

**Right Service Right Time Governance Group  
and  
Pegasus Community Board Submission on  
More Effective Social Services Draft Report (April 2015)**

## **1. Executive Summary**

1. In April 2015 the New Zealand Productivity Commission published its draft report entitled 'More Effective Social Services' and invited stakeholder feedback on the findings. In the spirit of collaboration and joint working, the Governance Group of Right Service Right Time (Right Service Right Time is an innovative initiative of Social Service Providers Aotearoa) and the Pegasus Health Community Board have developed this submission for the New Zealand Productivity Commission's consideration.
2. The content of this joint submission provides our response to the findings and recommendations associated with the key themes identified and encapsulated in the 'More Effective Social Services' draft report including: system stewardship; social service strategy; commissioning; contracting – outcome-based models with more devolved control; innovation; meaningful data and intelligence to inform commissioning and outcome contracting mechanisms; and collaboration for impact.
3. The key contacts in relation to this submission are:
  - Donna Ellen, Community Support Manager Pegasus Health (Charitable) Ltd: (phone: 03 375 7135; mobile: 021 906 924; email: [donna.ellen@pegasus.org.nz](mailto:donna.ellen@pegasus.org.nz) )
  - Susie Jones, Chair Right Service Right Time Governance Group: (phone: 03 378 2728; mobile: 027 263 9002; email: [susie.jones@barnardos.org.nz](mailto:susie.jones@barnardos.org.nz) ).

## 2. Background

4. In 2014 the Minister of Finance and the Minister of State Services requested the New Zealand Productivity Commission to carry out an investigation into enhancing productivity and value in the state sector. This investigation sought to explore mechanisms with which to further enhance outcomes for New Zealanders who received services resourced by the New Zealand State Sector with a particular focus on the performance and potential improvement of social-sector purchasing/commissioning of services. The Commission's Terms of Reference for this investigation included two key questions:
  - What institutional arrangements would support smarter purchasing/commissioning?
  - What market arrangements, new technologies and contracting or commissioning tools would help to achieve results?
5. In April 2015 the New Zealand Productivity Commission (Commission) released its draft report entitled 'More Effective Social Services' – a report that included draft findings and recommendations with which to assist individuals and organisations continue their participation and contribution to the Commission's inquiry. The Commission has initiated a number of consultation mechanisms with which to provide further opportunities for interested stakeholders to contribute to this investigation. These consultation mechanisms include engaging with stakeholders at regional meetings and/or roundtables, as well as inviting submissions on the More Effective Social Services draft report.
6. The Right Service Right Time Governance Group and the Pegasus Health Community Board congratulates the New Zealand Productivity Commission on producing the More Effective Social Services draft report. The parties welcome this opportunity to contribute to the investigation into enhancing the effectiveness of New Zealand's social services by responding to the Commission's invitation to offer a submission on the contents of the draft report.
7. The Right Service Right Time Governance Group and the Pegasus Health Community Board offer this collaborative and joint submission in the spirit of aligning with recent advice from a number of international jurisdictions that demonstrates the efficacy of integrated commissioning/contracting and partnership working between the primary health sector and the social service sector. The rationale behind this advice is that both sectors are located in and

know their communities best – a notion that has the potential to enhance accessibility and responsiveness for individuals and families/whanau. Moreover, from a sustainability perspective, these sectors have demonstrated that they are well placed to implement primary and secondary prevention measures which have been shown to ameliorate the need for expensive tertiary prevention interventions.

### **3. About the Parties Presenting this Submission: Introducing Right Service Right Time and the Pegasus Health Community Board**

#### ***Right Service Right Time***

8. An initiative of Social Service Providers Aotearoa Canterbury and established in February 2010, Right Service Right Time united service partner organisations concerned with ensuring the wellbeing of children, young people and their families/whanau. The initiative's mission is to ensure that every child, young person and their family/whanau, whatever their circumstances, receive the right service at the right time. Right Service Right Time was set up to:

- Enhance access by reducing the complexities of navigating multiple service systems and pathways
- Offer a flexible, tailored and personalised intervention at an early stage to enhance the likelihood of achieving desired outcomes
- Enhance the efficiency and responsiveness of the sector to those presenting with diverse and complex human service needs.

9. Right Service Right Time is a family-centred and seamless service delivery system that provides information, advice and ease of access to a continuum of services and supports from a diverse range of Non Government Organisation agencies. Its purpose is to:

- Create an accessible and identifiable place for entry for referrers
- Identify the best response for families/whanau
- Directly connect families/whanau to services
- Provide services/interventions in a culturally safe, sensitive and appropriate way

- Ensure necessary intervention takes place before children and families/whanau reach crisis point
  - Coordinate the intake and workflow of referrals to the sector
  - Ensure timely responses through providing or overseeing flexible response, brief intervention and active holding.
10. Since its inception, Right Service Right Time has forged links with various and multiple sectors and groups within the Greater Christchurch community. For example, it intersects with the Health, Education, Kaupapa Maori and Social Services Sectors through its contractual obligations to the various funding bodies that provide financial resources to support the initiative – funding bodies that include Pegasus Health, New Zealand Red Cross and the Canterbury Community Trust. Moreover, during the later part of 2014 Right Service Right Time has taken a leadership role in bringing together Christchurch Children’s Team stakeholders to design the Christchurch Children’s Team scheduled to begin operation in 2015/2016.
11. Right Service Right Time is governed by a group of leaders from a diverse range of sectors including the Child Youth and Family Sector, the Refugee and Migrant Sector, the Social Services Sector, the Health Sector, the Kaupapa Maori Sector, Family Violence Sector, Sexual Violence Sector and the Elders Sector. Members of the Right Service Right Time Governance Group include: Susie Jones, Operations Manager, Child and Family Services Barnardos South Island; Trevor Batin, Regional Manager, Stand Children’s Services Tu Maia Whanau; Maggy Tai Rakena, Manager, START; Sue Van Deurs, Manager Social Services Division Christchurch Methodist Mission; Jan Egan, General Manager Early Start Project; Donna Ellen, Community Support Manager, Pegasus Health (Charitable) Ltd; Shirley Wright, General Manager Christchurch Resettlement Services; Deirdre Ryan, Manager Wellbeing North Canterbury Community Trust; Dallas Hibbs, Chief Executive Officer He Waka Tapu; Penny Taylor, Regional Manager Christchurch Selwyn, North Canterbury Presbyterian Support (Upper South Island); and, Alison Wills, Site Manager (West) Christchurch Metro, Child Youth and Family.

### ***Pegasus Health Community Board***

12. Pegasus Health (Charitable) Ltd is a charitable company that supports 109 practices within the Christchurch and Canterbury area in delivering quality care

to over 365,000 enrolled patients. The Pegasus community includes 330 member GPs, 355 practice nurses, and nearly 400 support staff as well as other community providers. Pegasus Health is an organisation that supports many aspects of health and wellbeing in Canterbury.

13. The key objectives of Pegasus Health include:

- The enhancement of health and health care and facilitation of the provision of health care to individuals, their whanau/families and all the population of Canterbury
- The improvement of the health status of individuals, their whanau/families and all the population of Canterbury
- The reduction of disparities between the health of Maori and other identified groups within the population of Canterbury and the reduction of barriers to the timely access to appropriate health services
- The education of the public and health care providers as to health related issues
- The greater participation of the population of Canterbury in health related issues through proactive consultation and communication with Communities and in keeping with the spirit of the Treaty of Waitangi
- The improved availability of health related information
- The improvement of integration and liaison between health care providers and others in Canterbury to ensure that health care services are coordinated around the needs of the population of Canterbury
- The creation or development of or the enhancement of co-operation with other entities that have similar objects.

