

Department of Human Services  
response:

Evaluation of the Effectiveness of  
the Community Advisory  
Committees to Boards of  
Victorian Public Health Services

Evaluation conducted by Health Outcomes  
International Pty Ltd, July 2008

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## INTRODUCTION

An evaluation of the effectiveness of the legislated Community Advisory Committees (CACs), to the boards of Victorian Public Health Services, was stipulated in the original CAC guidelines.<sup>1</sup> The guidelines outlined that the evaluation was to be undertaken three years after the commencement of metropolitan CACs, which occurred in 2000. However, in 2003 the Parliamentary Family and Community Development Committee commenced an inquiry on the roles of CACs of metropolitan health services.<sup>2</sup> With the commencement of this inquiry and the formation of regional CACs required from 1 July 2004 the Department of Human Services ('the Department') postponed the evaluation. The decision to postpone the evaluation was made in consultation with health services and CAC members.

Preparation for the evaluation was commenced on Tuesday 19 December 2006 with the Department convening a scoping session for health services and their CAC members to contribute to the Specification of Tender to engage external evaluators.

Health Outcomes International Pty Ltd was engaged by the Department to undertake the *Evaluation of the effectiveness of the Community Advisory Committees to Boards of Victorian Public Health Services*. The scope of the evaluation included the 18 health services required to have a Community Advisory Committee (CAC) to their board, St Vincent's Health who choose to govern with a CAC and the Health Issues Centre who are funded by the Department to provide support to the CACs and their health services.

Three key questions were addressed through the evaluation process:

1. Do CACs operate in accordance with the legislation, guidelines and their terms of reference?
2. Is consumer, carer and community participation happening throughout the health service?
3. Have CACs made a difference?

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<sup>1</sup> Department of Human Services 2000, *Community advisory committee guidelines: non-statutory guidelines for metropolitan health services*, Acute Health Division, Victorian Government Department of Human Services Melbourne. Available at: [www.health.vic.gov.au/consumer/pubs/index.htm](http://www.health.vic.gov.au/consumer/pubs/index.htm)

Department of Human Services 2006, *Community advisory committee guidelines: Victorian public health services, Rural and Regional Health and Aged Care Services*, Victorian Government Department of Human Services Melbourne. Available at: [www.health.vic.gov.au/consumer/pubs/index.htm](http://www.health.vic.gov.au/consumer/pubs/index.htm)

<sup>2</sup> Family and Community Development Committee 2004, *Inquiry on the roles of community advisory committees of metropolitan health services*, Parliament of Victoria, Melbourne. Available at: [www.parliament.vic.gov.au/fcdc](http://www.parliament.vic.gov.au/fcdc)

The evaluation was conceptualised within the following framework which was confirmed at the aforementioned December 2006 meeting:

Table 1.

<b>Immediate Q1 (1 year+)</b>	<b>Short term Q2 &amp; Q3 (2 - 5 years)</b>	<b>Long term Q3 (6 – 10 years)</b>
Do CACs operate in accordance with the legislation, guidelines and their terms of reference?	Have the following changed: <ul style="list-style-type: none"> <li>• Acceptability</li> <li>• Access</li> <li>• Appropriateness</li> </ul>	Has a culture of participation been created?  Has health care improved from participation initiated or advocated for by CACs?

The final report provided by Health Outcomes International Pty Ltd found:

*Participating Boards, health services and CACs widely endorsed DHS's decision to legislate the introduction of CACs. Even in those health services where CACs were in their relative infancy, or where there had been setbacks to CAC performance, there was a conviction reported that the process and strategy was worthy of continued support.*

and concluded:

*The challenge for the future is to ensure the trajectory of expansion and improvement in CAC role, performance and contribution, which has emerged in recent years, is maintained and supported. The lessons learned through the evaluation should be used to support this process. This must be done recognising the context within which CACs are expected to operate (under the four levels of the Doing it to us not for us policy platform). Without this context there is a risk that CACs will attempt an unmanageable agenda with resultant frustration for CAC members and other community participation stakeholders.<sup>3</sup>*

Based on their findings the evaluators made a series of recommendations which are presented below with the Department's corresponding response and proposed action(s).

