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RESEARCH AND POLICY

Organisational Development of Let's Beat Diabetes: Key Stakeholder Perceptions of the Overall Plan

Final Report

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Executive summary

Organisational development and collaboration are integral to the success of LBD. Subsequently, understanding organisational development is critical to investigating the LBD strategy. This report will outline the key findings of an evaluation that investigated the organisational development of LBD from the perspectives of high level key stakeholders involved in the partnership, guidance, monitoring, management and coordination of LBD in 2007. Comparisons will also be made to the findings from the February 2007 organisational development report.

Method

LBD management and other key stakeholders involved in the LBD programme were interviewed. The questions prompted key stakeholders to share their opinions on the vision and strategic direction of the LBD programme, the relationship between LBD and HEHA, the LBD Action Areas, achievements and keys to success, governance and communication, collaboration, sustainability, and evaluation readiness.

Results

The LBD vision and aim have been maintained, and continue to be a source of encouragement to stakeholders. Expectations of LBD have changed to an achievable objective of building public awareness and discussion, with behaviour change being seen as a longer term goal. LBD is perceived as being successful due to the commitment and hard work of staff, and despite the difficulties of staff turnover. LBD was viewed as also benefiting from the relationship with HEHA, which was seen to help garner support from organisations that are not specifically within the health sector.

Collaboration within action areas was reported as a strength, whilst a lack of collaboration across action areas was a perceived barrier. Stakeholders also shared a desire that collaboration with community groups would be improved, and that they expected this would assist with building community independence and capacity. In the light of growing awareness that the hoped-for outcomes from LBD have shifted to awareness rather than a reduction of diabetes, stakeholders' appear to want the focus of sustainability for the coming year to be on safeguarding the future of programmes through building community capacity.

A theme regarding dissatisfaction with communication was also apparent, in relation to the purposes and uses of both the PSG meetings and the evaluation of LBD. Disagreement was found amongst stakeholders, as to whether the information being received at the PSG meeting was sufficient or appropriate. Stakeholders desired that evaluation feedback would assist with funding, be disseminated in a more timely manner, and in a format that was easier for the PSG and management to use.

Issues to Consider

Amongst the distinct positives identified by key stakeholders there are some areas for development and improvement:

- There was a strong sense that the DHB should not be involved in implementing initiatives, with key stakeholders identifying that their perception of being dominated by the DHB lead

to decreases in partner involvement and engagement. It is important that the role of LBD and the support available through LBD is clarified with community partners.

- Continued clarification of the relationship between LBD and HEHA, and how this impacts on the implementation of initiatives being facilitated by LBD.
- Continued communication of the vision, values and mission of LBD, ways this is going to be achieved, and what adaptations might be required.
- Work with the evaluation team at the SOPH to ensure that the findings of the evaluations are shared in an efficient and effective manner and ensure that a clear process and support is given where learning and development has been proposed.
- While collaboration between LBD and community partners is perceived to be fairly strong in some areas, stakeholders suggested a need for improved connection with the partners, with a renewed focus on community capacity building. This is seen by key stakeholders as being essential for the future sustainability of LBD, and the achievement of the desired outcomes.
- Plans for a revised governance structure should continue as the planned changes are generally in line with needs of the key stakeholders. This will ensure clarity around key stakeholder participation in the decision-making process.
- Key stakeholders advised that the communication of information across the different levels of LBD remains somewhat fragmented and is a barrier to collaboration. However it was also expressed that responsibility for effective communication should lie equally among partners. Work being done to enhance effective and efficient communication should continue.
- Continued development of collaborative relationships within LBD and throughout the community. Work to date in this area, while difficult, is one of the key strengths of LBD.
- Based on statements from several key stakeholders; while there is significant work already being carried out with a focus on the cultural needs of Maori and Pacific peoples, this could be further integrated across all Action Areas.
- Apart from some notable exceptions, work across LBD was seen by many key stakeholders to be isolated, the strategic and co-ordinated focus of the Action Areas overall could be reviewed.

1. Introduction

Organisational development and collaboration are integral to the success of LBD. Subsequently, understanding organisational development is critical to investigating the LBD strategy. Organisational development is a process through which an organisation can develop its capacity to be efficient, effective, and sustainable. Investigating issues such as governance and strategic direction, collaboration and sustainability will provide valuable information about the factors which enable the implementation of LBD.

This report evaluates the organisational development of LBD from the perspectives of high level key stakeholders involved in the partnership, guidance, monitoring, management and coordination of LBD in 2008. Comparisons will also be made to the findings from the February 2008 organisational development report.

The evaluation team have adopted an integrated governance framework for use in understanding the organisational process of LBD (see the Operational Plan; Clinton, et al. 2006). In line with the operational plan, and the core components of organisational development identified by the Mary Reynolds Babcock Foundation, this report will draw on key stakeholders' views on the LBD programme including: the vision and strategic direction of the LBD programme, the relationship between LBD and HEHA, the LBD Action Areas, enablers and barriers to success, governance, communication, collaboration, sustainability, and evaluation readiness.

2. Method

LBD management and other key stakeholders involved in the LBD programme were invited to take part in two methods of evaluation, an interview, and an online survey. A mixed methodology was proposed as the most appropriate means of successfully implementing the evaluation. Mixed methods inquiry deliberately pulls together different research methods designed to collect different kinds of information, thus, utilising both qualitative and quantitative methods of data collection and analysis in parallel (Greene and Caracelli 1997).

The interviews sought to identify participants' perceptions of the LBD vision and strategic direction of the LBD programme, the relationship between LBD and HEHA, the LBD Action Areas, enablers and barriers to success, governance, communication, collaboration, sustainability, and evaluation readiness. The survey was administered to establish participants perceptions of the degree to which key organisational variables were being applied or occurring within LBD and throughout its initiatives. This section describes the methods used to gather the data presented in the results section.

2.1 Evaluation tools

2.1.1 Interview Schedule

The interview schedule was developed by the evaluation team using current literature and previous LBD reports. The schedule was designed to gather information on the organisational development of LBD. The questions were semi-structured to enable participants to pursue issues and ideas relevant to them. The questions prompted key stakeholders to share their opinions on:

- The LBD vision and strategic direction
- Mid-2010 expectations of the LBD programme
- The strategic direction of LBD
- The relationship with the Government's Healthy Eating Healthy Action (HEHA) strategy
- The Action Areas of LBD
- Enablers and barriers to success
- The governance of LBD
- The communication within LBD
- The collaboration within and across LBD Action Areas, and external collaboration with community
- Sustainability of LBD
- Evaluation readiness of LBD

All interviews were recorded following participant consent and transcribed by members of the evaluation team.

2.1.2 Online survey

An online survey was constructed to measure 11 different organisational variables (focusing on organisational development, collaboration and sustainability) that have been found to represent various important aspects of successful organisational processes.

2.2 Selection of participants and sample

2.2.1 In-depth interviews

Participants were chosen for their knowledge and experience of the LBD programme and were identified in collaboration with the LBD management team. Key stakeholders, including members of the LBD management team and LBD partners, were invited to take part in an in-depth interview through an initial contact via email that was followed by a phone call to secure arrangements. The in-depth interviews were conducted by a suitably qualified member of the evaluation team.

