

Canterbury

District Health Board

Te Poari Hauora o Waitaha

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COMMUNITY AND PUBLIC HEALTH**

SOUTH ISLAND PUBLIC HEALTH PROJECT

Report of process and outcome evaluations 2010-2012

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1 Executive Summary

Background

The South Island Project is a collaboration of the three South Island Public Health Units (PHUs) – Nelson Marlborough (NMDHB), Community and Public Health (CPH) (Canterbury DHB, West Coast DHB, and South Canterbury DHB), and Public Health South (PHS) (Southern DHB). The Project aims to facilitate the three PHUs working together – collaborating on leadership and sharing planning, resources and strategic work. It is overseen by a Project Management Group which has clinical and managerial representatives from each of the three PHUs, as well as representatives from the Ministry of Health (MoH) and SIAPO (South Island Alliance Programme Office) (formerly SISSAL, South Island Shared Service Agency Limited). The Project has three Workstreams: Workforce Development, Whānau Ora and Knowledge Management. In addition to these Workstreams, there are two networks¹ (Action Networks) focusing on specific public health issues. Currently these networks are focused on Communicable Disease Protocols and Alcohol. The Project's vision is to have three South Island Public Health Units that:

- Plan services together
- Share information and resources effectively and utilise the range of expertise across the South Island
- Provide consistent services with shared protocols and ways of working, and
- Deliver locally according to District needs.

Evaluation

This Evaluation follows an Evaluation Plan, begun in October 2010 and revised in May 2011. Evaluation methods have included examining Project documents, such as the Workplan, Implementation Plan, Evaluation Plan, minutes and reports; interviews with the Programme Leader; and analysis of data from a number of surveys. Baseline surveys were completed in January 2011 – but some of these are inaccessible due to the Canterbury earthquake in February 2011.² A Process Evaluation surveyed respondents in August 2011 and evaluated the early progress of the Project, identifying areas for improvement. Follow-up surveys (to evaluate Workforce Development, Action Networks and Medium Term Outcomes) were completed in December 2011 and January 2012.

¹ These networks were originally a project Workstream. The Workstream was simplified following the commencement of the Project – there are networks of people already working in specific areas who now meet regularly. Thus disbanding the Workstream has removed an extra 'layer'.

² Further reference may be made to the existing baseline survey data in future Evaluation Reports.

Process Evaluation

The Process Evaluation was completed in October 2011. It aimed to evaluate the effectiveness of the Programme Leader, Workstreams and Management Group. The evaluation indicated that the Programme Leader was highly effective in driving the Project forward and communicated very well with the Project Workstreams. Another important driving force has been the Implementation Plan, which is an important reference point for the Project. The Workstreams appeared to be progressing well, in terms of communication, effectiveness of meetings and alignment with the Implementation Plan. The Project Management Group was effective in leading the Project but comments indicated that it could improve its visibility to Project Workstreams, for example, via improved communication. The Process Evaluation also indicated that splitting the Programme Leader role to include an Assistant has been helpful (and was viewed positively by Workstream members), and that it is important to firmly entrench the current mode of operating before the Programme Leader role concludes.

Evaluation of Project Workstreams

Workforce Development

Evaluation methods included an interview with the Programme Leader; Workforce Development surveys – baseline (Jan 2011) and follow-up (Dec 2011) – completed by one representative of the Workforce Development Workstream in each PHU; and the Medium Term Outcomes survey (Dec 2011). The Workforce Development Workstream aims to:

- identify current workforce development opportunities across the three SI PHUs
- coordinate planning of future workforce development activities
- effectively share workforce development opportunities
- maximize the effectiveness of Public Health training across the South Island
- ensure workforce development processes support efforts to improve Whānau Ora
- ensure that processes around orientation are consistent.

The Evaluation found that:

- A shared Workforce Development plan has been developed for the three PHUs
- Each PHU has a good number of workforce development opportunities for its own staff to attend – both in-house and outside of PHUs – including opportunities specifically for Whānau Ora
- PHUs have provided a small number of shared training opportunities across the South Island
- Perceived cooperation between the three PHUs has improved from 2010 – 2011 and this partly depends on the work area (e.g. there is good cooperation amongst health protection)
- The perceived value of collaborating with other PHUs is rated highly by each of the PHUs. They are highly motivated to work together

- Perceived barriers include differences in workforces across the PHUs (e.g. Public Health Nurses in some PHUs and not in others); the cost of travel to other centres; time – WFD less of a priority than operational matters; and political and historical boundaries between units
- Suggestions for overcoming barriers include utilizing tele/video-conferencing more (e.g. for training); having short work exchanges; and using internal staff where possible to reduce costs
- Short-term placements (in effect one day visits) of staff to other PHUs were useful, and suggestions have been made for how to improve these
- Good progress has been made in some areas e.g. aligning Orientation documents.

Whānau Ora

Evaluation methods included an interview with the Programme Leader; review of Project documents; and the Medium Term Outcomes survey. The Whānau Ora Workstream aims to:

- increase the capacity of PHUs to effectively support Whānau Ora
- support DHBs to enhance Whānau Ora
- develop supportive links with relevant organizations
- achieve a consistent approach in Whānau Ora across the PHUs of the South Island.

The Evaluation found that:

- MoH training sessions on the use of the “Whānau Ora Tool” that were planned for February 2011 were postponed due to the Christchurch earthquake. CPH staff travelled to Dunedin and Nelson for Whānau Ora Tool training when the sessions took place in September
- Two PHUs (CPH and PHS) have completed a stocktake to review Whānau Ora related activities within their own PHU; the third, NM, is consulting with its Māori Directorate on the appropriate way forward
- In the Medium Term Outcomes survey, over half of respondents indicated that a coherent approach to Whānau Ora across the South Island is making either a good contribution, or some contribution, to PHU effectiveness
- Comments from respondents indicate that this Workstream is in its early stages – it has been worthwhile so far and needs to continue.

Knowledge Management

Evaluation methods included an interview with the Programme Leader; the Programme Leader’s Knowledge Management Report to the Workstream (a report summarising the Workstream’s progress, January 2012); and the Medium Term Outcomes survey. The Knowledge Management group aims to:

- Share existing and future PH documents
- Most effectively use SI PH expertise
- Provide effective PH advice and support to SI DHBs

- Fully report on Workstream activities to stakeholders.

The Evaluation found that:

- The group has listed relevant documents from each PHU and posted these on SIPHAN (South Island Public Health Analysis Information base)
- The group has identified HIIRC (Health Improvement and Innovation Resource Centre) as the best site for publishing PH documents. Draft documents will be developed on SIPHAN using a collaborative approach (the process for this is currently under construction) and once finished will be published on HIIRC
- The group has approved the process for sharing analyst work. Knowledge Management members completed a stocktake of existing PH research and analysis expertise and results have been shared on SIPHAN. A template has been recommended for identifying analyst work to be shared across the three PHUs
- The group is providing advice and support to DHBs: analysts have collaborated to create a Position Statement and Background Paper on alcohol
- From the Medium Term Outcomes survey, the majority (71%, 25/35) of respondents thought there was at least some sharing of PH knowledge (34%, 12/35, thought that there was a *good level of sharing*)
- Over half of respondents (54%, 19/35) thought the sharing of PH information had made at least some contribution to coordinated PHU planning
- Half (51%, 18/35) of respondents thought the sharing of information had made at least some contribution to effectively supporting SI Health Services. Comments overall indicated that “potential is yet to be fully realized”.

Project Management Group

Evaluation methods included an interview with the Programme Leader (assessing progress against the Implementation Plan); the Process Evaluation survey; and the Medium Term Outcomes survey. The Project Management Group aims to:

- Ensure identified stakeholders become familiar with the Project, are informed of progress, and engage with the Project
- Ensure Workstreams are operating effectively
- Align SI Public Health Unit planning
- Ensure Project is aligned appropriately with national and South Island activities
- More effectively act through improved coordination with other staff in DHBs.

The Evaluation found that:

- The Group is communicating with PHU staff and stakeholders through various methods: an overview of the Project has been presented to staff of the three PHUs in 2011, through various methods. The Group has also reviewed the Communication Plan and distributed a newsletter to stakeholders
- The Group has oversight of Workstreams through the Programme Leader who provides a monthly update of Workstreams at each meeting.

- It has developed a template for those who wish to align work across the South Island – so far, two groups have completed the template and been approved. These groups are Communicable Disease protocols and Alcohol harm reduction
- Alignment of PHU planning across the South Island has been overtaken by a revised MoH planning template for use by all PHUs from 2012-13 onwards
- The Process Evaluation indicated that the Management Group is leading the Project effectively, but that it could improve communication with Workstreams
- The Medium Term Outcomes evaluation indicated that most respondents thought PHUs were making at least some contribution to coordinated planning
- Overall, respondents indicated that the Project is “well coordinated”.

Action Networks

Evaluation methods included the Action Networks follow-up survey and the Medium Term Outcomes survey. The purpose of Action Networks is to bring together issues-specific people in order to create networks of people working in a similar area. Currently, the focus of Action Networks is on Communicable Disease Protocols and Alcohol.

The Evaluation found that:

- A follow-up Action Networks survey in December 2011 was completed by 22/39 of potential respondents (56% response rate)
- Over one third of respondents (36%, 8/22) had contact with staff in similar roles across the South Island on an approximately monthly basis. Sixty four per cent of respondents indicated that relationships with staff in similar roles were good but that they could be improved
- A large number of shared activities have been coordinated across South Island PHUs in their area of work in the last year. Impacts of working together included a more comprehensive / effective / higher standard of work (73%, 16/22, of respondents) and an increased awareness of relevant resources (68%, 15/22) (Respondents were able to indicate more than one impact.)
- Barriers preventing collaborative PHU activities from taking place include: time (e.g. tight timeframes for submissions); differences in service structures and political landscapes; and biases in individual approaches
- 50% (11/22) of respondents said they were clear about which non-PHU staff in their DHB they should be connected with and 45% (10/22) were clear about some but not others
- Respondents indicated that the Action Networks had made a good start to contributing to the effectiveness of PHUs working together, but that this needs to continue.

Conclusion

The South Island Project is in its early stages. Information gathered from the Programme Leader, Project documents, reports and surveys show that the Project is progressing well and has been successful in forming a collaborative approach across the South Island. Each of the Workstreams has successfully achieved most of the planned short term

objectives as listed in the Implementation Plan. Aligned planning across the South Island has been less of a priority, since the MoH has recently introduced a new planning template for use by all PHUs. The Project has made a good start in sharing information, resources, and expertise across the South Island. Members of the Workstreams have provided positive and constructive feedback for moving the Project forward, and most indicate the benefits of working together collaboratively. The Project has been driven well by the Programme Leader and the Project Management Group, and guided by the Implementation Plan. It is important to maintain this forward momentum and the Programme Leader role is seen as pivotal in achieving this.

2 Background

The South Island Project is a collaboration of the three South Island Public Health Units (PHUs) – Nelson Marlborough (NMDHB), Community and Public Health (CPH), and Public Health South (PHS). The Project aims to facilitate the three PHUs working together – collaborating on leadership and sharing planning, resources and strategic work. It is overseen by a Project Management Group which has clinical and managerial representatives from each of the three PHUs, as well as representatives from the Ministry of Health (MoH) and the South Island Alliance Programme Office (SIAPO) (formerly SISSAL). The Project has three Workstreams: Knowledge Management, Workforce Development, and Whānau Ora. In addition to these Workstreams, there are two networks³ focusing on specific public health issues, currently Communicable Disease Protocols and Alcohol.

The South Island Project originated from the Healthy South Project, which in 2008 aimed to build collaborative partnerships, develop regional planning, and better connect the health sector across the South Island. This project was disestablished in late 2009 and was effectively replaced by the South Island Project, as a way of making better use of existing regional collaborations. In November 2009, South Island clinical and managerial leaders attended a hui, and explored the common goal of working together more collaboratively at a regional level.

The Ministry of Health has funded a Programme Leader role from October 2010 until March 2012. The Programme Leader works from within the Project Management Group and oversees the progress of the Workstreams.

The Project Management Group oversees the functioning of the South Island Project, including its activities, and provides strategic direction. It signs off Workstream projects, including processes, templates and training. The Programme Leader is Neil Brosnahan, who is assisted by Victoria Manson. The Management Group includes:⁴ Jan Barber (South Island Alliance); Kathrine Clarke and Nicola Coupe (Ministry of Health); Evon Currie and Daniel Williams (Community and Public Health); Peter Burton, Ed Kiddle and Stephanie Read (Nelson Marlborough District Health Board); and Pip Stewart, Marion Poore and Stephen Jenkins (Public Health South).

³ These networks were originally a project workstream, called 'Action Networks'

⁴ Both past and present members of the Management Group and each of the workstreams are listed in this Report

The Knowledge Management Workstream focuses on sharing expertise, information and resources between the three PHUs. This Workstream includes: Jill Sherwood, Anne-Marie Ballagh and Alan Norrish (NMDHB); Ann Richardson, Susan Bidwell, Chris Ambrose and Annabel Begg (CPH); and Lynette Finnie, Tom Scott and Emma Lynch (PHS).

The Workforce Development Workstream focuses on sharing workforce development opportunities. The Workstream includes Helen Steenbergen, Anne Price and Les Milligan (NMDHB); Sue Turner, Annabel Begg and Annie Davey (CPH); and Janice Burton, Andrew Shand and Derek Bell (PHS).

