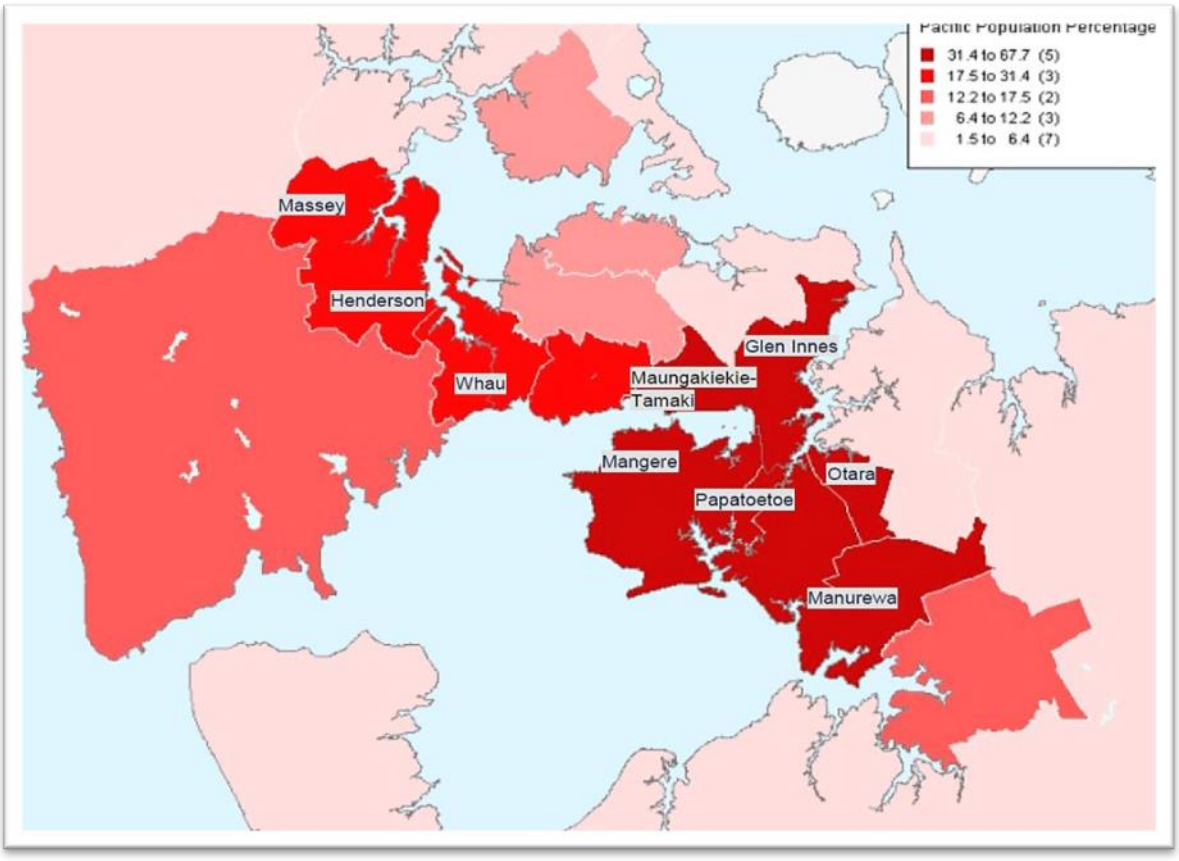

Figure 1: Pacific Population distribution in the Auckland region[1]

[1] Source (HPCG, 2012). Estimates using Pacific prioritised methods, as noted in HPCG, 2012. *Other Pacific includes Fijian and Tokelauan ethnicities and undefined Pacific people/population.

Furthermore specific localities such as Mangere and Otara are noted as significantly being comprised of Pacific peoples (e.g. over 60 percent of the residents are Pacific in these localities). Localities with high concentrations of Pacific populations are illustrated below in Table 1.

Auckland region DHBs Pacific population				
	WDHB	**ADHB**	**CMDHB**	**Totals**
Samoan	22,252	25,074	62,063	109,389
Tongan	7,044	18,702	26,267	52,013
Cook Island	5,375	8,944	23,130	37,449
Niuean	3,637	5,954	7,950	17,541
*Other Pacific	7,722	5,583	8,560	21,865
Total Pacific	46,030	64,257	127,970	238,257

Table 1: Auckland Pacific population by ethnicity and District Health Board

Why it is important that the Government consider how it responds to Pacific families, communities and service providers as part of this inquiry

Pacific communities make a positive contribution to New Zealand society across a number of fronts including in the arts, academia, on the sports field, in business and importantly in the community and voluntary sectors. Our informal networks and our family and community structures provide an opportunity to harness the social and cultural capital that can strengthen families and develop the potential of our young people. Pacific peoples represent rich and diverse ethnic groups that contribute to New Zealand's strength, vitality and productivity as a nation. Because of our youthful age structure, we will become 10 percent of the New Zealand workforce by 2026 (Ministry of Pacific Island Affairs, 2014). Our youthful population transitioning into the working age presents a potential realisation of the demographic dividend.