The in-depth interviews lasted 45 minutes on average, and were organised at a time and location convenient for the participant. Interviews were conducted with 16 key stakeholders between October and December 2008 (Table 1).

Despite numerous attempts to secure arrangements for interviews, it was impossible to secure arrangements with two key stakeholders in time for the analysis and report writing. One key stakeholder was unable to be contacted and three key stakeholders declined to participate in the interview process.

Table 1: LBD Organisational Development Interviewees

	Number Invited	Number completed
Management	9	8
Partners	13	8
TOTAL	22	16

2.2.2 On-line survey

After the in-depth interviews were completed, all key stakeholders were sent via email a link to an online survey. The survey link and log-on information was emailed to the 17 key stakeholders, with follow-up reminders sent to those who had not completed the survey a number of days later. A total of six individuals completed the online survey.

2.3 Analysis

2.3.1 Interview data

Thematic analysis was used to identify the issues that the key stakeholders identified as relevant to the LBD programme. Specifically, thematic analysis is an approach to dealing with data involving the creation and application of 'themes' to data, in this case interview transcripts. Comparisons of responses ensured that the findings reflected the views of the key stakeholders while also allowing for any interesting or unexpected data to be shared. The interviews were analysed by two members of the evaluation team, and discussion of the findings occurred as a collaborative effort within the evaluation team to ensure reliability.

2.3.2 Survey data

Due to the online survey's sample size, no statistical inferences could be made from the data. Instead, only descriptive analysis, such as variable averages, could be established. Given this, the survey findings throughout this report are incorporated as being supplementary to the interview analysis, rather than presented as a separate piece of evaluation analysis.

2.4 Key challenges

Although anonymity of interview transcripts was assured, it should be noted that many of the key stakeholders felt anxious about participating in the interview process and as a result some were very reserved in their comments and communication with the evaluation team. Therefore, some of the information provided in this report is more limited than may be desired. The findings however, suggest that for some this was less of an issue.

2.5 Ethical approval

The LBD evaluation received ethical approval from the Auckland Northern X Regional Ethics Committee. Further, this report contains a number of quotes from interviewees. Given the small number of people involved, the evaluation team have made every effort to preserve confidentiality.

3. Results

This section presents a discussion of key stakeholders' perceptions of; the vision and strategic direction of the LBD programme, the relationship between LBD and HEHA, the LBD Action Areas, achievements and keys to success, governance, communication, collaboration, sustainability, and evaluation readiness.

3.1 The vision and strategic direction of the LBD programme

3.1.1 Perceptions of the overall vision and aims of LBD

The stakeholders were asked to describe what LBD meant to them and what they thought the programme was about. In 2007/2008, when reflecting on LBD, the stakeholders described an intervention to prevent and delay the onset of Type II diabetes, slow disease progression and improve the quality of life for people with diabetes. The key stakeholders still described the overall vision of LBD in this manner in 2008/2009.

LBD is a really broad process; it's this whole family whanau, whole-life-course, whole society approach, and looking at the whole scope of diabetes, from prevention, through early detection and early treatment and improving the life of people who have diabetes.

This overall aim and vision behind LBD was regarded as still being highly applicable to their work and the Counties Manukau population, with the key stakeholders indicating that LBD would continue to be guided by this aim in the future.

In terms of what we've seen within the programme we would still absolutely stick with that aim.

[The aims] are partly so broad that things are captured by them, but I think they are rightfully broad in terms of their intent. I think there's been some confirmation and reinvigoration of those aims.

The key stakeholders indicated that there had not been a need to adapt the original aims. Instead, if any adaptation had occurred, it was identified as occurring at the Action Area level, rather than at the higher strategic level.

I don't think that preventing the development of diabetes progression or quality of life is an adaptable concept...The adaptation is how we achieve that...I don't think that partnership, participation and protection have changed, but how we enact those has.

This suggests that adaptation is occurring with respect to the way in which the original aim is being achieved, rather than the desired outcomes. While the strategic direction of LBD still held relevance for nearly all of the stakeholders, a few suggested that adaptations might be beneficial in the future. Some thought that LBD could be expanded to incorporate other chronic conditions, such as Cardiovascular Disease or health concerns associated with tobacco use.

Diabetes is a good flagship disease, there's a salience about it... but it's not the only disease out there and it's also not the only disease that the actions we're putting in place will prevent. So a little bit of broadening out would be a good thing I think.

It has been seen as Counties flagship programme. It now needs to be really proactive about evolution, and evolution in the context of wider population health initiatives... We need to make sure we get better synergy with smoking and with Cardiovascular Disease risk screening and with all the other things we're going to do with the same population.

One key stakeholder proposed that if in the future the aims and visions of LBD are to be adapted, these could be redirected towards the target population that was the original focus of LBD, namely the Maori and Pacific Island populations of Counties Manukau. In addition, focus might also be applied to the South-Asian populations.

I think we still need to focus really clearly on Maori and Pacific and in some cases South-Asian... I think we do need to have a much more targeted approach, rather than spread widely and hope that everybody gets the message, because we've got a group of people that needs more support and more resources for getting that message in.

Overall, the key stakeholders agreed that the vision and aims of LBD are unchanged and continue to be applicable. Whilst there is a suggestion that the broad scope could also benefit other chronic diseases, there is a strong theme of support for the continuation and progress of LBD. These positive views held by stakeholders regarding this foundational aspect of LBD are a good result, and indicate that the vision and aims are highly appropriate.

3.1.2 Expectations for results by mid-2010

Although key stakeholders felt that the original aims of LBD were still generally applicable, there was a growing recognition that these aims were not likely to be achieved in the near future. Therefore, it was felt that the "deadline" for the achievement of the overall aims may need to be extended beyond the original five-year time frame that was planned. As such, the key stakeholders expressed what they saw as more realistic expectations for the results that were likely to occur by mid-2010. Most stakeholders indicated that they were expecting to have increased awareness of diabetes and its risk factors, with some evidence of minor behaviour changes starting to occur.

I think that there will be a good improvement in awareness and knowledge about diabetes. I'm not so confident that there'll be a strong behaviour change in the community... Changing behaviour is a lot more difficult than raising awareness and needs to be strongly supported by changes in the large powerful groups...

[I would expect] a better understanding within our community about diabetes and what are the contributors and what factors are there that will support them to manage their diabetes if they get it.

These expectations show a continuation in the trend over the last few years in terms of expected results. In 2006/2007 key stakeholders indicated that they expected to see some reductions in measures such as adult and childhood obesity rates by 2010.

What we would hope for within five years is that we are seeing encouraging signs of attitudinal change and behaviour change and, in some key population segments, actual reduction in obesity. (Quote from 2006/2007)

In 2007/2008 this had been revised to cover smaller, more specific behavioural change, such as improvements in nutrition and physical activity. This has continued in 2008/2009, with key stakeholders only expecting to see minor change, or an increase in awareness. This represents increasing recognition that a programme such as LBD is not likely to lead to population-level changes over the short-term, with measurable outcomes related to the incidence or prevalence of diabetes perhaps not likely to be seen until the current generation of children are adults.

