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Statewide CHIC Evaluation: Learning from each other

Baseline Evaluation Report 1:
PC Survey & Key Stakeholder Interviews

Friday 6 March 2009

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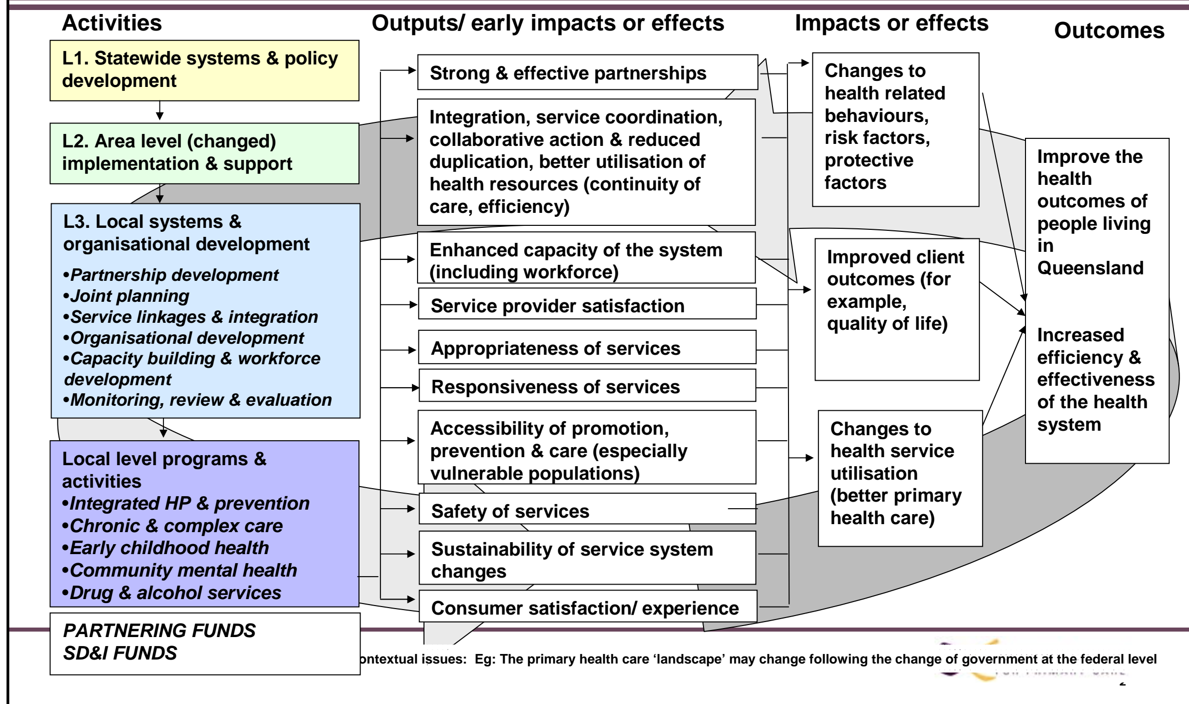
What is CHIC? The CHIC program logic



The Statewide CHIC evaluation

- Focus of the evaluation is on:
  - Partnership development
  - What changes have resulted from the investment made?
    - Eg: Does partnering improve the way services are planned & delivered at the local level?
    - How effective & sustainable is CHIC work.
- Process aims to:
  - Facilitate reflection, learning, understanding and building knowledge (and the evidence base) - not on assessing or monitoring performance
  - Enable different perspectives to be heard

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Who we have collected data from so far…

- PC visits, including partnership survey (n=14), interview with PC coordinator (n=13)
- Key stakeholder interviews (n=19)

- Organisational surveys (n= 91)
- Service delivery & innovation project surveys (n=24)

- Remember - this is early days ('baseline') data

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Focus of presentation

- Snap-shot of some of the findings
- Some key recommendations

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Partnership Council formation & development

- 15 PCs established covering all but one District
- 14 participated in the evaluation
- Significant history of prior collaboration (usually ‘bilateral’)
- Most had built on previous initiatives (like CLPI, RHFs, CDS, CC Trials, ABHI)
- Establishment generally led by the Division and/or the District (n=11)
- Varying length of operation (June 07 – Nov 08)
- Most have a PC coordinator, half are part time

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Auspices, chairpersons, membership & activity

- Most auspiced by a Division (n=13)
- Most chaired by a Division (n=6) or Qld Health (n=6)
- More than 160 organisations involved
  - All include Divisions, Qld Health, CHAG-type NGOs & most have Aboriginal &/or Torres Strait Islander CCHOs
  - Other orgs include local government, hospitals, tertiary institutions, ambulance service, RFDS, Health Councils, private allied health providers, Commonwealth Government
  - Representatives generally senior staff (CEOs, senior managers)
- Most meet monthly (n=10) with members attending 'almost always/most' of the time (n=10)

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Overall rating of partnership development

Level of overall development	Total N = 14
Work on the Partnership Council has not started yet	
Partnership Council work is being planned – for example, partners have been identified and preliminary discussions have taken place	3
Partnership Council arrangements are established, there are agreed ways of working together and these are being implemented	5
Partnership Council is well established and partners are able to make joint decisions, resolve conflicts and work on joint tasks	5
Partnership Council is working so well that the PC is likely to be sustainable into the future	1

No apparent relationship between overall development & history of prior collaboration or Area or level of SD&I $!!!!