Our educational achievement is steadily increasing (Marriott and Sim, 2014) but there is the potential to do more in this area. At present 88.6% are engaged in early childhood education[2] and 43% of Pacific school leavers have achieved University Entrance[3]. Amongst the growing Pacific middle class there is a need for Pacific people to secure higher paying work in order to avoid becoming the 'working-poor' brought about by inappropriate qualifications and training or lack of post qualification. Although some rates of secondary school achievement and tertiary participation is improving, tertiary achievement outcomes remain relatively poor (Marriott and Sim, 2014) [4].

[2] MoE 2013, Education Counts website
[3] Salvation Army: This is Home - an update of Pasifika People in NZ, 2014).
[4] Marriott and Sim (2014). Indicators of Inequality for Māori and Pacific People. Working paper 09/2014. Victoria: Wellington

This section responds to:

- Are commissioning agencies making the best choices between working with providers specialising in services to particular groups, or specifying cultural competence as a general contractual requirement?
- Are there examples where government contracts restrict the ability of social service providers to innovate? Or where contracts that are too specific result in poor outcomes for clients?
- How well do government agencies take account of the decision-making processes of different cultures when working with providers?

While there have been some gains in health for Pacific populations, inequalities still exist. Significant differences between the Pacific adult population and other New Zealanders include higher rates of smoking, diabetes, obesity, access to health services, medication non-compliance, mental health and dental issues. In child health inequalities include: obesity, accessing primary care and dental (New Zealand Health Survey 201/2012). We also make mention of the 98 Pacific children and young people (4-19yrs) who were admitted with Rheumatic Fever in the latest hospitalisation data[5]. Accumulatively the sum of these health indicators contributes to the lower life expectancy rates for Pacific peoples. The social and economic determinants of health make it difficult for providers to address the causal factors of poor health and wellbeing (eg: financial literacy (debt consolidation), law and order education (justice), vocational education achievement, high paid employment, housing affordability, food security, health independence and family harmony (interrelationship).

Pacific models of care

Pacific-led service providers offer models of delivery which are grounded in the values, beliefs and philosophies of both traditional and contemporary Pacific perspectives. This includes the ability to offer ethnic-specific approaches which meet the needs of sub-groups within Pacific communities.

Our clients and patients often tell us that they access our services because of the long-standing relationships we have with families, our reputation and involvement in local communities and because we have a workforce that speaks their language, understand their cultural contexts and family situations. The families that utilise our services do not always access mainstream services easily and therefore value having an alternative model of care available to them.

A recent project completed with four Pacific-led primary and community care organisations noted that Pacific models of care have been developed in response to patient and family needs (Pacific Perspectives, 2014). This has meant that often providers deliver services which are outside of the traditional realms of healthcare in order to meet the patient's needs (eg: facilitating access to address issues of cold, damp housing). Subsequently contract specifications have only provided partial compensation for the breadth of service delivered under a Pacific provider model of care.

We believe that the specialist services delivered by Pacific providers offer opportunities for enhanced outcomes for Pacific families. We have found there to be a perception by some government agencies that Pacific-led providers may offer a lesser quality of service which has resulted in services for Pacific populations being contracted with mainstream organisations. However, evidence demonstrates that Pacific providers are delivering high quality services and we offer the following evidence as recent examples of a high performing Pacific health sector:

- Eight Pacific providers completed 16,710 rheumatic fever prevention health literacy engagements with Pacific families over a nine month period (exceeding the target of 11,000 p.a.)

[5] MoH correspondence, March 2014

- Based on the 2012/13 aggregated national health target results, Alliance Health Plus was the third highest performing PHO in New Zealand, and continued its strong performance by meeting all three national targets in 2013/14
- Tongan Health Society was the first practice in the Auckland DHB area to achieve all three national targets in 2013/14
- The six Pacific primary health care providers in the Network all hold Cornerstone Accreditation
- Pacific Homecare was the recipient of the New Zealand Home Health Association (NZHHA) 2013 Service Quality Award; 2013 NZHHA Service Innovation and Quality Award; 2013 New Zealand Home Health Association (NZHHA) Workforce Initiative Award; the Equal Employment Opportunities Trust Diversity Awards NZ 2013 and the 2013 Diversity Awards NZ Skills Highway Award.