I don't think we'll know the results until these children born now are teenagers and young adults and I don't think we should measure yet, it's too soon.

The work of actually trying to change behaviour, change attitudes, impact on health outcomes, takes a much longer time period than five years...

One stakeholder expressed a desire that by mid-2010 the processes would have been developed that would allow for these changes to occur in the future.

I don't have expectations around seeing reduced rates of diabetes or anything like that, we're looking much longer term for that. I would expect to see the drawn up planning happening, the relationships with stakeholders really strong, the processes in place to make things happen, the management and governance structures in place, the ongoing commitment made. I would hate to see that this programme was going to fall over after just 5 years, because I don't think that's anywhere near long enough for a programme like this.

There was consensus amongst stakeholders that the aims of LBD are more long-term than the planned five-year term, and they indicated hope and vision for the programme to extend in order that the outcomes be seen. The change in stakeholder expectations was seen to be a result of an increasingly realistic perception of the difficulty in producing population-level changes in attitudes and behaviours.

3.1.3 Changes to the strategic direction of LBD

Originally, the LBD vision was designed to operate through a cross-sectoring collaborative approach that involved the DHB, its partner organisations and the community at each stage. This collaborative focus was one of the defining tenets of the LBD programme. This approach recognises the fact that no single organisation can effect enduring change in a community given the magnitude of current social and health care problems, such as the underlying causes of Type II Diabetes in Counties Manukau. In 2008/2009, key stakeholders still identified this approach as being a key component of the strategic direction of LBD.

It's trying to harness all the instruments in our community and in our society to bring them to bear on the issue... it's about taking a broader approach to this public health

issue, it's bringing other players into the game, it's spreading ownership, it's collaboration and looking to build momentum across a whole range of partners.

In 2007/2008 the key stakeholders identified that the strategy of a whole community approach to increase community knowledge was no longer guiding LBD, and that instead, LBD's focus had moved to achieving KPIs and completing initiatives. These concerns continued to be expressed by key stakeholders in 2008/2009, with some apprehension that the loss of community focus would impact on community ownership and the development of LBD initiatives.

It's [LBD] moved away from a community focus... everything that's come out of LBD has come out of their offices, it's got nothing to do with anything that's going on in the community.

It [LBD] needs to return to its original philosophy of community, facilitating community and genuine consultation and capacity building at the community level.

It was indicated that this loss of community focus could be partially attributed to the DHB moving into a provider role for the LBD initiatives, rather than acting in its original role as a facilitator for building relationships and piloting initiatives. There was a clear message from stakeholders that the DHB should not be involved in implementing initiatives, with key stakeholders identifying that their perception of being dominated by the DHB lead to decreases in partner involvement and engagement.

The DHB shouldn't run programmes, they shouldn't be competitive to community, this is a whole of population initiative, we want everyone to buy into this. The DHB should be advocating, facilitating...

... LBD should not have been producing resources, cookbooks and what have you, and running programmes. The whole idea is that other people should have been doing that, they should have been capacity building and facilitating, but instead they're doing it all themselves.

The stakeholder comments suggest that strategic focus on collaborating with the community needs to be continually strengthened. Stakeholders appear to feel that LBD activity has changed through taking on a more dominant than collaborative role in undertaking initiatives, whereas they would like to see a strategy focused more towards using initiatives to build the capacity of LBD community partners.

3.2 The relationship between LBD and Healthy Eating Healthy Action

Participants were asked about the relationship between LBD and the Government's HEHA strategy (Ministry of Health, 2003). HEHA was seen as having a greater role in supporting the work of LBD that is focused on prevention than the work focused at the level of intervention and management.

HEHA is really completely interwoven throughout LBD... the work of LBD is basically HEHA and more, so everything HEHA is trying to accomplish, LBD tries to accomplish, but LBD has the added responsibility of the chronic condition of diabetes as well.

It's definitely complementary, definitely supportive, the HEHA goals and approach with LBD. The question will be 'does it continue in its current shape?' and if pressure comes onto the DHB as we're expecting financially, we need to decide what that means, do we step out of the area that HEHA is in and focus our LBD resources into other areas?

The stakeholders noted that the implementation of HEHA within Counties Manukau was so closely embedded within LBD that the two had become almost inseparable and while there was a reliance on HEHA for some funding by LBD, HEHA was considered to be equally dependent on LBD.

If you look at how we fund LBD, LBD's funded with a huge reliance on HEHA, which is the right thing to do. And there's a reliance from HEHA on LBD as well, because they're so mixed and so closely aligned that we need to, you know, one can't work without the other.

The stakeholders also suggested that HEHA support the implementation of LBD through providing support at a national level, as well as offering some guidance on how to achieve some of the LBD aims.

LBD had its own mandate before, but in a way I think that it's [HEHA] strengthened that mandate... brought in some new funding avenues, created some additional complexities, but also provided some guidance around approaches.

In 2007/2008, interviewees noted that although the two programmes had been designed with similar aims and strategies, aligning the specific activities and priorities represented more of a challenge in practice, and there appeared to be some confusion as to how the programmes fit together. In 2008/2009, the stakeholders had a clearer understanding of the links between the different processes and structures at the strategic level, but were perhaps less clear at the level of implementation.

Within the LBD programme I think the relationship is completely blurred, there's not a clear distinction in terms of the interventions that we do what are HEHA interventions and what are diabetes interventions.

In 2008/2009 the potential for duplication of efforts through various government-funded initiatives was highlighted as a concern by stakeholders. Whilst national issues such as physical activity and nutrition have the potential for overlap through health-related strategies, such as LBD and HEHA, and therefore beyond LBD's responsibility, confusion of roles can occur.

I think the policies within Healthy Eating Healthy Action are relevant to the Let's Beat Diabetes strategy, but I think there's a little bit of confusion in terms of who is responsible for health and who is responsible for physical activity... you have government agencies that look to be in dispute over their contributions towards an overall whole, so that's not helpful.

Overall, the relationship between the two strategies was viewed as beneficial, and HEHA was seen to play an important role in securing the support of organisations for the work that LBD is doing in the community in relation to nutrition and physical activity, particularly in those outside of the health

sector. Stakeholders, however, expressed some doubt as to the future sustainability of HEHA given the changing political environment, and had concerns as to what the spin-offs may be for LBD as an organisation.

With the new government I think that both [LBD and HEHA] possibly are going to be under scrutiny, so I would say they need to keep their own identity in some way.

3.3 The LBD Action Areas

The key stakeholders were asked to identify whether they thought that the LBD Action Areas were an appropriate means for achieving the overall aims of the LBD programme. As in 2007/2008, key stakeholders indicated that they felt that the current ten Action Areas were appropriate areas for LBD and covered the right aspects of diabetes.

I think that they've quite clearly got the appropriate ten Action Areas and they've worked quite hard to identify the strategies within each those and then look at what are the key deliverables.

Therefore, key stakeholders did not think that there needed to be significant changes made to the Action Areas at this stage, such as individual Action Areas being added or dropped. However, it was reported that not all of the Action Areas were working effectively towards achieving their goals and that the workings of those Action Areas may need to undergo review in the future.

