

Evaluation of Northland DHB's Prioritisation Whānau Ora Health Impact Assessment

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For Northland DHB

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Executive Summary

Northland DHB's Prioritisation Policy has been in use for several years and has been used to assist decision makers to decide what projects to fund. However, the Prioritisation Policy was designed for an environment where surpluses and new funding were routinely available. With an altered financial environment and less money to spend, the WOHIA team at the DHB saw it was an opportune time to review the Prioritisation Policy.

Northland District Health Board (DHB) undertook a whānau ora health impact assessment (WOHIA) of its Prioritisation Policy (2005) which was completed in August 2010. One of its aims was to evaluate the WOHIA and Northland DHB contracted Quigley and Watts Ltd to do that. The main purpose of the evaluation was to undertake and report on a process and short-term impact evaluation of the WOHIA process used to inform the development of the Prioritisation Policy.

The evaluation found that the WOHIA team clearly scoped the WOHIA and used a clear, transparent and robust process. There appeared to have been good leadership and generally good communication throughout the whole process. Intersectoral partners and DHB staff were engaged and relationships were strengthened as a result. In addition, knowledge about WOHIA and the Prioritisation Policy itself was increased among those participants. Capability to do WOHIA was also increased amongst the core WOHIA team and some members of the Public Health Unit. All of the aims were met as much as they could be within the restraints of this WOHIA ie, the DHB could not consult as widely as other WOHIA's have done because of the political nature of the policy and its wider ramifications.

Given that the Executive Management Team had not discussed the recommendations at the time of writing this report, it is too early to ascertain most of the short-term impacts of the WOHIA. However, benefits can already be seen in the relationships/networks that have been strengthened as a result of this WOHIA both externally and internally as well as the knowledge that has been acquired and the capacity that has been built.

The main strengths were that the appraisal workshops were well run and support from senior management at the DHB was of huge benefit to the WOHIA process indicating strong support for the redevelopment of the Prioritisation Policy and for future WOHIA's in Northland. The strengths far outweighed the constraints, all of which were (largely) out of the control of the WOHIA team eg, resource limitations, the high level and sensitive nature of the prioritisation policy. It must be noted that these sorts of constraints have been experienced by many other HIA/WOHIA's.

This WOHIA has been particularly valuable for Northland DHB in relation to increased knowledge and capacity for DHB staff and general buy-in to the WOHIA process particularly from senior management. It was also valuable for stakeholders who expressed their satisfaction with the process in their evaluation forms. The WOHIA is also valuable for other DHBs who can use the evidence to inform the revision of their own prioritisation policies. As for the community, the effects will become apparent once the Prioritisation Policy has been redeveloped and the effects have had time to filter down and to improve whānau ora.

Overall, this WOHIA has been valuable for many groups and sets a strong foundation for not only the redevelopment of the Prioritisation Policy but for future WOHIA's in Northland.

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1. Introduction

Northland District Health Board (DHB) undertook a Whānau Ora Health Impact Assessment (WOHIA) of its Prioritisation Policy (2005). Northland DHB contracted Quigley and Watts Ltd to evaluate the WOHIA. While two Quigley and Watts staff were contracted to assist with the WOHIA process, a different staff member who did not take part in the WOHIA, carried out the evaluation.

This process and short-term impact evaluation of the WOHIA is intended to ascertain how successful the WOHIA was in meeting its aims and objectives and assisting with the revision of the Prioritisation Policy.

1.1 Background

Prioritisation is concerned with how decisions are made about which health and disability services should be funded for the benefit of the whole population, within the resources available. Northland DHBs Prioritisation Policy has been in use for several years. The Prioritisation Policy was used to assist decision makers to decide what projects to fund. However, the Prioritisation Policy was designed for an environment where surpluses and new funding were routinely available. With an altered financial environment and less money to spend, the WOHIA team at the DHB saw it was an opportune time to review the Prioritisation Policy.

In December 2009 Northland DHB was advised by the Ministry of Health that its proposal to carry out a WOHIA on the Prioritisation Policy, with funding from the Round Three of the HIA Support Unit Learning by Doing Investment, had been successful subject to three conditions. These conditions were subsequently met and a contract was signed with the Ministry in January 2010. Given the high Māori population in Northland, a WOHIA as opposed to a standard HIA was proposed. WOHIA focuses specifically on identifying the likely impacts of a particular project or policy might have on the health and wellbeing of Māori. The WOHIA was carried out from January – August 2010. Part of the agreement between Northland DHB and the Ministry of Health was that the WOHIA would be evaluated.

1.2 WOHIA purpose and aims

The overall purpose of the WOHIA was to provide informed decision-making to support the development and implementation of a revision of the Prioritisation Policy.

The aims were originally set in the funding application to the Ministry of Health, and were further refined at the scoping meeting. This evaluation assessed whether the aims of the WOHIA were met. The five key aims of the WOHIA were:

1. Training in the use of HIA/WOHIA to build wider Northland DHB capacity in both the PHU and the Funder.
2. Apply a WOHIA to Northland DHB's Prioritisation Policy (2005).
3. Produce evidence-based recommendations for redeveloping the Northland DHB Funders Prioritisation Policy.
4. Work with intersectoral partners on the WOHIA to strengthen intersectoral relationships.
5. Evaluate the application of WOHIA to Northland DHB's Prioritisation Policy, to report on the process and short-term impact of the WOHIA.