The Whānau Ora Workstream aims to co-ordinate a South Island approach to Whānau Ora. The Workstream includes: Miraka Norgate and Anne-Marie Ballagh (NMDHB); Sue Turner, Gail McLauchlan and Ramon Pink (CPH); and Stephen Jenkins and Ria Brodie (PHS).

Vision and objectives of the Project:

The Project's vision is to have three South Island Public Health Units that:

- Plan services together
- Share information and resources effectively and utilise the range of expertise across the South Island
- Provide consistent services with shared protocols and ways of working, and
- Deliver locally according to District needs.

This vision aligns with that of the South Island Health Service Plan, which is to have 'a clinically and fiscally sustainable South Island health system'. The Project aims to strengthen PHUs to enable them to provide sustainable, effective, consistent services that contribute to the improvement of health for the South Island population.

The South Island Project is guided by a Workplan, an Implementation Plan, an Evaluation Plan and a Communication Plan.

3 Evaluation Methodology

An Evaluation Plan for the South Island Public Health Project was first developed in October 2010 and revised in May 2011 (following the Christchurch earthquake). This report follows the revised plan. The objectives of this evaluation, as set out in the Evaluation Plan, are:

1. To assess whether the Project has achieved the short and medium term outcomes set out in the Implementation Plan.
2. To identify strengths and weaknesses of the South Island Public Health Project
3. To identify the factors which are likely to enable the Project to continue to progress beyond the 18 month timeframe.

The process of evaluating the Project began in 2010 when the first baseline surveys were sent out to respondents. This process was disrupted when some of those baseline questionnaires were rendered inaccessible by the Christchurch earthquake on February 22nd 2011. This means that the Evaluation is less able to gauge progress over time than originally intended. Follow-up surveys (repeating the baseline questionnaires) were sent out in late 2011 and returned by the end of January 2012. This Evaluation focuses on the follow-up data, but future Evaluation Reports may also consider existing baseline data in order to assess the longer term impacts of the Project. A Process Evaluation was completed in October 2011, which evaluated the early progress of the Project and identified areas for improvement.

Respondents to the ‘Medium Term Outcomes’ surveys (baseline and follow-up) have included: PHU Clinical Directors, PHU Managers, PHU Team Leaders, Public Health Specialists, MoH Public Health Portfolio Managers, MoH members of the Project Management Group, Planning and Funding representatives, and other key PHU staff as identified by PHU Managers. Through completing the surveys, respondents have helped assess how well the Project is achieving its aims – including collaboration between key personnel (managers, clinical directors and staff involved in Action Networks); whether workforce development is becoming integrated across the South Island; whether there is a consistent approach to Whānau Ora; the level of sharing of Public Health information and knowledge; and the degree of coordinated planning across the South Island and contribution to effective South Island Health Services.

Similarly, baseline and follow-up surveys have been sent to key PHU staff (senior and experienced staff, including Managers, Team Leaders and Public Health Specialists) to assess Action Networks. These surveys asked staff to assess their contact and relationships with staff in similar roles, and to identify specific activities in their area of work that have been coordinated across the South Island. In addition, the surveys asked staff to identify impacts of the coordinated activities, and significant barriers to networking. Staff were also asked to comment on the level of joint annual planning with other South Island Public Health Units and on the strength of the relationship with staff in local DHBs.

The evaluation methodology has also included examining Project documents, including the Workplan, Implementation Plan, Evaluation Plan, minutes and reports (including the Process Evaluation Report). In addition, the Programme Leader has been interviewed several times.

4 Process Evaluation

Project Aims

- Work of Programme Leader is focused and effective
- Workstreams are effective
- Management Group is focused.

In October 2011, a mid-term process evaluation was completed to assess the progress of the Project and to enable it to improve its performance. Members of the Project Workstreams (Workforce Development; Whānau Ora; Knowledge Management; and the Project Management Group) and Action Networks completed a survey which was sent out in August 2011. The respondents came from Nelson Marlborough DHB (NMDHB); Community and Public Health (CPH); Public Health South (PHS); the Ministry of Health (MoH); and SISSAL. There were a total of 17 respondents, out of a possible 28, giving a response rate of 60%. Eight of the respondents were from PHS; five from CPH; two from NMDHB; one from the MoH and one from SISSAL. The 17 respondents represented each of the Workstreams (with several in more than one Workstream). The aim of the survey was to evaluate the Project Workstreams and the Programme Leader role.

The process evaluation survey aimed to gather information about the effectiveness of communication, meetings, Project documents, the Implementation Plan, the Programme Leader and the Project Management Group.

Summary of Results

1. Communication

Respondents were asked to assess communication – between Workstreams; between the Programme Leader, Workstreams and Management Group; between the Management Group and the Workstreams; and between the Project and other PHU staff.

a) Between Workstreams:

66% said this was either *very effective* (11%) or *effective but could improve* (55%). Overall, the comments indicated that communication between Workstreams was a “developing process”. Respondents suggested that communication is likely to become more effective as expectations of shared information become clearer and as there are more shared members between the Workstreams. The Programme Leader role was seen as important to help facilitate this communication.

b) Between Programme Leader and Workstreams/Management Group:

The majority of respondents (76%) thought that the Programme Leader communicated *very effectively* with the Workstreams and Management Group. Respondents noted receiving information that was timely and detailed.

c) Between Management Group and Workstreams:

Respondents appeared to have widely differing opinions about the effectiveness of communication between the Management Group and the Workstreams: 28% indicated that this was *very effective*, 6% (one respondent) indicated *effective but could improve*, 24% indicated *somewhat effective* and a further 24% said *only slightly effective*. Eighteen per cent indicated they *didn't know*. Respondents seemed confused about whether the Management Group should communicate directly with Workstreams or whether this should be done more clearly via the Programme Leader.

d) Between the Project and other PHU staff:

41% indicated *effective but could improve*, and 29% indicated *somewhat effective*. Comments indicated that improved communication with other PHU staff was needed.

Overall, there appeared to be good communication on the Project, but with room for improvement. Further efforts to improve communication planned at this time, partly as a response to these findings, included a regular newsletter and monthly reports to stakeholders.⁵

2. Meetings

Respondents were asked to comment on the effectiveness of meetings (including teleconferences and video-conferences) that they had attended.

Nearly half of respondents (44 %) identified that meetings were *very effective* and another 44% indicated that they were *effective but could improve*. Factors contributing to the effectiveness of meetings were: focused discussion, good time management (ie, running to time), decisions being made, using small groups to undertake tasks and report back to the larger group, and being well-organised with good forward momentum. Respondents sometimes found tele- and video-conferences challenging, although it was noted these were easier after having had the face-to-face meeting in February.

3. Documents

Respondents were asked to comment on the effectiveness of Project documents (minutes, reference materials etc).

Almost half of respondents (49 %) indicated that documents were *very effective* and another 39% indicated *effective but could improve*. Documents were effective because they were clear (for example, minutes); there were action lists associated with minutes;

⁵ Details can be found in the Project's Communication Plan

and SIPHAN was a good tool for posting and later referencing documents. One respondent commented documents could be more succinct.

4. Implementation Plan

Respondents were asked to comment on the effectiveness of the development and use of the Implementation Plan in driving the work of the Project.

Less than one third of respondents (29 %) identified that the Implementation Plan was *very effective* and 41% identified that it was *effective but could be improved*. Some respondents noted the Plan had made a considerable difference in driving the Project, that it was clear and to the point with easily understood outcomes, and it had been a useful document post-earthquake for getting the focus back on the South Island work. Comments from respondents indicated that the Plan works well as a reference point, helping to track progress and accomplishments. No comments indicated where improvements could be made, except in regard to orientating new participants to the Project to the Implementation Plan (comments indicated that some respondents may be unaware of it).

5. Programme Leader

Respondents were asked to comment on the effectiveness of the Programme Leader role in contributing to the Project.

The majority of respondents (79 %) thought that the role of the Programme Leader was *very effective*, and a further 16% thought that the Programme Leader's role was *effective but could improve*. Respondents described the role of the Programme Leader as being an important catalyst with an understanding of the whole Project. Further comments identified that the Programme Leader has energy and commitment, and is approachable and organised. No comments identified areas for improvement.

Respondents were also asked to comment on the impact of dividing the role into a Programme Leader and Assistant. Most respondents were positive about this arrangement. Their comments indicated that they believed that sharing the role helped maintain forward momentum and a more cohesive approach, and provided more effective communication tools. One issue identified was the potential to lose the connection with the “bigger” picture of the SI Alliance process because the change has meant the Programme Leader is no longer attending SISSAL meetings.

6. Project Management Group

Respondents were asked to comment on the effectiveness of the Management Group in providing leadership for the Project.

Twenty four per cent of respondents thought that the leadership of the Management Group was *very effective*, 29% thought it was *effective but could improve*, and a further 29% indicated that they didn't know. The comments indicated that some respondents

were unclear of the role of the Management Group or did not have enough information to answer this question. This was noted as an issue for the Management Group to address.

7. General

A final question noted that the funding for the Programme Leader role is due to finish in March 2012, and asked respondents to note any activities/processes that should be prioritised or undertaken by then.

Although only six comments were received, these suggested that it will be important to “firmly entrench the current mode of operating before the role concludes” (Programme Leader)⁶, including establishing processes that provide motivation and sustainability for Workstreams. One respondent suggested identifying options for continued funding of the role.

Conclusion

The Programme Leader appears to have been a key success factor for the South Island Project in its early stages, as someone who understands the whole Project and is a catalyst for it moving forward. The Programme Leader communicates very effectively with Workstreams and with the Management Group. It has been helpful to split the role to include an Assistant. Another important driving force has been the Implementation Plan, which is an important reference point for the Project. There is room to improve in two areas. Firstly the visibility of the Management Group to other members of the Project needs to be improved: the Management Group was noted as needing to more effectively communicate its role in the Project to the Workstreams. Secondly, there is still room to improve communication on the Project, particularly to other PHU staff. Regular newsletters and monthly reports should help to improve communication. Overall, the Project seems to be progressing well, but it is important to firmly entrench the current mode of operating before the Programme Leader role concludes.

⁶ Process Evaluation Report, October 2011

5 Outcome Evaluation: Implementation Plan

The Implementation Plan for the South Island Project was finalised in April 2011. It takes the Project through until March 2012, and accompanies the Project Workplan 2010-12. The Implementation Plan sets out the main areas of work, objectives, key activities, tasks, measures/dates, and responsibilities for each of the three Project Workstreams (Workforce Development; Whānau Ora; and Knowledge Management) and for the Project Management Group,

A key purpose of this Evaluation Report is to evaluate how well each of the Project Workstreams and the Management Group have achieved the objectives and undertaken the key activities set out in the Implementation Plan. The evaluation of each Workstream refers to completion dates specified in the Implementation Plan.

The key **short term outcome** for the South Island Project is that:

- Each of the Workstreams within the South Island Public Health Project will be focused and effectively achieve the agreed outputs.

This outcome will be measured by considering whether the outputs of the Implementation Plan have been achieved.

In addition, **medium term outcomes** have been considered. An early indication of these will be through:

- Feedback from key informants [which] assesses the effectiveness and level of focus of Workstreams.

Implementation Plan Objectives for each Workstream and the Management Group:

Workforce Development

- Identify current workforce development (WFD) activities across the three South Island PHUs
- Coordinate planning of future WFD activities
- Effectively share PH WFD opportunities
- Maximise the effectiveness of PH training across the South Island
- Ensure consistency of orientation processes across SI PHUs
- Ensure WFD processes support efforts to improve Whānau Ora

Whānau Ora

- Increase the capacity of PHUs to effectively support Whānau Ora
- Support DHBs to enhance Whānau Ora

- Develop supportive links with relevant organizations

Knowledge Management

- Share existing and future PH documents
- Most effectively use SI PH expertise
- Provide effective PH advice and support to SI DHBs
- Fully report on Workstream activities to stakeholders

Project Management Group

- Communicate effectively with stakeholders
- Ensure Workstreams are operating effectively
- Contribute to South Island PHU strategic planning

Evaluation of *Workforce Development*

Summary of the Workforce Development Workstream:

- The Workforce Development workstream aims to:
 - identify current workforce development opportunities across the three SI PHUs
 - coordinate planning of future workforce development activities
 - effectively share PH workforce development opportunities
 - maximize the effectiveness of Public Health training across the South Island
 - ensure workforce development processes support efforts to improve Whānau Ora
 - ensure that processes around orientation are consistent.

The Evaluation found that:

- A shared Workforce Development plan has been developed for the three PHUs
- Each PHU has a good number of workforce development opportunities for its own staff to attend – both in-house and outside of PHUs – including opportunities specifically for Whānau Ora
- PHUs have provided a small number of shared training opportunities across the South Island
- Perceived cooperation between the three PHUs has improved from 2010 – 2011 and this partly depends on the work area (e.g. there is good cooperation amongst health protection)
- The perceived value of collaborating with other PHUs is rated highly by each of the PHUs. They are highly motivated to work together
- Perceived barriers include differences in workforces across the PHUs (e.g. Public Health Nurses in some PHUs and not in others); the cost of travel to other centres; time – WFD less of a priority than operational matters; and political and historical boundaries between units
- Suggestions for overcoming barriers include utilizing tele-/video-conferencing more (e.g. for training); having short work exchanges; and using internal staff where possible to reduce costs
- Short-term placements of staff to other PHUs were useful, and suggestions have been made for how to improve these
- Good progress has been made in some areas e.g. aligning Orientation documents.