There are some which intuitively are the right ones to do but I know that they're not getting huge amounts of traction, and therefore we do need to look at them and go 'Do we change it? Do we stop it? Do we grow it? Is there anything we're not doing?'

Stakeholder responses indicated that they believed Action Areas should be reviewed, with a formal assessment of the activity and performance of the initiative. In this case, knowledge about the evaluation seemed to be limited, as the purpose of the evaluation is to monitor the progress of the Action Areas.

...yes we do need to, probably in the next three-six months, have a very, very hard look at what we've got and go through the key strengths or drop process.

I think as part of an ongoing programme they should be reviewed...the titles are right, but in terms of action and content and performance there's no formal review.

Several key stakeholders indicated that the existing Action Areas may be able to achieve more if their work was coordinated and spread throughout the LBD programme, rather than operating in isolated work streams.

...I think that they're splintered so that they don't work together well... it doesn't represent how society works, separating the Action Areas.

While the survey results indicated that there was a general agreement that Action Areas were culturally engaged and responsive to the needs of different cultural groups within their initiatives, the Maori, Pacific and Asian work streams in particular were regarded by several key stakeholders,

as being crucial areas and there is the potential for integration across the work of all the Action Areas.

There could be a way at the end of that five years of actually moving the South-Asian, Pacific and Maori focus throughout the other Action Areas, as long as we had significant input from Pacific and Maori people.

Despite the general agreement that the established Action Areas are all appropriate and desirable, stakeholders identified that critical reflection of how they are working, both individually and collectively, to inform future development of the Action Areas in LBD, is important. The stakeholders appeared to think that action area systems and processes towards achieving the goals could be improved upon in the future, but that the action areas themselves were valuable, and should remain. For further information concerning the functioning of individual Action Areas, the reader is referred to the LBD Monitoring Report (February, 2009).

3.4 Key achievements

The stakeholders were asked to identify the key achievements of LBD during 2008/2009. Two key themes emerged within the interview data including, raising awareness of diabetes as a prominent issue within the community and collaboration between a wide range of partners and community organisations.

This year people said 'we want to know about diabetes and we want to know about the consequences of diabetes'... That is a shift that appears to have happened in the community... there is an interest and they seem to be aware it is quite a big issue for the community.

Regarding collaboration, the stakeholders noted the wider range of players engaged with LBD along with enduring support from within the health sector.

A really obvious output is that we're having discussions with a much wider range of players about the issues that we're seeing... It's [diabetes] being talked about now, it's a conversation that's being had in a lot more places. We just need the conversation to translate into action and results, but the conversation is happening a lot more now.

The fact that there is a unifying focus and therefore stronger connections and the sense of working together on something... the fact that it's all happening together means that we're getting more of a push across the whole sector and hopefully changing those environments more thoroughly and more effectively

3.5 Barriers and enablers to implementing the LBD Plan

Key stakeholders were also asked to identify the factors that they felt had supported or hindered the progress of LBD. A significant enabler to the work of LBD was the commitment and dedication of the staff and community members involved with LBD.

People who are absolutely dedicated to what they're doing, different project managers who've just stuck with their stuff through thick and thin, through some difficult times, and made their things work through sheer passionate dedication. I can't go past that.

Equally, however, staff commitment and workforce capacity, or a lack thereof, were identified as being barriers to the achievement of the LBD programme. Staff turnover was identified as a significant barrier to maintaining relationships that had developed out of LBD, particularly given the time taken to build the knowledge and commitment of new staff.

The team turnover has been huge, that's always difficult, it's a huge obstacle because to get someone up to speed with LBD is just a nightmare.

Further, the scope of the LBD programme meant that existing staff had limited time to achieve everything they were tasked with.

The other obstacle is around people being really busy and not having as much time as they'd like to have to do some of the things that they feel are really important

Developing collaborative links was identified as one avenue by which staff capacity issues might be reduced. However, developing these collaborative links both within and across Action Areas was noted to be reasonably challenging, given the separate focus of each Action Area. One stakeholder commented that they felt that poor links and sharing of information between Action Areas was a barrier to learning, and thereby, LBD's success.

I think we isolate things into Action Areas and we don't take up the opportunities of making them much larger and getting the other Action Areas to learn from each other.

The capacity and commitment of community organisations and their volunteers was identified as a key success factor for LBD. However, it was noted that these volunteers were not always wholly funded by LBD, leading to problems with commitment and buy-in.

When you are asking those people to deliver from a voluntary point of view that might be okay at the beginning, but actually you don't get complete buy-in and another issue is that people need to be valued for the work that they do... so I think we should be putting more funding into that area to support the ongoing development of people.

Stakeholders believed that LBD had made significant progress by way of increasing the awareness of diabetes, and the number of groups discussing the issues of diabetes. Seen as an overall core strength of LBD, was the commitment and dedication of both LBD staff and the community members engaged. The primary barriers to LBD success were seen as being the limited capacity and loss of staff.

3.6 Governance of LBD: The Partnership Steering Group

In the February 2008 Organisational Development report, a key challenge to the organisational development of LBD was a lack of clarity around the roles and responsibilities of LBD partners and governing groups. Partners expressed discontent at the increasingly centralised approach to governance, with limited opportunity to contribute to the strategic direction of the programme.

These sentiments were echoed in the evaluation of the Partnership Steering Group (PSG) (February 2008); the stakeholders felt that too much time was dedicated to information sharing and desired a

greater focus on leadership and guidance within the PSG. The evaluation put forth the following recommendations: develop more open and efficient channels of communication; modify representation on the PSG so that members are more governance-oriented, and feel ownership and investment in the future direction of LBD; revise the Terms of Reference; and form another, smaller, more governance-oriented group so that the current PSG could maintain its larger partnership and information-sharing role.

Following this, 2008 saw the management team undertake a review of the current structure of the PSG and planning for a reorganisation of the group. Management personnel recognised the impact this uncertainty around governance was having in terms of relationships with partners, and saw this as complicated further by the intricate nature of funding relationships. One comment indicated that the importance of community groups driving implementation was recognised, but not to the extent that community groups could have a role in the direction or governance of LBD.

I would like to see that we retain the PSG and bring other community voices to that table. Not so much as a governance group, who are concerned with long-term direction, but more as a support group, oversight group, who help us get the implementation of the plan right, rather than deciding what the plan is.

Several key stakeholders saw the mandate of the PSG as shifting away from a governance role to one of oversight and information sharing; however, this was not viewed by all as the optimal solution and some even considered this to be a risk to the partnership approach adopted by LBD.

The changes that are going to happen to the PSG and the management structure and so forth, for me the jury's out on that a bit, I have mixed feelings about going to a high level champions as the governance group... that has the potential to undermine what's happened if it doesn't work, if the PSG is going to become more of an information sharing group we may well see organisations drop away.

In 2008/2009, the key stakeholders were still frustrated with the role of the PSG, and were eager to see change. Stakeholders suggested that their frustration was compounded by the fact that at the time the interviews were conducted, the recommendations from the PSG evaluation had not yet come into effect.