The WOHIA aimed to answer the following research questions:

1. What is best practice in prioritisation/funding allocation for health and disability services?
2. What are the success factors for positive prioritisation outcomes, that is whānau ora outcomes, equity and sustainability? (refer fig1 *Causal Pathways: Impact on Whānau Ora.*)
3. What are the strengths and weaknesses of the current policy and its use?
4. How does the policy address the principles of the Treaty of Waitangi (partnership, participation and protection)?
5. How does the current policy impact on whānau/providers/intersectoral partners/inequalities?
6. What does Northland DHB need to get right in order for the Prioritisation Policy to have the desired effect on whānau ora?
7. How could the current policy and its implementation be changed to enhance positive outcomes and reduce/mitigate negative outcomes?

2. Methods

2.1 WOHIA evaluation aims

The aim of this evaluation was to evaluate and report on the WOHIA process and the short-term outcomes that occurred as a result of the WOHIA on Northland DHB's Prioritisation Policy.

Process:

- Determine what worked well, what could be improved upon, the resources that were involved and the value of the WOHIA to the planning process.

Outcome:

- Determine the short-term impacts of the WOHIA in relation to the recommendations, the Prioritisation Policy, other impacts and the overall value of the WOHIA.

2.2 Evaluation objectives

Specific evaluation objectives included:

Process:

- Describe the background, the WOHIA process and the participants who contributed to the HIA.
- Identify the strengths of the WOHIA process.
- Identify any constraints experienced during the WOHIA process.
- Identify possible changes that could be made for future WOHIA's.
- Determine the resources (financial, staff time, consultants' fees etc) spent on the WOHIA.
- Determine if the WOHIA added value to the planning process. If so, in what ways?

Outcome:

- Determine if the WOHIA's objectives were met.
- Determine if the WOHIA's recommendations were adopted by the decision-makers involved. If so how and when, and if not, why not?
- Determine any other impacts (negative or positive) that resulted from the WOHIA.
- Determine the comprehensibility and overall value of the WOHIA report, including its rapid literature scan.

2.3 Data collection

2.2.1 Data sources

- Key documents
- Interview data

Key documents:

The following key documents were determined by the WOHIA team and were analysed to inform the description and review of the WOHIA's process and outcomes. Key documents were:

- a) the Prioritisation Policy
- b) project documents (eg, screening and scoping reports, final WOHIA report)
- c) evaluation sheets filled in by participants after each hui/workshop

Interviews

Telephone interviews were conducted with selected participants who took part in the WOHIA. They were the three Northland DHB project team members, the Quigley and Watts WOHIA consultant and a senior staff member at Northland DHB. Two of the project team members were interviewed together.

The interviews were undertaken in two stages; the first (process) interviews were undertaken before the final report was written and asked participants about the process while it was still 'fresh' in their minds. The second (outcome) interviews were undertaken about a month after the report and recommendations were submitted to Northland DHB allowing enough time to ascertain the short-term impacts of the WOHIA. The three members of the HIA project team were interviewed again, and instead of talking to the consultant who did not know about the outcomes, a senior member of staff was interviewed. This person was involved in one of the appraisal workshops.

Interviews were semi-structured and interview schedules (Appendix A) were used to guide the interviews. The interviews were digitally recorded to enable notes to be written up afterwards and participants signed an information and consent form (Appendix B). Participants understood their names would not be used in this report and they could withdraw from the interview at any time.

2.4 Data analysis and report writing

Findings from the documents and interviews were analysed in relation to the evaluation objectives and written up under the two sections; process and outcomes. The limited resources available for this evaluation determined that the evaluation was a concise summary of the WOHIA process and outcomes rather than a detailed evaluation of every step of the process.

2.5 Limitations of the evaluation

Only immediate outcomes were able to be measured within the timeframe. Initially a senior staff member at Northland DHB was to be interviewed but personal circumstances meant another person, who had not been nearly as involved in the WOHIA, was interviewed instead. The personal circumstances of the senior staff member also meant that the recommendations could not be presented to the Executive Leadership Team as scheduled and had to be pushed out by a month. This was outside the timeframe for this evaluation so the uptake of the recommendations could not be reported on in this document.

Long-term health outcomes for Māori were not able to be measured as a part of the evaluation of the WOHIA.

3. Process evaluation findings

3.1 Components of the WOHIA

The components of the WOHIA are set out below. This information was taken from the WOHIA documents (reports and evaluation forms) and key informants. It provides an overall picture of the process of the WOHIA including the process of engaging participants which is a key component. Please note the next two sections are not analyses of the findings; analysis is presented under the discussion and conclusions section.

3.1.1 Screening

The screening hui was held on 23 February 2010. The WOHIA team formed a steering group comprised of people from the Public Health Alignment Group. The Public Health Alignment Group was made up of DHB staff from the Public Health Unit and health planners. The WOHIA team involved this group in the WOHIA because they had existing networks with them and some had been involved in an earlier HIA. One of the WOHIA leaders said '*[we] thought we'd utilise their expertise*'.

The steering group included: four people from the funding and development team, six from the Public Health Unit (including two who had done an HIA before), and three intersectoral partners (Whangarei District Council, Ministry of Social Development, Housing New Zealand).

Seven members of the steering group attended the hui and three sent apologies. Te Tai Tokerau MAPO and Tihi Ora MAPO (MaPO), Northland DHB's Treaty partners, were invited to participate in the WOHIA but could not be actively involved in the WOHIA due to lack of capacity but were available to peer review the draft report. The screening report described the steering group as key staff and decision-makers from within Northland DHB's Public and Population Health Team and Service Development and Funding.

The screening report also noted that the steering group identified the Prioritisation Policy as being likely to have a significant impact on a number of different groups including whānau, decision makers, providers and intersectoral partners. Depending on its content and implementation, the steering group said the Prioritisation Policy would have the potential to create both positive and negative outcomes. In the final HIA report the authors noted that it was also agreed the WOHIA could make a unique and valuable contribution to the work of Northland DHB, and potentially also to other DHBs and government agencies. Based on these assumptions the steering group decided the WOHIA would proceed and that intersectoral partners should be involved in scoping the WOHIA.

