



Health Sector Co-design Group (HSCG) Communiqué – 12 – 13 April 2018

The HSCG's second meeting on 12 and 13 April 2018 continued discussions on a design for the evaluation of the Australian Government's investment in Aboriginal and Torres Strait Islander primary health care under the Indigenous Australians' Health Programme (IAHP). After an Acknowledgement of Country, the evaluation team reported back and shared with the HSCG its work since the previous meeting on 20 December 2017. This has included:

- Development of stakeholder engagement and community co-design strategies
- Collecting views and ideas from communities and health sector specialists around Australia
- Producing communication resources, including project branding, a newsletter and a website – www.IPHCeval.com
- Drafting a proposed evaluation brief and potential methodologies.

The Group collaborated in thoughtful, dynamic discussions throughout the day-and-a-half meeting. The high level of engagement from the HSCG members, the Department of Health and the Allen + Clarke evaluation team was a real highlight. The HSCG is recognised as a key opportunity for health sector and evaluation experts to come together to develop fresh solutions.

There was robust discussion around the evaluation aims, objectives, methodology and key evaluation questions (KEQs), and how these relate to the Department of Health's articulation of what the IAHP is intended to achieve as part of the broader health system. This led to building a shared understanding of the focus and scope of the evaluation.

The Group then examined ways to frame 'sites' for a series of in-depth studies that will be central to the evaluation design. Criteria and principles to guide the definition and selection of these sites or geographical areas of focus emerged during the discussion. In-depth studies are expected to be predominantly based on geographic areas to better understand the interplay of the system in terms of data available, the IAHP's influence and effect, and how well the system is working for Aboriginal and Torres Strait Islander peoples.

The Group also raised the potential to bring together key stakeholders from different types of sites, and/or organisations from various sites where these stakeholders/organisations share common challenges or interests. This might include, for example, organisations focused on providing primary health care to specific population groups or through particular service models, such as Aboriginal community controlled health services.

These ideas will be further developed as the evaluation design progresses.

A portion of the meeting was dedicated to hearing about the economic evaluation of the IAHP, undertaken by Deakin University, and occurring in parallel to the design and beginning of this evaluation process. The Group discussed the potential for alignment across the two evaluations and noted that the economic evaluation may identify issues that would benefit from further exploration in this evaluation.

An overarching theme of the meeting was the need for the evaluation to focus on the IAHP, but not in isolation of other part of the health system. The Group agreed that the scope of the evaluation would need to include the IAHP's inter-relationships with other parts of the health system, and it would need to draw on the perspectives of stakeholders at different levels of the system, and facilitate learning across these levels.

This meeting helped to reiterate the value of the co-design approach in bringing collective expertise and knowledge to bear, from which new ideas and approaches for the evaluation could emerge. Important principles of the evaluation design and approach were reiterated, and are summarised below.

The evaluation:

- Needs to add value to the primary health care system. Specifically, this means:
 - Generating knowledge to inform learning
 - Informing improvements in policy and practice by supporting decision-making and action.
- Should not be a burden to the Aboriginal and Torres Strait Islander health sector or to communities. It needs to take into account other evaluation processes, utilising existing data and information where possible.
- Should contribute capacity to the Aboriginal and Torres Strait Islander health sector and communities.
- Needs to acknowledge the time it takes to develop relationships and genuine engagement with the Aboriginal and Torres Strait Islander health sector and communities.

The HSCG is confident that sufficient ground work has now been done for the evaluation design to progress. This second meeting was crucial to ensure that key issues were explored collaboratively, clarified and refined in order to develop a shared understanding across the Group.

Next steps

The next task of the group is to provide comment on the draft Monitoring and Evaluation Design Report, to be prepared and circulated by the Allen + Clarke evaluation team in May 2018. The HSCG welcomes input from everyone who would like to contribute to the design. To answer a brief set of questions to inform the evaluation design, click [here](#). To contact the evaluation team directly with any questions or comments, please email IPHCEval@allenandclarke.com.

The Monitoring and Evaluation Design Report will be finalised in June 2018, with an expectation that the evaluation will begin in the latter half of 2018. The HSCG intends to meet once every six months during the evaluation.

The HSCG will meet again in October 2018. The focus of this next meeting will be to report back on progress in setting up the evaluation, seek approval for an ethics application for the evaluation, and continue co-design work on the evaluation methodologies during the set-up stage.

Current membership of the HSCG

- Dr Mark Wenitong from Apunipima Cape York Health Council.
- Dr Dawn Casey from the National Aboriginal Community Controlled Health Organisation (NACCHO).
- Angela Young from the Queensland Aboriginal and Islander Health Council (QAIHC).
- Karl Briscoe from the National Aboriginal and Torres Strait Islander Health Workers Association (NATSIHWA).
- Janine Mohamed from the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM).
- Professor Norm Sheehan from the Gnibi College of Indigenous Australian Peoples at Southern Cross University (SCU).
- Dr Jeanette Ward from WA Country Health Services.
- Jessica Yamaguchi and Kim Grey from the Department of the Prime Minister and Cabinet.
- Dr Fadwa Al Yaman from the Australian Institute of Health and Welfare (AIHW).
- Kate Thomann and Karen Visser from the Department of Health.
- Nicki Herriot from the Northern Territory Primary Health Network.

Bob Davis from Maari Ma Health has announced his resignation from the HSCG, and the Group will appoint someone to take his place. Dr Leanne Morton from the Hunter, New England and Central Coast Primary Health Network has also resigned, and the HSCG is delighted to welcome Nicki Herriot from the Northern Territory Primary Health Network in her place.

Key resources

Health Sector Co-design Group [Meeting No.1 Communiqué](#)

The evaluation website: www.IPHCeval.com