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What did PC members think about the PC (n=113)?

- Strong support for the PC amongst individual members
- On average, ‘agreed’ or ‘strongly agreed’ with statements about:
  - Need for the PC as a means of improving PHC in their District
  - Commitment to continuing the collaboration in the medium term
  - Willingness to share ideas, resources, influence and power to fulfil this goal
  - See the importance of each others roles
  - Promote the PC in their own organisations
  - The senior managers in each organisation support the PC
  - There is an investment in the partnership of time, personnel, materials or facilities
  - The perceived benefits of the PC outweigh the perceived costs
  - Enough variety among members to have a really good understanding of the issues being addressed
  - Partners having the necessary skills for collaborative action
  - There is a core group of skilled and committed staff that has continued over the life of the PC to date.

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What did PC members think about the PC (n=113)?

- Partners were ‘unsure’ or ‘disagreed that:
  - Processes that are common across agencies such as referral protocols, service standards, data collection and reporting mechanisms have been standardized

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- Significant achievements in partnership establishment
- Partnership members very positive about the initiative

- What have the partnerships achieved by working together?

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Overall achievements related to improving PHC

Work in the early stages - Mostly around planning for & allocating funds to SD&I projects

Overall achievements	**N** (total = 14)
Not yet selected SD&I projects	1
Selected & work in early stages	7
Improvements in individual organisations	2
Improvements in a # of orgs, including how they work together	3
Improvements in a # of orgs, including some who weren't initially involved in the project	1
Improved & sustainable system across the District in priority areas	0

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Effects of SD&I work

- Most thought that their SD&I projects would contribute to impacts in most of the CHIC impact areas, eg:
  - Continuity of care for consumers/clients in your District
  - Delivery of more accessible, appropriate and responsive services to consumers/clients (and delivery of services to more people)
  - Sustainability of service system in priority areas
  - Satisfaction of consumers/clients/communities with services
  - Changes to health-related behaviours, risk factors and protective factors
  - Client outcomes (for example, health status, quality of life) of consumers/clients/ communities

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Organisational change (org survey, n=91)

- What will organisations change to perform role in SD&I projects?
  - 46 did not respond
  - Of those that did, the most common changes will be:
    - New ways of working with others on HP or disease prevention
    - Changes in working with others to plan service delivery for common clients
    - Providing additional services
    - Introducing new tools and processes (or change existing ones) for assessing & planning care

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Effect of CHIC work to date (org survey, n=91)

Areas where CHIC had 'assisted' or 'somewhat assisted' orgs	Total n=91
Understanding of roles	56
Develop new ways of working to contribute to coordinated care	53
Collaboration with other orgs to plan how to improve service provision	52
Communication with other orgs working with some of same clients	52
Working with others to develop & implement HP programs	43
Processes in place to identify any problems with CHIC project	42
Capacity to measure & address unmet need for services	42
Engagement with local communities/consumers to find out about health needs	41
Establishment of self management programs	39
Providing more appropriate services	38

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Facilitators of PC development

- Funding (especially having partnering funds)
- A coordinator
- History of collaboration
- Commitment, goodwill, patience, persistence & expertise of key players
- Client/ consumer focus
- Chairperson & good PC processes
- Capacity building around partnering
- Location & need
- Sharing with other PCs

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Issues - Membership

- Qld Health
  - CHIC represents a new way of working, provides significant opportunities & resources for others & is evidence that the org is more open to other's views
  - Generally positive feedback about role of State & Area CHIC coordinators
  - **But** support uneven across Districts & across Qld Health program areas; as was the understanding of partnerships & commitment to PHC
  - Concern that CHIC might come to be viewed as another 'grants scheme'
- Divisions
  - Generally seen as supportive & the main non-Qld Health orgs with the resources & capacity to auspice CHIC
  - Pre-existing relationships with QH seen as an advantage
  - Some concern that other NGOs 'held at arms length' in relationships between Divisions & Qld Health and that CHIC may become dominated by Divisions
  - Increased understanding of the role & capacity of CHAG-type NGOs