While we acknowledge the arguments for critical mass, we do wish to point out that these results show that 'bigger is not always better'. The above provider performance suggests that there are a number of benefits to smaller and specialty niche providers. 'Pacific-led' organisations and our cultural models of practice are often overlooked but are critical to delivering outcomes for Pacific families. Elements to our models of care which are not easily replicated by mainstream providers include our ability to mobilise Pacific communities quickly, to utilise our informal networks to locate 'hard to reach' families, to draw on the skills and expertise of a multi-ethnic and bilingual workforce (including volunteers, matua and community leaders). The centrepiece of Pacific models of care is the relationship that exists between the provider with patients/clients and their families. Sustaining the significant investment into developing reciprocal relationships with Pacific families carries considerable additional costs for Pacific providers that are rarely factored into funding models. These relational aspects of care are essential for achieving outcomes for Pacific families and must be considered in any health and social care commissioning model that is focused on improving outcomes for Pacific populations.

While we are supportive of a shift towards measuring results for families, we would be concerned if a shift to outcomes occurred in the absence of engagement with Pacific providers about what the true cost of delivering outcomes for Pacific and high need families' looks like. We also note that it is difficult to deliver results when contracts are often short term and highly specified. This impedes provider ability to offer the 'right care to the right patient' as often the families we work with require longer term care planning and support to address complex health and social care issues.

We also wish to make mention of the impediment to providing health and social care support to families where providers are constrained by DHB boundaries. A commissioning system that allows funding to follow the patient regardless of DHB boundaries would be especially helpful, particularly given that Pacific and high needs populations are relatively transient. This is evident from our quarterly reports to funders which frequently highlight the difficulty in providing continuity of care for a relatively transient high needs population. Some service providers are further constrained in their service delivery due to the fact that a large portion of their funding is from one DHB but fifty percent of their enrolled population are domiciled in another DHB boundary.

Top down approaches to service delivery, funding allocation and reporting are difficult to implement at provider level. We have a wealth of experience and knowledge that government agencies can draw on in working with Pacific families.

Tangata o le Moana approach

This section responds to:

- Are there other innovations in commissioning and contracting in New Zealand that the Commission should explore? What lessons could the Commission draw from these innovations?
- Are there examples of service delivery decisions that are best made locally? Or Centrally? What are the consequences of not making decisions at the appropriate level?
- What are the characteristics of social services where contestability is most beneficial or detrimental to service provision?

The launch of the Tangata o le Moana network signified a new era in Pacific health and social care across the Auckland region. The network provides a platform to discuss and implement a longer-term strategy for Auckland.

The network allows each of our respective providers to retain its autonomy but to work collaboratively towards achieving a shared vision of changing the current health and social care trajectories facing Pacific families and communities. The network is a vehicle for achieving critical mass among Pacific providers in the Auckland region. The Ministry of Health has funded the formative phase of the network which will result in a series of demonstration projects and the establishment of an evidence base for Pacific service provision. The high level objectives for the network are:

- better health outcomes for Pacific families in Auckland through a well-coordinated and supported Pacific provider network
- development of an evidence base to inform service planning and policy development for Auckland Pacific families
- opportunities to develop and trial ethnic-specific models of care
- provide flexibility and opportunities to innovate through specifically designed services to meet agreed outcomes (e.g. removal of siloed funding mechanisms)
- reorientation of the funder and provider relationships towards high trust
- a coordinated voice and critical mass on Pacific primary and community care issues
- efficiency gains and value for money through reduced compliance costs.

The network model was initiated by Hon Tariana Turia and was based on a similar approach supported by Queensland Government to support the establishment of the Institute for Urban Indigenous Health (IUIH) located in Brisbane, Australia. The IUIH model recognised the important place of indigenous health and models of care and brought together four community controlled health services in South East Queensland to jointly develop, plan, deliver, evaluate and tender for services. While Tangata o le Moana is relatively new, it does offer an innovative approach to purchasing services that should be considered as part of the Commission's inquiry. Important elements to the approach include the following:

- the approach seeks to drive decision making down to local levels and away from central government. Providers have organised themselves around a series of workstreams which are guided by intervention areas and an Outcomes Framework developed for Pacific populations living in Auckland
- the network is voluntary and providers have the opportunity to 'opt out' or 'opt out' depending on what network activities they would like to be involved in
- funding operates on the basis of an 'open book' policy, where each provider organisation is kept abreast of annual budgeting processes, any procurement decisions and funding allocations (similar to an Alliance arrangement)
- a 'lead provider' is appointed and provides coordination and management support services across the network providers, including reporting to funders, payment of invoices and communication activities

- an independent steering group has been jointly established between the 'lead provider' and the Ministry of Health to provide oversight for procurement decisions, an annual work programme, and to provide a level of accountability for the 'lead provider' role. The steering group also has final approval for any communications and publications which are funded through the network
- decisions on which projects are funded are conducted in a transparent manner and include consideration of the following: evidence based priorities, external panel members (eg: DHB representatives) and levels of accountability back to other partner organisations, family and community engagement. Oversight of all procurement decisions is provided by the steering group and contractual, legal and financial accountably remains with the Ministry of Health and the lead provider
- while there is the opportunity for a range of government agencies, community and voluntary sector organisations to be involved, eligibility criteria precludes mainstream service delivery organisations from accessing funding which is focused on the delivery and evaluation of Pacific-led models of care
- actual or potential conflicts are actively managed as part of the process.