The screening report was written by the Quigley and Watts consultant.

Participants' evaluation of the screening hui

Of the seven participants who attended the screening hui, four submitted an evaluation form and gave positive feedback. Overall, respondents were positive about the WOHIA process and its application to the Prioritisation Policy. They felt able to contribute to the discussion about whether the WOHIA was going to continue, they wanted to continue to be involved in future parts of the WOHIA and they would consider the WOHIA process for other projects that may occur.

Respondents said the main strengths of the screening hui were the discussions, group work and shared decision making, and the facilitation and guidance by the consultants including examples to clarify points. There were no suggested improvements.

3.1.2 Scoping

The scoping hui was held on 9 March 2010. Invitations were sent to 13 participants; nine participants attended the hui and four sent apologies. Attendees included members of the steering group plus representatives from two of the three intersectoral partners (Ministry of Social Development, Whangarei District Council). The third intersectoral partner, Housing New Zealand, sent its apologies. A brief half-hour appraisal workshop was held at the end of the scoping meeting in order to take advantage of the presence of the intersectoral partners but the main appraisal stage took place later. The minutes were sent to steering committee members unable to attend the hui and the draft scoping report, written by the Quigley and Watts consultant, was circulated to all members.

The scoping team agreed on the aims of the WOHIA, determinants of health that would be focused on, populations that would be most affected, information sources (eg, rapid literature scan, workshops etc) and the process of engagement.

Aims of the WOHIA

The aims, which were originally set in the funding application to the Ministry of Health, were further refined at the scoping meeting and during the peer review of the WOHIA scoping report. The five key aims of the WOHIA were to:

1. Provide training in the use of HIA/WOHIA to build wider Northland DHB capacity in both the Public Health Unit and the funder arm of Northland DHB.
2. Apply a WOHIA to Northland DHB's Planning and Funding Prioritisation Policy (2005).
3. Produce evidence-based recommendations for redeveloping the Northland DHB's Prioritisation Policy (based on evidence-based understanding of what the redeveloped policy should look like – its key features, content and implementation).
4. Work with intersectoral partners on the WOHIA to strengthen intersectoral relationships.
5. Evaluate the application of WOHIA to Northland DHB's Prioritisation Policy, to report on the process and short-term impact of the WOHIA.

Determinants of health and wellbeing:

- 'Equitable access to quality health and disability services'. This was the key determinant likely to be impacted by the Prioritisation Policy through funding decisions.
- Implementation of funding decisions based on the Prioritisation Policy would potentially impact on services jointly funded by the DHB and other agencies eg, healthy homes. Through these services, wider determinants of health such as access to quality housing, healthy environments and access to information are also likely to be impacted.
- Employment; implementation of the Prioritisation Policy may have unintended consequences on providers and their employees eg, jobs may be lost in some areas, and/or created in others
- Evidence-based and equitable allocation of funding; this has a flow-on effect to the provision of quality services that meet the needs of the population.

Population(s) of interest:

- Whānau.
- 'Community'; there may be impacts at the collective level that are not captured by looking at impacts on whānau ora providers. 'Community' is defined as the resident population of Northland.
- Providers and intersectoral partners; they would be impacted by the implementation of the Prioritisation Policy, and therefore analysis of these impacts should be included in the WOHIA.

Information sources:

Participants devised the key questions the WOHIA needed to answer and how they would be answered eg, through consultation with key stakeholders. It was decided the following components (described below) would be included in the appraisal stage of the WOHIA:

- Rapid literature scan.
- Northland community profile and environmental scan.
- Review of other DHB's prioritisation policies.
- Appraisal workshops.

The consultant noted that having these questions and answers helped the '*different strands to sit together as one project rather than separate bits that don't work together*'.

Process of engaging participants

The main participants to be involved in the WOHIA were identified as Māori providers, intersectoral partners, and the Senior Management Group, the Public Health Unit and the WOHIA team at the DHB (including the consultant).

A key DHB informant said '*The impact in Northland of a health decision on other agencies decisions or vice versa is 'profound' given the small nature of the community*'. The DHB informants had existing relationships with members of the intersectoral group. These members were sent a panui/invitation which included a brief outline of what WOHIA is and what this particular WOHIA was trying to achieve. Informants reported it was relatively easy to get this group together because they were used to working together. One of them said '*Its not foreign to Northland, we work strongly across our agencies [because] the people of Northland are important to the people of Northland*'.

The Senior Management Group was established at the request of the General Manager and Chief Executive Officer. The Senior Management Group decided the WOHIA was important enough to keep it separate from the context of their usual monthly business meeting so the WOHIA team organised a special breakfast meeting to discuss the WOHIA.

Informants reported the process of engagement was challenging because of the 'nature of the policy' ie, whatever came out of the WOHIA would affect how funding was allocated and affect providers so it was potentially controversial. There was discussion around the extent to which the community should be consulted about the Prioritisation Policy given it was an internal DHB document and was of a sensitive nature ie, had the potential to result in funding cuts for some service providers. Participants agreed that, given the political risks and the potential for subjective input from providers, stakeholder workshops would be limited to in-house DHB staff from the Senior Management and Executive Leadership Teams.

One informant said because of the political risks, the WOHIA team needed to carefully consider how broad the engagement process should be. When this was raised with the steering group, there was disagreement as to who should be engaged in the process. Some felt that because the Prioritisation Policy was a DHB policy it was inappropriate to take it wider than DHB stakeholders. However, others felt that wider stakeholders would potentially be affected by the policy and should have a say. These issues were discussed at an early stage including the risks and potential positives that could come from the WOHIA. One of the strongly identified risks was that stakeholders could put up 'roadblocks' further down the track because they were not involved at the beginning. The final decision was that providers needed to be included to encourage acceptance of the WOHIA process but it was important not to make it an open community-wide consultation with journalists etc. One of the DHB staff on the WOHIA team said '[we] *had to do a bit of a balancing act*'.