14. In order to achieve its objectives and improve the health of the communities within its jurisdiction, Pegasus Health develops its plans and implements its programme of services based on a foundation of empirical and experiential evidence about the needs and aspirations of the communities it serves. Within this context Pegasus Health supports four advisory boards including:

- Community Board

- Te Kāhui o Papaki Kā Tai
- Pacific Reference Group
- Asian and Migrant Health Advisory Group

15. The Community Board contributes to Canterbury's health and health care system by engaging with the community; working alongside clinical leaders at a strategic level; and, making recommendations on:

- how to address health inequalities
- needs identification
- meeting the needs of diverse populations
- planning and prioritisation
- the ethical use of finite resources
- implementation and evaluation of primary and community-based health care services and programmes

16. The members of the Pegasus Community Board include Professor Andrew Hornblow; Helen Lockett; Robyn Wallace; Michael Aitken; Natu Rama; Peter Laloli; Peter Townsend; Rob Earle; and Tanya McCall.

## **4. Right Service Right Time Governance Group and Pegasus Health Community Board Submission**

17. This submission focuses on the following themes identified in the findings and recommendations encapsulated in the 'More Effective Social Services' draft report including:

- System stewardship
- Social service strategy
- Commissioning
- Contracting: Outcome-Based Models with More Devolved Control
- Innovation
- Meaningful Data and Intelligence to Inform Commissioning and Outcome Contracting Mechanisms
- Collaboration for impact

### **4.1 System Stewardship**

18. The Right Service Right Time Governance Group and the Pegasus Community Board welcome the concept of 'system stewardship.' We acknowledge that such stewardship is challenging within the current context where social services are facing real and unsustainable increases in demand across all categories of service users; where there may be pressure to do what is popular in the short term, rather than what is right and beneficial in the long term; where there is a restricted public sector budget both in the immediate and longer term; and where transformational change can often face a range of obstacles including budgetary pressures and the need for savings as well as opposition from service users and service providers who value the status quo. Within the context of these challenges, stewardship will require community education, open communication and transparent decision-making.

19. For us the concept of 'system stewardship' implies an overarching responsibility for the functioning of the social service system and the wellbeing of New

Zealanders – a policy formulation responsibility that defines the vision and direction for the social services sector; an influencing responsibility that makes use of legal and regulatory instruments with which to steer the performance of the social service system; and, a responsibility to gather, synthesise and disseminate information, research and intelligence to inform planning and decision making not only within the social service sector but across all sectors that have an influence on the wellbeing outcomes for New Zealanders. Moreover, social service system stewardship requires fostering a culture of self-determination amongst individuals and organisations in the system within the bounds of an agreed framework vision, direction and values.

20. In our view such social service system stewardship responsibilities involves accountability for:

- *Focusing on enhancing the wellbeing outcomes for current and future generations of New Zealanders:* While social service system stewardship involves a mandate from citizens to take care of and create a return on investment from resources within their control, this responsibility should be couched with the immediate, intermediate and long term. Thus, stewardship in this context requires actions that bring order and direction to strategic actions that not only focus on accountability for achieving positive outcomes for the current generation of New Zealanders, but also have regard for the wellbeing of future generations
- *Working across boundaries:* Recognise that stewardship for the social service system and the long-term wellbeing of New Zealanders is affected by and affects other determinants in the environment. For example, achieving wellbeing outcomes involves a range of interdependencies with the economy, the decisions and actions within other sectors (e.g. education, criminal justice, health, employment, etc), building resilience and social capital within communities, and enhancing social inclusion. Therefore, this interconnected nature of the many determinants of wellbeing requires inter-sectoral collaboration and evidence sharing; and working across the boundaries of jurisdictions, sectors and disciplines in a way that connects these interdependencies and creates innovation and opportunities for New Zealanders.
- *Emphasise wellbeing and sustainability:* Ensuring stewardship is located within the wider framework of wellbeing – a framework that facilitates the delivery of resilience and capability building services and supports for those presenting with the most complex and multiple needs, and also provides for services that



emphasise the important role of prevention and provision of information and advice. By delivering such a continuum of services, outcomes will be improved for individuals and families/whanau and over time there will be a reduction in the demand for current and more expensive forms of social care and support. In essence, this approach offers sound risk management and supports sustainability because it is both responsive to people's present needs and builds resilience over the longer term.

*“Good commissioning promotes health and wellbeing for all, including physical, mental, emotional, social and economic wellbeing. This covers promoting protective factors and maximising people’s capabilities and support within their communities, commissioning services to promote wellbeing, preventing, delaying or reducing the need for services, and protecting people from abuse and neglect”*

Source: Health Services Management Centre (2014) *Commissioning for Better Outcomes: A Route Map*. UK: University of Birmingham.

## **4.2 Social Services Strategy**

21. The Right Service Right Time Governance Group and the Pegasus Community Board support the development of a whole-of-system strategy for the delivery of social services within New Zealand. This strategy would set out priority areas for action which would guide and focus the commissioning and purchasing of social services and include:

- A national outcomes framework that includes clear and consistent definitions of long term and integrated cross-sector outcomes and a mechanism of accountability for their achievement
- Consideration of resources in terms of ensuring that expenditure is both supportable in the short term and represents good value in the longer term
- Focus on the whole system so that services across sectors are integrated and outcomes achieved in one part of the system do not work against those sought in another part of the system
- Focus on wellbeing and a model that includes primary, secondary and tertiary prevention, with a strong emphasis on early intervention: This is critical to sustainability and requires a focus on identifying the root causes of socio-economic problems and solutions that address these so as to prevent larger,

more complex and more costly problems that need to be addressed further down the track

- Meaningful engagement with service users and service providers to co-produce both the initial definition of the outcomes sought and the development of client-centred solutions for attaining them
- Reducing complexity within the social service system to enhance accessibility for individuals and families/whanau and reduce compliance costs for providers of service
- Building a confident and competent cross-sector social service workforce

### 4.3 Commissioning

22. **Build Commissioning Framework for New Zealand Social Services on Best Practice Commissioning Standards:** The Right Service Right Time Governance Group and the Pegasus Community Board support the development of robust commissioning capabilities with which to transform the delivery of social services in New Zealand. Effective commissioning requires a focus on citizenship, health and wellbeing and reference to best-practice commissioning standards. For example, we recommend that the New Zealand Productivity Commission consider the 2014 commissioning standards developed by the University of Birmingham for the UK health and social care system. A summary of this standards framework is located in the following text box.

#### 12 Standards for 'Good Commissioning'

Health Services Management Centre (2014:6) *Commissioning for Better Outcomes: A Route Map*. UK: University of Birmingham

##### *"Person-centred and outcomes-focused"*

1. **Person-centred and focuses on outcomes** - Good commissioning is person-centred and focuses on the outcomes that people say matter most to them. It empowers people to have choice and control in their lives, and over their care and support.

2. **Promotes health and wellbeing for all** - Good commissioning promotes health and wellbeing, including physical, mental, emotional, social and economic wellbeing. This covers promoting protective factors and maximising people's capabilities and support within their communities, commissioning services to promote health wellbeing, preventing, delaying or reducing the need for

services, and protecting people from abuse and neglect.

**3. Delivers social value** - Good commissioning provides value for the whole community not just the individual, their carers, the commissioner or the provider.

#### **Inclusive**

**4. Coproduced with people, their carers and their communities** - Good commissioning starts from an understanding that people using services, and their carers and communities, are experts in their own lives and are therefore essential partners in the design and development of services. Good commissioning creates meaningful opportunities for the leadership and engagement of people, including carers and the wider community, in decisions that impact on the use of resources and the shape of local services.

**5. Promotes positive engagement with providers** - Good commissioning promotes positive engagement with all providers of care and support. This means market shaping and commissioning should be shared endeavours, with commissioners working alongside providers and people with care and support needs, carers, family members and the public to find shared and agreed solutions.

**6. Promotes equality** - Good commissioning promotes equality of opportunity and is focused on reducing inequalities in health and wellbeing between different people and communities.

#### **Well led**

**7. Well led by Local Authorities** - Good commissioning is well led by Local Authorities through the leadership, values and behaviour of elected members, senior leaders and commissioners of services and is underpinned by the principles of coproduction, personalisation, integration and the promotion of health and wellbeing.

