

# LOAD

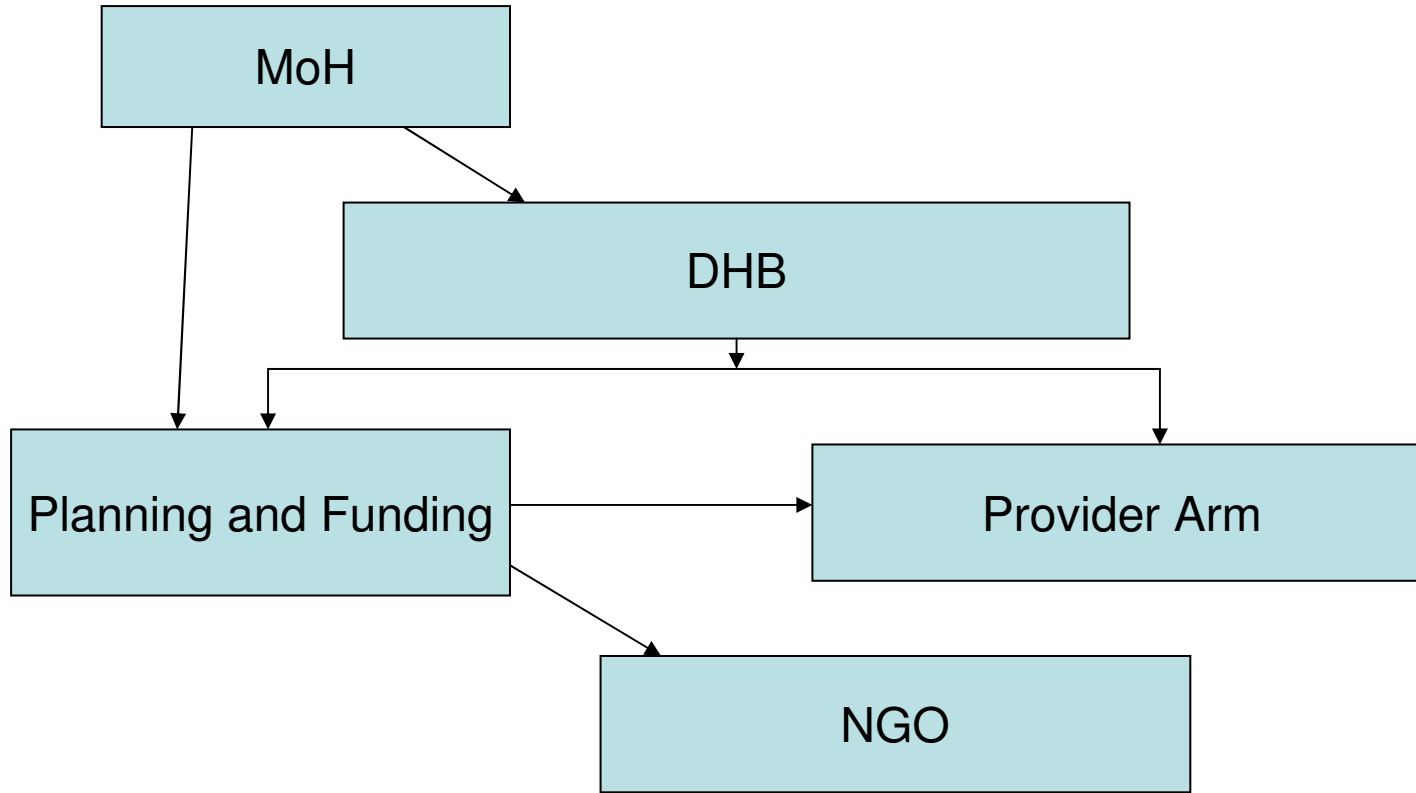
MYTHS AND TRUTHS ABOUT  
WHAT WE DO

# Planning & Funding Overview

**Planning & Funding is not an independent entity- rather it is the conduit between the MoH and the DHB's**

- Ministry (& Minister's) expectations = DHB obligations
- , District Annual Plans, funding, strategies, reporting

