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Partnership Steering Group Evaluation

**Dr Janet Clinton, Dr Rob McNeill, Dr Rod Perkins, Dr Paul Brown,
Faith Mahony and Sarah Appleton**

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1. Introduction

This section of the generic evaluation report presents the findings of a documentary analysis of the minutes provided for LBD Partnership Steering Group (PSG) meetings April 2005 to Dec 2006. Topics discussed include PSG function, partnerships, communications, operational plan and milestone reporting, social marketing, HEHA, issues raised and Evaluation Team input.

2. Methodology

All PSG minutes were collated into a single document. Attendance data was transferred into Excel and analysed using MS ACCESS crosstab queries. The minutes were linked to their meeting date and then coded into common topics:

- PSG function including terms of reference, membership
- Advocating
- Reporting including the operational plan and KPIs
- Organisational and community engagement including the communications strategy and web site
- Action Area involvement
- HEHA
- Evaluation team input

Each topic was then reviewed in detail for common themes, adaptation, evidence of input from the steering committee and alignment to the PSG terms of reference.

3. Results

3.1 Overview of PSG function

The PSG generally held its meetings on the third Friday of each month in the main board room at the CMDHB offices. Minutes from 18 PSG meetings were available for analysis. Seven meetings were held in 2005 and 11 meetings occurred in 2006.

2005	2006
29/ 4/05	17/02/06
23/ 5/05	17/03/06
17/ 6/05	21/04/06
19/ 8/05	19/05/06
16/ 9/05	16/06/06
21/10/05	21/07/06
16/12/05	18/08/06
	15/09/06
	19/10/06
	17/11/06
	15/12/06

PSG included representation of organisations external to CMDHB including ARPHS, CM Sport, PHO's Manukau City Council, Diabetes Projects Trust, Plunket, Food Accord and the Ministry of Social Development. The voices of Maori, Pacific peoples and Manukau community are represented by Board members.

PSG terms of reference and membership were discussed during the early meetings and agreed to at PSG in Sept 2005. The objectives of the PSG were to; guide, lead, coordinate and foster collaboration. To do this the PSG was to produce reports and minutes at specified intervals for CMDHB (including CHPAC, POU, CHAC and EMT), its key partner organisations and relevant key stakeholders, and make reports available on the LBD website. The PSG was to discuss issues arising, provide advice, ensure linkages and identify areas for collaboration. The PSG was to meet monthly, full fill the quorum (at least half of the member representatives of the work streams/action areas and one CMDHB nominated representative), use consensus for decision making, have required paperwork circulated at specified time prior to each meeting, advise the appropriate people of recommendations made. Reports and minutes were to be public unless confidentiality was specifically requested and agreed to by PSG consensus.

PSG membership was to comprise action leaders from the LBD's ten action areas, representatives of the enablers, the CMDHB project management team, and representatives from the Board of CMDHB. Members' responsibilities were to; work collaboratively, align activities, provide reports, relay information and be LBD advocates.

Further discussion points were that PSG needed to have an independent chair, full fill a stewardship role and have transparency with regard to budget.

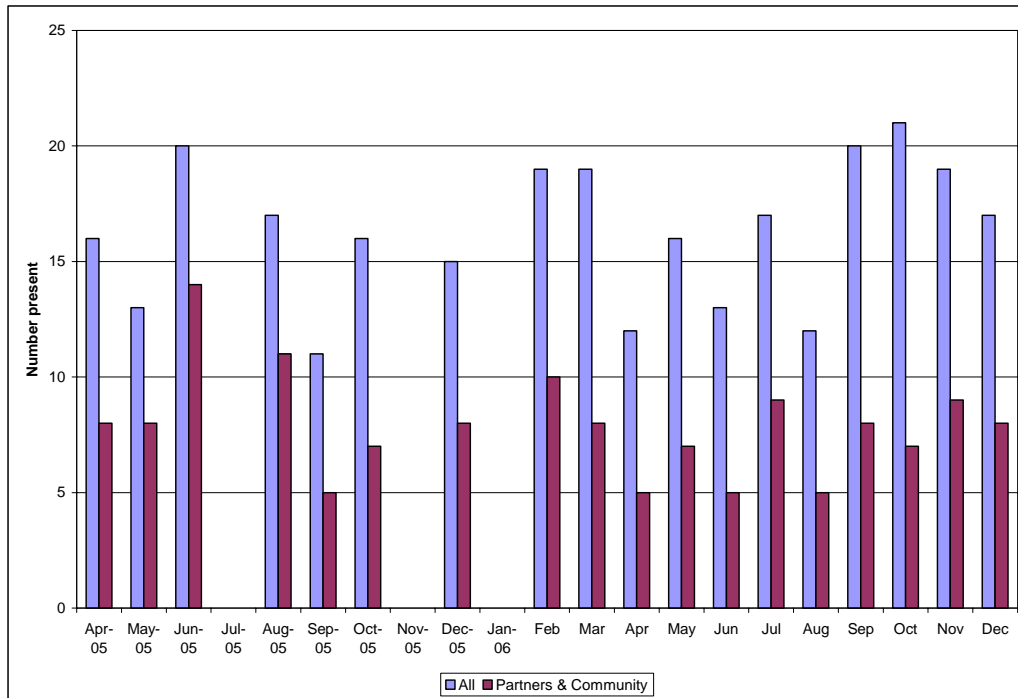
Membership of the PSG was also a focus of early PGS meetings; highlighting the need to ensure PSG membership was appropriate to report on, and oversee the implementation of operational plans included the acknowledgement that members may contribute to AA or the wider LBD plan, and some organisations may progress to a formal Memorandum of Understandings (MOU). In Dec 06 changes were requested to the 2006-2007 Operational Plan to reflect the need to improve attendance at PSG either by the regular or an alternate representative.