**8. Demonstrates a whole system approach** - Good commissioning convenes and leads a whole system approach to ensure the best use of all resources in a local area through joint approaches between the public, voluntary and private sectors.

**9. Uses evidence about what works** - Good commissioning uses evidence about what works; it utilises a wide range of information to promote quality outcomes for people, their carers and communities, and to support innovation.

#### **Promotes a diverse and sustainable market**

**10. Ensures diversity, sustainability and quality of the market** - Good commissioning ensures a vibrant, diverse and sustainable market to deliver positive outcomes for citizens and communities.

**11. Provides value for money** - Good commissioning provides value for money by identifying solutions that ensure a good balance of quality and cost to make the best use of resources and

achieve the most positive outcomes for people and their communities.

**12. Develops the commissioning and provider workforce** - Good commissioning is undertaken by competent and effective commissioners and facilitates the development of an effective, sufficient, trained and motivated social care workforce. It is concerned with sustainability, including the financial stability of providers, and the coordination of health and care workforce planning.

**Source:** (Retrieved from: <http://www.local.gov.uk/documents/10180/5756320/Commissioning+for+Better+Outcomes+A+route+map/8f18c36f-805c-4d5e-b1f5-d3755394cfab> ).

**23. Multiple Commissioning Approaches:** Within the framework of commissioning social services in New Zealand, the Right Service Right Time Governance Group and the Pegasus Community Board submit that multiple approaches need to be adopted – approaches that include joint commissioning; national and regional commissioning; and commissioning for prevention.

**23.1 Joint and Integrated Commissioning:** In situations where children, young people, vulnerable adults and communities present with complex and multiple needs (e.g. homelessness, substance abuse, mental health and interaction with the criminal justice system), a joined up commissioning approach is required. In the past the more vulnerable groups in our community have frequently had to interact with a wide variety of services operating under different sectors' mandates and contract requirements. Moreover, we note that in both New Zealand and across multiple international jurisdictions commentators in the literature observe that "*public services have struggled to cope with the complexity of such needs with contact sporadic, overlapping and inefficient, meaning services may be adversely contributing to root causes rather than addressing them*" (Crowe, Gash & Kippin, 2013:53). Joint commissioning seeks to address such issues by commissioning partners from across government sectors (health, social development, education, criminal justice, etc) planning services together to ensure joined-up responses and make the most efficient use of resources.<sup>1</sup> This approach has the potential to deliver the best possible solutions for vulnerable groups and ensure they have seamless access to the multitude of services they require in a timely manner.

---

<sup>1</sup> We note a range of practices related to and supporting joint and integrated commissioning including pooled budgets; aligned budgets; co-location; integrated assessments; and service user involvement (Great Britain Parliament House of Commons Education and Skills Committee, 2013).

Moreover, we submit that integrated and joint commissioning requires more than joined-up government agencies involvement. Non-Government and Private Sectors' providers deliver a significant proportion of social and care services in New Zealand. They too need to be involved in planning what services are needed in national and local areas; how best to provide them; and how best to develop new and more flexible services. Essentially, this entails partnership working between commissioning bodies and social service and care providers – partnership working that is built on openness and transparency, mutual respect and joint understanding of the roles and responsibilities of each partner and the challenges each faces.

We endorse successful partnership working across sectors, professions and providers – partnership working that requires recognising each party's contribution to achieving positive outcomes for clients; involving all parties in the development of commissioning strategies and policies and procedures for the procurement of social services; being proactive in involving all parties in service design and the development of service specifications; engaging with all relevant parties in remodelling services to make them more person-centred and outcome focused; developing a 'can do' culture which promotes innovation; engaging all parties in forums to discuss policy and practice and the development of good practice; and being open to suggestions from all parties about how the social service system could be improved and costs reduced.

We suggest that the New Zealand Productivity Commission refers to the 2015 publication 'Options for Integrated Commissioning' recently prepared by the King's Fund for an outline of the empirical evidence supporting joint and integrated commissioning (Source: [http://www.kingsfund.org.uk/sites/files/kf/field/field\\_publication\\_file/Options-integrated-commissioning-Kings-Fund-June-2015\\_0.pdf](http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/Options-integrated-commissioning-Kings-Fund-June-2015_0.pdf) ).

23.2 *National and Regional Commissioning:* We submit that commissioning is practiced on different levels from that involving national commissioning to that involving regional or local commissioning. For example, there may be benefits in commissioning some specialist services on a national basis to save duplication of effort and unnecessary variation across regions; and enable opportunities for benchmarking costs and sharing best practices and advice. Alternatively, in other situations there is much to be gained from devolving the commissioning practices to local bodies that know the local context and are best placed to design a local response.

23.3 *Commissioning for Prevention and Early Intervention*: We advocate for prevention and early intervention approaches to be embedded in commissioning planning and strategies.<sup>2</sup> As noted by the New Zealand Productivity Commission (2015:310), there is evidence both nationally and internationally that prevention and early intervention practices improve outcomes; save money by avoiding more resource intensive measures at a later date; and have the best return on investment. Moreover, prevention and early intervention approaches have the potential to improve the financial sustainability of the social services system in the longer term. Such approaches improve family stability; reduce risk taking behaviours; improve educational attainment; and reduce health and social inequalities.

The UK's 'Call to Action' commissioning strategy provides an example of commissioning for prevention and early intervention can be operationalised. (Retrieved from: <http://www.england.nhs.uk/wp-content/uploads/2013/11/call-to-action-com-prev.pdf> ).

24 ***Commissioning Competencies***: It is recognised that effective social service commissioning in New Zealand requires commissioning agents to draw on a wide range of skills, competencies, experience and capacity amongst partners. In our view the main areas of the commissioning role include: engaging and drawing on the experience of local community leaders, agencies and partners; engaging and working with service users; collaborating with service providers; mapping resources; specifying and measuring outcomes; managing knowledge and assessing needs; prioritising investment; shaping and managing the markets; promoting improvement and innovation; securing procurement skills as required; and implementing project and change management.

Commissioners need strong relationship management skills; real experience of improving outcomes; a commitment to continuous improvement, verifying and revisiting assumptions and sharing learnings; and a deep understanding about the strengths, weaknesses and gaps in the skills and competencies of the workforce.

---

<sup>2</sup> Prevention: Preventing harm before it occurs by equipping New Zealanders with the ability to deal with setbacks and seize opportunities to flourish.

Early Intervention: Detecting and responding to early signs of difficulty and forestalling problems which could lead to more serious consequences.



#### 4.4 Contracting: Outcome-Based Models with More Devolved Control

25. We noted that the New Zealand Productivity Commission’s investigation into the effectiveness of social services described “reports from many (non-government) providers that they are underfunded” (2015:314). We build on this description by referencing the findings of a 2015 research project commissioned by Right Service Right Time.<sup>3</sup> In essence this research found that contracts for social services amongst the non-government organisations that participated in the survey were not commonly based on a full-cost-for-service basis. Rather the service provider respondents reflected that government funding only partially compensated them for the full cost of delivering services that government expected. The following text box summarises pertinent findings from this research.

<b>Services for Vulnerable Children/Families in Canterbury: Social Service Providers Experiences of Government Funding (Wylie, 2015)</b>	
<b>Research Question</b>	<b>Findings</b>
Thinking about the services you deliver to vulnerable families/whanau, how does the service you typically deliver compare with what you are contracted to deliver?	Over 85 percent of the survey sample are over-delivering services compared with what government funding covers (either in intensity or duration), with over half (52.8%, n=19/36) delivering a service of greater intensity and over a longer time period than they are contracted to deliver. This is necessary to meet presenting needs, but even so, almost half of the agencies which responded to the survey indicated that they had waitlists, and many others only had capacity for one or two of the services they offered, with others heavily over-subscribed (Wylie, 2015:29 & 65)
Approximately what percentage of your agency’s work with vulnerable children/families is resourced by government funding?	Findings show that over a third of service providers are only funded by Government for up to half the work they do with vulnerable children and their families, having to resource half or more of this work via fundraising and via

<sup>3</sup> In early 2015, Right Service Right Time commissioned a research project to demonstrate the NGO sector’s current capacity and capability; and, the proportion of that service capacity that would match the Christchurch Children’s Team target population’s requirements/needs. The research included an electronic survey to which 39 (of the 41 RSRT Alliance partners and 14 agencies that were Canterbury Social Service providers Aotearoa network members) agencies responded, with 41 responses reflecting that two large agencies responded to the survey from different work streams (Wylie, S. & Schroder, R., June 2015. *Identifying, Supporting and Protecting Vulnerable Children in Canterbury: Greater Christchurch Service Mapping Project, Right Service Right Time*. Christchurch: The Collaborative Trust for Research and Training in Youth Health and Development).