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Issues - Membership

- CHAG-type NGOs
  - Strong support for increased participation
  - History presents some difficulties - competition between orgs & little prior engagement in these kinds of partnership initiatives
  - 'CHAG' is a necessary development, but issues with 'representativeness' & 'constituency' (especially the link between the statewide and local levels)
  - Many orgs have $ for service delivery but limited resources to participate in systems development
- CHIC & RHFs
  - Tensions! Issue raised by many key stakeholders & PCs
  - Lack of consultation prior to introducing CHIC, relationship unclear, potential for duplication and/or marginalisation
  - Comparative resourcing

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Issues - Funding

- Support for having both the partnering & SD&I funds
- The resource allocation model formula used for allocating SD&I funds – service delivery formula, not systems development formula
- Urgency to allocate SD&I funds sometimes took priority over partnership development work
- Appreciation of flexibility but also concern over inconsistency in, use of, & accountability for partnering funds

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Discussion & recommendations

- Tensions associated with changing the 'locus of control'
  - Balancing 'bottom up' and 'top down' work & identifying roles & boundaries
  - Systems as well as organisational thinking
  - Need for flexibility and also accountability for expenditure of public funds
  - Challenges & risks for all
- Ongoing development will be assisted by
  - Leadership by Statewide CHIC so that all perspectives considered
  - Process for exchange of information between local and statewide levels
  - All partners continue being prepared to make changes
  - Development of structures & infrastructure to 'glue the system together'

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A partnership approach is broadly supported

- PCs across 15 Districts – significant (and easily under-estimated) achievement in short time
- Substantial level of goodwill & commitment – represents significant investment by all players
- Good start – but if to realise potential for creating & managing an integrated service system, strengths will need to be sustained & built on and consideration given to future directions
- Risk – 'failure' likely to undermine any future attempts at partnership work
- *Recommendations about Queensland Health:*
  - *Maintaining it's commitment to working in partnership with key stakeholders on reform of the primary healthcare system; and*
  - *Continuing to develop the internal processes & structures to support implementation.*

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The Statewide CHIC Partnership

- Represents significant shift by Qld Health from consultation about an initiative to governance & co-design
- Needs to be more focused on the strategic direction of CHIC
- *Recommendations about:*
  - *Reviewing terms of reference, purpose, processes, structure & membership*

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Ongoing CHIC Policy and program development

- Primary Health Care reform is a difficult task
- Creating PCs with capacity & authority for planning, priority setting, service coordination & rolling out a range of initiatives is a big job
- Statewide work is important to:
  - Identify where in the system functions (such as planning) should occur
  - Solve problems common to many to maximise use of resources & prevent duplication of effort
  - Enable consistency across the state where this is important for the service system (eg service coordination)
- Local level work is important to ensure system meets local needs
- Risk if balance not right – creation of District or project level mini-systems (and duplication of effort in establishing these)

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Ongoing CHIC Policy and program development

- Where the 'line is drawn' could be a role of Statewide CHIC in consultation with PCs – ideal time now
- Would need resources at statewide level to undertake any relevant policy, program & tool development
- *Recommendation about:*
  - *The Statewide CHIC working with PCs to inform strategic planning and ongoing program and policy development.*

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Planning and priority setting

- Difficult task, many players doing some planning
- Some PCs have been able to do some strategic planning, some going to embark on this now, some concerned whether it is their role (& whether they have the resources & authority)
- Difficulty with overlap with RHFs undermining engagement of CCHOs
- Overall risk – in absence of good planning, larger players have most influence – but…who does it & what is PC role?

Planning and priority setting

Recommendations about:

- *Collaboratively identifying the most appropriate role for PCs in planning and priority setting for improving primary health care at the District-level.*
- *Identifying how CHIC and RHFs can progress in the interests of improving Aboriginal and Torres Strait Islander health in Queensland.*
- *Considering how to increase the decision-making capacity & role of partners other than Qld Health & Divisions*

Service linkages and integration

- Critical role for PCs
- Difficult challenge – risk of many 'mini-systems', may make future work on developing statewide tools etc difficult
- In Victoria – found combination of 'top down' & 'bottom up' process important for service coordination work.
- *Recommendation about:*
  - *considering development of consistent service coordination tools and templates to facilitate service coordination work across the state*

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Funding, communication & restructure

- Funding, communication & restructure
- *Recommendations about:*
  - *Capacity building*
  - *Accountability for use of partnering funds*
  - *Reviewing use of resource allocation model for allocating funds for systems development work*
  - *Improving communication*
  - *Ensuring that the restructure does not jeopardise CHIC and that any consequences for CHIC are communicated to the sector as soon as possible*
- ***Partnership level***
- *Recommendations about:*
  - *Partnership governance and processes to support role in improving PHC*

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A big thankyou….

- This is a joint effort between our team at AIPC and all those involved in CHIC who contributed to the evaluation and data collection, especially:
  - PC Coordinators
  - PC member organisations
  - CHIC Statewide and (former) Area Managers/Coordinators

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