Evaluation Methods:

- Interview with Programme Leader
- Workforce Development surveys – baseline (Jan 2011) and follow-up (Dec 2011) – completed by one representative of the WFD Workstream in each PHU
- Medium Term Outcomes survey (Dec 2011)
- Follow-up questions (emailed) to Workstream members regarding the way forward

The Workforce Development Workstream focuses on sharing workforce development opportunities. It includes Helen Steenberg, Anne Price and Les Milligan (NMDHB); Sue Turner, Annabel Begg and Annie Davey (CPH); and Janice Burton, Andrew Shand, and Derek Bell (PHS).

The Workforce Development Workstream aims to identify current workforce development opportunities and to coordinate plans and share opportunities in the future. It aims to maximize the effectiveness of Public Health training across the South Island. It also aims to ensure that it supports efforts to improve Whānau Ora and that processes around orientation are consistent.

In order to identify current workforce development opportunities, in April 2011 the Workstream completed a stocktake of workforce development activities. The stocktake highlighted the challenge of working together, in that there is not complete alignment of roles across the different PHUs. Each of the PHUs has different structures. There are some similar roles – for example, Medical Officers of Health (MOsH), Health Protection Officers (HPOs) and Health Promoters – but many are different. This makes it more difficult to align activities across PHUs.

The Workstream also tried to facilitate opportunities for staff placements between PHUs. So far these have been “low-key” (Programme Leader), and have included CPH staff travelling to Whānau Ora training in Nelson and Dunedin a day ahead in order to maximize connections with colleagues. Afterwards, CPH staff debriefed collectively to identify what they had learnt from the experience. The debriefing highlighted the differences in workforces amongst PHUs (e.g. Public Health Nurses are part of some PHUs, but not others). Some of the key points arising from this experience and from the debriefing afterwards were:

- The more planning and preparation beforehand, the more value staff get out of a placement. This should include clear expectations from both sides, i.e. what information the host PHU would like and what information / contacts the visiting people would like
- It would be preferable for people to stay longer – if possible more than one day, as this will add value
- It would be useful to have a dedicated contact person at the host PHU

- It was useful to bring a laptop with the ability to connect to the internet and not have to rely on the host PHU to provide computer access to keep up with emails, and to access documents of interest etc.

The Workstream aimed to coordinate future workforce development planning. It had aimed to develop a shared plan for 2011/12 for the three PHUs, with a plan finalized by the end of September 2011. This work is still in progress. Currently a plan has been drafted and an initial draft viewed by the Management group. Initially the plan included three separate action plans for each PHU, following a PHS template. The Workstream developed one action plan, which identified common themes across PHUs and included a section for each PHU. The plan currently has a shared section for each theme⁷ with a lead convenor, plus shared South Island activities (with a lead person and contacts for the three PHUs) and separate local activities where relevant. Although there are still some separate activities, the Workstream has made good progress in creating a shared workforce development plan.

The Workstream has begun work on developing a process for sharing Public Health workforce development opportunities. Work is underway within CPH on developing a revised version of SIPHAN (the South Island Public Health Analysis information base)⁸, including a calendar – this will mean that staff from one PHU will be able to post opportunities which staff from other PHUs can respond to (for example, joining by teleconference).

The Workstream has aimed to maximize the effectiveness of Public Health training across the South Island. Training in this sense means the more informal ‘in-house’ opportunities provided by PHUs, such as mentoring or coaching. There has been a small amount of collaboration in this area. In teleconferences, individual PHUs are able to share information about what they do.

The Workstream has made a lot of progress with supporting the efforts to improve Whānau Ora. It has maintained a link with the Whānau Ora Workstream of the Project by having one of the members of Workforce Development, Sue Turner, also present on the Whānau Ora Workstream. The Workforce Development Workstream had planned to facilitate opportunities for staff to improve skills in Te Reo, Tikanga etc. CPH had arranged for training in Te Reo and Karakia to start in March 2011 – but these mostly were unable to proceed due to the impact of the earthquakes, including the loss of the CPH building.

The Workforce Development Workstream has successfully shared processes around Orientation. Prior to the Project, there was no consistency between PHUs, and none had identified key Public Health documents. The Workstream agreed on a set of necessary

⁷ The themes are Te Tiriti O Waitangi, Health Determinants, Emergency Response and Management, and A Competent Workforce.

⁸ This is a web-based platform for discussion and sharing of documents

documents, which was developed and approved. In future, the Workstream will have oversight of Orientation documents – the addition of further documents will require consensus from the Workstream.

Workforce Development Surveys

In January 2011 and December 2011 each PHU was sent a Workforce Development baseline and follow-up survey, respectively, to complete. One member of the Workforce Development Workstream from each PHU completed the survey on behalf of that PHU. The two surveys included questions about training opportunities (in-house, outside of the PHUs, and combined training between the PHUs); perceived cooperation and collaboration, and motivation to work together; and barriers to working together and suggestions for overcoming these. The results are summarized below.

Training Opportunities:

In 2010, the baseline survey showed that there were plentiful training opportunities both in-house and outside of the PHUs for all three South Island PHUs. Each PHU provided over 16 *in-house training opportunities for their own staff*, which were well-attended by over 46% of staff from each unit. In 2011, in-house training opportunities were fewer for two of the PHUs – CPH and PHS. For CPH, the opportunities dropped to 1-5, a likely reflection of the impact of the February 2011 earthquake. Opportunities for PHS dropped slightly to 6-10, while NMDHB provided a steady 16+ opportunities. For all three units in 2011, over 46% of staff *attended the opportunities that were provided*.

Opportunities for training outside of the PHUs were consistently high from 2010-2011. In 2010, both NMDHB and CPH had over 16 training opportunities outside of the PHU, while PHS had 11-15. These opportunities were attended by over 46% of staff. In 2011, all units had over 16 opportunities, attended by over 46% of staff.

In both years, each PHU provided *training opportunities relating to Whānau Ora*. In 2010, all three PHUs provided 1-5 training opportunities on Whānau Ora, which had an attendance rate of 16-30% for PHS and NMDHB, and 1-15% for CPH. The number of opportunities remained similar in 2011, with a slight increase for NM of 6-10. In 2011 only 1-15% of CPH staff attended Whānau Ora training, while 31-45% of PHS staff and over 46% of NM staff did so. PHS noted that it was only the Management team and two senior Māori staff who attended one of the training sessions, while a further nine staff took part in a pilot held in Invercargill.

There has been a small amount of interaction between PHUs in terms of providing and sharing training opportunities. Training opportunities that were *run jointly* by more than one PHU were attended by five PHS staff and three NM staff in 2010, and in 2011, by nine PHS staff and 20 NM staff. CPH staff went to Whānau Ora training in NM and Dunedin in 2011. Again, the limited involvement of CPH staff in these shared

opportunities likely reflects the impact of the earthquake. Other joint activities between the three PHUs included shared plans (eg Airport Emergency plans) between PHS and CPH in 2010, and a biotoxin workshop held by NM and attended by staff from other PHUs.

Cooperation between PHUs:

In 2010, each of the three PHUs had mixed reports about the *degree of cooperation* between the three PHUs. One PHU noted there was *a little cooperation*, one *moderate cooperation* and one *good cooperation but could improve*. One PHU did note that levels of cooperation were disparate depending on the work area. For example, there was more cooperation amongst health protection between the PHUs than health promotion. By 2011 perceived levels of cooperation had improved. One PHU stated there was *moderate cooperation*, one *good cooperation but could improve* and one *full cooperation*. The PHU noting the least cooperation believed that more use could be made of videoconferencing opportunities across the region, while the PHU noting the greatest cooperation stated that “there was always the willingness to do things better” and that “we...have an appreciation of what we can become together, as a group sharing the vision and the interest in advancing public health regionally whilst actioning priorities and directions locally”.

In both years, each of the PHUs rated *highly*, or *very highly*, the *perceived value* in *increasing collaboration with other PHUs*. This perceived value increased from 2010 to 2011. The only limitation noted in 2010 by one PHU was monetary, ie “staff attending training elsewhere in the South Island is costly and the ability to increase such training is dependent upon available budget. Greater use of technology should be encouraged to promote remote learning opportunities – eg video, web based”. In 2011, comments were mostly positive, noting the “goodwill”, good communication, the “foundation to create and harness opportunities” and the “synergies” of working together. One comment did, however, again note financial constraints and the risk of duplicating training offered by the Ministry of Health.

All three PHUs were *highly motivated* or *very highly motivated* to work together on Workforce Development and this was constant in both 2010 and 2011. Some comments in both years reflected mixed feelings about the availability of financial resources – for example, recognising the value of staff from one area meeting together in one venue but noting that this can be “cost prohibitive”. Other comments noted the potential for greater achievement, in that more ground can be covered when people “share a common mind”. The perceived positive benefits of working together included “a more flexible and regionally competent and in sync workforce” which is “an investment...for long term and collective gain”.

Increasing Cooperation and Overcoming Barriers:

Each of the PHUs reported ideas about opportunities to *increase cooperation and the effectiveness of PHU workforce development across the South Island*. In 2010, these included:

- undertaking a stock-take of available education resources
- utilising Health Promotion Forum leaders / management meetings held twice yearly
- developing an education and training package that improves access and responsiveness for/to Māori
- making greater use of tele/videoconferencing for training
- increasing links to HEHA programmes
- using staff expertise from within PHUs for training across the PHUs
- creating a calendar for internal South Island PHU training events.

Further suggestions in 2011 included:

- training together in Emergency Management
- joint training for Health Protection staff
- undertaking short professional work exchanges
- holding a regional symposium
- developing a Whānau Ora approach that builds relationships with Iwi.

Each of the PHUs also identified *significant barriers* to increasing cooperation. In 2010, it was noted that with split roles (ie 0.5 FTE positions) workforce development had less priority than daily operational matters. Another PHU noted the limitation of restricted financial resources for planned training, as well as historical boundaries between units (ie political and geographical), and that the process of working between PHUs, DHBs and the MoH can sometimes be convoluted. Other barriers identified were the cost of travel for shared training, having to convince decision-makers (ie heads of PHUs and DHBs) to support creative ideas, and the disruptions caused by power politics. In 2011, similar issues were still a concern. Having adequate financial resources to cater for planned training opportunities was still seen as a barrier, as were geographical barriers and having split roles. Being busy with day-to-day matters was also seen as a barrier.

The PHUs made some *suggestions for overcoming these barriers*. These included highlighting the profile of the South Island Project by running high quality Professional Development sessions – this would pave the way for more specialised sessions. The issue of cost was addressed with the suggestion that PHUs try to identify ways to reduce costs, for example, billeting exchanges, and using internal staff where possible. It was suggested that PHUs be proactive about ensuring that managers at the top of the organisations were committed to the Project. Other suggestions supported videoconferencing for collaborative training, and promoting this well, in order to break down psychological barriers that might exist.

Medium Term Outcomes:

In December 2011, key respondents were asked to *comment on the degree that collaborative workforce development across South Island PHUs now contributes to PHU effectiveness*. Nearly half (49 % - 17/35) reported that collaborative WFD across the SI is making a *good contribution* to PHU effectiveness, but that it *could improve*. Some (17% - 6/35) reported that it is making *some contribution*; another 17% reported it is making only a *slight contribution*; and 17% responded *don't know*.

One respondent noted “plenty of room to grow”; another “good progress” and another “significant progress”. An example of good progress was “collating orientation documents” and some progress had been made towards developing a shared workforce development plan. One respondent was keen to see “more use made of videoconferencing opportunities to facilitate Professional Development”. Another respondent saw future potential for aligning professional development programmes that are currently delivered internally, within PHUs, in order to “reduce triplication of effort and increase consistency between the three PHUs”.

Follow-up Questions regarding the Way Forward:

In January 2012, the Workforce Development Workstream was asked for its feedback about the way forward for the Workstream. When asked, “*What do you see as the most effective way forward for the Project?*”, comments from the Workforce Development Workstream included having very clearly defined roles. It was also important to have an overall convenor who ensured that things continue to progress. In response to “*What barriers / obstacles could limit the effectiveness of the Project?*” the Workstream indicated that technology can sometimes be an issue but that there are ways to overcome this. The Workstream was asked “*Do you have suggestions for overcoming these?*” and they suggested that training could be organized for the use of videoconferencing.

Conclusion:

The Workforce Development Workstream has achieved the majority of its objectives over the 18 months of the Project. It has completed a stocktake to identify current workforce development opportunities across the three PHUs and instigated staff placements between PHUs, with some success. The Workstream has also made progress in developing one shared workforce development plan across the South Island, with a draft currently before the Project Management group. In addition it has supported efforts to improve Whānau Ora and has one member of Workforce Development also on the Whānau Ora Workstream. The Workstream has oversight of a set of orientation documents, which is now consistent across the three South Island PHUs.

Members of the Workforce Development Workstream are committed to working together and value the opportunity to do so. There is a high degree of motivation amongst the three PHUs to work together and to overcome barriers. Members have taken advantage of some opportunities for shared training, with two PHUs combining to provide joint training opportunities for staff, leading to increased attendance in 2011. There is potential for more of these shared training opportunities, and for individual PHUs to host other PHUs. It seems that financial constraints are a barrier to more of these combined opportunities taking place – members from more than one PHU expressed concern about this in both years. Although PHUs are highly motivated to work together, they are also concerned about the difficulties of doing this in terms of prioritizing Workforce Development with operational matters, especially when staff are working in split roles. PHUs were keen to make more use of video/tele-conferencing facilities, in order to overcome some of these barriers.