	<p>philanthropic sources.</p> <p>Of the ten providers which had more than 80 percent of their current work with vulnerable clients funded by Government, most drew on Ministry of Justice funding (sexual offending, youth offending) and/or Ministry of Health funding around child health, mental health and addictions, with one contracted to work with refugee and migrants</p> <p>Several respondents commented that it was becoming harder to top up central government funding via local government grants and other grants funding, as some funds were being cut. Where Central Government funding does not cover the full costs of delivering services to vulnerable children and their families/whānau, grants funding from a range of sources including Christchurch City Council, New Zealand Red Cross, The Canterbury Community Trust, Lotteries, Wayne Francis Trust, Vodafone Foundation and other smaller philanthropic funds were highlighted by half the respondents as essential to their service delivery. Fundraising was identified as a funding source by six respondents, client fees or koha by five, goodwill through volunteered staff hours/payroll giving was identified by two respondents as a means with which services to vulnerable children are delivered, return on investments by two respondents, and one indicated that they delivered the services needed by keeping salaries low and occupying poor standard accommodation (Wylie, 2015:37-38)</p>
--	---

26. The Right Service Right Time Governance Group and the Pegasus Community Board support the New Zealand Productivity Commission’s view that government contracting for social services should move away from a purchase-of-service contract model that is overly prescriptive about the way in which services should be delivered; that has largely focused on procedural compliance (use of inputs, completion of activities and delivery of outputs); and that has involved high transaction costs.

27. Rather we support the shift away from top-down direction for operating social services; support the notion of government/non-government/client partnering to



develop national and local solutions for tackling social problems; support models of outcome and relational contracting; support providing service providers with more flexibility to do 'what works;' and support measures that free the sector from excessive bureaucracy and compliance.

28. These changes offer the following benefits:

- Outcome contracts of three-to-five years, with inbuilt checkpoints, create greater certainty and allow social service providers to plan ahead and invest in building capability (e.g. investing in the workforce) and improving services
- Standardised procurement exercises across government departments which would save service provider time spent adapting the same information for different funding applications and contracts
- More flexibility to tailor services to ensure they are responsive to clients' individual needs, whilst maintaining an alignment between the outcomes sought by government, non-government organisations and the target client group.
- Stronger people relationships between the parties to the contract resulting from mutual trust and cooperation, open and honest communication and free sharing of information – relationships based on information and communication that enable fair assessments of the risks/factors outside service providers' control that need to be factored into the targets associated with performance measures
- More clarity about the way in which each service's logic contributes to the government outcomes and the commissioning strategy; more clarity about the outcomes sought and the associated metrics that enable performance to be managed and remuneration on the basis of performance; and more transparency about the rationale for government's decisions to fully fund selected social services.

#### **4.5 Innovation**

29. The Right Service Right Time Governance Board and the Pegasus Community Board note the New Zealand Productivity Commission's finding "that social services commissioning organisations should shift more contracting towards contracting for outcomes and make greater use of decentralising service models ... (giving) providers increased flexibility and incentives to innovate" (2015:317).

30. We note that Crowe, Gash and Kippin (2013:8) comment that “disruptive innovation may be most likely to develop outside constraints created by contracts. Cost-constraint contracts allow for incremental innovation within specific services, but rarely lead to radical innovations to meet multiple outcomes and complex needs.” Moreover these authors emphasised that innovation was more likely to occur outside government contracts and that large-scale experimentation to transform outcomes was more likely to occur through collaborative ventures between government and a number of trusts when spending for innovation was shared across the parties.
31. The research commissioned by Right Service Right Time appears to confirm these observations. Findings showed that respondents were of the view that current contracting models constrained innovation and that while Canterbury social service providers reported many examples of innovations, such innovations were largely supported by funding sources outside government.

*“The present research affirmed the Commission’s finding that government agencies often tightly prescribe the activities of providers, making it difficult for providers to innovate or tailor services to the individual needs of clients, particularly from kaupapa Māori providers. The Commission also suggests that greater innovation should be fostered in social services. In reality, a huge amount of innovation is occurring in Canterbury, but funding for this has come largely from earthquake response funding such as that provided by Red Cross. Historically, innovation has been resourced by fundraising, but with this now going to core services, propping up contributory funding, the biggest barrier to innovation, especially in the next few years is likely to be under-resourcing rather than any sort of lack of desire for innovative practice” (Wylie, 2015:69).*

*“Over four-fifths (n=33) of the respondent group were able to identify innovations that they have used over the past three years with vulnerable families, illustrating the adaptability of the sector. Examples of innovative service delivery offered included new counselling services, more wraparound approaches to service delivery, services targeting the whole family rather than just child-focused interventions, training and workforce development and collaborative projects” (Wylie, 2015:39).*

32. We are of the view that outcome-based contracting offers the opportunity to create the space required for social service providers to be nimble and create newness. However, the parties to such contracts need to have a shared understanding that the flexibility within outcome contracts brings with it the expectation that social service providers will grasp opportunities for incorporating

new knowledge and practice innovations into their services and adapting as needs and circumstances in the environment shift.

33. Government commissioning agents have a role to play in supporting innovation within the social service sector. Actions could include facilitating engagements across communities, service providers and clients focused on finding innovative and effective solutions to local issues; creating access to research and data that may spark innovation through better understanding the issues facing communities and the evidence that may support practice and service improvements; and encourage greater use of information communication technologies for delivering services and supports for people. The following text box describes an innovative Youth Mental Health project that utilised ICT.

SPARX is a Youth Mental Health Programme that uses a computer programme to help young people learn skills to deal with feeling down, depressed or stressed (Source: Retrieved from: <https://www.sparx.org.nz/> )

#### **4.6 Meaningful Data and Intelligence to Inform Commissioning and Outcome Contracting Mechanisms**

34. The success of commissioning and contracting for outcomes is contingent upon setting up a system for collecting, collating and reporting evidence and information. An evidence base is essential for understanding the social problem and the characteristics of the client target population; understanding the current cost, efficiency and effectiveness of services operating in the social service system; developing an intervention logic that includes outcome statements and associated performance measures that align across system-, service- and client levels; enabling evidence-based commissioning and contracting; guiding continuous improvement decisions and actions; and assessing impact.
35. *Baseline Information:* Gathering baseline information is a critical first step. Time needs to be spent selecting outcome metrics that are aligned with the goals of the social service system; mining existing administrative data bases to assess the need in different populations and gain a clear picture of the target client population's demographic and social history profile; mapping current expenditure and programme performance; and assessing gaps in data collection and working with service providers to collect any new data required. This baseline data is not only essential for evaluating effectiveness, but it also provides critical information

for service providers about whether practices need to change to achieve outcome targets

36. *Building Capability*: There needs to be an investment in the infrastructure to support government and service provider organisations to collect, collate and report performance information (e.g. financial information with which to track spending and client data to track the outcomes from services on clearly defined target populations). This capability building could include the development of data collection systems and data sharing arrangements; mechanisms with which to share information about proven interventions; as well as enhancing the evaluative capacity to carry out impact evaluations at both the service and system levels.
37. *Evaluating Impact*: Commissioning and contracting for outcomes focuses attention on clarifying objectives, gathering baseline data, selecting direct and proxy measures and assessing and reporting results – a focus that is essential for impact evaluation. There also needs to be a focus on determining attribution (i.e. a requirement for answering the question: Did the service make a tangible difference to client outcomes?). To operationalise meaningful impact evaluations stakeholders need to consider feasible but robust methods. These methods could include propensity score matching (using administrative data to compare the outcomes of the cohort receiving an intervention with the outcome of a control group with similar characteristics); or population measures (comparing outcomes of the cohort with population-level outcomes).
38. We submit that the learnings from the Scottish Government’s ‘Getting It Right for Every Child’ national programme may provide useful guidance about designing and operationalising an evidence-based framework (MacNeil, M. & Stradling, B., 2010 *Getting It Right For Every Child: Evaluation-Themed Briefing*. Retrieved from <http://www.gov.scot/Resource/Doc/1141/0117445.pdf> ).