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<sup>3</sup> Health Outcomes International Pty Ltd 2008, *Department of Human Services: Evaluation of the effectiveness of the Community Advisory Committees to Boards of Victorian Public Health Services*, Health Outcomes International Pty Ltd, St Peters. South Australia.

## **RECOMMENDATION 1**

*The CAC initiative continues, with consideration given to expanding their mandate to other Victorian public health services. However, continuation and expansion should be considered in the context that CACs are merely part of, and not the sole avenue to, effective community, carer and consumer participation.*

## **DEPARTMENT RESPONSE**

The convening of CACs for all Victorian health services has been considered in the past with the decision being they are not required for those providing services to populations smaller than those covered by the 18 legislated public health services. This is due to these health services' boards being considered representative of the consumers, carers and community members as a result of the smaller population that they serve. Hence, the need for a legislated CAC, *to increase consumer, carer and community participation in public health services*, is not warranted.

Nonetheless, the Department is aware that some smaller population serving health services have convened CACs or similar bodies, often to address a specific issue, and do use the guidelines and Community Participation Plan guide. In addition, providing resources such as tools, guidelines and knowledge transference mechanisms for consumer, carer and community participation for health services is a priority action (number 19) within the Strategic Plan of 'Doing it with us not for us' ('the policy').

## **PROPOSED ACTION**

- 1.1 The Department should maintain the CAC guidelines and supporting mechanisms for the existing CACs and their health services.
- 1.2 The legislative requirement and guidelines for CACs should not be extended to other health services.
- 1.3 Promotion of existing resources for participation and implementation of priority 19 of the policy should target those health services not included under the CAC legislation. However, this should not be to the detriment of legislatively required CACs and their health services. Resources, tools and training are primarily provided under the Department's funding and service agreement with the Health Issues Centre and the Cochrane Consumers and Communication Review Group. Other support is provided through funding and service agreements with other non-government bodies who work directly with consumers and carers living with a variety of chronic illnesses and health impacting conditions. Resources, tools and training should include participation at the 'organisational level' identified in the policy, as this is the level that CACs operate.
- 1.4 Where health services; consumers, carers and the community; and non-government organisations identify gaps in resources, tools and training the Department should prioritise, with advice from its Participation Advisory Committee, how best to fill these gaps. The Participation Advisory Committee advises on the implementation of 'Doing it with us not for us'. This committee's membership includes CAC members, health service CEOs and a representative from the CAC Resource Officer.

## **RECOMMENDATION 2**

*DHS<sup>4</sup> and health service CACs give consideration to the participation models outlined in this report, as well as in the supporting literature, for the contribution they may make to improving how the role of the CAC is understood and implemented in each health service.*

### **DEPARTMENT RESPONSE**

The Department will consider the placement of a CAC within the broader scope of consumer, carer and community participation as outline in 'Doing it with us not for us'. Within this consideration analysis of other jurisdictional models of participation will be reviewed as outlined in Health Outcomes International's report.

### **PROPOSED ACTION**

The Department to coordinate a considered placement of CACs within a comprehensive model of consumer, carer and community participation as outlined in 'Doing it with us not for us' with the Network for CAC Resource Officers and the Health Issues Centre.

The recommendations from this process will go to the Department's Participation Advisory Committee for consideration in their ongoing work in implementing 'Doing it with us not for us' and be considered for use in any subsequent editions of the CAC guidelines.

## **RECOMMENDATION 3**

*The CAC 'Role' statement in the 2006 guidelines be reviewed to explore a role definition which is consistent with the four level engagement model in the 'Doing it with us not for us' resource and therefore more readily and consistently interpreted by health service Boards and their CACs.*

### **DEPARTMENT RESPONSE**

The Department agrees that the role definition of the CACs within the guidelines should be revised with respect to the model of participation contained within 'Doing it with us not for us'.