Evaluation of *Whānau Ora*

Whānau Ora can be briefly defined as: “Māori families supported to achieve their maximum health and wellbeing” (Ministry of Health, 2008. The Whānau Ora Tool).

Summary of the Whānau Ora Workstream:

The Whānau Ora Workstream aims to:

- increase the capacity of PHUs to effectively support Whānau Ora
- support DHBs to enhance Whānau Ora
- develop supportive links with relevant organizations
- achieve a consistent approach in Whānau Ora across the PHUs of the South Island.

The Evaluation found that:

- MoH training sessions on the use of the “Whānau Ora Tool” that were planned for February 2011 were postponed due to the Christchurch earthquake. Staff travelled to Dunedin and Nelson for Whānau Ora Tool training when the sessions took place in September
- Two PHUs (CPH and PHS) have completed a stocktake to review Whānau Ora related activities within their own PHU; the third, NM, is consulting with its Māori Directorate on the appropriate way forward
- In the Medium Term Outcomes survey, over half of respondents indicated that a coherent approach to Whānau Ora across the South Island is making either a good contribution, or some contribution, to PHU effectiveness
- Comments from respondents indicate that this Workstream is in its early stages – it has been worthwhile so far and needs to continue.

Methods of Evaluation:

- Interview with Programme Leader
- Programme Leader review of the Implementation Plan for Whānau Ora
- Medium Term Outcomes survey
- Review of Project documents.

The Whānau Ora Workstream aims to coordinate a South Island approach to Whānau Ora. The Workstream members are: Miraka Norgate and Anne-Marie Ballagh (NMDHB); Sue Turner, Gail McLauchlan and Ramon Pink (CPH); and Stephen Jenkins and Ria Brodie (PHS).

The Whānau Ora Workstream of the South Island Project focuses on developing a South Island approach to Whānau Ora, with each of the three PHUs being consistent in their approach. The Workstream developed a set of shared activities, which included focusing on training in Whānau Ora within the PHUs; integrating Whānau Ora into earthquake recovery processes; encouraging PHUs to integrate Whānau Ora into processes; supporting the efforts of DHBs to promote Whānau Ora within the DHB; and developing supportive links with other relevant organizations outside of DHBs.

In order to embed the Whānau Ora tool into PHU practice, training sessions were planned. The Workstream aimed to organize training on the use of the Whānau Ora tool for Workstream members and key PHU staff, by the end of August 2011. Training sessions in Whānau Ora that were planned for February 2011 were postponed due to the Christchurch earthquake. CPH staff travelled to Dunedin and Nelson for Whānau Ora Tool training when the sessions took place in September.

The Workstream aimed to facilitate training in Whānau Ora amongst other PHU staff – in particular, those responsible for planning, implementation and reporting – and to keep a record of training undertaken. Training was run by CPH in Greymouth, and by Public Health South in Invercargill. Further training is scheduled for 2012. NMDHB is engaging with its Māori Directorate to identify the way forward.

The Workstream also endeavoured to promote Whānau Ora amongst other Project Workstreams. Whānau Ora members gave a presentation to other Workstream members and the Management Group on 10th February 2011. The Workstream aimed to ensure that Whānau Ora is woven throughout the Project: this included establishing formal links with each Public Health Project Workstream. The Whānau Ora Workstream has had one member also involved in each of the other Workstreams.

The Workstream discussed having an integrated earthquake recovery approach, with the aim of developing best practice guidelines. Some discussion took place, with the links between recovery and Whānau Ora explored and documented and shared amongst the group. A document was also written that identified the links between He Korowai Oranga and Recovery processes.

The Workstream looked at how to support PHUs to integrate Whānau Ora-enhancing practices into their processes. It had aimed for each PHU to do a stocktake of Whānau Ora related activities, particularly those activities with an emphasis on planning, implementation and reporting. Both CPH and PHS have completed a stocktake, while NMDHB has begun the process. This work has been delayed while they await guidelines from the Māori Directorate. The Workstream aimed to use the stocktake results to identify and prioritise any required changes in processes or policies. Each PHU is

dealing with this on an individual basis. For example, CPH will use the recommendations from the stocktake to inform the next version of CPH's Māori Health Plan. PHS has decided to adopt a Māori Health Plan similar to CPH's.

The Workstream looked at how to develop and maintain links with other relevant parts of DHBs. The Whānau Ora Workstream has identified connections:

CPH is connected through: Transitions Leadership Board; He Oranga Pounamu; Te Kahui O Papaki ka Tai; Primary Care; and the Ministry of Social Development
NMDHB is connected through: Te Puawai Hauora (all DHB Māori staff); Māori Directorates; and Māori and Pacific Island Reference Group (community based)
PHS is connected through: Kaiwhakahaerehauora (Donovan Clarke); Māori Directorate; and Southland Māori Health Unit.

The Workstream also planned to identify other relevant organizations and to make links with these around Whānau Ora:

CPH has developed links with key individuals (e.g. Hector Matthews, Director of Maori and Pacific Health CDHB, Matea Gillies, Chair of Mana Whenua ki Waitaha) and organisations (e.g. He Oranga Pounamu)

NMDHB has connected and made relationships regarding recovery/planning and is linking in with local Iwi

PHS has strong relationships with Ngai Tahu Resource Management Agencies in Otago / Southland including joint reporting. PHS has just released the Whenua Ora Profile leading to a three year Action Plan.

Medium Term Outcomes:

In January 2012, key respondents in the 'Medium Term Outcomes Survey' were asked to what degree "*a coherent approach to Whānau ora across the South Island PHUs now contributes to PHU effectiveness*"? A total of 35 respondents answered this question. Of these, less than half of respondents (43%, 15/35) believed that a coherent approach to Whānau ora across the S.I. is making a *good contribution* to PHU effectiveness; 20% (7/35) believed that it makes *some contribution*; and 6% (2/35) believed that it makes only a *slight contribution*. A further 29% (10/35) responded *don't know*.

Comments supported the finding that the Whānau Ora Workstream of the South Island Project is in "its early stages" but that "so far it would appear to have worked well". One respondent reported that CPH has a well thought-out approach to Whānau Ora, and that working together (with other PHUs) has been invaluable. One example given was of the "sensible approach" of the shared training in Whānau Ora in Nelson and Dunedin. Another respondent noted "major advances in this area, particularly PHS and their Murihiku Whenua Ora Profile and Action Plan"; although this respondent did query whether there was a "coherent" South Island approach. One respondent stated that the

collaboration has “so far...been really worthwhile and needs to continue”. Another respondent noted that “the roll out of Whānau Ora training has just started so a coherent approach is yet to come”. Some respondents lacked knowledge about the Whānau Ora Workstream, noting that they were “not sure how much it is currently contributing”. Another respondent said that “I know the 2 Whānau Ora workshops were run jointly and attended by the 3 PHUs jointly but I’m unaware of any initiatives that may have transpired since.” Overall, comments indicated that the Whānau Ora Workstream was having at least some positive impact – and that the collaboration between PHUs in this area is helping facilitate better implementation of Whānau Ora across the South Island.

Follow-up Questions Regarding the Way Forward:

In January 2012, the Whānau Ora Workstream gave specific feedback about the way forward for the Workstream. When asked *What do you see as the most effective way forward for this Workstream and the Project overall?*, Whānau Ora Workstream members indicated that one of the most effective ways forward is to influence other Workstreams. Other suggestions were:

- the importance of having people dedicated to keeping Whānau Ora on the agenda
- needs to be integrated into our daily work and articulated
- it is important to keep sharing work and heading towards working in the same way e.g. training
- Whānau Ora is now seen as a legitimate part of the work
- small steps are ok
- working together in assisting staff with cultural competence.

The Workstream was also asked *What barriers / obstacles could limit the effectiveness of the Project?* A key barrier identified was time, particularly in that many of the Workstream members are involved in more than one Workstream, and also communication. In response to *Do you have suggestions for over-coming these?* it was suggested that increasing the number of people involved would be helpful.

Conclusion:

Shared training in Whānau Ora held in Dunedin and Nelson in September 2011 and attended by staff from each of the PHUs has been viewed positively. The Workstream has had an active presence in the other Workstreams of the S.I. Project by having one member of the Whānau Ora Workstream in each of the others. The Workstream has made progress in supporting PHUs in integrating Whānau Ora-enhancing practices into processes by undertaking stocktakes of Whānau Ora activities in each PHU. As a result of these stocktakes, each PHU will develop its own response to the issues raised. The collaboration of PHUs in the South Island towards Whānau Ora is helping facilitate better implementation of Whānau Ora across the South Island.

Evaluation of *Knowledge Management*

Summary of the Knowledge Management Workstream:

The Knowledge Management group aims to:

- Share existing and future PH documents
- Most effectively use SI PH expertise
- Provide effective PH advice and support to SI DHBs
- Fully report on workstream activities to stakeholders.

The Evaluation found that:

- The group has listed relevant documents from each PHU and posted these on SIPHAN (South Island Public Health Analysis Information base)
- The group has identified HIIRC (the Health Improvement and Innovation Resource Centre) as the best site for publishing PH documents. Draft documents will be developed on SIPHAN using a collaborative approach (the process for this is currently under construction) and once finished will be published on HIIRC
- The group has approved the process for sharing analyst work. Knowledge Management members completed a stocktake of existing PH expertise and results have been shared on SIPHAN. A template has been recommended for identifying analyst work to be shared across the three PHUs
- The group is providing advice and support to DHBs: analysts have collaborated to create a Position Statement and Background Paper on alcohol
- From the Medium Term Outcomes survey, the majority (71%, 25/35) of respondents thought there was at least some sharing of PH knowledge (34%, 12/35, thought that there was a *good level of sharing*)
- Over half of respondents (54%, 19/35) thought the sharing of PH information had made at least some contribution to coordinated PHU planning
- Half (51%, 18/35) of respondents thought the sharing of information had made at least some contribution to effectively supporting SI Public Health Services. Comments indicated that “potential is yet to be fully realized”.

Methods of Evaluation:

- Interview with Programme Leader
- Programme Leader's Knowledge Management Report to the Workstream (a report summarising the Workstream's progress, January 2012)
- Medium Term Outcomes survey.

The Knowledge Management Group focuses on sharing expertise, information and resources between the three PHUs. This group has included: Jill Sherwood, Anne-Marie Ballagh and Alan Norrish (NMDHB); Ann Richardson, Susan Bidwell, Chris Ambrose and Annabel Begg (CPH); and Lynette Finnie, Tom Scott and Emma Lynch (PHS).

The Knowledge Management group of the South Island Project aims to develop a South Island approach to Public Health expertise, sharing knowledge, documents and processes across the regions. Its objectives are to share existing and future Public Health documents; to make effective use of South Island Public Health expertise; and to provide effective Public Health advice and support to South Island DHBs. The group also aims to report on Workstream activities to stakeholders.

The short term outcome for this Workstream is that information and expertise across the South Island are identified and shared, including knowledge-related tasks such as submissions, research and evaluation. This outcome has been achieved through a number of activities, firstly in the area of Public Health documents. In February 2011, the Knowledge Management group met and discussed identifying and sharing current Public Health knowledge documents. By the end of June 2011, the group had listed relevant documents from each PHU and posted these on SIPHAN. The Workstream also met to identify a process to develop and store PH documents. It identified the HIIRC (Health Improvement and Innovation Resource Centre) site as the best existing site for publishing PH documents, and proposed a linked page from the site for PH documents. Draft documents will be developed on SIPHAN, but this process is still under construction. The HIIRC process is yet to be completed, and at that time the documents will become available to the public. The Workstream activities involving sharing knowledge have been reviewed, with the Programme Leader commenting: "It has been a useful process for those involved across the 3 PHUs to identify a 'wish-list' for developing and publishing PH documents. The end result was settling on HIIRC as a public site for finished documents, and having a separate web-based process for developing documents."

The Knowledge Management group has also achieved its short term outcome in the area of public health expertise. By the end of June 2011, the group had approved a process for sharing analyst work. At the beginning of July 2011, the group completed a stocktake of existing Public Health expertise and published the results on SIPHAN. By the end of July 2011, the group had recommended a method for identifying, allocating and reporting Public Health analyst activities. This process entails using a template to suggest a shared piece of work amongst the three PHUs, and then completing a work brief detailing the work and the people involved. Each person involved is approved by their Manager. The process has been documented and approved by the Management Group. The process of

sharing Public Health expertise was underway by the end of September 2011, with work beginning on a combined background paper and position statement on alcohol.

The Knowledge Management group also aimed to provide Public Health advice and support to DHBs. A key activity is to collaboratively develop position and policy statements for South Island DHBs. The group planned to identify potential topics: so far, it has identified the topic of alcohol (as noted above). A group of analysts has collaborated to create a position statement on alcohol, which was distributed to the Knowledge Management group for feedback and to key stakeholders in the five South Island DHBs. This work was in response to a request from the Southern DHB to Public Health South.

In terms of reporting on the Workstream activities to stakeholders, the Knowledge Management group completed a report in mid-February, 2012.