#### **4.7 Collaboration for Impact**

39. The Right Service Right Time Governance Group and the Pegasus Community Board endorse the Commission’s finding that effective change is enabled by building collaborative relationships amongst service users, service providers and government and non-government organisations. Stakeholders support what they help to create and through active participation in the change process they develop a sense of ownership and commitment to the change.

40. Research suggests that the level of commitment stakeholders have to a change process depends on the level of engagement and communications mechanisms utilised. For example, while information sharing and feedback mechanisms increase awareness and develop enthusiasm, it is collaborative and partnership mechanisms of engagement with equal power sharing that build the greatest level of trust, credibility and commitment to change processes (Dublin Health Services Executive, 2008).
41. During the past five years a number of examples of such collaborative/partnership initiatives have emerged which demonstrate the benefits for clients and positive impact for individuals, families/whanau and communities that can be secured through collective models of working. We draw your attention to a selection of collaborative ventures that have client-centred missions and have integrated cross-sector and cross-discipline services that seek to enhance the accessibility, responsiveness and outcomes for their respective client target groups. These collaborative initiatives include:
- Better Sooner More Convenient Health Care in Community (Ministry of Health, 2009)
  - Right Service Right Time (Members or associate members of Social Service Providers Aotearoa working from health, mental health and social services sectors, 2010)
  - Children’s Teams (a strategic priority action with the Government’s Children’s Action Plan involving cross-sector Government and Non-Government Organisations, 2013)
42. The following text box includes a description of the ‘Better Sooner More Convenient’ approach to health care introduced within the Health Sector in 2009 – an approach that improves the accessibility, responsiveness and cost-effectiveness of health care services for people by locating services in neighbourhoods where they reside; by locating a range of services in one place (e.g. medical; pharmacy; counselling; podiatrist; social work and other allied health workers) that ensures a seamless client journey; and, by providing a range of preventative services that enable people to remain in their homes rather than having to access costly secondary health services.

<b>Better Sooner More Convenient Health Care in the Community</b>
---

“In 2009 a new policy direction for health was introduced which creates an environment where health professionals in the community are actively encouraged to work with one another, and with hospital-based clinicians to deliver health care in a co-ordinated and co-operative manner so that more services are delivered in the community, people wait less for services and are kept healthier in the community.

The direction of that new approach was spelled out in the policy’s name: Better, Sooner, More Convenient. That policy is now being used to create Better services for patients, through primary (community-based) and secondary (mostly hospital-based) health professionals working together more collaboratively – sharing patient information more readily and working together with patients to provide effective health care. In effect the new approach is removing barriers and creating a continuous health service.

The Sooner aspect of the policy involves less waiting for patients. By providing more services in the community and creating a smoother flow between different parts of the health service, patients can get treatment more quickly. For example: why wait weeks or months for a hospital appointment to get a skin lesion removed when, with some training, a family doctor can safely and effectively remove it today or tomorrow.

The ‘More Convenient’ focus of the approach recognises that most people live a lot closer to their local GP than they do to their nearest public hospital and that it’s easier to arrange a time and day that best suits people at their local GP than it would be at a hospital. Moreover, for some services, especially for people with multiple long-term illnesses, assistance in the home or another convenient setting can help to ensure that they remain well in the community, avoiding unnecessary stays in hospital. In combination, this policy direction for health creates an environment where health professionals in the community are actively encouraged to work with one another, and with hospital-based clinicians to deliver health care in a co-ordinated and co-operative manner.”

**Source:** <http://www.health.govt.nz/publication/better-sooner-more-convenient-health-care-community>

43. Specific examples of this ‘Better Sooner More Convenient’ approach operating in Canterbury include Longhurst Health, providing a co location model with convenient, accessible and integrated health and allied health services including general practice, dentistry, podiatry, chiropractic, acupuncture, psychological counselling; pharmacy, Nurse Maude, and physiotherapy services (<http://www.longhursthealth.co.nz/services/>); Travis Medical Centre an example of integrated family health model with patient journey at the centre



(<http://www.travismedical.co.nz/>); and Piki Te Ora Health Centre, Linwood (<http://www.pikiteora.org.nz/>).

#### **4.7.1 Creating Communities of Learning: Right Service Right Time as an Exemplar**

44. The Right Service Right Time Governance Group and the Pegasus Community Board submit a response to elements of the New Zealand Productivity Commission's findings about 'Social Services in New Zealand.' In particular, we note the following findings:

- *"From a client's perspective, government processes for delivering social services can seem confusing, fragmented, overly directive and unhelpful"*
- *"Existing social services are not well placed to deal with multiple and inter-dependent problems encountered by many of New Zealand's most vulnerable individuals and families."*
- *"The social services system fails to create and share information about which services and interventions work well and those that do not"* (The New Zealand Productivity Commission, 2015:310).

45. We submit that the Right Service Right Time initiative provides an example of the way in which a collaborative initiative has streamlined access to social services and supports for people; enabled an effective response to those presenting with complex needs; and, shared information about the success factors associated with designing and implementing a collaborative social service sector innovation. The following text box provides a summary of the way in which the Right Service Right Time Alliance has addressed the accessibility and responsiveness issues for those presenting with multiple and complex issues identified by the Commission. Moreover, this initiative provides the Commission with an example of the way in which lessons learned about successful collaboration has been shared with others. In this regard, Right Service Right Time has included its franchise document in the Appendix of this submission for the Commission's reference.

## Right Service Right Time

Recognition of the complexities for people navigating multiple helping services; and the need to enhance the efficiency and responsiveness of cross-sector services for those presenting with diverse and complex human service needs were key drivers at the heart of the establishment of Right Service Right Time. Initiated in 2010, Right Service Right Time provides an illustrative case study about the way in which a Christchurch- and evidence-based alliance model united multiple service partners to address such issues. Since its inception Right Service Right Time has:

- Provided an accessible and recognisable point of entry to a plethora of primary, secondary and tertiary prevention programmes and services offered by a continuum of cross-sector agency types from small organisations that focus on community development initiatives to large complex organisation offering a range of services – an element of the Right Service Right Time business model that ameliorates confusion and fragmentation and enhances accessibility
- Engaged with individuals, families/whanau and communities in a client-centred and client-directed manner to ensure they receive the most appropriate response in a timely and culturally safe way, including flexible, innovative and multi-services responses designed in conjunction with Right Service Right Time's multi-disciplinary, multi-sector Response Panel of senior practitioners.

Throughout the period of its establishment and operation, Right Service Right Time has learned many lessons about effective strategies associated with collaborative and system-wide approaches. Many parties from across Government and Non-Government Organisation Sectors have engaged with Right Service Right Time seeking to better understand the essential elements of this effective innovation – understandings that could be transferred to other locations throughout New Zealand. In order to ensure that the lessons learned by Right Service Right Time are widely accessible to others, the members of the Governance Group developed a 'franchise' document. This 'franchise' document is located in the Appendix for the New Zealand Productivity Commission's reference.



## References

Crowe, D., Gash, T. & Kippin, H. (2013) *Beyond Big Contracts: Commissioning Public Services for Better Outcomes*. London: Collaborate at London South Bank University.