The only provider that expressed frustration over the process of engagement was MaPO. MaPO felt excluded but the DHB informants reported they had asked MaPO to be involved at the beginning of the process and they had declined. The DHB staff reported they had an 'email trail' showing a transparent process and that the provider had decided it was too busy to be involved in all stages aside from peer review.

After the scoping workshop

Following the scoping hui, the WOHIA team had teleconferences with the consultants to decide which methods to use in the appraisal stage. The team used a 'rudimentary' health lens and developed the causal pathway which identified the determinants of particular concern for Māori health outcomes and the potential for the policy to impact on inequalities. The team decided on a mixed method approach to gather evidence from different sources.

Participants' evaluation of the scoping hui

Of the nine participants who attended the scoping hui, eight submitted an evaluation form and generally gave very positive feedback. All respondents understood why the WOHIA was being done and what the main focus would be. Only one respondent did not want to continue to be involved in future parts of the WOHIA and would not consider using the WOHIA process for future projects.

Respondents said the main strengths of the screening hui were: planning the rest of the process (eg, identifying key tasks for appraisal and making the tasks realistic), group discussions and intersectoral involvement, understanding the causal pathway, and reviewing the Prioritisation Policy to incorporate whānau ora.

Respondents suggested improvements include: ensuring all participants understand the WOHIA process, better time management and including an explanation of the causal pathway.

Respondents also commented that the scoping hui was a worthwhile workshop with lots of useful information, it helped to focus on the internal DHB processes which need to be followed for policy redevelopment, and recognition that there were definite consequences for all intersectoral partners.

3.1.3 Appraisal

The following four components of the appraisal stage are described below:

- rapid literature scan
- community profile and environmental scan

- review of other DHB's prioritisation policies
- appraisal workshops.

Rapid literature scan

Because of the limited resources, a rapid literature scan was done by the Quigley and Watts consultant in one week. The purpose of the scan was to provide an evidence base to support the appraisal process and the development of recommendations. The objectives of the rapid literature scan were to:

- summarise best practice in prioritisation of health and disability services
- outline key success factors for positive prioritisation outcomes (ie, population health, whānau ora outcomes, equity, sustainability).

The literature scan drew on national and international findings and found little, if any, empirical research into the outcomes of various prioritisation methods. Therefore, it was not possible to achieve its aims of summarising evidence-based best practice, or proven success factors. However, it did find a substantial international body of literature on theory and critique of health sector prioritisation, and a number of relevant sets of guidelines issued by the New Zealand Government.

The literature highlighted that:

- the challenge of how to allocate scarce health resources is a universal and growing issue
- fair, evidence-based and practical resource allocation is difficult
- prioritisation is not simply a technical process – it involves values and ethics
- there is no consensus on who should be involved or on mechanisms for wider input
- there is no agreed best practice and systematic approaches are rarely used in practice.

The author highlighted some key learnings from the literature that may assist the redevelopment of the Northland DHBs prioritisation policy. These have been summarised from the literature scan.

- Effective prioritisation is unlikely to make a significant difference to population health (or health sector efficiency) if it is only applied to a small sub-set of funding decisions.
- Expectations for the Prioritisation Policy must be realistic. Ranking of all health services is not practical because it would be too ambitious and costly. The fundamental task is to identify interventions that *should* be funded but are not; and interventions that should *not* be funded but are.
- The process by which decisions are made is important because the legitimacy of decisions largely rests on the perceived appropriateness of the process used to reach them. The prioritisation process should be transparent (open), systematic (explicit) and should involve the public in some manner.
- Any prioritisation process should, in the end, always be guided by informed judgment. Prioritisation tools should not be seen as a formulaic or technocratic approach to priority setting, but rather as an aid to policy making.
- The prioritisation process should be strongly embedded in the organisational context eg, a central role for an advisory panel comprising stakeholders such as health personnel, policy makers, finance staff, and community representatives.

According to a DHB staff member, the literature did not reveal anything 'unexpected' as the team knew the information they sought would be difficult to access and there would not be similar international policies.

Community profile and environmental scan

The WOHA team got a DHB colleague to do the profile/scan. The purpose was to provide contextual information about the people of Northland and the health and wellbeing issues they faced. The author summarised the region's population, ethnicity, age structure, socioeconomic status and geography.

The author included information on: the region's health status and public health issues; potentially avoidable mortality and hospitalisation; and, a risk/protective factor profile including data on:

- tobacco
- alcohol
- overweight and obesity
- immunisation
- breastfeeding
- access to primary health care.

Review of other DHB's prioritisation policies

A Northland DHB Population Health Strategist analysed the prioritisation policies of the following DHB's:

- 2 other reducing inequalities DHB's (3 requested) (Whanganui, Lakes and Tairāwhiti DHB's)
- 3 Northern DHB's (Metro Auckland DHB's)

The purpose of this review was to analyse key systems and processes linked to reducing inequalities and the positive and negative impacts on public and population health. The aim was to include examples of other prioritisation policies and look at best practice in terms of what worked well in other places. The final HIA Report concluded that '*Reviewing the policies and processes used by the northern region DHB's was important in terms of Northland DHB continuing to work in a regional context*' (Final HIA Report 2010:20).

Northland DHB was able to access the three northern DHBs policies and processes in full or in part and these provided the northern regional context. Two of the other reducing inequalities DHBs, Whanganui and Lakes, supported Northland DHB. Northland DHB did not receive Tairāwhiti's policy.