The position of an independent PSG Chair was not filled until Colin Dale was appointed in May 2006. Initially there were some gaps in representation including Maori, Pacific and from a few of the Action Areas that were mostly filled by September 05 (the exception being Schools AA). There have been many changes of personnel attending PSG over the months, with 80 individuals having been recorded as attending at least one meeting¹ and an average of 17 attendees at each meeting. An analysis of those present reveals a 48% representation of partners and community at the meetings (range 33% to 70%). Figure 1, which follows, presents attendance numbers of all present at each meeting and includes a tally of those from partner organisations and the community.

There is no record of a meeting in July 2005, November 2005 was a special Community Governance Forum and no meeting was held in January 2006.

Figure 1; Monthly attendance numbers at PSG

¹ It is possible that not all people attending each meeting were recorded in the minutes.



In line with PSG membership quorum² requirements an analysis of attendee presence at monthly meetings revealed that Workplace Health and Health promotion are the two areas that have highest representation. Vulnerable Families, Food Accord and Integrated Care have lower representation than other AA's. Integrated care has recently had representation since a project manager was appointed. CAF is not recorded as having representation at any meetings.

Figure 2 Representation of Work streams/ Action Areas at PSG

Action Area /Work stream	%
Workplace	94
Health promotion	94
Social marketing	88
Primary Care	88
Well Child	83
Schools	77
Pacific	72
Urban design	66

² Quorum - at least half of the member representatives of the work streams/action areas and one CMDHB nominated representative.

Maori	61
Vulnerable families	55
Food Accord	33
Integrated Care	27
CAF	0

Evidence of PSG guiding the LBD programme included the following two examples:

- In response to the diversity of organisations involved in LBD, a partner proposed each organisation involved in LBD complete a one page profile (subsequently called a) about their organisation which can be distributed to the other organisations. This proposal was agreed to by PSG and a ‘Partner Profile’ template was distributed to all involved organisations.
- Following a presentation about the process for developing the 2006 LBD Operational Plan PSG decided that the partner organisations need to have more of a say in the review before it goes to CMDHB’s committees for sign-off. Further the partner organisations contribution (not necessarily in monetary terms) should be included. Feedback from PSG ensured the final Operational Plan “didn’t continue to look too DHB focused”, specifically it was revised to reflect greater partnership, collaboration, and responsiveness to Maori and Pacific.

3.2 Advocating

There have been several presentations/ meetings with senior government officials that PSG has been involved in planning for and attending in a support role including presenting the Health Select Committee and having Don Matheson, Deputy Director General Public Health, Ministry of Health, attend the June Community & Public Health Advisory Committee (CPHAC) meeting which had an open invitation to PSG members.

Further evidence of the advocacy role was provided by the Chair advising PSG of his appointment to the Housing NZ Board and how he looked forward to the promotion

of good urban design in the work of the Corporation. PSG also formally gave support to submissions at MCC and SPARC.

3.3 Reporting

By April 06 it was proposed that the Progress Report be updated quarterly instead of monthly to relieve the time pressure on those required to complete reports. As a result the next report held over was three months but much of it was incomplete on the due date. The Chair and Programme Director emphasised the need for partners to meet this requirement and the LBD programme manager was to meet with the AA leaders having difficulty to discuss barriers/obstacles to completing the reports.

PSG partners had previously suggested that the monthly progress report template be tailored to each partner organisation, rather than the current large generic reporting template. PSG had also supported a proposal that the reports be a cumulative report.

In June 06 it was agreed 'emerging key activities' to be included as a standard item on PSG agenda, for members to discuss key activities and significant contracts. This has subsequently occurred but has been limited if AA leaders not present. PSG members reviewed the progress report at the meeting and over time it became apparent that they needed AA leaders to be present to speak to their report and identify highlights and/or key issues for discussion ay PSG. As an aid to completing reports it was resolved in Oct 06 that a section in the report template would identify who is involved /responsible for each initiative.

