

Governance & Government

Lessons from the 'Go for your life' Health Promoting Communities program



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Background

- 'Go for your life' Health Promoting Communities: Being Active, Eating Well (2006-2010)
- Funded by Department of Health (formerly Department of Human Services) and Office of Senior Victorians (Dept Planning & Community Development)
 - Budget ~\$4.5m
 - 6 communities across Victoria
 - 5 Primary Care Partnerships/lead agencies
 - 1 Aboriginal community-controlled health organisation

- Diverse communities
- Regions of socioeconomic disadvantage
- Planned by agencies/PCPs with support from state-wide evaluator, DH and local evaluators
- Different primary and secondary target populations across age range
 - children, adolescents, working adults, older adults

Evaluation

- State-wide evaluation of 5 PCP-based projects led by Andrea Sanigorski, Deakin University:
 - Comparison communities
 - Repeat cross-sectional measures of impact/outcome (baseline & follow-up)
 - Baseline data collection complete
- All 6 projects also undertaking local evaluation (process, some impact)

CO-OPS Best Practice Principles

- *G2. Structures for program management, governance and organisational relationships.*
 - a) There are clear governance structures and lines of accountability.
 - b) There is a specified program management structure, to
 - (i) ensure accountability
 - (ii) monitor and document implementation quality and progress
 - (iii) solve problems and manage risks and
 - (iv) communicate progress to all key stakeholders.
 - c) Partnerships and organisational relationships are clearly specified.

- HPC: BAEW managed differently to previous CBIs: government plays a larger role in project management.
- From outset, Project Advisory Group established
 - Meetings coordinated by DH policy officer
 - Representation from DPCD, projects, DH regions, state-wide evaluators.
 - Level of seniority of representatives limited the ability of this group to make program-wide decisions.
- Higher-level decision making occurred primarily within DH with some consultation.

- Some documentation developed initially
 - State-wide program plan
 - Planning & reporting guidelines
 - Communication plan
 - Social marketing strategy
- Adherence to plans difficult to monitor.
- Input on key program decisions difficult to coordinate in a timely and consistent manner as no regular meeting forum.

- Lack of documented guidance/procedures
 - lack of consistency in project management
 - delays when orienting new staff over course of program.
- Lack of transparency around decision making.
- Delays in project implementation/ evaluation.
- Increasing sense of frustration from project staff.
- Workshop held mid-2008 between projects and DH, resulted in Action Plan
 - Key items included the revision of the governance structure, development of program documentation

- Late 2008: new Senior Policy Officer recruited.
- Early 2009: Project Board established
 - One project manager
 - Two project executive officers
 - Senior management representation from each DH & DPCD
 - DH secretariat (manager & policy officer)

- New documents developed
 - Communication Protocol
 - Roles & Responsibilities Charter
 - Risk Management Plan
 - Publication Protocol
 - Detailed project reporting templates
- Expert Reference Group convened
 - Strategic problem-solving

- Establishment of new structures resulted in:
 - More efficient/timely decision-making.
 - Greater transparency.
 - Appropriate consultation.
 - Greater accountability.
 - Clarity around communication.
 - Improved support for project managers (those within projects & within government).
 - More detailed program guidance.
 - Better documentation of decisions.

- Lessons learned about governance to be captured through:
 - Local process evaluations for each project.
 - Program-wide process evaluation (qualitative, key informant interviews).
- Lessons will be used to guide future program development in Public Health and obesity prevention.

With thanks to staff at DH and DPCD,
evaluators and local project staff at:

Campaspe PCP (Shire of Campaspe)

Kingston Bayside PCP (City of Kingston)

South-East Healthy Communities Partnership
(Cardinia Shire Council)

Southern Grampians & Glenelg PCP
(Western District Health Service)

Westbay Alliance
(Western Region Health Centre)

Wathaurong Aboriginal Co-operative

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