The authors noted there were limitations on the usefulness of the information received because it contained dated/part policy references or examples of current tools not referenced to an explicit prioritisation policy.

Appraisal workshops

Three appraisal workshops were held and, as noted above, a half hour appraisal workshop was facilitated at the end of the scoping meeting. Stakeholders were asked about the strengths and weaknesses of the current Prioritisation Policy and its implementation, how it supports Māori participation and Māori health, the key elements of a good prioritisation process/tool, and how the policy could be improved and made fairer and more effective in relation to content and process. Participants were also asked what the impact on whānau was likely to be if the DHB 'got it right' with the redevelopment of the Prioritisation Policy.

1. *Intersectoral partners*

This workshop was facilitated by the consultant at the end of the scoping hui to utilise the time with the intersectoral partners. These partners made the following suggestions to enhance the Prioritisation Policy:

- create a new robust policy that ensures transparent and fair distribution of resources
- link the policy to the determinants of health and continue to focus on inequalities
- put whānau ora at the centre of the policy and include a Māori model of health
- include building blocks of hauora and align it to Te Tai Tokerau plans
- have the policy mandated
- create sustainable intersectoral capacity across Northland so relationships are formalised and there is intersectoral alignment.

2. *Service Development and Funding Team*

This workshop was facilitated by the consultant. Participants were from the Service Development and Funding Team within Northland DHB. These DHB staff made the following suggestions to enhance the Prioritisation Policy:

- apply the policy across entity so it is applicable to both the funder and provider arms of Northland DHB; a standardised approach to priority setting to increase awareness and consistency
- mandate it to give it more influence
- monitor and/or evaluate contracts as well as the policy itself
- test innovative approaches and build a case for their continued funding
- population health approach (focus on outcomes)
- needs to be based on evidence-based research driven by the funder arm ie, triangulation methodology – use multiple sources of information to revise the policy
- make sustainable funding one of the principles/criteria
- base contracts on needs/outcomes, rather than narrow, prescriptive contracts that specify inputs/widgets
- robust service planning
- know needs-based priorities to ensure quick response if new funding becomes available
- end users need to participate in the revision of the policy
- better population and public health intelligence
- alignment the policy to existing DHB strategies
- ensure disinvestment decisions are transparent and robust
- training and development for DHB staff in the prioritisation approach
- determine clear participation by clinical and managerial staff as well as end users.

3. *Public Health Unit, government agencies, community, provider and Māori Health organisations*

This workshop was facilitated by the consultant. The hui included Māori and iwi providers (three of the five main Māori providers and one of the smaller Māori providers), Public Health Unit, other govt departments, and other sector

representatives eg, primary health, mental health. These stakeholders made the following suggestions to enhance the Prioritisation Policy:

- short clear policy that states the purpose and the process to be followed
- endorsed by the Board
- clear communication with all stakeholders and a participatory process that includes stakeholders
- incorporate a Māori world view and use a Māori model of health - whānau ora is for all, not just for Māori
- consideration of workforce implications should be part of the decision making process/criteria
- sustainable funding – no less than a 3 yearly review
- foundation is a joint agreement between DHB and providers about purpose and principles leading to a strengthened relationship between them
- use evidence-based data to ascertain what the needs are and where the funding is currently going
- align processes between across sectors and between funders (DHB, MSD etc)
- support the DHB strategies/strategic plans that are in place
- standardised contracting and monitoring templates/infrastructure to ensure alignment and reduce burden on providers
- greater transparency and communication at each stage
- disclose priorities, process and budget
- apply the tool consistently to produce consistent decisions
- include whānau input to avoid being provider driven
- research should use Māori frameworks/methodologies
- the Prioritisation Policy should be an expression of Te Tiriti o Waitangi – elevate to a genuine partnership in decision making

4. Northland DHB Senior Management Group

This workshop was facilitated by a Northland DHB member of the WOHIA team and was with senior managers from every part of the hospital. These stakeholders made the following suggestions to enhance the Prioritisation Policy:

- inform decisions with evidence and agreed health priorities
- ongoing evaluation leading to clear measurable and achievements
- tool needs to be widely understood by assessors
- consideration of the fact that large organisations have a different capacity to smaller NGOs in putting forward a proposal
- more accountability in the projects funded by the DHB
- communication or interaction with other agencies - integrated solution focus
- better whanau engagement and whanau to assume more responsibility and involvement in funding allocations comments
- make this an organisational policy
- make it affordable and sustainable
- integrating resources that are already there and look at aligning local initiatives with national ones.

Participants' evaluation of the appraisal workshops

Evaluation forms were distributed at two of the three full appraisal workshops and the responses were collated (Appendix C).

Of the 33 participants who attended these two workshops, 21 submitted an evaluation form and generally gave positive feedback. Most respondents agreed the workshop had been very useful for identifying the intended and unintended effects the current DHB Prioritisation Policy might have. The main area of contention was the statement on whether the workshop had been a good opportunity to develop or maintain links with people across the sector/s. Thirteen people agreed and seven people disagreed.

Respondents said the main strengths of the screening hui were opportunities for discussion, training on the WOHIA tool, input from range of stakeholders, full team involvement including the General Manager and good facilitation.

Respondents suggested involving the actual funders who allocate the money in the workshops, ensuring the groups were representative of the whole team, using an example of WOHIA analysis, the DHB being better prepared eg, including accurate data and information and disseminating the information earlier so participants arrive at the discussions better informed and provide more thoughtful discussion.

3.1.4 Reporting and recommendations

The structure for the final WOHIA report was provided by the Quigley and Watts consultant but written by Northland DHB staff. A couple of the DHB informants commented that the report took much longer to write than originally anticipated.