Medium Term Outcomes:

A medium term outcome for the Knowledge Management Workstream is sharing information and Public Health knowledge related tasks across the South Island in a way that allows more effective and coordinated planning, Public Health advice, and support to South Island Health Services.

In the Medium Term Outcomes survey, sent to key informants in December 2011, respondents were asked to “*comment on the current level of sharing of Public Health information and Public Health knowledge-related tasks (e.g. submissions, literature searches, research) across the South Island*”. Out of 35 respondents, 34% (12/35) thought that there was a *good level of sharing but it could improve*; 37% (13/35) thought that there was *some sharing*; 9% (3/35) thought there was only *slight sharing*; and 20% (7/35) *didn't know*.

Comments from respondents suggested there was an openness towards sharing work. They noted “good progress” but a need to “make the links and processes more robust”. Comments reflected limited awareness of work in this area. One comment noted that it would “be great when there is a forum/website where you can post work you are undertaking, or see what other staff are doing”. There did appear to be a misunderstanding of the process involved in the Alcohol Position Statement – one comment noted that “now a draft is being circulated. There needs to be a process for getting DHBs’ buy-in before presenting a draft”. Another respondent commented on the potential of the collaboration, but that there were hindrances, for example, with some submissions timeframes would be too tight for much collaboration, but that a “regional repository of completed submissions of acknowledged quality would be a valuable reference tool”. Another potential hindrance reported was “different capacities” (amongst different PHUs) for “undertaking original research or literature reviews”.

Respondents were asked to “comment on the degree that sharing of Public Health Information and Public Health knowledge-related tasks by South Island PHUs now contributes to coordinated PHU planning”. Of respondents, 11% (4/35) thought sharing information made a *good contribution to planning but could improve*; 43% (15/35) thought it made *some contribution*; 6% (2/35) thought it made only a *slight contribution* and 40% (14/35) *didn't know*. One respondent suggested that “our overall planning (e.g. annual plans for the Ministry) is not currently coordinated, but planning in action areas and Workforce Development is more coordinated”. Another respondent noted that “some fundamentals in our approach will need to change before we get any traction on this one e.g.we have yet to buy into the “Health in All Policies” Approach.” Some comments indicated a lack of knowledge of progress in this area e.g. “I have not really been learning about what is going on in this area, so am not in a position to comment”.

Respondents were also asked to “comment on the degree that South Island PHUs’ sharing of Public Health Information and knowledge-related tasks now contributes to effective Public Health support to South Island Health Services”. Of respondents, 17% (6/35) thought that the sharing of information and knowledge-related tasks was making a *good contribution* to effective PH support to SI services, but that it *could improve*. Thirty four per cent (12/35) thought it made *some contribution*; 9% (3/35) thought it made only a *slight contribution* and 40% (14/35) *didn't know*. Respondents had a limited understanding of progress, and comments indicated that “potential has yet to be fully realised. We need to work on our organisational mandates” for collaborative Projects.

Follow-up Questions Regarding the Way Forward:

In January 2012, the Knowledge Management Workstream gave specific feedback about the way forward for the Workstream. When asked, *What do you see as the most effective way forward for this Workstream and the Project overall?* Workstream members indicated that building on the work done so far is important, that is, sharing completed work and working together to enhance work and reduce duplication. This will require clear responsibilities (for example, with a Workstream convenor overseeing the process) and ongoing meetings while processes are still being developed. Processes also need to be robust enough to withstand staff changes. Members of the Workstream recommended streamlining the development of joint position papers. The Workstream needs to address issues around the process of recommending the development of documents and the approval of the final document, including sign-off by multiple DHBs. Workstream members were in favour of continuing with the joint development of documents and identifying the types of documents that need to be shared. The Workstream also made comments about the process of sharing documents – it was suggested that they drop the use of SIPHAN for sharing documents (now that HIIRC is available) and modify HIIRC so that all can log into it. These comments suggest that more clarity is needed within the Workstream about the different uses of SIPHAN and HIIRC for developing draft documents and publishing completed documents, respectively.

When asked *What significant barriers / obstacles could limit the effectiveness of the Project?* Workstream members commented that currently some of the processes

mentioned above are a barrier, as are the pressures of immediate work. Other challenges are selling the work done by the Knowledge Management group and getting wider buy-in for document sharing across the PHUs and DHBs. The Workstream was asked *Do you have any suggestions for over-coming these?* In response, Workstream members noted that in-person meetings (for example, attached to other meetings or travel) would be helpful. Members suggested more effective use of SIPHAN and HIIRC or another website. They also suggested adequate resourcing. Comments were made about the process for developing and approving documents: one member suggested using the “Alliance Process” (or similar) for proposing and approving documents developed jointly. More work is needed in selling the virtues of collaborative work to PHU and DHB stakeholders.

Conclusion:

The Knowledge Management Workstream has made good progress in achieving its short-term objectives of sharing PH documents, effectively using SI PH expertise, and providing PH advice and support to SI DHBs. Key PH documents have been identified and published on SIPHAN. The Workstream has developed a template for the process of identifying and sharing analyst work across the South Island. Analysts have been working together across South Island PHUs to share knowledge and expertise, particularly in the development of the Alcohol Position Statement and Background Paper. In developing the documents on alcohol, the Workstream has begun the process of effectively supporting SI DHBs.

It seems that more clarity is needed around processes. For example, the differences between SIPHAN (still being developed) and HIIRC for developing and publishing documents need to be highlighted. There is still some uncertainty about how to recommend working on a shared document, and how the finished documents are approved – particularly when the sign-off involves multiple DHBs. The Workstream also needs to be able to promote effectively the documents that it works on collaboratively.

Workstream members appear to value the opportunity to work together to share and enhance work, and view the way forward as the process of building on work that has already begun.

Evaluation of the *Project Management Group*

Summary of the Project Management Group Workstream:

The Project Management Group aims to:

- Ensure identified stakeholders become familiar with the Project, are informed of progress, and engage with the Project
- Ensure Workstreams are operating effectively
- Align SI Public Health Unit planning
- Ensure the Project is aligned appropriately with national and South Island activities
- More effectively act through improved coordination with other staff in DHBs.
- Communication: The Group presented an overview of the Project to CPH staff in August 2011. It has reviewed the Communication Plan and distributed a newsletter to stakeholders.
- Oversight of Workstreams: The Programme Leader provides a monthly update of Workstreams at each meeting
- It has developed a template for those who wish to align work across the South Island – so far, two groups have completed the template and been approved. These groups are Communicable Disease protocols and Alcohol harm reduction
- Alignment of PHU planning across the South Island has been overtaken by a revised MoH planning template.
- The Process Evaluation indicated that the Management Group is leading the Project effectively, but that it could improve communication with Workstreams
- The Medium Term Outcomes evaluation indicated that most respondents thought PHUs were making at least some contribution to coordinated planning
- Overall, respondents indicated that the Project is “well coordinated”.

Methods of Evaluation:

- Interview with Programme Leader
- Process Evaluation Survey
- Programme Leader Review of the Implementation Plan for the Project Management Group – January 2012
- Medium Term Outcomes Survey

The Project Management Group oversees the functioning of the South Island Project, including its activities, and provides strategic direction. It signs off Workstream projects,

including processes, templates and training. The Programme Leader is Neil Brosnahan, who is assisted by Victoria Manson. The Management Group includes: Jan Barber (South Island Alliance); Kathrine Clarke and Nicola Coupe (MoH); Evon Currie and Daniel Williams (CPH); Peter Burton, Ed Kiddle and Stephanie Read (NMDHB); Pip Stewart, Marion Poore and Stephen Jenkins (PHS).

The aim of the Project Management Group is to inform stakeholders of the Project, oversee the Workstreams, contribute to South Island PHU strategic planning and to maintain links with national and South Island projects and with the DHBs. The group aims to be focused and effective in this role.

Within the area of communication, the Group's objective is to ensure that identified stakeholders become familiar with the Project, are informed of progress, and engage with the Project. To achieve this, in August 2011 the group developed a two-page overview and presented this to staff. Information has also been shared outside PHUs where possible, e.g. with respective DHB's CPHAC (Community and Public Health Advisory Committee), Planning and Funding Divisions, and General Managers. The Communication Plan for the Project has been reviewed, including identification of key audiences with strategies to reach those audiences. One quarterly newsletter about the South Island Project has been distributed, and a further one is underway.

The Project Management Group has oversight of each of the Workstreams, and aims to ensure that they are operating effectively. In order to ensure that issues-specific work groups (Action Networks) are appropriately focused and effective, the group has been working on a process for alignment amongst the three PHUs. The group has approved two pieces of work: Communicable Disease protocols and alignment of alcohol harm reduction work. The group undertook to prepare a quarterly report outlining the progress of Workstreams and issues-specific work groups against the Implementation Plan – instead of this, however, the Programme Leader provides a monthly report, giving an update on all of his activities, and from each Workstream at each meeting.

The Management Group aims to align South Island PHU planning, and had specifically intended to develop a South Island PHU Strategic Plan. To a large degree, this objective has been overtaken by planning led by the Ministry of Health (MoH). The MoH has recently introduced a template for annual planning – no longer requiring three-year service planning – which has changed the timing of planning for PHUs. In the future, South Island PHU planning will follow the same template.

The Management Group aims to ensure that the Project is aligned appropriately with national and South Island activities. In order to achieve this, each PHU has a clinical representative on the National Public Health Clinical Network.

The Management Group also aims to improve linkages between PHU staff and other relevant DHB staff. These links have been developed partly through the work on the combined Alcohol Position Statement and Background Paper and also through the Whanau Ora training.

Process Evaluation

In August 2011, respondents were asked to evaluate the effectiveness of the Project Management Group. This was both in terms of the group's communication (with Workstreams) and of its leadership of the Project. The responses showed that there was room for the Management Group to improve its communication with Workstreams: 28% said communication was *very effective*; 6% (one respondent) said *effective but could improve*; 24% stated *somewhat effective* and a further 24% said *only slightly effective*. Eighteen per cent said they didn't know. Over half of respondents thought that the leadership was either *very effective* or *effective*: Twenty four per cent thought that the leadership of the Management Group was *very effective*, 29% thought it was *effective but could improve*, and a further 29% identified that they didn't know. Some respondents were unclear of the role of the Management Group.

Medium Term Outcomes:

In January 2012, respondents were asked about South Island PHU planning and implementation, and how the PHUs were contributing to effective South Island health services. These are key areas that the Project Management Group is involved with.

In terms of coordinated PHU planning, results showed that of 35 respondents, 23% (8/35) believed that there was a *good contribution* to coordinated planning amongst PHUs; 40% (14/35) believed that there was *some contribution*; 11% (4/35) believed there was only a *slight contribution*; 2% (one person) believed there was *no contribution* and 23% (8/35) didn't know. In terms of coordinated implementation, 11% (4/35) believed that there was a *good contribution* to coordinated implementation but that it *could improve*, 40% (14/35) thought there was *some contribution*, 26% (9/35) thought there was only a *slight contribution* and 23% (8/35) didn't know. One respondent stated that "the Project is well coordinated, with one of the key outcomes being improved communications across the PHUs". In terms of the degree that South Island PHUs contribute to effective South Island health services, 20% (7/35) thought the Project was making a *good contribution but could improve*; 46% (16/35) thought it was making *some contribution*; 14% (5/35) thought it made only a *slight contribution* and 20% (7/35) didn't know. Respondents commented that:

"I think it is time to demonstrate that some strides have been made across all these areas and to demonstrate the practicability of these working arrangements by producing action plans for implementation or at least a schedule to show that we intend to continue to work together in this way"

and

“It is clear that while we have a considerable way to go before we can say the hard work is all done, I think the collaboration around the earthquake and the engagement at multiple levels between our services provides a very good example to other parts of our DHBs how effective regional collaboration can be and how to make it happen – easy to think about what we need to do at the expense of what we have achieved!”

Follow-up Questions Regarding the Way Forward:

In January 2012, the Project Management Group commented on *the most effective way forward for the Group and the Project overall*. Group members indicated that going into the future, it is important that information is shared effectively (for example, the HIIRC website should help with this). The Project also needs to capitalize on available training opportunities (e.g. PHPL training). It is important to build and maintain relationships – and this can be achieved effectively through occasional face to face meetings. It is also important to continue the work that is already being done, and to maintain the current framework, particularly with the Programme Leader role providing the ‘glue’. Members of the Group reflected on the process so far and on the timeframes, acknowledging that the alliance process does take time to build and commenting that although some of the progress over the last 18 months has been slower than expected, since February 22nd the South Island PHUs “have come closer and closer together”. A suggestion for the future is to add focused ‘issues-based workstreams’.

Barriers to the effectiveness of the Project, as identified by the Project Management Group, included time, money and commitment. The Group commented that at a DHB level, there are differing levels of commitment. Another barrier identified was the difference in size of the PHUs and therefore capabilities – and smaller PHUs may feel challenged when they are not able to contribute on the same level as others. In order to overcome barriers, the Group suggested ensuring that the alliance framework is adhered to and continuing to build stronger relationships across the South Island.