The approach recognises that the vision we have for community transformation is bigger than each of us individually and cannot be achieved on our own. There is the potential to extend the scope of the Network to include other sectors.

Investment approaches for Pacific populations

This section responds to:

- Would an investment approach to social services spending lead to a better allocation of resources and social outcomes?

What we know is that the Auckland Pacific provider network is well-established with more than 25 years under its belt. As a sector, we have an asset base and infrastructure to launch our strategies for growth, innovation and service provision. In particular, we note the established infrastructure of Pacific health providers which could be used as a platform to expand service provision beyond health care.

As a network of Pacific providers, we have been increasingly concerned over the decline of sustainable investment into Pacific-led service delivery by government agencies across the Auckland region. While we are aware that a review of the level of public funds allocated to specific services is outside of the scope of the inquiry, we do make the point that limited investment into Pacific models of care, services and programmes despite Pacific inequalities, has placed a significant demand on Pacific providers. We feel that we are often required to deliver 'more for less' and are facing greater levels of compliance for relatively small amounts of investment.

We acknowledge the Ministry of Health and its Pacific provider and workforce development fund (PPDF) which is administered to strengthen the capabilities and capacity of Pacific organisations and the Pacific health workforce. This fund has been critical in providing Pacific health providers with opportunities to grow and develop alongside their mainstream counterparts. Unfortunately a lack of investment into service provision has meant that increasingly Pacific providers have significant capabilities but lack the ability to retain staff as they do not have adequate funding for service provision.

Drawing on provider experiences during the first phase of Whanau Ora, it is clear that in order to obtain outcomes a longer-term approach to working with families is required. This is particularly the case where families are facing complex health and social care problems which involve multiple family members and require solutions across sectors. We believe that multi-year funding arrangements that allow for investment across sectors would be of great benefit to the families we work with. Government commissioning and procurement processes which recognise the complexities associated with changing generational perspectives and behaviour change over a period of time will be critical to funding outcomes based services.

In conclusion, Tangata o le Moana would support an investment approach to Pacific service provision in Auckland which included:

- Multi-year contracting arrangements
- The ability to provide services to families based on their need (as opposed to financial years or DHB boundaries)
- Flexible arrangements which allowed providers to deliver services across sectors and was not constrained by funding silos
- Aligned service delivery investment with organisational development support (including workforce development and IT)
- Service specifications that reflect appropriate cultural approaches
- Pricing for outcomes that reflect the actual level of resources invested for vulnerable families.

Capturing data which tells a story

This section responds to:

- Do government agencies and services providers collect the data required to make informed judgements about the effectiveness of programmes? How could data collection and analysis be improved?
- What are the benefits, costs and risks associated with using data to inform the development of social service programmes? How could the risks be managed?

There is significant variability in reporting requirements and levels of compliance across funders and contracts. Often reporting is onerous and does not always capture information that will demonstrate results for families. When the funder is focused on purchasing outputs this keeps providers focused on measuring widgets as opposed to results. It also limits provider innovation and does not create a relationship of trust between funder and provider.

Some contracts now require weekly and monthly reporting as opposed to quarterly reporting. For smaller organisations this has placed significant pressure on frontline services to collect and collate data. In the absence of direct investment into IT solutions to support providers to meet greater levels of compliance and reconfigured services focused on outcomes, it has proven difficult for Pacific providers to meet funder requirements. While the network is aware of several attempts by central government agencies to implement IT solutions to support integrated contracting and outcomes based reporting, development has been slow and has not kept pace with provider requirements.

Network providers have also questioned the relevance of some reporting requirements. There is the potential to include other mechanisms for reporting. For example, Rheumatic Fever reporting initially was output focused – how many attended, what role in the family were they (ie parent, child, extended family member), what their ages were etc. Recently, it was agreed that while outputs were important quality of the engagements with families (leading to behaviour change) should be the focus. Identifying overall feedback to capture community understanding of the issue and solutions, to new learning and how to apply the learning to change behaviour is far more critical to getting change in the community, where individually and collectively they start mobilising good health behaviours.