Recommendations were developed using evidence gathered from the appraisal stage of the WOHIA. The WOHIA team said the recommendations were designed to be 'punchy' to make them more readable for the executive leadership team. The recommendations are set out below with comments on their development.

Recommendations	
1	Northland DHB Executive Leadership Group endorse the findings of the WOHIA, and initiate redevelopment of the Prioritisation Policy and tools to include the wider attributes of whānau ora, and Treaty of Waitangi obligations.
	This recommendation was required in order for the Prioritisation Policy to be a DHB-wide policy and not just relate to the funder arm of the DHB. The WOHIA team said they needed sign-off from the Board to make it an 'across entity' policy.
2	The specific suggestions from the WOHIA on improving the Prioritisation Policy be used (refer section 4) in the redevelopment of the Prioritisation Policy.
	This recommendation was strongly based on evidence gathered from stakeholders at the appraisal workshops who suggested various improvements to the Prioritisation Policy. Based on feedback from the peer reviewer, this was the only recommendation that needed to be connected to the evidence more in the final report.
3	The Prioritisation Policy and tools be used across Northland DHB's whole organisation, and applied to all prioritisation decisions, annual and strategic planning.
	This recommendation was based on feedback from the senior management group appraisal workshop where participants suggested the Prioritisation Policy

	be an 'across entity' policy.
4	<p>The redevelopment of the Prioritisation Policy and tools, consultation and roll out be facilitated by the Funder arm of Northland DHB.</p> <p>This recommendation was developed because the WOHIA team were based in the funder arm of Northland DHB and had led this work. They said the provider arm had their own procurement policy which was based on the purchase of items and services. There was no process on assessing the level of funding and competing priorities which is what the Prioritisation Policy was about. The WOHIA team also said the funding team was more experienced in the prioritisation processes so it made sense for them to lead/facilitate it.</p>
5	<p>There is active participation and partnership with Māori and intersectoral partners as part of the prioritisation process.</p> <p>This recommendation was developed based on strong evidence around the need for appropriate consultation. The WOHIA team said this recommendation needed to be strong as the DHB needed to give the people of Northland more confidence on how the DHB would engage Māori in the prioritisation process. The team highlighted the need for 'active' participation and partnership instead of passive ie, being told about the outcomes. They raised the issue of the Māori Purchasing Organisation (MaPO) in relation to the partnership the DHB has with iwi. They said the DHB was in the process of establishing a Treaty partnership with another Māori provider with the intention of strengthening Māori participation and partnership in DHB processes.</p>
6	<p>Northland DHB considers working towards the development of a Prioritisation Policy for the Northern Region.</p> <p>This recommendation was based on evidence from the analysis of other DHB policies and the regional DHBs working in a collaborative way. The Auckland DHB Prioritisation Policy was the policy most closely aligned to Northland DHBs Prioritisation Policy and the WOHIA team said it was useful to look at the processes Auckland DHB used.</p>
7	<p>The process for redeveloping the Prioritisation Policy and tools be more fully aligned to the mandated national prioritisation tool (<i>The Best Use of Available Resources: An approach to prioritisation, Ministry of Health and DHBNZ, 2005</i>).</p> <p>This recommendation was based on the analysis of other DHBs policies and the above document which provides clear guidelines on how to redevelop Prioritisation Policies. WOHIA DHB staff noted that no DHBs strictly adhered to the guidelines which were useful because they set out clear expectations.</p>

Once the recommendations were included in the report, comment on the draft report was received from:

- the Ministry of Health HIA Support Unit
- external stakeholders – Housing New Zealand, Whangarei District Council
- the WOHIA Steering Group

Key informants reported the feedback was generally very positive. Feedback included greater clarification for people who were not involved in the WOHIA (eg, defining terms etc) and increasing the reducing inequalities component in the body of the report. A key informant said, '*better articulating our current status in relation to our Treaty partnership*'.

The final report was submitted to the Ministry of Health HIA Support Unit, the contract holder with Northland DHB.

It was decided that the decision makers for the policy revision were the senior leadership team at the DHB. This group will discuss the recommendations of the WOHIA on 17 August 2010 and decide how the policy should be redeveloped.

After the senior leadership team give the go-ahead for the redevelopment of the policy, one of the key informants said they will seek a regional representative to be part of the group that redevelops the policy so Northland DHB work in context regionally. One of the key informants suggested a representative from Auckland DHB because *'they're miles up the track than the others'*.

Key DHB informants said they need to think about how to notify other DHBs of the WOHIA other than just putting it on their website.

4. Outcome evaluation findings

This section presents the outcome evaluation findings of the WOHIA including the recommendations.

4.1 Strengths and constraints

4.1.1 Strengths of the WOHIA

Key informants reported the following key strengths of the WOHIA:

Learning by Doing - The learning by doing approach enabled DHB informants to reflect on past processes and clarify what they wanted to achieve. Informants at the DHB said they would be more confident to do another WOHIA and do it with more knowledge about timeframes etc. They also said the learning by doing approach helped increase awareness of WOHIA throughout the DHB. The assistance of experienced mentors and the Summer School training were also noted as being very helpful.

Awareness of the Prioritisation Policy - The WOHIA was successful in getting a wide range of people, including the senior management group, involved in the WOHIA process. The DHB informants were confident the DHB wants to redevelop the policy. There is commitment to the work. *'We've got a solid foundation through this work in terms of the causal pathways and that's been a fundamental building block for this work in terms of going forward'*. One of the DHB informants realised the policy was complex for everyone and it was not just the WOHIA team who were grappling with it. *'Through the analysis we've learnt a lot about scoring tools, the gaming process and complex matrices'*.

Good leadership - The consultant said the key members of the WOHIA team from the DHB took a strong lead and responsibility for the WOHIA process noting that in some instances mentors end up chasing the agency but it was not the case here.

