



## Communiqué for Health Service Providers Statewide Evaluation Baseline Report 1

May 09

“The CHIC Initiative has achieved good buy-in from most of its key stakeholders and has made a good start on developing partnerships which may, in the longer term, become the mechanism for creating and managing an integrated comprehensive primary healthcare system. However, for this to occur, the initiative’s strengths and achievements will need to be sustained and built on, and serious consideration given to its further direction.....CHIC and the Partnership Councils are strongly supported among participating organisations and the potential for the initiative to impact positively on planning and health service delivery in Queensland is widely acknowledged. However, a range of challenges are associated with the development of PCs generally and CHIC specifically. The establishment of these partnerships represents a significant investment from all engaged in the initiative, as well as a considerable degree of success, given the relatively short period of time the initiative has been in place - **Excerpt from Australian Institute for Primary Care Baseline Report 1**

The Statewide CHIC Partnership recognises the baseline evaluation contributes to a process of reflection and learning about partnership development and has developed the following initial responses to the key recommendations in the endorsed report.

### **Recommendation 1a: That Queensland Health maintains its commitment to working in partnership with key stakeholders on reform of the primary healthcare system.**

The development, implementation, governance, leadership and evaluation of the CHIC Initiative continues to be an iterative learning experience wholly supported by Queensland Health and key stakeholders in the primary health care sector at least until mid-2011.

### **Recommendation 1b: That Queensland Health continues the work of developing the internal processes and structures to support the implementation of CHIC. Where appropriate these developments should be clearly communicated to the Statewide CHIC Partnership and the sector.**

The CHIC Implementation Team’s internal processes and structures including those relating to funding, reporting and contract management are currently under review. Queensland Health continues to support the \$34 Million committed to the CHIC Initiative, with the Partnership Councils continuing as a significant mechanism for partnering, service integration and coordination in the primary health care sector.

### **Recommendation 2: That the Statewide CHIC Partnership reviews its terms of reference, purpose, processes and structure to ensure that the focus of the group is consistently on the long-term goals and strategic development of CHIC.**

A strategic planning day for the Statewide CHIC members is scheduled for 26<sup>th</sup> May 2009, to further develop the vision and long term goals for the CHIC Initiative, in light of national primary health care reform agendas. Emergent strategies and directions will be developed following these discussions and will be distributed to all key CHIC stakeholders for comment.

### **Recommendation 3: That depending on the outcomes of Recommendation 2, the Statewide CHIC partnership review (and consider expanding) its membership to include other key**

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### **stakeholders and to ensure the balance between government and non-government organisations is appropriate.**

The Statewide CHIC Members will as required, co-opt expertise to help with the development and quality improvement of the CHIC Initiative. Expertise and external perspectives will be sought from 'honest brokers' in areas such as health system redesign, collaborative governance, change management, professional development and training, planning, performance and accountability.

### **Recommendation 4: That the Statewide CHIC Partnership ensures there is a process for consultation with, and learning from, PCs to inform strategic planning and as part of the process of ongoing program and policy development.**

The CHIC Implementation Team will continue to provide detailed updates on the progress of the CHIC Initiative as well as establishing new communication mechanisms to provide PC progress at the bi-monthly Statewide CHIC meeting. Statewide CHIC members will garner information and provide direct feedback from their constituents through their usual organisational communication channels as well as utilising links with the revised area based CHIC networks/advisory groups. Other communication mechanisms are being developed to improve communication among Partnership Councils and their stakeholders including teleconference, face to face forums and web based media.

### **Recommendation 5: That the Statewide CHIC Partnership considers endorsing some work to identify, in consultation with PCs, the most appropriate role for PCs in planning and priority setting for improving primary health care at the District-level. Resources to support undertaking this work would need to be identified / provided.**

The CHIC Implementation team along with its key stakeholders is developing a thorough curriculum of capacity building opportunities which will offer skills development, training and advice to PCs on local planning and priority setting.

### **Recommendation 6: That the Statewide CHIC Partnership invests in identifying how CHIC and Regional Health Forums can progress in the interests of improving Aboriginal and Torres Strait Islander health in Queensland.**

The Queensland Aboriginal and Torres Strait Island Partnership (QATSIP) led review of Regional Health Forums (RHF) is well underway and an initial report outline, terms of reference and proposed consultation process was discussed at the QATSIP meeting on Tues 24<sup>th</sup> March. Review outcomes and future direction for RHF's and their relationships with the Partnership Councils will be made available by QATSIP once this review is complete.

### **Recommendation 7: That the Statewide CHIC Partnership continues consideration of how to increase the decision-making capacity and role of partners other than Queensland Health and divisions.**

The Statewide CHIC Partnership acknowledges the need for broad involvement and reasonable engagement of all partners and will continue to encourage checks and balances which ensure genuine balanced representation from the whole primary health care sector on both the PC and in service delivery and innovation submissions. A major focus in developing the curriculum of capacity building opportunities will include providing the skills and opportunities for all PC members to improve governance arrangements.