# Where P&F sits in the big scheme of things



# What P&F does

4 main functions

- Contract Management
- Project Management
- MoH priorities- (projects)
  - Policy

# Contract Management

- Recommending contracts and payments
- Performance Monitoring Returns
  - Building a Relationship with NGO providers and Provider Arm

# continued

## In Otago

- 45 Mental Health Contracts with 36 different providers
- In Southland
  - 23 Health Contracts with 18 different providers
- Regional/National:
  - \$2.5 million worth of services are contracted through other DHBs for the Otago and Southland population to access services

# Project Management

Projects that are identified by the Board or REMT (Regional Executive Management Team)

Hospital Capacity Review

Pharmaceutical Review

Much of this is: needs analysis, reviews and recommendations (concepts)

- implementation must come from the providers

Board and REMT need to support the recommendations (concept) to get the go ahead to proceed.

# MoH priorities- (projects)

- HEHA – Healthy Eating, Healthy Action
- Before School Checks
- Meningococcal B

(All 21 DHB's would have these positions)

Seen as priorities by MoH- concept and framework from P&F but implementation by a provider

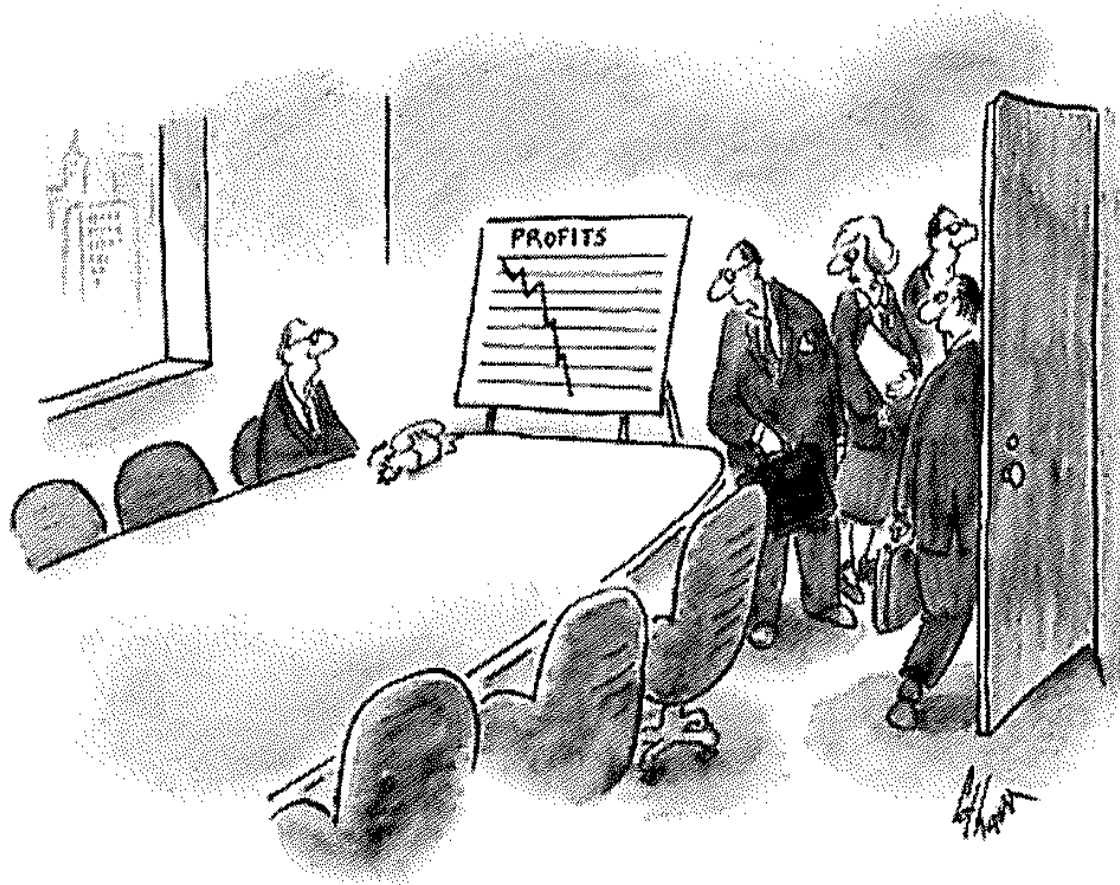
# Policy

Work on a specific issue – very close links with the MoH

Public Health –policy analyst –priority to have good understand of Public Health in the region