The PSG as far as I'm concerned is completely non-functional. It's not providing the information that's needed, it's got no mandate, no purpose.

We've had a review of the Steering Group, we've got recommendations but eight months on we still haven't changed. So we've got to change the rate that we do changes. So we do all the right things about making noises about let's review this or let's make changes, but our action or uptake of that is too slow.

Stakeholders saw an element of tokenism in the current functioning of the group, and did not see consultation in the decision-making process happening in an effective manner. As in 2007/2008, the management team were viewed as the key governance structure, with the PSG left struggling to find a role within LBD.

It's [LBD management] just them telling us what they're already going to do, it's not asking for advice, it's not... they think they do, but they don't... we don't sort of gain anything from it, and I don't think I contribute anything because we're not asked to.

A lot of PSG has become information sharing and for many of us I think the difficulty has become that we actually get the information sharing from other sources, so we go, sort of, 'what's PSG?'. So I think the PSG is not meeting some of what we hoped PSG might be, and that was growing governance, ownership, responsibility, outside the DHB.

Many saw this governance issue as ultimately boiling down to funding interests, which created a power imbalance between the DHB and the partners on the PSG.

...I guess that's the issue that the governance [group] has always had difficulty understanding; who is the decision maker around the LBD stuff? Is it the collective, or is it Counties Manukau because they are providing the funding?

When you sit at a governance group... you're all equal partners and contracting and dollar issues shouldn't come into play, but it does come into play and it causes tensions.

Some stakeholders also noted that while the PSG wants to govern LBD the realities of accountability within the health sector make this difficult, as ultimately the DHB are responsible for the appropriate allocation and spend of funds.

The problem with it [the PSG] is that this is a DHB initiative fully funded by the DHB. And this Partnership Steering Group should be exactly that, it should be a partnership, and the idea was to get people on it who would actually contribute and to some extent they have. But that group also wants to have mandate to direct the budget, direct the work, direct the activity. Well, we can't do that, because it's actually a governance issue with the board, because the board are actually the only governance group. If PSG wants to be the governance group we've got a bit of a problem.

With respect to membership of the PSG, several stakeholders expressed a desire for greater representation from individuals outside the health sector. This was considered to be important in affirming that the complex health and social care issues addressed in the LBD plan cannot be resolved by the health sector alone.

I look forward to having what was initially discussed, which was for having more outside of health players governing LBD. I think that is really beneficial; it really consolidates the approach that it isn't just a health issue. It will enable our partners to transition.....and feel more engaged and more able to share.

Overall, the stakeholders reported that at the time of the interviews the PSG has not taken on a more governance-orientated role that they expected as a result of the recommendations set out in the 2008 evaluation report. Stakeholders believed that the desired level of collaboration and partnership in the governance of LBD had not occurred partly because of the perceived power imbalance within the PSG. It appears that stakeholders have differing expectations of the PSG, especially in regards to the purpose, and what should be discussed or accomplished at the various meetings.

3.7 Communication between LBD and its partner networks

In 2007/2008, the communication between LBD and its partners was highlighted as a challenge; this was partly attributed to the absence of infrastructure to support information sharing within LBD. In 2008/2009 the key stakeholders acknowledged that communication itself was a less of a challenge. An area that did concern the stakeholders however, was, the appropriateness and timeliness of the information received.

I think we were getting a lot of grassroots information to the PSG, but I still don't think it was the right information that was coming there. So, there's a balance between are we getting good quality information at grassroots versus are we getting the right information?

There was no clear consensus among stakeholders as to the level of detail that should be shared with the partners; while some saw that there was too much detail shared, others were eager to hear more from a community perspective.

I don't want information at that [grassroots] level of detail. It turns into what each Action Area is doing and that is not the purpose of the Partnership Steering Group, you can do that in your project group.

One of the challenges we've got, is when you're doing so much on so many fronts, is to try to keep communicating with everybody about it all, because it's such a big story to try to tell each time to give progress on every front and that turns people off.

We are getting some [information] at PSG, but less of it, and I think one of the things we want to do is get a greater degree of community voices, that's one area we do need to try to pick up more.

Whilst key stakeholders have acknowledged that they have had a considerable increase in the amount of information that they receive, the management in regards to quality and quantity of information appears to be an issue for key stakeholders.

3.8 Collaboration

Developing collaborative links and fostering community buy-in has been described as one of the central tenets behind the work of LBD, with LBD aiming to act as a facilitator to foster collaboration in the community. The need to develop collaboration is important as no single organisation will be able to foster lasting change in a community with a complex issue such as type II diabetes.

In 2007/2008 the key stakeholders from LBD indicated that collaboration was occurring at the level of individual initiatives and some Action Areas, although a greater degree of collaboration was desired between LBD and its partners. At this time, the key stakeholders felt that there was a lack of organisational systems and structures in place to support collaboration both within and across LBD. The sentiments were echoed in 2008/2009, stakeholders reiterated the need to re-engage external partners in the vision of LBD, as well as improve the structures within LBD to allow for better collaboration to occur across Action Areas and initiatives.

3.8.1 Collaboration with the community

There were mixed views about the collaboration between LBD and the community. As a result of the perception that good collaboration was occurring between Action Areas and the community, the key stakeholders indicated that they felt that LBD was making good connections with the community.

I think that there's a pretty good understanding of LBD out there. I probably think that sometimes it can be too much and probably honing on a few less things might be better, but just in this interim I think they're connecting pretty well with the community and people in general.

A number of stakeholders identified a lack of collaboration and connection with the community as a particular area of weakness for LBD, with a need to focus on re-engaging the community. The key stakeholders felt that the community was not connecting with LBD in terms of actions, despite an increase in awareness around diabetes and LBD.

In terms of the community actually getting up and embracing Let's Beat Diabetes, I'm just not sure how well that happens.

People connect with the brand, or the words, but they're not yet connecting with the types of actions that are being asked of them if you commit to an LBD approach.

There were a number of specific barriers that were identified by the key stakeholders as contributing to this lack of community connection. One key issue surrounding collaboration with community groups was confusion around the type of support that was being offered by LBD.

I think there's confusion in terms of what LBD offers the community... support is a vague concept. For the community they're not sure if we're offering financial resources, or human resources, or if we're offering policy decisions. So I'm not surprised that there's not always the uptake that we expect.

This confusion was exacerbated by differences in understanding over the role of LBD within the community, particularly whether it was aiming to act as a funder, provider or facilitator of services. A number of partners described frustration over instances where they felt that LBD did not acknowledge their expertise or offers to collaborate.

I think they [the DHB] should just be the coordinators of what people do. The DHB's really just a funder of services, but it wants to be the provider as well.

It's kind of like LBD just seemed to go off on their own and do things without involving other PHOs, and it's having over and over and over again the discussion saying actually, we're doing that, we can support that, we can work together.

The problem is mostly that I don't think it's very well integrated with other health services. It's the DHB 'doing to' again and, I don't think, if I talked to GPs they wouldn't even know what LBD was, it hasn't involved people enough and they'd probably get more traction if it had.

It was suggested by key stakeholders that LBD could build community collaboration by improving communication and developing a process for demonstrating their value to community partners; while also ensuring that the community are valued and listened to.