Ongoing review of the Operational Plan resulted in another suggestion that it would be helpful if the funds were more clearly documented.

3.4 KPI's

From the introduction of the LBD concept and the first PSG meeting the evaluation team have been involved. Questions about how to evaluate the programme have arisen frequently. This focus on the KPIs has remained a focus of the PSG/ LDB/ evaluation team meetings. In Aug 2005 PSG was involved in discussions about what

the KPIs and outcomes should/should not be included. In preparation for the 2006-7 Operational Plan feedback from the PSG resulted in modifications to the KPIs in April 06. In Oct 2006 PSG members requested an opportunity to provide input into the development of their action area's/initiatives specific KPIs to ensure they were achievable and/or the right KPIs.

3.5 Organisational and Community Engagement

PSG has advised on ways to foster links with partner organisations. It was generally agreed that an MOU between partners' organisations would be beneficial by giving a mandate to the organisation. It was thought that formalising partnerships would enable the contribution value each partner bring to each action area to be included. CM Sport was the first to have a formalised MOU and individualised agreements with other partner organisations are planned. Nov 06 saw LBD management team reporting on capacity issues within the LBD team resulting team members working long hours to cover and progress activity, they were looking at ways to address this problem by bringing more partners into the mix and looking at other ways to resource the programme.

An example of collaboration between PSG partners in an Action Area is the way ARPHS and Pacific have worked collaboratively on supporting Pacific language nests in Action Area 7.

In keeping with LBD and CMDHB's goal of community engagement the PSG initially attempted to address this goal through a Community Governance forum but feedback on a large forum held in Nov 05 revealed it was overwhelming for people who attended, though they thought the objective was good. LBD then proposed to replace the single forum with a rolling series of presentations to PHOs, schools, community groups and partner organisations to present the LBD vision and progress to date aiming to raise LBD's profile, cement relationships and generate programme momentum. This resulted in the development of a communications strategy

3.6 Communications Strategy & Website

From the first meeting the importance of regular communications to keep all associated with LBD informed, connected and motivated was evident. By mid 2006 a Communications Strategy had been developed and was being used as a way to increase awareness of the LBD programme, and develop a sense of ownership across the district. New organisations to be targeted had been identified. All partners were invited to complete their portion of the communications strategy documents.

One year into LDB a PSG member advised the group that from her experience of connecting with PHOs they still don't know what LBD initiatives are taking place. It was thought that the collation of information on the partner profile templates will help with this.

For consistency an LBD PowerPoint Presentation template (which could be individualised) was developed for partners' usage. It was proposed that any LBD presentations be reported at PSG.

The LBD website went live in Sept 2005, by April 2006 PSG was asked by SM to review and advise on enhancements which resulted in suggestions from PSG about using Hotlines, and having links to diabetes websites and including diabetes fact sheets on the LBD website. In May 2006 SM was requested by PSG to provide feedback statistics about number of people viewing the site.

As a result of further requests for website feedback there was lengthy discussion in June 2006 on the effectiveness of the LBD website, and its role and function. Following this the LBD team revisited the role and function of the website, and LBD's capacity to maintain it. By Aug 2006 PSG was advised that the website was to be aimed at LBD partner organisation group use with a secure 'members only' section.

There were plans developed for a secure section of the LBD website to store the PowerPoint presentations and enable progress reports to be updated on-line.

3.7 Action Areas reporting to PSG

This section reflects on the way the PSG was kept up to date with and involved in the Action Areas (AA).

There were two means for AA information to be shared with PSG;

- regular progress reports
- planned presentations to PSG

The original objectives of PSG were guide, lead, coordinate and foster collaboration in LBD. It was expected that members would review each monthly progress report or presentation and discuss the highlights and/or key issues with the AA leader.

However these discussions/ feedback were limited by some AA leaders not being present to speak to their reports and many presenters' not allowing time for discussion. It also appears from this analysis of the PSG reports that some points raised during these discussions may not have been actioned or reported back to PSG.

Most Action Areas had made a presentation at PSG with the exception of Work place, Well Child and Integrated Care. While many AA's and Initiatives made presentations the following AA's are the ones which resulted in PSG discussions.

Social marketing has had a high profile at PSG, and has been on the agenda almost every meeting. From the first presentation in May 05 there has been much interest expressed by PSG. Initially there were issues raised about Pacific and Maori responsiveness and the need to change the misconceptions of the public. As the programme developed more presentations were given to PSG about social marketing but less discussion was reported in the minutes and more commonly requests for feedback to the AA leader. Items that were discussed included the applicability of reality TV programmes and the web site. Another way the AA leader used PSG was a source of contacts for help eg assistance with the Hayman Park walk and to find some good examples of people working on their well being.