Great Britain Parliament House of Commons Education and Skills Committee (2013) *Every Child Matters: Ninth Report of Session 2004-05 Vol. 2*. United Kingdom.

Health Services Executive (2008) *Improving Our Service: A Users' Guide to Managing Change in the Health Services Executive*. Dublin: Organisation Development and Design Unit, Health Services Executive.

Health Services Management Centre (2014) *Commissioning for Better Outcomes: A Route Map*. UK: University of Birmingham.

Humphries, R. & Wenzel, L. (June, 2015) *Options for Integrated Commissioning: Beyond Barker*. United Kingdom: The King's Fund.

MacNeil, M. & Stradling, B., 2010 *Getting It Right For Every Child: Evaluation-Themed Briefing*. Retrieved from <http://www.gov.scot/Resource/Doc/1141/0117445.pdf> ).

National Health Service (November 2013) *A Call to Action: Commissioning for Prevention*. England: National Health Service.

Veillard, J.H.M., Brown, A.D., Baris, E., Permanand, G., Klazinga, N.S. ( 2011) Health System Stewardship of National Health Ministries in the WHO European Region: Concepts, Functions and Assessment Framework. *Health Policy* 103: 191-9.

Wylie, S. & Schroder, R. (2015) *Identifying, Supporting and Protecting Vulnerable Children in Canterbury: Greater Christchurch Service Mapping Project, Right Service Right Time*. Christchurch: The Collaborative Trust for Research and Training in Youth Health and Development.

# Right Service Right Time



## **The Transferability of the Right Service Right Time Franchise: Guidelines for Franchisees on Establishment and Implementation and the Franchise Agreement**

### **1 Purpose**

2 The purpose of this document is to describe the core principles and design and implementation practices and approaches associated with the Right Service Right Time franchise and the lessons learnt by the Right Service Right Time Alliance as the basis for discussions about and the process of transferring this innovative initiative to other regions within New Zealand. <sup>4</sup>

### **2 Background and Introduction**

3 Since its establishment in 2010, Right Service Right Time has attracted considerable interest from various parties across the government and the Non-Government Organisation (NGO) sectors. In particular, inquiries have focused on questions about the nature of this collaborative model and the problem it was introduced to solve; the approach taken for its establishment and implementation; and, the results achieved for families/whanau and their communities and the social service providers within the Canterbury region.

4 The Right Service Right Time Management Committee recognise the advantages and effectiveness of adopting a collaborative and systemic approach to providing social and support services for families/whanau and that the Right Service Right Time initiative has enhanced the accessibility and responsiveness of service for those in its target population. The Committee support the adoption of this Alliance Model in other New Zealand regions and wish to share their 'know how' and offer advice and guidance to others. This paper provides a framework for sharing

---

<sup>4</sup> Information with which to compile this paper was gathered from four main sources: a Right Services Right Time Management Committee discussion held on 23 January 2013; a meeting between senior officials from the Treasury and those who were instrumental in the establishment of the Right Service Right Time initiative held on 29 January 2013; key Right Services Right Time documentation; and, additional background information gleaned from Google searches.

experiences about the Right Service Right Time initiative. Further, it describes the essential elements of this innovation – elements that need to be agreed and adopted by any parties interested in adopting this Alliance Model in their locality to ensure this franchise's brand is maintained and recognised.

### **3 Lessons Learnt**

#### **3.1 The Establishment Phase**

##### ***Scanning the Environment and Identifying the Problem***

5 Those who initiated the Right Service Right Time innovation examined the environment within which the Canterbury social service sector operated to better understand the barriers to service access for families/whanau and to explore opportunities for enhancing a client-centred, seamless and efficient journey for families/whanau seeking assistance and support. Several issues emerged from this analysis of the external environment including:

- Families/whanau often required multiple service responses to address the challenges they faced. Their experience of accessing such services was onerous at times for example, each individual agency had a different business process to navigate and families/whanau were subjected to multiple and repeated assessment processes.
- A stocktake of social service providers found that there was an increasing demand for social services and support by families/whanau within the context of a finite level of supply across the social services sector. Service providers responded to such demands by either initiating a waitlist process or by 'closing access to service' until the required capacity was available.
- The New Zealand Parliament had amended the Children, Young Persons and Their Families Act, 1989, to facilitate the introduction of a Differential Response Model with which Child, Youth and Family Services (CYF) could respond to different reports of abuse, neglect and insecurity of care in different ways. The intent of this amendment to the legislation was to enable Child, Youth and Family to more effectively target their investigative resources and more appropriately respond to different kinds of notifications, including the development of partnerships with community service providers to provide assessments and service delivery. The Differential Response Model sought to provide more timely, appropriate and effective services for CYF clients/tangata whaiora. Although no formal scenario testing was undertaken, it was anticipated that the introduction of this Model would further increase the demand for Non-Government Organisation (NGO) social services.

- The Canterbury District Health Board had introduced a single point of entry mechanisms for clients/tangata whaiora seeking services from providers within the mental health sector. A number of those clients/tangata whaiora using that point of entry to services presented with needs that were best met by community-based services – a situation that further increased the demand on the bounded capacity within the social service NGO sector in Canterbury.
- The New Zealand Government’s drive for a smaller, more affordable public service, less bureaucracy, productivity improvements and value-for-money had seen a shift of service provision by the government sector to the non-government organisations sector – another environmental factor that would further increase the demand for NGO social services.

6 In sum, the initiators of the Right Service Right Time innovation identified a range of policy and procedural factors in the environment that presented challenges for ensuring the accessibility and responsiveness of system of social services for clients/tangata whaiora and the NGO social service sector’s ability to respond in a sustainable manner.

### ***Establishing an Evidence Base***

7 The initiators of the Right Service Right Time innovation commissioned a literature review to provide an evidence base upon which to develop this collaborative model. The purpose of the literature review was to identify best practice collaborative models that resulted in desired outcomes for families/whanau. The literature review examined collaborative models between government organisations and non-government organisations across a number of jurisdictions, including Australia, USA, UK and Scandinavia, and Review Report presented the following findings:<sup>5</sup>

- Joined-up and collaborative approaches to service provision made a positive difference to the outcomes achieved for children and their families/whanau
- Better outcomes are achieved for children and their families/whanau when they are provided with timely access to services – a finding based on the premise that clients/tangata whaiora, who are facing multiple life challenges requiring multiple and specialised types of assistance, are more likely to take up services and less likely to disengage when there is an effortless process of access in place

---

<sup>5</sup> An overview of two of the policy approaches explored by the Literature Review is located in Appendix 1: The Victorian Government’s ‘Best Interests Framework for Vulnerable Children and Youth;’ and, the UK’s ‘Every Child Matters’ initiative.

- Mechanisms that assist clients/tangata whaiora to find the right path into services and the right service(s) to match their situations are likely to be more effective, efficient and economic – a finding based on experiential evidence that many clients/tangata whaiora find it difficult to navigate service systems to find the service with the appropriate capability that might best address their particular circumstances.
- Early engagement with clients/tangata whaiora that involves screening / brief assessment brings clarity to the question of whether or not specialised services and support are required and further facilitates families/whanau access to a brief intervention, if the latter circumstance occurs
- In line with the principle of a client-centred approach, recognised points of entry rather than single points of entry to service is the preferred approach particularly when operationalised with a coordination and communication mechanism with which to link the various recognised entry points within sectors. The Review Report noted that some jurisdictions adopted separate pathways into services respectively for voluntary and court-directed clients, while other jurisdictions adopted a single pathway for both client groups. The review Report noted that the single-pathway option had the added advantage of facilitating information sharing amongst service agents which offered service providers with a more comprehensive picture of each client's/tangata whaiora circumstances.

8 In addition to the evidence gleaned from the literature review, Right Service Right Time gathered evidence about the services and programmes offered across the region. This stocktake exercise not only provided a map of available services to which the client target group could be referred, but also included details about eligibility criteria, referral processes and other service details which would assist with matching presenting client/tangata whaiora needs and circumstances with appropriate services to address such presenting issues.