- Needs Analysis- Make recommendations to MoH
- understanding Public Health (systems and services)

# Myths and Truths about P&F



*"You stay and answer the phone."*

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## **Myth**

- Planning and Funding can find money if they want?

## **Truth**

- Most if not all of the money is committed from year to year.
- P&F works within the confines of what they can do- spend what is available to spend



*"No, we're not eliminating your position, Fischer.  
We're just eliminating your salary."*

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## **Myth**

Contracts can be cut for no reason

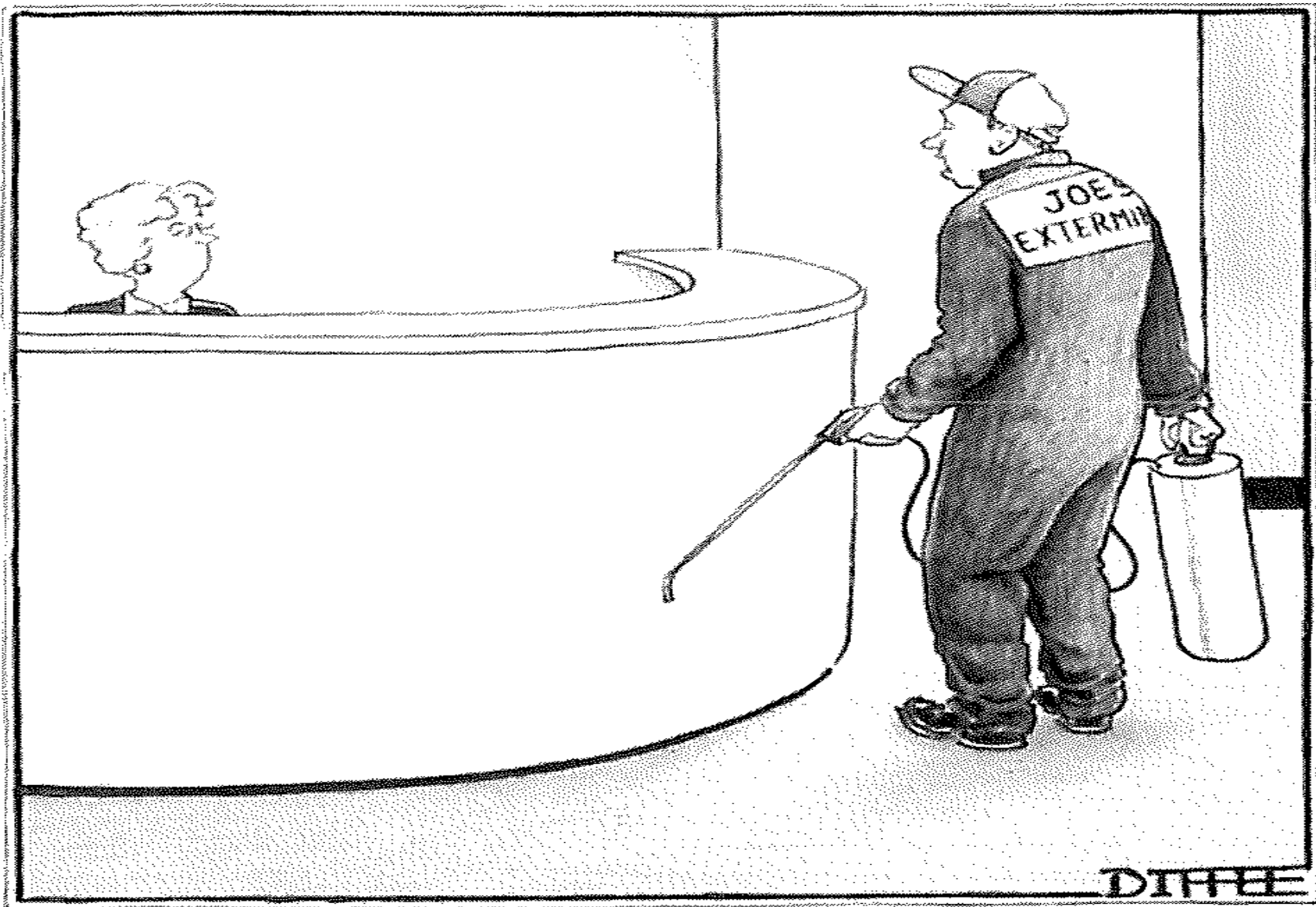
## **Truth**

Once money is spent it is hard to make a change.