### **Recommendation 8: That Queensland Health considers how it might assist in (and resource) the establishment of a representative structure for Combined Health Agency**

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**Group (CHAG) – a multi-agency group representative of Blue Care, Spiritus, QH Community Health, RSL Care and Ozcare – to ensure effective mechanisms for engaging with this sector in ongoing planning, development and implementation of CHIC, and ensuring effective communication with this sector**

A submission from the Chair of CHAG to the CHIC Implementation Team requesting support and resources to assist in the establishment and development of a robust CHAG representative structure is currently under consideration.

**Recommendation 9: The Statewide CHIC Partnership considers endorsing the development of consistent service coordination tools and templates to facilitate service planning and service coordination across the state. Resources for undertaking this work would need to be provided to the Statewide CHIC Implementation Team.**

Providing training, tools and expert assistance in the coordination of primary health care services, forms a significant component of the curriculum of capacity building opportunities. The CHIC Implementation Team has initiated discussions with Queensland Health Planning and Coordination Branch for advice on the development of detailed planning tools and templates and the evaluators from AIPC are currently finalising a toolkit which will include information and tools to better facilitate local service coordination and evaluation.

**Recommendation 10: That the processes for allocation of and accountability for, expenditure of joint PC partnership and service delivery and innovation funds be further developed and made consistent across the state.**

The Statewide CHIC Partnership has reviewed the existing fund holding mechanisms and supports a process which aims to keep funding decisions at 'arms length' from the core partnering and collaborative processes, whilst being mindful of trust, influence and power imbalance issues. The Statewide CHIC Partnership supports a move towards a uniform, centralised fund holding process with a single point of contact and standardised submission, reporting and service agreement templates. Funding, performance and accountability functions are being amended to reward local decision making while removing the administrative impost on PCs and Districts.

**Recommendation 11: That a program of capacity building be developed to include building skills in the governance and primary areas of work for the PCs. This program may be influenced by decisions at the Statewide level about the strategic direction of CHIC and consultation with PCs.**

A comprehensive curriculum of capacity building opportunities is being developed, informed by the evaluation process and through feedback from key stakeholders, focussing on five key areas of partnership and governance, service planning, health system redesign, financial management and communication. This curriculum will be implemented across the state as soon as qualified and appropriate providers can be sourced.

**Recommendation 12: That mechanisms to enable information sharing and communication between PCs be established. These should include enabling input into future development of the initiative and sharing of good practice, useful tools and learnings.**

Support has been engaged for the CHIC Implementation Team to further develop and implement a comprehensive CHIC communication strategy to ensure the vision and key messages of CHIC are shared more effectively and efficiently amongst the Queensland primary health care sector. This may include relevant forums for the key stakeholders to regularly interact and discuss quality improvement opportunities. It is envisaged that facilitating greater information sharing and

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communication will encourage local Partnership Councils and member organisations to take greater responsibility and ownership of local actions and issues, whilst continuing to provide input into the future direction of CHIC.

**Recommendation 13: That the use of Resource Allocation Model (RAM) for any future allocation of funds through partnerships be reviewed, particularly to take into account the service system development tasks required and possibly the existing service system development capacity.**

The current Queensland Health RAM is predominantly a service delivery model which takes into consideration remoteness, burden and complexity of disease. Existing funding allocations and contractual arrangements will remain in place until June 2011. Any new funding to be utilised across the PCs will need to include consideration of service system development complexities.

**Recommendation 14: That the Statewide CHIC further develop and implement a communication strategy to ensure the goals and objectives of CHIC are widely understood and that engagement of relevant stakeholders (including those within Queensland Health) is encouraged.**

Support has been engaged for the CHIC Implementation Team to further develop and implement a comprehensive CHIC communication strategy to ensure the vision, key messages and learning from CHIC and the PCs is shared more effectively and efficiently amongst the Queensland primary health care sector.

**Recommendation 15: That each of the Statewide CHIC Partnership Group members consider how to increase dissemination of information to their constituents to ensure the goals and objectives of CHIC are widely understood and ongoing engagement encouraged.**

Statewide CHIC members will continue to garner and provide direct feedback from their constituents through their usual organisational communication channels. Further detailed mechanisms will be captured in the CHIC communication strategy as mentioned above.

**Recommendation 16: That Queensland Health ensures that the restructure does not jeopardise CHIC and that any consequences for CHIC are communicated to the sector as soon as possible.**

Queensland Health is currently in the process of bedding down its new organisational structure, establishing the necessary links and defining the subsequent responsibilities within the Districts. Former Area governance/advisory groups have taken the opportunity to review their role, function and memberships to ensure their groups continue to provide support for Chairs and local facilitators and share information among and between the PCs which they represent. The groups may provide valuable avenues for capacity building and communication. The CHIC Implementation Team will attend and where possible provide support to these groups. Recruitment of new team members is underway to return the CHIC Implementation Team to its previous capacity including engaging skills in contract management, performance reporting, system redesign, communications and project management.