### ***Success Factors for Establishing and Sustaining the Alliance Model***

9 Success factors associated with the establishment and ongoing sustainable of Right Service Right Time include the following:

- Take small and achievable steps in developing the concept of a system-wide, collaborative model starting with a description of 'what it might look like;' present the concept to an already established network, such as a local Social Service Providers Aotearoa Network; and, invite their feedback and participation in its further development. These two foundational elements are critical to the success of a collaborative effort: Promoting the 'we vision,' that is, the notion of a collective, rather than an individualistic effort to facilitate the

planning and thinking around the design and implementation of the innovation; and, building on existing relationships and existing cross sector and cross discipline processes and methods for working with the target client group. For example, Right Service Right Time built on the already established relationship between the NGO sector and its statutory partner, Child, Youth and Family, and their work together in providing services for families/whanau.

- Spend time developing the philosophy and key principles that provide the foundation for implementing the model before attempting to develop the various elements of its operationalisation and practice. For example, the philosophy of Right Service Right Time included concepts such as client/tangata whaiora centred; voluntary participation; partnering, collaboration and coordination; a system-wide (rather than individual agency) and flexible response; and, a multi-disciplinary approach. The principles of Right Service Right Time included the development of its vision, mission and core values. The stakeholder discussions about the underpinning philosophy and principles of the innovation should:
  - focus on outcomes that stakeholders can commit to (for example, positive changes for individuals, families and the community) rather than outputs (a focus on results for an organisation);
  - include a 'pull' element that influences and motivates stakeholders to want to be part of the innovation; and,
  - emphasise the advantages of working together in a client-focused manner for the client target group (e.g. seamless and effortless journey through the complexities of the service delivery system; efficient receipt of wrap-around services; and, a systemic and whole-of-family response) and service provider stakeholders (e.g. enhances the efficiency and appropriateness of services for clients/tangata whaiora).
- Position and describe the innovation in terms of its point of difference or value proposition and the way in which it complements, rather than competes with, other existing initiatives. For example, Right Service Right Time offers a system-wide approach that gives clients a strengthened, integrated and coordinated platform from which to access services in a more accessible and responsive manner. Moreover, its success is dependent upon working closely and communicating with partners in both the statutory and voluntary sectors as well as with other established points of entry to service in other sectors, such as those provided by the aged care, youth and mental health sectors.
- Position the initiative in terms of the target client/tangata whaiora group. For example, target groups within the child and family welfare service sector, include those who receive services of a universal nature; those who require targeted services to strengthen family life and/or assist with dealing with life



cycle challenges and transitions; those who require remedial/statutory services, such the investigative services provided by Child, Youth and Family; and, those whose needs are best addressed by inter-sectoral responses. For Right Service Right Time the key target client groups include those who present with additional needs and those who present with complex needs. Right Service Right Time recommends that considerable effort be made during the establishment of an alliance model to define and communicate information about the target client/tangata whaiora group and the associated eligibility criteria for accepting referrals. Such up-front effort precludes the receipt of inappropriate referrals from referral agents.

- Develop a 'best practice' operations manual (including templates and forms to support the various elements of the innovation's business process) that provides guidance for the workers about effective practices and promotes consistency of practice over time.
- The Coordinator's role is a key linchpin for the success of the innovation. Care needs to be taken in the development of the job specification for this role. In particular, the best person for the job needs to have the right level of knowledge, skill and experience to work effectively with the target client group as well as relationships with key partners within the Alliance and a good understanding about the available resources within the geographical area covered by the initiative.
- Develop a communications strategy that includes information giving presentations for potential social service sector and other sector stakeholders to ensure they are included and participate in the 'establishment journey.' Such engagements with potential stakeholders, not only raises their awareness about the innovation, but also helps to build a swell of enthusiasm and ownership for the initiative. Website development is also an essential communications tool.
- Develop an information management system that provides an evidence base to support decisions about continuous improvement and risk management activities as well as supporting information for accountability, performance reporting and fund application purposes. Right Service Right Time has regularly reviewed its information management system with the aim of ensuring there is quality data with which to support the initiative's decision making and continuous improvement activities. This has involved developing accurate descriptions of the data categories and each of the data elements within those categories; ensuring the data captured includes the essential

aspects of the inputs, processes, outputs and results from the initiative; and, ensuring data entry is accurate and kept up-to-date.

10 In sum, the establishment phase, including the development of the collaborative model and the supporting structures, takes a considerable amount of voluntary time and goodwill from the team of innovators. For example, Right Service Right Time estimates that it took 18 months before the Model was ready for implementation.

### **3.2 The Implementation Phase**

#### ***About the Right Service Right Time Alliance Partners***

11 The Right Service Right Time Alliance is comprised of partners who are members or associate members of Social Service Providers Aotearoa and, in the main, they work from within the health, mental health and social service sectors. Assurance for the quality of services provided by the Alliance partners is derived from the required approvals and audit processes that are part of the eligibility criteria associated with government purchase-of-service contracting with non-government organisations.

12 The Right Service Right Time Alliance partners deliver services along a continuum of agency types including those who deliver early intervention services, small agencies that focus on community development activities, and, large complex organisations that offer a range of services. They offer a plethora of programmes and services, for example, parenting programmes and residential programmes.

#### ***What are the Key Elements of the Right Service Right Time Business Process?***

13 The four key elements in the Right Service Right Time business model are acceptance of referrals (from multiple sources, including those initiated from multiple sector agents as well as self referrals); screening and assessment; response (involving variously, provision of information and advice, brief intervention, referral to appropriate service providers, referral to an inter-sectoral initiative, such as Strengthening Families, or referral to the response panel – an interdisciplinary, cross sector panel tasked with developing a plan for service); and, case closure. Two key results are achieved from the implementation of this business process: Clients/tangata whaiora are engaged in a timely manner; and, they gain access to an appropriate service from their engagement with Right Service Right Time.



## ***Should Implementation Include a Trial Period?***

14 The six-month trial period for the Right Service Right Time initiative proved invaluable. This was the first time a cross NGO sector initiative had been initiated and this pilot period enabled the initiative to better understand the main types of services required by the target client/tangata whaiora group; engage members of the Response Panel who provided cross-sector representation and had the required knowledge and skills; and, gather evidence and detail about the sector's capacity (information gathered through two 'waitlist reviews' at the beginning and end of the pilot period) to provide service for Right Service Right Time referrals in a timely manner.<sup>6</sup>

## ***Funding the Innovation***

15 Other than receipt of a small amount of funding with which to resource the development of the evidence base for Right Service Right Time, the establishment phase was largely resourced by voluntary, in-kind efforts by a core team of NGO managers who had both a vision and passion for the innovation. The efforts of this team in developing the business strategy and various aspects of the business infrastructure provided 'a product' that formed the basis for subsequent applications for funding.

16 While Right Service Right Time's fund-seeking experiences show that funding bodies are more inclined to look favourably upon funding applications for direct service, as opposed to those for infrastructure costs, this experience also indicates that targeting funding bodies that have a stake in local, rather than national developments, appears to attract more success in gaining the required resources. In addition, funding applications appear more successful when the applicant can demonstrate their contribution to the achievement of the outcomes sought by the funding body.

17 In addition to successfully securing a funding resource, and prior to the commencement of the implementation stage, Right Service Right Time worked with their principle statutory partner and successfully negotiated a seconded human resource to carry out the innovation's coordination role.

18 Currently, the utilisation of Right Service Right Time's budget is equally split between resourcing the Alliances partners' services received by the

---

<sup>6</sup> The 'waitlist reviews' involved some 39 NGOs and the findings showed that of the 500 clients on these agencies' waitlists, almost all were waiting for different services. This finding countered earlier assumptions that a core group of clients may well be waiting for similar services offered by different agencies and therefore confirmed that the level of demand for NGO services far outweighed the level of supply.

clients/tangata whaiora who engage with the service and resourcing both the Coordinator's role and the infrastructure required to operate the initiative.