6 Outcome Evaluation: Action Networks

Summary of Action Networks (issues-specific work groups):

- The purpose of Action Networks is to bring together issues-specific people in order to create networks of people working in a similar area
- Currently, the focus of Action Networks is on Communicable Disease Protocols and alcohol harm reduction
- A Follow-up Action Networks survey in December 2011 was completed by 22/39 of potential respondents (56% response rate)
- Over one third of respondents (36%, 8/22) had contact with staff in similar roles on an approximately monthly basis. Sixty four per cent (14/22) of respondents indicated that relationships with staff in similar roles were good but could be improved
- A large number of shared activities have been coordinated across South Island PHUs in various areas of work in the last year. Impacts of working together included a more comprehensive / effective / higher standard of work (73% of respondents, 16/22) and an increased awareness of relevant resources (68%, 15/22)
- Barriers preventing collaborative PHU activities from taking place include: time (e.g. tight timeframes for submissions); differences in service structures and political landscapes; and biases
- 50% (11/22) of respondents said they were clear about which non-PHU staff in the DHB they should be connected with and 45% (10/22) were clear about some but not others
- Respondents indicated that the Action Networks had made a good start to contributing to the effectiveness of PHUs working together, but that this needs to continue.

Objectives:

- Action networks jointly undertake annual planning and review processes
- Inter-PHU relationships are strengthened.

Methods of Evaluation:

- Action Networks follow-up survey⁹
- Medium Term Outcomes survey.

⁹ Baseline survey data to be discussed in a future report

Action Networks describes PHU staff across the South Island who work and collaborate in similar public health areas. The main areas of focus currently are Communicable Disease Protocols and alcohol harm reduction.

In December 2011, key staff were asked to complete a survey. The survey aimed to identify how effective these networks were, and how well staff were connected across the South Island. Of 39 potential respondents, 22 completed and returned the survey (56% response rate).

Respondents were firstly asked about the *frequency* of contact with staff in similar roles in other PHUs in the South Island. Most commonly 36% (8/22), respondents had contact with staff in similar roles on an *approximately monthly basis*. A further 14% (3/22) had *more than monthly contact*; 27% (6/22) had contact *approximately once every 3 months*; 18% (4/22) had contact *once every 6 months or less*; and 5% (1/22) had *no contact*. Respondents commented on how the earthquake response helped bring people together. Some respondents also commented that their involvement was through other Workstreams of the South Island Project, for example, Workforce Development or Knowledge Management.

Respondents were asked to rate the *strength of the relationship* with staff in similar roles. Sixty four per cent (14/22) said relationships were *good but could be improved*. A further 9% (2/22) said they *couldn't be better*; 18% (4/22) said they were *average*; 5% (1/22) said they were *poor*; and 5% (1/22) said they had *no relationship*. Some respondents said that some relationship-building happened prior to the South Island Project, for example, attending similar training or during previous work carried out. Another respondent said that they felt “more aware of colleagues and [more] confident to approach them. The monthly teleconferences and SIPHAN are good opportunities to interact”. Other respondents noted that it “would be good to meet face to face and work on future projects together”. One respondent commented on the need for PHUs to know who works in each PHU and the roles they have, and also that on occasions when they had worked together that it was “extremely helpful but the contact is limited”.

Respondents were asked to identify *shared activities* that had been coordinated across South Island PHUs in their area of work in the last year. These included:

- alcohol position statement
- communicable disease protocols
- ‘Ports of Entry Assessment Project’
- attending the Public Health Alcohol Regulatory Officers Meeting
- consistent approach to timing of MMR vaccinations in the context of the measles outbreak
- CWMS (Canterbury Water Management Strategy)
- RMA (Resource Management Act)
- Emergency response
- VTA (Vertebrate Toxic Agents) work
- working towards national consistency in Health Promoting Schools
- alcohol health promotion in universities (Canterbury, Lincoln and Otago)

- Whānau Ora training
- Ngai Tahu Hui a Tau, Auahi Kore (Smokefree) promotion, and
- “Knowledge Management” and “Workforce Development”.

These last two responses indicate that there is some overlap between what respondents consider Action Networks and what are separate Workstreams of the South Island Project in their own right. Respondents were asked to identify specific impacts that these coordinated activities have had. (They indicated more than one impact). A large number, 16/22 (73%) said that there was a more comprehensive / effective / higher standard of work achieved by working together. Furthermore, 68% (15/22) said that there was an increased awareness of relevant resources e.g. documents and key contacts. Another 36% (8/22) said that there were costs saved by sharing the workload; and 9% (2/22) said that costs increased by significantly more time being spent in meetings/consultations etc. Respondents commented that shared activities were a cost effective way of providing training for selected staff. They also said that some protocols were being reviewed based on South Island feedback, and that there was a combined approach on some strategic issues.

One respondent noted that there was a meeting planned for Southern PHU staff to progress a consistent approach to planning.

Respondents were asked to identify *significant barriers* that may prevent collaborative PHU activities taking place across the South Island. A common theme was the problem of time – with the example given that often submissions have a tight timeframe. Another barrier noted was the “differences in service structures and the local/regional political landscape”. One respondent said that in “some areas there are still some fundamental differences in some protocols – they may never achieve common protocols but it is good to try”. Another suggested that “staff do not know one another and they need opportunities to build relationships before they will be able to coordinate and work together on projects”. The value of working together was noted: it “does take more time but I think the end result is better”. Another respondent suggested that discussion was needed to work through the biases that were brought by different approaches – and by different DHBs with “different areas of focus and priority”. Again, the earthquake was mentioned as an example of working together:

“Before the earthquakes, I would have said that we just weren’t used to the idea and that many of the barriers were inside our heads rather than logistical ones. The operation of a “virtual PHU” for many of our functions post-earthquakes proved it could be done and has left a residual goodwill to implement a more co-ordinated approach in things like communicable disease control. I think that time to work on working together could be a bit of a barrier as well”.

Respondents were also asked for their suggestions for overcoming these barriers. These included a more stream-lined process of working together, “for example, perhaps there should be one point of contact rather than a group. When our joint forum/website is established, perhaps we could have a ‘post it’ page, where we informally post work/tasks,

questions etc that we are working on. Then other people can read it, if it is of interest then we can go through a process of working together. For us to share work there needs to be an easy mechanism for identifying and knowing what a wide range of people are working on". Another respondent noted that individual PHUs need to "address our own internal inconsistencies first e.g. PHNs Otago vs Southland". Videoconferencing was suggested as a way "to help iron out problems". One respondent suggested that it "is important for each PHU to take responsibility for raising potential collaborative activities promptly".

Other comments were:

- staff need a chance to get to know one another and look at what they have in their workplans so that they can identify what they have in common
- "A single South Island PHU, so management can instruct all SI staff in a work area"
- more face to face contact
- the earthquake helped generate momentum for greater collaboration
- it is important to seek feedback at key stages, and document processes clearly.

Respondents were asked how much *joint annual planning* they do with the other PHUs. Five per cent (1/22) said that their planning was at a *high level but could be improved*. Thirty two per cent (7/22) said that they did *some* joint annual planning; 27% (6/22) said their planning was at a *low level*; and 36% (8/22) said that there was *no joint planning*.

Respondents were also asked to consider their relationships with non-PHU staff within their local DHBs. They were asked if they were clear which staff in the DHB they should be connected with to maximise health outcomes. Fifty per cent (11/22) said that they were *clear*; 45% (10/22) were *clear about some but not others*; and 5% (1 person) were *not clear*. Respondents were asked to rate the strength of the relationship with the staff that they do have a working relationship with. These ranged from *Couldn't be better* (18%, 4/22); to *Good but could be improved* (91%, 20/22); to *Average* (73%, 16/22); to *Poor* (14%, 3/22). (Note that respondents rated more than one working relationship each, hence the total adds to more than 100%).

Respondents were asked about the barriers that exist to improved relationships with other DHB staff, and for suggestions for overcoming these barriers. These were:

- many clinical staff see little of relevance in the PHU
- time
- knowing who the key people are and when or how to contact them
- working in different paradigms – need to spend more time together understanding each other's worlds
- lack of understanding of population health and the benefits of working together
- physical distance
- different reporting templates for PHUs and DHBs.

Suggestions for improvement were:

- “this could be significantly improved by having each clinical department consider disease or injury prevention in their own service plans, thereby leading them to better awareness of our work and how we might better work together. This might lead to much better cohesion/relationship between clinical and preventative services”
- time and opportunity to build up relationships
- “Just do it. Break the ice, have conversations and then meaningful business and creative discussions to advancing professional development.”

Finally, respondents were asked how they thought that Action Networks have contributed overall to the effectiveness of PHUs working together across the South Island. One person said that so far, there had been an “Excellent contribution but still more to come”, and another, “I think the Project has been extremely worthwhile and has achieved some small steps in the right direction – I think we need to keep a focus on this work”. Comments included a “slow start” and a “long way to go”. They also included that the timing of the earthquake highlighted the importance of working together. Respondents noted the “need to follow through...and deliver on planning”. One respondent summed up progress so far as:

“... just walking for now... I think the running phase is starting to manifest and then we all get to enjoy the journey and the processes of ‘getting to that common destination’ we are aiming towards.”

Medium Term Outcomes:

In a separate survey, respondents were asked to evaluate medium term outcomes. They were asked to: “*Comment on the degree that PHU staff across the South Island are working effectively through Action Networks (i.e. networks specific to particular Public Health activities or issues e.g. Alcohol, Tobacco, Communicable Diseases, Māori health, Sexual health).*” There were 35 responses (out of 56 sent out). Over half of key informants (51%) believed that staff across the South Island are working *effectively* through Action Networks, *but that they could improve*. A further 34% believed that staff in Action Networks are working *somewhat effectively*. One person thought that staff were working *only slightly effectively* and 11% (four people) didn’t know.

Comments mostly indicated that collaboration is in its early stages. For example, the work is “beginning to get started”. The process partly involves a “great deal of discussion” and the picture is one of the collaboration “finding its footing”. One comment noted that “there is regular progress on things – especially where there is a clearly defined task” but also that momentum can be easily lost, for example, when a meeting is missed. Another comment noted the willingness of staff to work together but the frustration and perceived hindrance of having to go “through the hoops of management”. This respondent noted, as an example, having an overnight stay in Christchurch questioned by managers, which consequently held up the progress of

arranging the planned meeting. A further comment noted “excellent formal and informal collaboration” but that this could be improved with better systems. This respondent also felt the Project could only go so far, in that there were “insurmountable differences” at “DHB and local politics level”. Some comments specified good outputs from particular networks, that is, alcohol and Māori Health. One respondent noted “a willingness to share ideas and protocols etc... but as yet I am not sure that there is a common South Island approach to an issue”. Some comments also mentioned a lack of awareness in regard to what is happening with Action Networks.

Conclusion:

Staff are connecting with others in similar areas throughout the South Island and developing good relationships. Barriers identified to working effectively include time, tight timeframes, and differences in political and regional landscapes between the three PHUs. It has been worthwhile working together but this process is in its early stages – it needs to build momentum.

7 Medium Term Outcomes

The key focus of this Evaluation Report has been on short term outcomes, which are more realistically measurable during the early stages of the Project so far (approximately 18 months duration).

The Evaluation has also aimed to gauge medium term outcomes. **Medium term outcomes** for the South Island Project are:

- Regional approach to Public Health Services strengthened
- Public Health Managers and Clinical Directors are working collaboratively and effectively across the South Island
- Information, expertise and knowledge-related tasks are shared across South Island Public Health Units
- South Island Public Health Services have coordinated planning and implementation
- South Island Public Health Services are contributing to effective regional health services.

Key staff were asked to complete a ‘Medium Term Outcomes’ survey – results relevant to specific Workstreams have been reported under those Workstreams. The survey is designed to achieve the following medium term aim:

- Feedback from key informants assesses the effectiveness and level of focus of Workstreams

In the survey, respondents were also asked to rate whether *Public Health Unit (PHU) Managers and Clinical Directors are working collaboratively across the South Island.*

Most (83%, 29/35) *agreed* that PHU managers and clinical directors are working collaboratively across the South Island. Three respondents (9%) *strongly agreed* and three (9%) were *neutral*.

Comments:

Comments were generally favourable in terms of managers beginning to work together. Managers had been observed consulting with one another and it was noted that, along with Clinical Directors, they attended relevant teleconferences and actively contributed to those. There appeared to be “closer communication” and the Project had “enabled” increased collaboration. One respondent described this process: “when matters arise which fall outside the scope of the Project but are not necessarily particular to us I do ensure that I (i) consider whether it has (or potentially has) a South Island ‘flavour’ and (ii) enquire whether the topic has been encountered elsewhere in the SI and (iii) discover whether there is something we can learn from or collaborate on. This does depend a lot

on availability, both of time and the relevant counterparts in the other PHUs.” Several comments brought up the role the earthquake played in terms of collaboration – that it helped facilitate the process of working together, and that it also highlighted some areas where “consistencies could be established”. Comments also indicated that respondents felt that the Project is still in its “early stages” and that it needs to “continue and be strengthened”. One respondent felt that “as yet it is still about separate PHUs ... working separately but with a common vision”.

One important point was noted by one respondent, who indicated that there needed to be better protocols in place for PHU members working outside of their own geographical area. The respondent noted how in one instance, a staff member from one PHU had organised a South Island wide meeting in another district but had failed to notify PHU staff from that district about the meeting. The respondent felt that they should have been consulted first, and that their knowledge of the local community should be respected.