### **PROPOSED ACTION**

The Department work with the health services, CAC members and the Health Issues Centre and revise the role definition of a CAC with consideration to the participation model outlined in 'Doing it with us not for us'.

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<sup>4</sup> The acronym 'DHS' is used by the evaluators to denote the Department of Human Services.

#### **RECOMMENDATION 4**

*Health services undertake regular audits of community participation activity across the health service, initially at two-yearly intervals with a view to five-yearly audits, as the CAC and health service agree that change and development in the participation strategy is confirmed and stabilised.*

#### **DEPARTMENT RESPONSE**

The Department will seek the development of an audit tool or range of audit tools for health services to use in undertaking audits of consumer, carer and community participation across their health services.

This will incorporate working with the Health Issues Centre to review existing tools and with health services and CAC members to finalise their requirements. Consideration of the type of participation to be audited will be related back to the levels of the health service system identified in the policy, the policy's priority actions, minimum participation performance indicator set and the current development of a comprehensive suite of participation performance indicators to supersede the existing minimum set. Reflection upon the necessity for demonstration of participation activity for accreditation purposes will also guide audit tool development.

#### **PROPOSED ACTION**

The Department will ensure the development of electronic based tool(s) to conduct audits of consumer, carer and community participation in health services. This work will be undertaken in consultation with Health Issues Centre, CAC members and health services.

#### **RECOMMENDATION 5**

*Reporting on the conduct of community, consumer and carer participation audits is required content in each health service's annual report on the implementation of its Community Participation Plan to DHS.*

#### **DEPARTMENT RESPONSE**

The Department will review for inclusion requirements for reporting on consumer, carer and community participation audits in the *Victoria - Public Hospitals and Mental Health Services Policy and Funding Guidelines for 2009-10*, or at a date subsequent to the development of audit tools.

Consideration will be given to the appropriateness of reporting under annual Community Participation Plan reports to the Department or public reporting of participation audits. There are a variety of public reporting vehicles including the legislative requirement to report on CACs within a health service's annual report, reporting on consumer, carer and community participation in annually required Quality of Care Reports, the Your Hospital's Report produced by the Department, reporting for accreditation and reporting on health service and Department websites. Reporting of audits would only be required for services who under legislation must appoint a CAC to their board but the audit tools should be useful for all health services wishing to ascertain their consumer, carer and community participation performance.

#### **PROPOSED ACTION**

The Department will seek advice from CAC members, health services, the Participation Advisory Committee to the Department and the Health Issues Centre on the reporting of participation audit information.

The *Victoria - Public Hospitals and Mental Health Services Policy and Funding Guidelines in 2009-10* or of a later date will be updated to reflect any reporting changes.

#### **RECOMMENDATION 6**

*Biennial reviews of each CAC be based on a formal review instrument to facilitate a rigorous and consistent evaluation of the Committee and its performance e.g. using the self-assessment pro-forma facilitated by HIC or the self-evaluation tool used in this review<sup>5</sup> (based on the guidelines).*

#### **DEPARTMENT RESPONSE**

The Department will work with the CAC members, health services and the Health Issues Centre to ensure a formal review tool is electronically available for health services to use for the biennial review of their work with their CAC.

#### **PROPOSED ACTION**

The Department to resource the development of an electronic formal self-assessment review tool for use across the health services to ascertain the performance of each CAC.

#### **RECOMMENDATION 7**

*Individual health services consider the recommendations made specifically to them and report on their intent to address those recommendations as part of the annual Community Participation Plan reporting to DHS.*

#### **DEPARTMENT RESPONSE**

The Department is concerned that each health service is reflecting upon and taking action to address specific recommendations made by the evaluators with their CAC. Some of the specific recommendations link to targets and actions set within the health service's Community Participation Plan. This strengthens the use of this reporting mechanism as an accountability tool. Reporting on the Community Participation Plans is done between the health service, its CAC and the Department and reinforces using the annual report on the Community Participation Plan for the recommended purpose.