There needs to be some good reasons or exceptional circumstances for that to happen.

i.e..

- Long term vacancies – not providing the service that is expected
- Non compliance with audits – can't meet requirements
- Demand for service drops
- Service provided is substandard services



*"We got a call about a consultant."*

## **Myth**

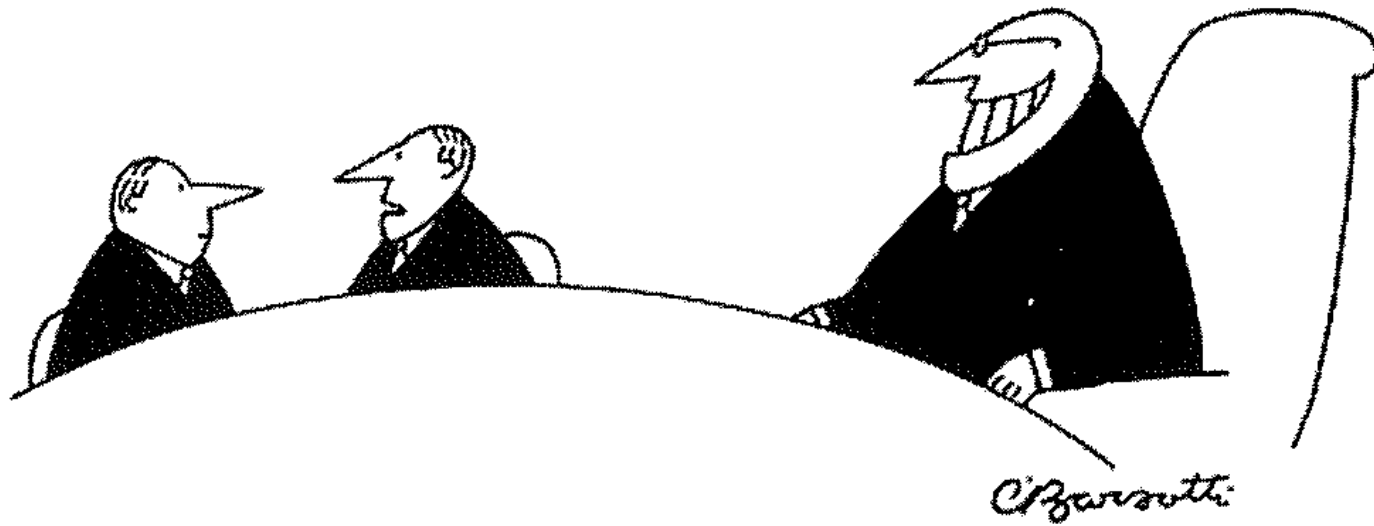
Planning and Funding doesn't plan

## **Truth**

There are lots of reasons that planning doesn't happen.

- Ministry strategies
- Need agreement from providers
- Need a good reason to change
- Services wedded to the way they do it

If you'd like some assistance with planning for your service or with implementation – we'd be more than happy to assist.