8 Key Enablers

Key enablers that will allow the Project to move forward have been identified as:

- 1. Meetings**
- 2. Strong networks**
- 3. Commitment and support of PHU Managers / DHB / MoH / Key staff**
- 4. Links with DHBs**
- 5. Leadership / facilitation**

Respondents to the Medium Term Outcomes survey were told: “*The stated aim for this Project is “to strengthen South Island Public Health Units to enable them to provide sustainable, effective, consistent services that contribute to the improvement of health for the South Island population”. They were then asked “What do you think are the key “enablers” i.e. those factors that have contributed, or should contribute to the Project achieving this aim (e.g. links with DHBs; commitment of PHU Managers; annual face-to-face meeting of key staff; strong networks; support from Ministry of Health)?”*

Results were as follows:

- 1. Meetings**
 - 17/35 (49%) of respondents listed meetings as a key enabler
 - Regular and face-to-face meetings are important
 - In particular, respondents mentioned meetings of key staff and line managers
- 2. Strong networks**
 - 15/35 (43%) of respondents listed strong networks as a key enabler
- 3. Commitment**
 - 15/35 (43%) of respondents listed commitment as a key enabler
 - Commitment of key staff, PHU Managers, DHBs and MoH is important
- 4. Support**
 - 12/35 (34%) of respondents listed support as a key enabler
 - Support from MoH, DHB and PHU Management is important
 - In particular, support from the MoH was seen as very important
- 5. Links with DHBs**
 - 9/35 (26%) of respondents listed linkages with DHBs as a key enabler
 - Respondents mentioned collaboration or integration of PHUs with other health service providers

6. Leadership / facilitation

- 4/35 (11%) respondents listed a designated Project Coordinator as a key enabler
- Respondents mentioned the importance of good leadership and facilitation

In addition to the above key enablers, respondents also mentioned the following as important in enabling the Project to continue:

- **Understanding:**

Respondents indicated that understanding is important in two areas. Firstly, it is important that DHBs understand their role in Public Health. Secondly, it is important that there is understanding of the regional differences between PHUs (e.g. different political landscapes).

- **Communication:**

Respondents mentioned the importance of informing the workforce of progress; also that it is important to inform everyone, not just those directly involved.

- **Enthusiasm / willingness:**

Respondents indicated that enablers include the willingness or keenness of staff to participate and get involved in the Project.

- **Shared vision:**

Respondents indicated that having a shared vision or common purpose is important. They mentioned doing 'one thing' that inspires the collective.

- **Combined planning:**

Respondents indicated the importance of combined planning. Specific plans mentioned were the Annual Plan; the Workforce Development Plan; Action Planning; and having joint protocols.

Other ideas were:

- Kotahitanga ('unity')
- Interest in doing things once and avoiding duplication
- Flexibility (i.e. willingness to 'give and take')
- Having a South Island perspective (not being 'patch protective')
- Identifying and working on key action priorities
- Secondments to other PHUs
- Technology.

9 Summary and Conclusion

The (long-term) vision of the South Island Project is for PHUs that:

- Plan services together
- Share information and resources effectively and utilise the range of expertise across the South Island
- Provide consistent services with shared protocols and ways of working
- Deliver locally according to District needs

This Evaluation Report focuses on short term outcomes, as achieved by each of the Project Workstreams. It includes early indications of medium term outcomes.

Summary of the Evaluation Process

Process Evaluation

An initial Process Evaluation was carried out in August 2011 to assess how well the Workstreams were functioning and how effective the roles of the Programme Leader and the Management Group were. The evaluation addressed areas such as communication, meetings, documents and the Implementation Plan. The Workstreams appeared to function well because of mostly effective communication between Workstreams, focused meetings, clear documents and a clear Implementation Plan as a reference point to drive the Project. The role of the Programme Leader was seen as very effective, and the role of the Management Group generally effective. The Process Evaluation recommended that the Management Group increase its visibility to other members of the Project, and that overall communication on the Project could improve – particularly to other PHU staff.

Outcome Evaluation

An Outcome Evaluation took place during the period December 2011 to February 2012 to assess how well the Workstreams of the South Island Project have achieved the outputs set out in the Implementation Plan. The Outcome Evaluation used a variety of evaluation methods, including interviews with the Programme Leader, examination of the Implementation Plan and assessment of outcomes, and surveys completed by Workforce Development Workstream representatives and key respondents. This Evaluation has aimed to assess how well each Workstream has met its objectives.

Workforce Development

Objectives:

- Identify current workforce development (WFD) activities across the three South Island PHUs
- Coordinate planning of future WFD activities
- Effectively share PH WFD opportunities
- Maximise the effectiveness of PH training across the South Island
- Ensure WFD processes support efforts to improve Whānau Ora
- Ensure consistency of orientation processes across SI PHUs.

The Evaluation found that the Workforce Development Workstream has made good progress in achieving each of these objectives. Its stocktake of South Island Workforce Development activities, shared Workforce Development Plan, and some shared training opportunities between the three PHUs show that the Workstream has been collaborating well. Members of the Workstream have viewed the collaboration positively.

Whānau Ora

Objectives:

- Increase the capacity of PHUs to effectively support Whānau Ora
- Support DHBs to enhance Whānau Ora
- Develop supportive links with relevant organizations

The Evaluation found that the Whānau Ora Workstream has made good progress in achieving each of these objectives. It has ensured that PHUs support Whānau Ora through the opportunities for combined South Island training on the Whānau Ora Tool. It is using recommendations from a stocktake of Whānau Ora activities to inform future planning, thus supporting DHB efforts to enhance Whānau Ora. Supportive links with relevant organizations have been identified.

Knowledge Management

Objectives:

- Share existing and future PH documents
- Most effectively use SI PH expertise
- Provide effective PH advice and support to SI DHBs
- Fully report on Workstream activities to stakeholders

The Evaluation found that the Knowledge Management Workstream has made good progress in achieving each of these objectives. By listing relevant PH documents on SIPHAN, completing a stocktake of PH expertise and developing a template for shared work it is beginning to work collaboratively on sharing knowledge and expertise across the South Island. The workstream has been effectively advising SI DHBs by working on a combined Position Statement and Background Paper on alcohol, which is being distributed to key stakeholders in the five South Island DHBs. It has completed a report of workstream activities in mid-February 2012 which has informed this report.

Project Management Group

Objectives:

- Ensure identified stakeholders become familiar with the Project, are informed of progress, and engage with the Project
- Ensure Workstreams are operating effectively
- Align SI Public Health Unit planning
- Ensure Project is aligned appropriately with national and South Island activities

- More effectively act through improved coordination with other staff in DHBs.

The Evaluation found that the Project Management Group has effective oversight of the Workstreams, partly through the Programme Leader, who reports monthly on the progress of each of the Workstreams. The Group has familiarised stakeholders with the Project by presenting an overview of the Project to PHU staff and to stakeholders outside PHUs, and it has also developed a newsletter for regular distribution. These activities have been done in conjunction with a Communication Plan, which has been reviewed and which will be a useful reference point for the Project as it moves forward. The Project Management Group's plan for shared South Island strategic planning has mainly been overtaken by MoH-led planning, which has changed the timing of planning for PHUs.

Each of the Workstreams appears to be focused and has achieved most of the outputs set out in the Implementation Plan.

Action Networks

Staff are connecting with others in similar areas throughout the South Island and developing good relationships. Barriers identified to working effectively include time, tight timeframes, and differences in political and regional landscapes between the three PHUs. It has been worthwhile working together but this process is in its early stages – it needs to build momentum.

Key Enablers

The five key factors that will enable the Project to move forward are:

- Meetings
- Strong networks
- Commitment and support of PHU Managers / DHB / MoH / Key staff
- Links with DHBs
- Leadership / facilitation

In particular, face to face meetings were seen as very important, particularly between key staff. These were mentioned many times in survey comments, not only when respondents were asked specifically about key enablers. Developing strong networks is important to the success of the Project. Respondents have also indicated that it is important that the Project is fully supported by the Ministry of Health, and by DHBs and PHU Managers. It is important to link services and planning from PHUs with that of the wider DHBs.

Overall conclusions

The South Island Project is in its early stages. Information gathered from the Programme Leader, Project documents, reports and surveys shows that the Project is progressing well and has been successful in forming a collaborative approach across the South Island.

Each of the Workstreams has successfully achieved most of the planned short term objectives. Aligned planning across the South Island has been less of a priority, since the

MoH has recently introduced a new planning template. The Project has made a good start in sharing information, resources, and expertise across the South Island. Members of the Workstreams have provided positive and constructive feedback for moving the Project forward, and most indicate the benefits of working together collaboratively. The Project has been driven well by the Programme Leader and the Project Management Group, and guided by the Implementation Plan. It is important to maintain this forward momentum - and at this stage the Programme Leader role is seen as pivotal in achieving this.

A number of themes have emerged around the progress of the Project so far, highlighting its strengths and weaknesses. A recurring theme throughout this Evaluation was the role of the Canterbury earthquakes in cementing the value of working together – in particular, the February 2011 earthquake was the impetus for PHUs taking a collaborative approach and offering assistance where needed. Another theme identified was the importance of building on work that has already been done. Respondents felt that the Project was in its early stages, but that it is important to keep moving forward. It was sometimes noted that ‘slow progress’ had been made, but that the units were coming closer together. It was seen that collaboration takes more time, but the end result is better. At this stage, the Programme Leader role is seen as very important, providing the ‘glue’ for the different aspects of the Project. It is also important to continue building relationships with colleagues – one way of doing this is through face to face meetings. Respondents also identified that they would like to be clearer about the processes of sharing work and identifying what people are working on. Clear mechanisms need to be in place to achieve this. The role of technology was noted – the use of videoconferencing can be helpful, but training is needed.

One of the strengths of the South Island Project is that staff have more awareness of colleagues in other PHUs, and feel more able to approach them. In sharing skills and knowledge across the PHUs, there is more effective use of resources. Staff have also appreciated the opportunity to learn from colleagues in another part of the South Island who may have encountered a similar problem to what they are experiencing. Offsetting some of the benefits of working together are weaknesses: partly identified as time, money and commitment. Financial constraints can sometimes limit opportunities, because of the cost of training and travel. Despite the enthusiasm to work together, there can be limited contact, and collaboration depends on the availability of others. There are also regional differences between the PHUs – in structures, history and politics. In order to overcome some of these differences, PHUs need to grow in understanding.

This Evaluation has addressed the early stages of the Project. In future, it will be important for ongoing evaluation to assess the progress of the Project over time.

Acknowledgments:

Many thanks to Victoria Manson for her help in compiling data for this report and to Dr Annabel Begg for her helpful feedback.

10 Appendix One: Surveys

SOUTH ISLAND PUBLIC HEALTH PROJECT

WORKFORCE DEVELOPMENT : FOLLOW-UP SURVEY

December 2011

The aim of this survey is to identify any changes in Public Health Unit Workforce Development processes and activities since 2010.

This form completed by:

PHU:

- 1. How many in-house training opportunities has your PHU/DHB provided for PHU staff during 2011? (Please circle)**

| | | | | |
|------|-----|------|-------|-----|
| 0 | 1 | 2 | 3 | 4 |
| NONE | 1-5 | 6-10 | 11-15 | 16+ |

Comments:

- 2. Approximately, what percentage of all PHU staff have attended these in-house training sessions in 2011?**

| | | | | |
|------|-------|--------|--------|------|
| 0 | 1 | 2 | 3 | 4 |
| NONE | 1-15% | 16-30% | 31-45% | 46%+ |

Comments:

- 3. How many training opportunities outside of the PHU have your staff attended during 2011?**

(one course or workshop = 1 opportunity)

| | | | | |
|------|-----|------|-------|-----|
| 0 | 1 | 2 | 3 | 4 |
| NONE | 1-5 | 6-10 | 11-15 | 16+ |

Comments:

4. Approximately, what percentage of all your PHU staff have attended one or more of these training opportunities in 2011?

| | | | | |
|------|-------|--------|--------|------|
| 0 | 1 | 2 | 3 | 4 |
| NONE | 1-15% | 16-30% | 31-45% | 46%+ |

Comments:

5. How many training opportunities (in-house or outside) relating to Whānau Ora have your PHU staff attended during 2011?

| | | | | |
|------|-----|------|-------|-----|
| 0 | 1 | 2 | 3 | 4 |
| NONE | 1-5 | 6-10 | 11-15 | 16+ |

Comments:

6. Approximately, what percentage of all PHU staff have attended these Whānau Ora training opportunities?

| | | | | |
|------|-------|--------|--------|------|
| 0 | 1 | 2 | 3 | 4 |
| NONE | 1-15% | 16-30% | 31-45% | 46%+ |

Comments:

7. Please identify below any workforce development activities you have undertaken in conjunction with other SI PHUs during 2011?

| <u>Activity</u> | <u>No. of your staff participating</u> | <u>No. of other PHU staff</u> |
|--|--|-------------------------------|
| a) Training run jointly with other SI PHU | | |
| b) Training you have provided that other PHU staff have attended | | |
| c) Other joint activities (Specify) | | |

Comments:

8. Comment on the degree of cooperation during 2011 between the SI PHUs in regard to Workforce Development

| 0 | 1 | 2 | 3 | 4 |
|----------------------------|----------------------|----------------------|-------------------|------|
| No cooperation cooperation | A little cooperation | Moderate cooperation | Good cooperation | Full |
| | | | but could improve | |

Comments:

9. How much value do you perceive in increasing the level of collaboration with other SI PHUs in regards to Workforce development?

| 0 | 1 | 2 | 3 | 4 |
|----------|----------------|----------------|------------|-----------------|
| No value | A little value | Moderate value | High value | Very high value |

Comments:

10. How motivated are you to work with other SI PHUs in regards to Workforce development?

SOUTH ISLAND PUBLIC HEALTH PROJECT

MEDIUM TERM OUTCOMES: FOLLOW-UP SURVEY

December 2011

The aim of this survey is to gauge the effectiveness of the South Island Project over time. Please identify your role by ticking (✓) one of the options below. If completing this questionnaire electronically, you can “copy & paste” the tick above.