Good support from the DHB - A lot of people were involved and having the participation of decision makers was a strength. The Senior Management Group made the WOHIA a priority and the appraisal meeting was well attended.

Good facilitation - A DHB informant said the consultants facilitation skills were very useful and ensured everyone was 'on the same page' eg, explaining why the WOHIA was being done, the time it would take to go through the process, the concepts, the stages, the policy, the outcomes of scoping and initial appraisal hui, and the strengths and weaknesses of the policy. This informant said it was particularly useful talking the intersectoral partners through things they were not knowledgeable about eg, Māori models of health and how they related to WOHIA.

Recognition that the policy should be across entities - DHB informants said there is greater recognition that the policy is not just a funder policy but a Northland DHB-wide policy.

Positive benefits of policy in current environment - DHB informants said there was recognition that in the current fiscal environment, redevelopment of a Prioritisation Policy was going to positively impact on a process which would include a line by line review.

Recognition of the need to align with other sectors - DHB informants said a strength was recognising that in any redevelopment the DHB needs to work with other sectors/other government agencies to achieve better analysis of the likely impacts on those sectors and inform their processes.

4.1.2 Constraints of the WOHIA

Key informants reported the following key constraints:

Resource limitations - A DHB informant said WOHIA's are often done with time constraints because of the need to respond quickly to proposals. This informant said the team had to dedicate the time within their already busy roles. *'We couldn't have done this without being mentored as we didn't have time to do our own lit review'*. A DHB informant said the report took longer to write than anticipated.

The consultant said there are always resource limitations but if there had been more time and money it would have been good to go to rural places to talk to more providers as there were probably specific issues for them that were not covered.

High level nature of the prioritisation policy - The consultant said the policy did not really fit into the WOHIA model well because it is not clear which determinants will be affected by the policy ie, the policy will affect DHB decisions that will affect what providers can provide which in turn will affect services which will affect health. The consultant said one could argue that the WOHIA is not going to come out with predictions about health and wellbeing impacts, it is mainly going to come out with strengths and weaknesses of the policy and, in that sense, one could argue it is not really a WOHIA at all. The consultant was not sure this WOHIA was a good example for future HIAs that Northland DHB undertake.

Sensitive nature of the policy - A DHB informant said the DHB is not getting new money and 'disinvestment' is a scary word to say. Participants grappled with thinking the process was a waste of time when there was no new money to invest. However once they realised the prioritisation process addressed processes for disinvestment they saw value in it ie, it could free up money the DHB could redirect to different services

Relationship issues with MAPO - Although based on historical issues, the relationship difficulties with MaPO were mentioned by a DHB informant as being a constraint of the WOHIA.

4.2 Unanticipated outcomes

Two unanticipated outcomes recognised by the DHB informants were:

- recognition that the Prioritisation Policy should be across the DHB
- recognition of the need to align the Prioritisation Policy with other sectors.

The WOHIA will assist the DHB to develop a stronger Prioritisation Policy based on evidence from the rapid literature scan, other DHB policies and appraisal workshops particularly intersectoral collaboration.

4.3 Use of resources in the WOHIA

The WOHIA team used funding from the Ministry of Health to pay the consultants (mentoring and training, rapid literature scan, evaluation), attendance (for one person) at HIA Summer School training and incidentals (food, paper, travel etc).

The 3 main DHB staff involved said they used a total of 120 hours between them. A couple of informants said they had underestimated the time it would take to write the final WOHIA report. One said the time was 'inefficient' because they had been learning and that next time parts of the process would not take as long.

4.4 The aims of the WOHIA

Aim 1: *Training in the use of HIA/Whānau Ora HIA to build wider Northland DHB capacity in both the Public Health Unit and the Funder*

DHB informants reported different levels of involvement. Three core members were involved in planning and organising the WOHIA while others were involved only in the appraisal workshops.

DHB informants felt capacity for WOHIA had been increased as five DHB staff could do parts of an HIA without assistance from a consultant and four were capable of doing an HIA as a team. One informant said capacity is developed as people are more exposed to the process. This person commented there is wider familiarisation amongst those who participated in the WOHIA making it easier to run next time.

A DHB informant said the DHB would be able to assist/support/guide smaller providers who wanted to do a WOHIA themselves. DHB informants thought the WOHIA had raised awareness among other in the DHB but were unsure as to whether or not it had increased the capacity to carry out HIAs. They acknowledged it may not have been the best example of a WOHIA because it did not directly relate to the determinants of health and that this may not have increased understanding of how HIA can be used.

The key informants felt they struck the right balance between using the learning by doing approach and getting the help of the consultant was good. Although the consultant provided capacity the DHB did not have all informants reported it was very much a shared process. One informant commented '*We utilised her for every single penny that was spent*'.

The DHB informants thought there was increased awareness of the HIA process among intersectoral partners.

Aim 2: *Apply a WOHIA to Northland DHB's Prioritisation Policy (2005)*

The DHB key informants strongly felt this was a WOHIA (as opposed to a standard HIA) because whānau ora was the end point in the causal pathway, a reducing inequalities approach was taken, and the WOHIA looked at the positive and negative

impact on Northland's population, particularly Māori and vulnerable communities. They said the whānau ora aspect, including the implications of the wider determinants of health, was particularly relevant for the Northern region.

While these informants also said Māori participated in the process and contributed well they cautioned against using the term 'consultation' because that means 'something different for Māori'.

They said at the organisational level, they were limited to the extent to which they could engage MAPO because they knew the DHB board was about to end its relationship with MAPO. However, at the provider level, they were able to engage the Māori providers involved in the WOHIA more. There were three Māori advisors from the intersectoral group in the steering group.