You need to actively facilitate participation from the community... it's not something that you expect the community to be in there digging and helping you with. You do things, you have to keep making it worth their while, making them feel valued and part of things and that they're listened to.

Overall, while it was acknowledged that progress was being made towards community collaboration, stakeholders felt that LBD could significantly improve collaboration and connection with the community. Stakeholders felt that improved communication, especially the clarification by LBD of their role and type of support they can provide, would be of great benefit to relationships with community groups.

3.8.2 Enablers to collaboration

The key stakeholders identified a number of areas where successful collaboration was occurring. In particular, the Pacific work stream, Maori work stream, Schools Action Area, Social Marketing Action Area and Food Industry Action Area were identified as achieving a high level of collaboration with other organisations and community partners.

I'd say generally at the Action Area level [there's good collaboration]. Schools Accord seems to have really high levels of collaboration. Social Marketing is obviously another area where... there's been a huge amount of collaboration with other partner organisations. Pacific, Lotu Moui, are working well with the churches.

The key stakeholders also indicated that strong collaboration was occurring at the project management level; the work of the project managers is likely to be a strong contributing factor to the success of the Action Areas noted to be performing well.

[Collaboration is strong] at the project management level, the fortnightly meeting where the different project managers come together has good attendance and good discussion... I think a number of those project managers when they're out and about are making good connections.

The key stakeholders were able to identify a number of factors that contributed to the strong collaboration occurring in some areas. The stakeholders indicated that this collaboration was enhanced by relationships and networks that had existed between partners prior to LBD.

Within the Pacific team the collaboration appears to be strongest. I think that's helped along because there're strong church structures, their communities are quite structured, and that facilitates a structured approach to collaboration that might not appear in other places.

I think the schools have got excellent collaboration, not necessarily with us, but with each other, and we've kind of piggybacked on that.

It was also felt that the work of LBD and its partners aimed at building relationships had been a significant contributing factor towards increasing collaboration over the last few years, beyond what might have occurred from existing relationships alone. There was a sense that the strong level of collaboration currently being seen was a product of the commitment to collaboration within LBD as well as the length of time needed to build strong, positive relationships.

I think there's strong collaboration between the Maori providers and the DHB. I think that's because there already is a relationship there, but it's also because of the early consultation process in establishing LBD and getting NGO providers involved, that we're seeing the rewards of that type of approach.

We've got [the food industry] saying things and inviting us to things that three years ago would never have happened and that's a result of relationships building trust and getting some runs on the board.

Overall, the feedback from stakeholders regarding collaboration within Action Areas, and to some degree between project managers, was extremely positive. This was attributed to the success of teams building good working relationships with community partners, which made use of relationships and networks existing prior to the programme.

3.8.3 Barriers to collaboration

Although key stakeholders were able to identify examples of successful collaboration, they were also able to identify examples where collaboration was not happening at the level that was desired. Key stakeholders also indicated that even when collaboration was at its strongest, there was always room for improvement

I think LBD has some brilliant success with some of the big players, schools and the food accord. In terms of 'are communities brought into it', I don't think they are to the next level we need them to be. Primary care providers and other NGOs, not at all. They know that it is, they don't know what it is, and they should do.

I think collaboration needs to be stronger right from the smallest internal level of LBD within Action Areas. Within most of the Action Areas there is poor collaboration between the team members, between LBD and the partners. There needs to be really strong dialogue going on which isn't necessarily happening... from there, there needs to be better dialogue doing on with the community.

The stakeholders comments on collaboration highlighted a number of perceived barriers to having strong collaboration within LBD. Similarly to 2007/2008, key stakeholders identified a lack of processes for communication within LBD as a particular barrier, with almost half the stakeholders indicating that they felt initiatives were conducted in isolation, reducing the opportunities for Action Areas to share information and learn from one another.

I think on the ground action, the connections in there are happening quite well. The communicating about it and having good information flow across all of the areas, that's a tricky bit, we certainly haven't perfected that by any stretch of the imagination.

I think we isolate things into Action Areas and we don't take up the opportunities of making them much larger and getting the other Action Areas to learn from each other.

A few stakeholders also noted that while LBD came together in meetings this did not always result in the collaborative action.

We all still sit there feeling we're in our own individual silos. We come together and sit around the table, but do we actually come together and collaborate in making something happen that isn't happening at other levels?

Key stakeholders also indicated that the restructuring of the Partnership Steering Group and high levels of staff turnover impacted on individual relationships, and ultimately, collaboration.

I think what we've got at the moment is we've had uncertainty around our governance group for the majority of this year and I think at the senior level that's caused some deterioration of relationships.

The other problem that there's been is that personnel have changed quite substantially, so you get a fair bit of redesign and getting people up to speed, and then there's all that re-building of relationships.

This issue was of particular concern to key stakeholders who noted that it was easier to maintain existing relationships than to build new relationships. Staff turnover was perceived by stakeholders as a contributing factor to delays in action and relationship building, along with delays caused by planning and funding cycles.

You build some energy around one working group, then the pressure drops. You forget about what it was, or the people come and go, so you have to work on building up the momentum again and anyone will tell you that's the hardest phase.

There are some groups that are really keen to do things with us and it takes forever for the funding to come through for them to start their initiative... you don't want to keep groups dangling because they're too busy, they've got other things to do.

Although key stakeholders were aware that some partner organisations were unhappy with the level of collaboration and involvement offered by LBD, a few stated that a lack of commitment from partner organisations also limited collaboration. Thus, it was suggested that collaboration should be driven from both LBD and partner organisations, rather than the onus falling onto LBD to develop all of the collaborative links for its initiatives.

It's also important to remember that collaboration is a two-way thing. So occasionally LBD is accused of not collaborating, but I think usually to collaborate you need both partners to come on board... you've got to meet half-way.

This was supposed to be a district plan, not a DHB plan, and our emphasis on the initiatives has not always been matched with another agency's willingness to go there... there's not necessarily equity in terms of the investment that's put into these sorts of things.

Overall, the stakeholders shared that wide collaboration, such as across action areas, is not occurring as much or as successfully as that within groups and action areas. Stakeholders suggested that there were several barriers to address, such as LBD not having yet established the necessary processes for communication, problems of staff turnover, and insufficient buy-in from community partners.

3.9 Sustainability

A major theme related to sustainability in 2007/2008 was the continued focus on building and nurturing collaboration and partnership; this appeared to be less of a focus for stakeholders in 2008/2009. Although still regarded as important, there appeared to be a shift in stakeholders' perception of partnership such that this was seen as an outcome rather than a critical success factor or a means for achieving LBD's objectives.

If tomorrow LBD got folded there would be some things that would continue sustainably beyond that, in particular the relationship thing. There have been people that have developed a network or understanding about things that they can do that are valuable.

In 2008/2009 stakeholders noted that many of the initiatives undertaken by LBD are not intended to be sustained by LBD project team members, but rather should be taken up by the community if they proved successful. Many stakeholders noted that there would need to be a renewed focus on community capacity building to enhance the sustainability of its initiatives once LBD came to the end of its run.