#### 4. Core Elements of the Right Service Right Time Franchise

19 While Canterbury Right Service Right Time recognises that the transfer and application of this Alliance model to other regions across New Zealand will require the new adopters to adapt the model to suit local purposes, contexts and circumstances, it also recognises that a key factor in the success and sustainability of this initiative is the reputation it now enjoys with core local and national stakeholders – a reputation based on its evidence-based foundation; its ability to carry out its mission with integrity; and, its adherence to certain success factors associated with collaborative and partnering ventures.

20 On the basis of these underpinning reputational factors and in order to support the successful adoption of this model in other regions throughout New Zealand, Right Service Right Time has identified the key elements of the initiative that need to be faithfully adhered to by all new adopters in order for their localised version of Right Service Right Time to have the advantages associated with an instantly recognisable brand and also to maintain the integrity of the critical elements of this innovation.

21 The core elements associated with the Right Service Right Time brand are outlined in the following table:

**Table: Core Elements of Right Service Right Time**

<b>Core Elements Associated with the Right Service Right Time Franchise</b>	<b>Explanation of Critical Concepts of the Core Elements of the Right Service Right Time Franchise</b>
<b>Philosophy</b>	<ul style="list-style-type: none"> <li>• Philosophical foundation and principles developed before the operational components of the initiative</li> <li>• Partnership/collaborative way of working that involves working with partners to describe in behavioural terms the way in which the parties will demonstrate partnership/collaborative principles in practice</li> <li>• Multiple sectors and multi-disciplinary</li> </ul>

	<p>involvement</p> <ul style="list-style-type: none"> <li>• Voluntary engagement with the Alliance Model by both the Alliance partners and the clients/tangata whaiora served</li> <li>• An identified and recognised point of entry to services, rather than a single point of entry and strong connections with those operating other points of entry to service</li> <li>• Collaborative and team-based approach to develop a flexible response that best matches the needs and circumstances of each client/tangata whaiora</li> </ul>
<p><b>Design</b></p>	<ul style="list-style-type: none"> <li>• Built on an international, national and local 'best practice' and experiential evidence base</li> <li>• Clear link with priority government goals and policies</li> <li>• Built on existing relationships and partnering service delivery processes, in particular, including a statutory body as a primary partner</li> <li>• Take time to build a cross-sector team that is committed to the initiative and its systemic, rather than agency-focused, point of difference</li> <li>• Building a shared philosophy and principles (vision, mission and values) is the first step</li> <li>• Maintain the general thrust of the RSRT principles (vision, mission, values); purpose of enhancing access (timeliness and efficiency) and enhancing responsiveness (appropriate matching of service response with the presenting needs and circumstances of each client); and, approach (systemic, collaborative,</li> </ul>

	multi-disciplinary)
<b>Funding</b>	<ul style="list-style-type: none"> <li>• Sought from across sectors (national and local government, philanthropic, etc) and application to be positioned in a way that aligns with one of the core elements of the RSRT philosophy – its focus on a systemic and collaborative response</li> <li>• Sought from funding bodies with a local stake in the outcomes of the initiative</li> </ul>

## 5. Franchise Agreement between Canterbury Right Service Right Time and the Franchisee

22 The following agreement sets out the obligations of the Canterbury Right Service Right Time Franchisor and the obligations of the Franchisee (the new adopter):

### ***Franchisor's Obligations***

- Provide the Franchisee with 'know how', advice and guidance relating to Right Service Right Time Alliance model
- Provide the Franchisee with general advice on how to set up the Right Service Right Time franchise
- Provide the Franchisee with a copy or loan of the Right Service Right Time policies and Operations Manual
- Provide training/mentoring for the Franchisee

### ***Franchisee's Obligations***

- Follow the fundamental elements associated with the Right Service Right Time Franchise with integrity and respect, including its philosophy, principles (mission, vision and values) and approach
- Operate the service in accordance with the Right Service Right Time Operations Manual

## ***Agreement between the Right Service Right Time Franchisor and the Franchisee***

The parties to the Right Service Right Time Franchise agree to carry out their respective obligations to each other.

Signed: (Franchisor)

Date:

Signed: (Franchisee)

Date:

## **Appendix: Examples of Collaborative Models Between Government and Non-Government Sectors in Two International Jurisdictions**

### **Every Child Matters**

Every Child Matters is a UK Government initiative for England and Wales that was launched in 2003. It has been described as a "sea change" to the children and families agenda.

Every Child Matters covers children and young adults up to the age of 19, or 24 for those with disabilities.

Its main aims are for every child, whatever their background or circumstances, to have the support they need to:

- Be healthy
- Stay safe
- Enjoy and achieve
- Make a positive contribution
- Achieve economic well-being

Each of these themes has a detailed framework attached with outcomes, the achievement of which, require multi-agency partnerships working together. The agencies in partnership may include those working in educational settings, children's social work services, primary and secondary health services and, child and adolescent mental health services. The initiative was based on the premise that children and families have received poorer services because of the failure of professionals to understand each other's roles or to work together effectively in a multi-disciplinary manner. Every Child Matters sought to change this, stressing that it

is important that all professionals working with children and young people and their families are aware of the contribution that could be made by their own and each other's service and to plan and deliver their work with children, young people and their families accordingly.<sup>7</sup>

### **Best Interests Framework for Vulnerable Children and Youth**

The Victorian Government in Australia introduced the Every Child Every Chance reforms founded on that community's vision that every child has the best possible start in life and thrives, learns and grows, is valued and respected and becomes an effective adult.

As part of the guidance developed to support the Every Child Every Chance reforms the Victorian Government developed the 'Best Interests Framework for Vulnerable Children and Youth, 2007.'<sup>8</sup>

Within this Framework document, guidance is provided for those engaged in a system-wide service response. The guidance recognises that services for children, young people and their families often involve a combination of activities along a continuum from 'promotion' to 'treatment', and a combination of place-based and programme-based approaches. It further recognises that such system-wide responses need to ensure that they help families to access and navigate this service continuum. The Framework includes a range of 'best practice' principles that facilitate the operationalisation of such system-wide responses in a way that best promotes the positive outcomes sought for children, young people and their families. These principles include:

- ***Providing a reliable network of services that intervene earlier and provide additional help:*** This involves an approach to assessment, planning and action that is driven by what a child, young person and their family needs to protect and promote their healthy development; building a reliable network of services that collaborate to connect families to the services and supports they need; and, a visible point of entry into a strengthened and more integrated secondary service platform that can receive referrals from anyone in the community.
- ***Encouraging service collaboration:*** This involves building a reliable network of services that make a positive difference to children, young people and their

---

<sup>7</sup> Source: [www.everychildmatters.co.uk](http://www.everychildmatters.co.uk)

<sup>8</sup> Reference and source: Victorian Government (2007) *Best Interests Framework for Vulnerable Children and Youth*. Melbourne, Victoria: Victorian Government, Department of Human Services. Sourced from [www.dhs.vic.gov.au/everychildeverychance](http://www.dhs.vic.gov.au/everychildeverychance)

families and requires professionals to align their efforts and support new forms of action within their local community. Further, professionals are encouraged to build on existing relationships and coordinated service responses as the foundation for any new forms of action.

The framework recognises that regionally-based alliances provide an important mechanism to support the development of clear pathways between universal, secondary and tertiary child and family services.

- **High quality, evidence-based service responses:** This involves ensuring the partners in any social service alliance are bound by a set of quality standards as the foundation for assuring strong and professional organisations and practice that is child-centred and family-sensitive. Moreover, social service alliances are encouraged to adopt a quality improvement focus that involves continually strengthening performance by reviewing their services against emerging evidence and action-based research.
- **Empowering children, young people and their families in the decision-making process:** This reinforces the importance of empowering families in all decision making processes which includes actively supporting families in identifying risk, reaching decisions and planning actions to promote children's best interests.