Discussions about the Community Action Fund (CAF) report in late 2006 resulted in a PHO representative mentioned that PHOs were also involved in similar initiatives to CAF and that it would be useful for PHOs and the CAF coordinator to connect.

Discussions have been limited as the coordinator has not been available to attend PSG meetings. No feedback has subsequently been reported to PSG

Maori specific initiatives had a change of scope overtime and a report was presented to PSG by the work-stream leader. The evaluation team have also presented the findings of the ongoing focussed study of the Maori AA to the PSG.

Urban Design - In response to a presentation by MCC in Sept 2006 the PSG formally supported a proposal to MCC that best practice urban design is an integral contribution to the promotion of healthy lifestyles and the Let's Beat Diabetes campaign.

Food Accord - reports on the Sprite Zero successful trial in South Auckland were presented to PSG. PSG chose this AA as a key component in the presentation LBD made to the Health Select Committee in 2006. At this meeting many members of the PSG were present in a supporting role.

The later half of 2006 was a busy one for the Health Promotion AA including discussions at PSG about an application for SPARC funding through CM Sport and MCC. PSG support included the Chair joining LBD management in a meeting with SPARC's CEO and sending their formal support via the Chair to the MCC application.

Schools Accord – gave two presentations. PSG members were used as an alternative source for distribution of the Schools Accord co-ordinator advert. Concern expressed by the JIG (Food Accords Joint Industry Group) that the Healthy Tuck-shop model was being rolled out without evaluation was discussed at PSG. A second presentation in Nov gave the PSG more information about the Healthy Tuck-shop model.

3.8 HEHA

Since Aug 2006 when HEHA became public LBD has been aware of the increased interest in LBD from other DHBs. PSG has been kept advised of the focus of HEHA

and what the likely impact will be for LBD. A suggestion to hold a one-day national seminar to give interested parties/DHBs an overview of LBD did not eventuate.

3.9 Evaluation Learnings

In Dec 2005 an evaluation team presentation explored with the PSG the continuous quality learning model. In Aug 2006 the evaluation team discussed with how the PSG could best to deal with evaluation reports to ensure that there is a continuous learning process. In August 2006 the evaluation team advised PSG that they are willing to present at partner organisations to explain the evaluation framework should this be required. The PSG was advised that feedback from partner organisations on the framework is welcome. In Oct 2006 the findings of a meta-analysis of international, national and local literature were presented to PSG. The review suggested there are linkages between physical activity, nutrition and academic achievement. A theoretical model demonstrating these linkages was presented. There was lively discussion by PSG about the model with some members challenging the model and its messages, particularly in regards to its appropriateness for Maori and Pacific peoples.

Evaluation team suggested Jim Mann and Sandy Dawson as reviewers in Mar 06.

The need to get ethics approval for the evaluation was discussed at PSG in Mar 06 and LBD team provided valuable support at the meeting with the Regional Ethics Committee.

Sept 2006 LBD confirmed with PSG members that all LBD contracts will have evaluation support.

4. Conclusion

The PSG meetings that occurred between April 2005 and Dec 2006 were coded into seven main themes including PSG function, advocating, reporting, organisational and community development, action area involvement, HEHA and evaluation learnings.

The PSG terms of reference state that PSG is to guide, lead, co-ordinate and foster collaboration. Evidence of PSG guiding the programme included input into improving community and organisational engagement by the development of 'partner profiles', having more input into LBD's operational plan so that it wasn't too DHB focussed and modifications to the 2006/7 KPIs. Further evidence of PSG guiding LBD includes input into the Social Marketing AA especially about the need for Maori and Pacific responsiveness.

MOUs with PSG partner organisations have been reported as beneficial and have fostered collaboration. Many instances of collaboration between organisations were provided. At a wider level community engagement processes have evolved with PSG feedback from a large forum to the development of a communications strategy and the plans for the provision of standard LBD presentations (and messages) that will be available for all partners to use.

PSG membership has had more representation from the Action Areas over time but there are still some initiatives where there has been minimal input. Board member participation has ensured the community's perspective is often represented for Maori and Pacific. It took a year for an independent Chair to be appointed and he has been fully involved since May 06. While attendance at PSG averages 17, representation of partners and community at the meetings is variable with a range of 33-70% and average of 48%.

Issues identified include the impact of poor representation of AA/ work-stream / initiative reporting or presentations to discuss their findings or issues with PGS. This in turn limits the input PSG can provide to AAs and LBD. Another area noted as an issue is that not all proposals passed by PSG are actioned for example the cumulative reports. It is presumed that the collation of AA report data being compiled by the Evaluation Team may resolve this issue.

Key Learnings

- PSG is a vehicle for collaboration
- Review terms of reference of PSG

- Review attendance
- Attendance is variable
- Promote attendance by all AA
- Investigate workload capacity for PSG