*"Now that we've spoken truth to power, let's get the hell out of here."*

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## **Myth**

- Planning and Funding is aligned with the provider arm.

## **Truth**

- There are some things that are better suited to sit in the provider arm of DHB and there are some that would be better delivered in the community.
- We don't have any favourites, in fact many of the NGO providers deliver an exceptional service.



*"Don't worry—we'll medicate you through the probationary period."*

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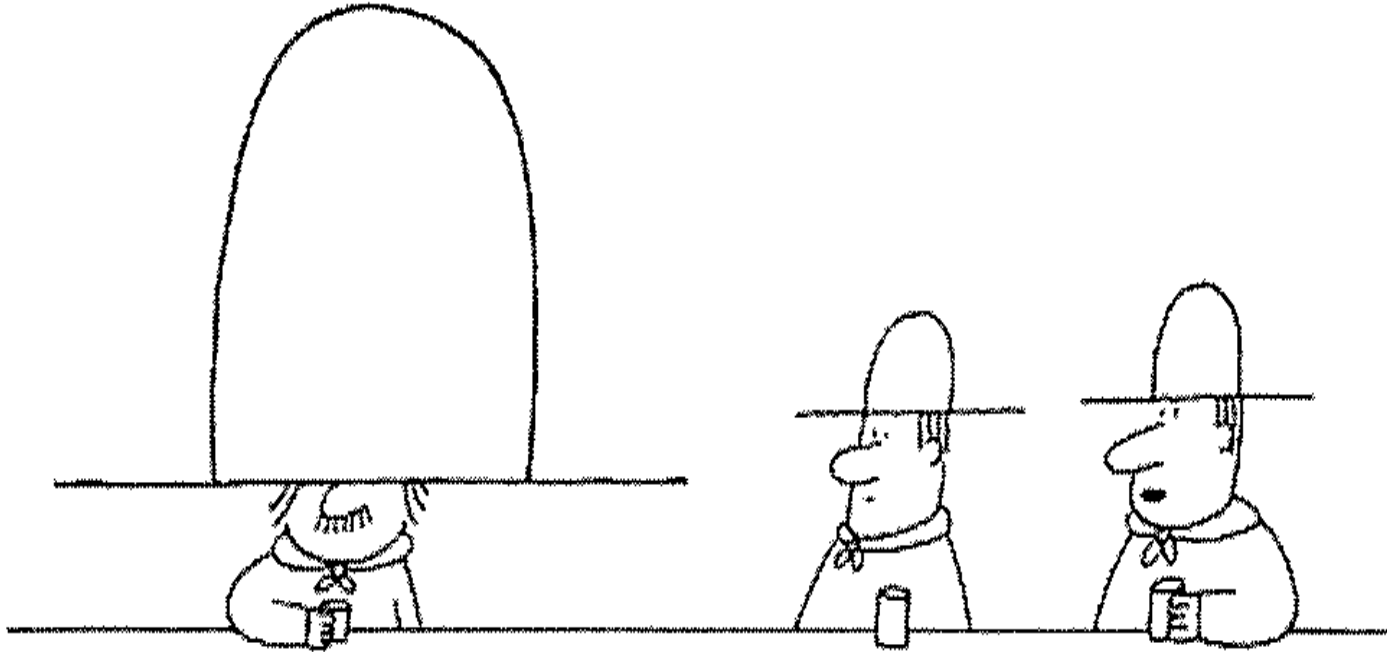
## **Myth**

- Planning and Funding implement strategies

## **Truth**

- P&F sits in a neutral position. Providers implement strategies (through operations)
- P&F are facilitators - try to assist with the implementation by working with providers to understand what the MoH expects
- in some cases purchasing services (subject to availability)

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*C. Brown*

*"All hat and no cattle, but, my God, what a hat."*

## **Myth**

- P&F can make services change or do something different

## **Truth**

- Services are contracted – there are national services specifications (MoH) - some flexibility but the MoH expect some level of consistency from providers of service with similar contracts
- Hopefully, we can both agree that there are benefits to change

Thank You