If they [community organisations] don't become independent they'll never be able to go for funding anywhere else on their own, it will always be a co-dependency on the DHB; they'll be depending on the DHB to fund them and the DHB will be depending on them to provide programmes. For sustainability, really we should be setting groups up so that they're able to carry on the programme in the future in their own right.

I think we should be putting more funding into that area to support the ongoing development of people. So it's about capacity, it's about capability, but it's also about workforce development.

Certain stakeholders felt that it was appropriate at this stage of the programme to move away from helping to develop and implement new initiatives, in order to focus on building the community's capacity to do that work independent of DHB funding.

If we pass the torch on to the employers and pass the torch on to the food suppliers and the people in production and R&D, when we do that then we're creating sustainability. But when we're forever working in small pockets, diluting our focus in many Action Areas, it's always going to be hard work.

If I was functioning in a governance role I would be pushing the fact that it was time it [the funding] started winding down so that the work it's done won't be lost. Mind you, there's not much going on that is really in danger because it's turned into something that generates its own work.

This year, issues related to sustainability appeared to be regarded by stakeholders as being more pertinent as the end of LBD's five-year plan draws closer. In 2008/2009 the stakeholders converged in their view that the work that is undertaken by LBD is critical and that the programme had the potential to continue to deliver its intended benefits, provided there was continued access to funding and resources. They also noted that it may be difficult to obtain funding unless high-level management were able to see demonstrable outcomes. The likelihood of these factors being satisfied, however, was seen as dubious.

I don't think it's sustainable at all...I just don't think funders will want to keep pouring that much money in and see so little result.

I don't think it's sustainable at all... so we need to be very proactive and make sure that we make it sustainable because it will only be sustainable if it's got some good, chunky results. I think it will be sustainable if we try not to do it all ourselves and share some of the work... and the other thing that will make it sustainable will be getting commitment for ongoing funding from the board and I don't know at this stage if that will be possible.

In contrast, many of the stakeholders perceived the changing political horizon and the priorities of the new National lead government as a major threat to the sustainability of LBD and similar population health initiatives such as HEHA.

[Sustainability is influenced by] changes at national level, government priorities could change... [leading to] financial pressures on District Health Boards.

I think [the National Party] made no secret of the fact, prior to the election, that they thought HEHA was a waste of time and they were going to have a good look at all of these silly little public health initiatives, and LBD will be right under the gun.

The sustainability of LBD was assessed as moderate in the February 2009 Monitoring Report. This assessment combines an overall stakeholder concern that LBD is more reliant upon funding than is desired, but that there is the opportunity to build capacity of community groups in order that the future of LBD funding will not be a critical factor to the various programmes.

3.10 Evaluation readiness

The interviewees were asked about their perceptions of the evaluation process and the feedback that they had received from the LBD evaluation. Respondents indicated that they felt that evaluation was a valuable component of LBD.

I think the evaluation is really, really key in terms of being able to give us evidence and information about what's working and what's not working.

However, it was not always felt that the LBD project team were able to critically reflect on and use the evaluation findings appropriately. This meant that, according to stakeholders, recommendations or changes suggested in the evaluation reports were frequently not acted upon, with limited adaptation of LBD processes or changes to the implementation of LBD initiatives.

I'm not sure how much critical reflection has happened within each of the areas based on the evaluation, so have we made as much as we could have of the evaluation? I'm also aware, on the other hand, that sometimes I haven't felt that the evaluation's given me what I've been looking for.

The survey responses indicated that while the value and necessity for evaluation was well recognised amongst key stakeholders, some saw the need for developing the process by which learning and improvement occurs in response to evaluation feedback. In turn, this had led people to question the practical value of the evaluation findings for the continued work of LBD.

There's a lot of evaluation, a lot of review, a lot of external looking in and saying 'does it work?', having a good look under the microscope, and if I was on the team I'd be wanting to say 'get off, just get off everybody, let us actually get out there and do something'.

Key stakeholders suggested that the lack of obvious critical reflection and change following evaluation may have resulted from issues with the format of the evaluation reports. In particular, stakeholders believed that the size and nature of the reports prevented LBD project team members from being able to read the reports closely enough to gain information that would directly inform their work. Furthermore, the focus on evaluating the processes of LBD, rather than direct outcomes, was not regarded as being beneficial for applying for the funding to enable changes to be made.

To us, evaluation is a component, but it's an integral component... it's trying to balance things [between evaluation and work]; feedback needs to be presented in a way that's relevant and that our staff can take on board and think about how that would actually apply to their own work. I think if some of our team members see the evaluation framework one more time they're going to scream.

Process evaluations are not what our funders are looking for, although I do see the benefit of getting feedback from them.

Stakeholders also had concerns related to the dissemination of evaluation findings; it was noted that there were delays between management receiving evaluation reports and their distribution at the PSG level, which impacted upon the ability to make timely decisions regarding appropriate adaptations.

We had our monthly meeting last week [November] and at the time we had four or five reports from the evaluation team... and we had one there that was from February.

These issues and concerns are similar to concerns expressed in the 2007/2008 Organisational Development report. Stakeholders continue to believe that evaluation has its place, but feel that the current evaluation is being limited in its usefulness by slow dissemination of overly lengthy reports, and a lack of reported outcomes to assist with funding applications.

4. Summary of results

The LBD vision and aim have been maintained, and continue to be a source of encouragement to stakeholders. Expectations of LBD have changed to an achievable objective of building public awareness and discussion, with behaviour change being seen as a longer term goal. LBD is perceived as being successful due to the commitment and hard work of staff, and despite the difficulties of staff turnover. LBD was viewed as also benefiting from the relationship with HEHA, which was seen to help garner support from organisations that are not specifically within the health sector.

Collaboration within action areas was reported as a strength, whilst a lack of collaboration across action areas was a perceived barrier. While some strengths were noted, stakeholders also shared a desire that the focus on collaboration with community groups would be improved, and that they expected this would assist with building community independence and capacity. In the light of growing awareness that the hoped-for outcomes from LBD have shifted to awareness rather than a reduction of diabetes, stakeholders' appear to want the focus of sustainability for the coming year to be on safeguarding the future of programmes through building community capacity.

A theme regarding dissatisfaction with communication was also apparent, in relation to the purposes and uses of both the PSG meetings and the evaluation of LBD. Disagreement was found amongst stakeholders, as to whether the information being received at the PSG meeting was sufficient or appropriate. Stakeholders desired that evaluation feedback would assist with funding, be disseminated in a more timely manner, and in a format that was easier for the PSG and management to use.

5. Discussion and conclusion

Key stakeholders' comments during their interviews have led to some interesting discussions in relation to the organisational development of LBD. LBD's partners do not have a clear shared understanding of LBD's mission, and although they are clear on the end goal, there is a lack of consistency in how the partners see the organisation striving to meet that goal. While some see LBD in a provider role, others see the role as facilitating a range of work being carried out by other organisations. As with all organisations, and especially those requiring collaborative partnerships, it is important to take stock of organisational strengths and weaknesses, and set the long-term strategic context for their work.