- Public Health Unit Staff member DHB Staff (non-PHU e.g. P & F) MoH staff
Other Please Specify.....

Job Title

Consider the situation at the beginning of this project (September 2010), and give your responses to the following questions in terms of how you feel *now* (ie December 2011/January 2012). Please answer all questions in regards to the current situation. (If you don't know the answer, please tick in the 'Don't know' box below). Feel free to provide any further information in the “Comments” section of each question.

1. **Public Health Unit (PHU) Managers and Clinical Directors are working collaboratively across the South Island. Do you agree with this statement?**
(Please tick { ✓ } one number)

| | | | | |
|-------------------|----------|---------|-------|----------------|
| 0 | 1 | 2 | 3 | 4 |
| Strongly disagree | Disagree | Neutral | Agree | Strongly agree |

I Don't Know
Comments:

2. **Comment on the degree that PHU staff across the South Island are working effectively through Action Networks (i.e. networks specific to particular Public Health activities or issues e.g. Alcohol, Tobacco, Communicable Diseases, Māori health, Sexual health).**
(Please tick { ✓ } one number)

| | | | | |
|---------------|-------------------------|--------------------|------------------------------|----------------|
| 0 | 1 | 2 | 3 | 4 |
| Not effective | Only slightly effective | Somewhat effective | Effective, But could improve | Very effective |

I Don't Know
Comments:

3. Comment on the degree that collaborative workforce development across South Island PHUs now contributes to PHU effectiveness. (Please tick { ✓ } one number)

| | | | | |
|---------------------------------------|--------------------------|-------------------|-------------------------------------|--------------------|
| 0 | 1 | 2 | 3 | 4 |
| No contribution | Only slight contribution | Some contribution | Good contribution but could improve | Couldn't be better |
| I Don't Know <input type="checkbox"/> | | | | |
| Comments: | | | | |

4. Comment on the degree that a coherent approach to Whānau ora across the South Island PHUs now contributes to PHU effectiveness. (Please tick { ✓ } one number)

| | | | | |
|---------------------------------------|--------------------------|-------------------|-------------------------------------|--------------------|
| 0 | 1 | 2 | 3 | 4 |
| No contribution | Only slight contribution | Some contribution | Good contribution but could improve | Couldn't be better |
| I Don't Know <input type="checkbox"/> | | | | |
| Comments: | | | | |

5. Comment on the current level of sharing of Public Health information and Public Health knowledge-related tasks (e.g. submissions, literature searches, research) across the South Island. (Please tick { ✓ } one number)

| | | | | |
|---------------------------------------|---------------------|--------------|--|--------------------|
| 0 | 1 | 2 | 3 | 4 |
| No sharing | Only slight sharing | Some sharing | Good level of sharing, but could improve | Couldn't be better |
| I Don't Know <input type="checkbox"/> | | | | |
| Comments: | | | | |

6. Comment on the degree that sharing of Public Health Information and Public Health knowledge-related tasks by South Island PHUs now contributes to coordinated PHU planning ?

(Please tick { ✓ } one number)

| | | | | |
|-----------------|--------------------------|-------------------|-------------------------------------|--------------------|
| 0 | 1 | 2 | 3 | 4 |
| No contribution | Only slight contribution | Some contribution | Good contribution but could improve | Couldn't be better |

I Don't Know
Comments:

7. Comment on the degree that South Island PHUs' sharing of Public Health Information and knowledge-related tasks now contributes to effective Public Health support to South Island Health Services. (Please tick { ✓ } one number)

| | | | | |
|-----------------|--------------------------|-------------------|-------------------------------------|--------------------|
| 0 | 1 | 2 | 3 | 4 |
| No contribution | Only slight contribution | Some contribution | Good contribution but could improve | Couldn't be better |

I Don't Know
Comments:

8. Comment on the degree to which South Island PHUs now.....

a) Have coordinated planning (Please tick { ✓ } one number)

| | | | | |
|-----------------|--------------------------|-------------------|-------------------------------------|--------------------|
| 0 | 1 | 2 | 3 | 4 |
| No contribution | Only slight contribution | Some contribution | Good contribution but could improve | Couldn't be better |

I Don't know
Comments:

b) Have coordinated implementation (Please tick { ✓ } one number)

| | | | | |
|-----------------|--------------------------|-------------------|-------------------|--------------------|
| 0 | 1 | 2 | 3 | 4 |
| No contribution | Only slight contribution | Some contribution | Good contribution | Couldn't be better |

I Don't know
 contribution contribution but could improve better
 Comments:

c) Contribute to effective South Island health services (Please tick { ✓ } one number)

| | | | | |
|-----------------|--------------------------|-------------------|-------------------------------------|--------------------|
| 0 | 1 | 2 | 3 | 4 |
| No contribution | Only slight contribution | Some contribution | Good contribution but could improve | Couldn't be better |

I Don't know
 Comments:

9. Enablers

The stated aim for this project is *“to strengthen South Island Public Health Units to enable them to provide sustainable, effective, consistent services that contribute to the improvement of health for the South Island population”*.

What do you think are the key “enablers” i.e. those factors that have contributed, or should contribute to the project achieving this aim (e.g. links with DHBs; commitment of PHU Managers; annual face-to-face meeting of key staff; strong networks; support from Min. of Health). For each enabler (please choose up to four), you will be asked to state how well you think this is happening at present:

ENABLERS: 1.....
 2.....
 3.....
 4.....

Enabler 1

a) How well is this currently contributing to the achievement of the project's aim?

| | | | | |
|------------------|---------------------|-------------------|--------------------------|-------------------------------|
| 0 | 1 | 2 | 3 | 4 |
| Not contributing | Slight contribution | Some contribution | Significant contribution | Excellent, Couldn't be better |

I Don't know
 Comments:

Enabler 2

a) How well is this currently contributing to the achievement of the project's aim?

| | | | | |
|------------------|---------------------|-------------------|--------------------------|------------------------|
| 0 | 1 | 2 | 3 | 4 |
| Not contributing | Slight contribution | Some contribution | Significant contribution | Excellent, couldn't be |

better
 I Don't know
 Comments:

Enabler 3

a) How well is this currently contributing to the achievement of the project's aim?

| | | | | |
|------------------|---------------------|-------------------|--------------------------|------------------------|
| 0 | 1 | 2 | 3 | 4 |
| Not contributing | Slight contribution | Some contribution | Significant contribution | Excellent, Couldn't be |

better
 I Don't know
 Comments:

Enabler 4

a) How well is this currently contributing to the achievement of the project's aim?

| | | | | |
|------------------|---------------------|-------------------|--------------------------|------------------------|
| 0 | 1 | 2 | 3 | 4 |
| Not contributing | Slight contribution | Some contribution | Significant contribution | Excellent, Couldn't be |

better
 I Don't know
 Comments:

SOUTH ISLAND PUBLIC HEALTH PROJECT

ACTION NETWORKS : FOLLOW-UP SURVEY

December 2011

The aim of this survey is to identify current Public Health Unit (PHU) Action Network effectiveness and the level of connectedness with other parts of DHBs. Action Networks are defined here as networks of PHU staff across the South Island who are focused on particular public health issues (e.g. alcohol, tobacco, communicable diseases). This survey will help gauge the effectiveness of the South Island project over time.

PHU/DHB:

Job Title:

.....

Area/s of work (Public Health Lines
e.g. Alcohol, Maori Health, Comm. Disease, Drinking Water, HPS,
Tobacco)

- 1. During 2011, how often (on average) did you have contact with staff in similar roles to you in the other South Island Public Health Units (PHUs)? (Please tick { ✓ } one number – if completing this electronically you can “copy and paste” the tick on this line)**

| | | | | |
|------------|--------------------------------|--------------------------------|-----------------|------------------------------|
| 0 | 1 | 2 | 3 | 4 |
| No contact | Once every 6 months or less | Approx. once every 3 months | Approx. monthly | More than monthly contact |

Comments:

- 2. How would you rate the strength of the relationship you currently have with staff in similar roles to you in the other SI PHUs?**

| | | | | |
|-----------------|------|---------|-------------------------------|-----------------------|
| 0 | 1 | 2 | 3 | 4 |
| No relationship | Poor | Average | Good but could be improved | Couldn't be better |

Comments:

- 3. Can you identify any activities that have been coordinated across the SI PHUs in the last year in your area of work? If so, please name them.**

a)

- b)
- c)

Comments:

4. Can you identify any specific impacts that these coordinated activities have had?

- **More comprehensive/effective/higher standard of work achieved by working together**
- **Costs saved by sharing workload and therefore taking significantly less individual time**
- **Costs increased by significantly more time spent in meetings/consultation etc.**
- **Increased awareness of relevant resources e.g. documents, key contacts**

- **PHU Activities changed -**
Specify.....
.....
.....

- **Extra activities undertaken -**
Specify.....
.....
.....

- Others, please specify:.....**
.....
.....

5. What do you think are significant barriers that may prevent PHU coordinated/collaborative activities across the South Island?

6. Do you have any suggestions for overcoming these barriers?

7. How much joint annual planning do you do with the other SI PHUs?

| | | | | |
|------|-----------|------|-------------------------------------|-----------------------|
| 0 | 1 | 2 | 3 | 4 |
| None | Low level | Some | High level but could be improved | Couldn't be better |

Comments:

8. Consider your relationships with non-PHU staff members in your local DHB/s.

a) Are you clear which staff in the DHB you should be connected with to maximise health outcomes?

| | | |
|--------------|------------------------------------|--------------------|
| 0 | 1 | 2 |
| Not clear | Clear about some but not others | Yes, I am clear |

Comments:

b) Of those DHB staff you do, or would like to, have a working relationship with, please indicate the current strength of each of those relationships.

| <u>DHB Role</u> relationship | No relationship | Poor | Average | Good but |
|---------------------------------|-----------------|------|---------|----------|
| could Couldn't be | | | | |
| | 0 | 1 | 2 | 2 |
| | 0 | 1 | 2 | 2 |
| | 0 | 1 | 2 | 2 |
| | 0 | 1 | 2 | 2 |
| | 0 | 1 | 2 | 2 |

Comments:

c) What barriers exist to improved relationships with other DHB staff?

d) What suggestions can you make to overcome these barriers:

**9. Overall, how do you think that Action Networks have contributed to the effectiveness of Public Health Units working together across the South Island?
Please comment:**

Thank you for taking the time to complete this survey. Please return to Neil Brosnahan: neil.brosnahan@cdhb.govt.nz by FRIDAY 20TH JANUARY 2012.

11 Appendix Two: Key Enablers

Enabler 1 Regular meetings of Key staff and line Managers, more face to face meetings and Annual face to face meetings of key staff.

Enabler 2 Strong Networks

Enabler 3 Support from MoH, DHB and PHU Management

Enabler 4 Designated Project Co-ordinator and support

Enabler 5 Commitment of Key staff, Managers, MOsH and Staff

Enabler 6 Linkages / connections with DHB, PHU Managers and key staff

Enabler 7 - Kotahitanga

Enabler 8 Mutual understanding from all our respective DHBs of the DHB's role in public health and subsequent support for the PHUs

Enabler 9 Clear understanding of the fundamental differences between PHUs & their regional political landscape
Management support

Enabler 10 Communication

Enabler 11 Keenness of selected staff

Enabler 12 Personal contacts

Enabler 13 Clear stated expectations from the MoH to work in this way

Enabler 14 Regular meetings

Enabler 15 Interest in doing things once rather than three time

Enabler 16 Joined up approach gives better result because more people and ideas to contribute

Enabler 17 Keeping workforce informed of progress. This will support an increase in active community work

Enabler 18 Willingness to give and take

Enabler 19 Ability to accept the wider South Island and not be patch protective

Enabler 20 Keep everybody informed the whole time not just those involved

Enabler 21 Common purpose

Enabler 22 Identifying and working on key action priorities

Enabler 23 Developing joint protocols

Enabler 24 Action Networks

Enabler 25 Doing one thing, to begin with, that inspires us all as a collective SI PHU group

Enabler 26 **Willingness to participate**

Enabler 27 **Leadership**

Enabler 28 **Shared Vision**

Enabler 29 **Combined Annual Plan**

Enabler 30 **Combined Workforce Development Plan**

Enabler 31 **Secondments to Other PHUs**

Enabler 32 **Combined Administration System i.e. Filing**

Enabler 33 **Working with P&F to contribute to District and Regional Planning**

Enabler 34 **Integrating prevention work with DHB service delivery**

Enabler 35 **Integration of PHU planning with other health service planning at both a regional and district level** Input and linkage between the MoH, PHU and District Health Board planning timelines and processes, Engagement with the regional planning ALT/SLAs and regional GM's P&F forums

Enabler 36 **The formation of the Group that meets regularly i.e. I understand this is the PHU Manager and Medical Officers of Health**

Enabler 37 **The expectation that...DHBs work closely on regional delivery of services and collaboratively across the whole of the health system**

Enabler 38 **Technology**

Enabler 39 **Action Planning**