#### **PROPOSED ACTION**

Health services provide a written response against their actions taken with their CAC and board to address the specific recommendations made by the evaluators in their 2007-08 and 2008-09 annual Community Participation Plan report to the Department.

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<sup>5</sup> Health Outcomes International Pty Ltd 2008, *Department of Human Services: Evaluation of the effectiveness of the Community Advisory Committees to Boards of Victorian Public Health Services*, Health Outcomes International Pty Ltd, St Peters. South Australia: Appendix A (pp 52-60)

## RECOMMENDATION 8

*The CAC initiative is considered as a key facilitator of community participation at the health service organisational level by all Victorian public health services. Expansionary models of participation, which recognise CACs as one component of an overall participation strategy, be encouraged, supported and evaluated to determine any additional contribution these may make to the achievement of the short-and long-term outcomes proposed for CACs.*

### DEPARTMENT RESPONSE

The short term impacts and long term outcomes of the effectiveness of the CAC were conceptualised with respect to the following questions evaluated in the current undertaking:

<b>Short term</b> <b>Q2 &amp; Q3 (2 - 5 years)</b>	<b>Long term</b> <b>Q3 (6 – 10 years)</b>
Have the following changed: <ul style="list-style-type: none"><li>• Acceptability</li><li>• Access</li><li>• Appropriateness</li></ul>	Has a culture of participation been created?  Has health care improved from participation initiated or advocated for by CACs?

The Department recommends consideration of achieving improvements in relation to these impacts and outcomes using the CAC as a key facilitator should be conducted by the Department's Participation Advisory Committee. This committee advises the Department on the implementation of the 'Doing it with us not for us' policy and as such will be advising the Department on an ongoing policy and model of participation across the health service system. Membership of this committee includes the Health Issues Centre, health service executives, a CAC Resource Officer Network representative, CAC member and health service staff from health services required to have a CAC. Secretariat support to the committee is provided by the Statewide Quality Branch who also oversees the implementation of the legislation and guidelines for CACs.

### PROPOSED ACTION

Recommendation 8 of the CAC evaluation is tabled at the November 2008 meeting of the Participation Advisory Committee in order for them to commence formulating advice to the Department.

#### **RECOMMENDATIONS MADE TO THE HEALTH ISSUES CENTRE (HIC):**

- *Completion of activities relating to current KPIs (agreed Key Performance Indicators with the Department under their funding and service agreement);*
- *Consideration of some form of self-registration of CAC stakeholders with HIC so new stakeholders are quickly identified and given access to HIC resources; and*
- *Consideration to be given to engagement with health service executive stakeholders, in particular the Executive Sponsors.*

#### **DEPARTMENT RESPONSE**

The Health Issues Centre has commenced work to meet its KPIs with the Department and in some instances these targets have already been met. An example is the new Health Issues Centre website has been completed which contains a page for CAC members including a link to Consumers On-line. The latter being a computer mediated group set up and moderated by Health Issues Centre for members of their Consumer Nominee Program and CAC members.

The Health Issues Centre met with the Minister for Health, The Hon. Daniel Andrews on 25 June and included in their discussion the opportunity to meet together with CAC Executive Sponsors and the Minister to discuss the findings and recommendations of the CAC evaluation. The Department aims to facilitate this meeting and also include members of the Evaluation Advisory Committee and the evaluators at the proposed meeting.

#### **PROPOSED ACTION**

The Department will continue to work with the Health Issues Centre to ensure their KPI's are met, use of the CAC member page and Consumers On-line is monitored and an ongoing strategy of engaging with CAC executive sponsors is developed.

The Department will seek a meeting between the Minister for Health, The Hon. Daniel Andrews, Health Issues Centre, CAC Executive Sponsors, the CAC Evaluation Advisory Committee and the Department to advise on the appropriateness of the aforementioned actions in response to the CAC evaluation recommendations.