The governance issues that LBD have faced in 2008/2009 were perceived by stakeholders to have had a significant impact on the functioning of the organisation as well as engagement of partners with LBD. It is clear from key stakeholder comments that the decision-making process under the current governance structure is not participatory or inclusive, and partners do not feel that they have any influence in this process. Consequently, despite previous efforts, the partners feel limited ownership in the programme, and are unclear as to what their role is, which has impacted on relationships within the organisation. Leadership is no longer perceived as shared amongst partners, but is seen as dominated by the DHB, such that the community is no longer the driving force in terms of the strategic direction of the programme. Appropriate leadership is required to manage notoriously complex community health partnerships, however, current literature does not clearly

prescribe the specific characteristics that are required at a leadership-level for this activity to be successful. Thus, LBD are not unique in struggling to establish successful participatory and inclusive partnerships.

While the PSG continued to function under the existing structure during the period between February 2008 and January 2009, there were a number of meetings and workshops held with stakeholders regarding the most appropriate way to modify this structure. It should be noted that at the time this report was written, a proposal for a revised PSG structure had been accepted by stakeholders and that these structural changes are generally aligned with the recommendations made by the evaluation team, and fit with the suggestions for improvement made by the key stakeholders.

The long-term commitment of LBD to collaboration has fostered some strong collaborative relationships, particularly between some of the Action Areas and community partners. However, it was suggested by stakeholders that communication needed to be improved within LBD and to community partners in order to maintain and increase collaboration. Stakeholders believed that LBD needs to further develop the processes and structures to support communication between partners in order to harness their drive to build collaboration, particularly given the wide scope of activities and partners under LBD. Although true collaboration is difficult and time-consuming to develop, it is crucial to the success of LBD, and to the continuation of its initiatives beyond 2010. By developing appropriate systems and structures that support collaboration, LBD is likely to increase sustainability, reduce issues of capacity, and increase the ownership of community groups over the future direction of LBD.

In addition to the challenge of maintaining its collaborative relationships, LBD is also faced with delivering tangible outcomes and activity towards their overall goals. It is clear that LBD's focus on implementation has impacted somewhat on relationships and collaboration, however, it should be noted that the building and maintenance of collaborative relationships is a time-consuming exercise, which often impacts on the existence of tangible programme results (Larner & Butler, 2004). Adding to this is the inherent difficulty related to measuring the direct outcomes of partnerships, particularly when population health outcomes are typically examined long after partnerships have dissolved. This is seen as a distinct challenge for LBD, particularly as there is a need to demonstrate accountability for the funding given in terms of clear outcome data that sits comfortably with the health sectors traditional understanding of research and evaluation. LBD and its partners should be commended for the achievements to date.

Overall, the stakeholders stated that communication between the different levels and with the community are not as open or frequent as it might be. In addition, when information is communicated, the quality of this information has been questioned by some partners, as has the quantity produced, especially given the time constraints on stakeholders. Thus, the sheer scale of LBD appears to pose a challenge regarding the sharing of information and governance. This seemed particularly apparent regarding the differing preferences for level and type of information. There is a need to establish more effective systems and processes to manage and disseminate information, and to support the sharing and transfer of information and skills across the different levels of LBD. Establishing what is the most relevant information for key stakeholders, and the necessary level of

detail to be presented, is important to ensuring that there is not a saturation of information from community initiatives.

Of particular importance has been the overwhelming influence of workforce, in particular the DHB has been fraught with workforce attrition, capacity and skill. The workload of the LBD staff is also consistently high and burdened with considerable stress. In particular workforce issues for Maori and Pacific health alike have had considerable impact on these action areas and account for the variable progress.

For the first time since LBDs inception there are two external factors that need to be considered, the current economic down turn and the change in government at a national level. While both of these are recent events in the life of LBD they have already had a significant impact. With changes in government, there are always different policies and funding regimes to be implemented. While the government change is recent, there has already been a substantive change in direction. Earlier this year, regulation of health policy in school was removed, when NAG5 was revoked. The relationship between schools and health has always been a tenuous one, and now it is critical to monitor the impact of this recent policy change – particularly with programs associated with Let's Beat Diabetes (for example, healthy tuck shops, and the work of schools support). Of greater issue for Let's Beat Diabetes, its partners, and its community is the current economic climate. While the program has faced such cuts there has still been a considerable desire for program outputs, impacts, and an increase in change.

Evaluation provides the information necessary for the continuous improvement of an organisation, and may support an organisation to weather change in a rapidly changing political and economic climate. There is a desire among stakeholders that the evaluation findings be shared in a timely and appropriate fashion such that all stakeholders are able to derive benefit from the evaluation. Given the importance of ensuring the flow of quality community-based information continues to be fed to the partners, the continued development of ways to manage and disseminate this information is important.

5.1 Issues to consider

Based on the analyses conducted for this evaluation, the data suggests that LBD is achieving many of the high-level aims and objectives of the programme. This was clearly reflected in the strong level of agreement that there was a close alignment with LBD's original aims and strategy, albeit there was the expectation that some aims might require adaptation in the future. Although LBD needs a clear identity and differentiation of its aims and vision from HEHA, the relationship, alignment and strategic approaches across the two programmes have been acknowledged as being highly beneficial to the impact and support of LBD. In addition to this, LBD and its partners should be commended for the work to date and the continued efforts to ensure that the programme is being run with a strong community contingency, this is reflected in recent developments of the PSG where a higher level governance group will be complemented by a partner driven community partnership group.

Amongst the distinct positives identified by key stakeholders there are some areas for development and improvement:

- There was a strong sense that the DHB should not be involved in implementing initiatives, with key stakeholders identifying that their perception of being dominated by the DHB lead to decreases in partner involvement and engagement. It is important that the role of LBD and the support available through LBD is clarified with community partners.
- Continued clarification of the relationship between LBD and HEHA, and how this impacts on the implementation of initiatives being facilitated by LBD.
- Continued communication of the vision, values and mission of LBD, ways this is going to be achieved, and what adaptations might be required.
- Work with the evaluation team at the SOPH to ensure that the findings of the evaluations are shared in an efficient and effective manner and ensure that a clear process and support is given where learning and development has been proposed.
- While collaboration between LBD and community partners is perceived to be fairly strong in some areas, stakeholders suggested a need for improved connection with the partners, with a renewed focus on community capacity building. This is seen by key stakeholders as being essential for the future sustainability of LBD, and the achievement of the desired outcomes.
- Plans for a revised governance structure should continue as the planned changes are generally in line with needs of the key stakeholders. This will ensure clarity around key stakeholder participation in the decision-making process.
- Key stakeholders advised that the communication of information across the different levels of LBD remains somewhat fragmented and is a barrier to collaboration. However it was also expressed that responsibility for effective communication should lie equally among partners. Work being done to enhance effective and efficient communication should continue.
- Continued development of collaborative relationships within LBD and throughout the community. Work to date in this area, while difficult, is one of the key strengths of LBD.
- Based on statements from several key stakeholders; while there is significant work already being carried out with a focus on the cultural needs of Maori and Pacific peoples, this could be further integrated across all Action Areas.
- Apart from some notable exceptions, work across LBD was seen by many key stakeholders to be isolated, the strategic and co-ordinated focus of the Action Areas overall could be reviewed.

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