'As a benchmark, one would hope 30% were Māori because that's the percentage of our Māori population. You always get into discussions about who's representing who...I would never say that I was representing Māori for Northland but I can say that I'm representing a view of what I think is appropriate for Māori. No one up here will say they're speaking for all Māori in Northland'.

The consultant agreed the inequalities issue was one of the main motivators and while there was 'definitely a strong Māori flavour' this informant was not convinced it was a WOHIA.

'We used whānau ora guidebook a bit and there were questions about whether the current policy has mechanisms for Māori input into decision making. That's a key part of WOHIA, the participation part. There was certainly a focus on Māori health and Māori participation but the process probably was not [focused on Māori]'.

This informant said a lot of the people involved identified as Māori but were there as DHB representatives and provider representatives rather than as members of the Māori community. However, this informant also said going to the community and talking to them about this abstract policy probably would be difficult as it may not make much sense to them. *'People can talk about their own experience eg, accessing health services but they're not in a position to provide good input about that abstract organisational stuff'.*

Aim 3: Produce evidence-based recommendations for redeveloping the Northland DHB Funders Prioritisation

One of the WOHIA team members developed the recommendations after pulling the evidence from the appraisal stage together. All members of the WOHIA team had the opportunity to provide feedback as did the peer reviewers. According to DHB informants, the recommendations were guidelines for redeveloping the policy.

Aim 4: Work with intersectoral partners on the WOHIA to strengthen intersectoral relationships

The DHB informants were very clear that intersectoral relationships had been strengthened. The process gave other organisations an in-depth understanding of why and how a WOHIA would be undertaken. One DHB informant said it also created some new relationships. According to a couple of the DHB informants, the

intersectoral partners reported they would like to be involved in redeveloping the Prioritisation Policy.

In relation to MAPO, the DHB informants said there were historical issues which had already strained the DHB's relationship with MAPO that were not do with the WOHIA.

The consultant thought this objective had not been achieved because there was 'pretty minor' representation from the sector so it was not a 'hugely participative' HIA. This informant did acknowledge the sensitive nature of the WOHIA may have contributed to this lack of participation. The consultant said the DHB already had strong relationships with the intersectoral partners and worked closely with them. In that sense, this WOHIA did not create new intersectoral relationships but the intersectoral partners involved appreciated being part of the conversation. Some of the feedback from the scoping meeting said it was good having people from other agencies present.

Aim 5: Evaluate the application of WOHIA to Northland DHB's Prioritisation Policy, to report on the process and short-term impact of the WOHIA.

By requesting funding for the WOHIA to be evaluated, the WOHIA team has demonstrated that this aim is important.

4.5 Uptake of the recommendations and revision of the Prioritisation Policy

Unfortunately it was not possible to look at the uptake of the recommendations. Personal circumstances of the person presenting the recommendations to the Senior Management Team meant the presentation was pushed out beyond the timeframes for this evaluation.

The WOHIA team said that although they could not comment on the uptake of the recommendations, the Prioritisation Policy would get rewritten; they just did not know whether it would be accepted as a DHB-wide policy rather than just a policy for the funding arm of the DHB.

4.6 Overall value of the WOHIA

The WOHIA team said the WOHIA will be valuable to many groups. The main points are listed below.

Northland DHB

- the WOHIA team felt the rapid literature scan was very valuable as the findings affirmed what the DHBs thinking around revising the Prioritisation Policy
- increased knowledge and capacity for WOHIA across the DHB
- increased knowledge about the Prioritisation Policy across the DHB
- strongly moved out of provider/contract mentality to community impacts.

Stakeholders

- intersectoral partners dedicated specific staff members for ongoing involvement in the WOHIA
- ongoing agenda between sectors especially in terms of engagement
- now receptive to wider impacts on whānau ora
- building capacity/familiarity of WOHIA within sector partners.

Wider community

- wider community had contact with Northland DHB through the WOHIA process and had the tight fiscal environment explained to them
- given the opportunity to comment on how funding could be realigned and the potential impact on vulnerable populations
- WOHIA can be used as a reference for other DHBs
- engagement with other DHBs – focused on getting it across in public health community.

Wider HIA community

- the WOHIA contributes to HIA knowledge for HIA practitioners.

5. Discussion and Conclusions

This section presents the analyses of the findings from both the process and outcomes sections.

5.1 Did the WOHIA meet its aims?

The WOHIA met all of its aims which are set out and discussed below.

Aim 1:	<i>Training in the use of HIA/Whānau Ora HIA to build wider Northland DHB capacity in both the Public Health Unit and the Funder</i>
<p>Capacity to carry out HIA/WOHIA was definitely built amongst the core WOHIA team who, at the end of the process, said they would feel comfortable doing another HIA with less assistance from a consultant. This was supported by comments from the consultant who said the team really engaged with the 'learning by doing' process and took responsibility for many parts of the WOHIA instead of relying heavily on the consultant as some other HIA teams had done in the past.</p> <p>The WOHIA also built on the existing knowledge and HIA skills of those in the Public Health Unit who had been involved in another HIA. They contributed to the appraisal process and provided general support for the core WOHIA team. Again, the comments of the WOHIA team were supported by the consultant.</p> <p>While capacity was not necessarily raised amongst wider DHB staff, awareness and understanding about the WOHIA process was definitely raised. The WOHIA team reported this and their comments were supported by feedback from DHB staff at the appraisal meetings. Involvement from senior management at the DHB also indicated strong support for the WOHIA and for building WOHIA capacity. The consultant stressed that senior management support was critical for the success of this WOHIA.</p>	
Aim 2:	<i>Apply a WOHIA to Northland DHB's Prioritisation Policy (2005)</i>
<p>While there were mixed responses to whether there was sufficient focus on whānau ora to describe this process as a WOHIA, the WOHIA team did the best they could to use a whānau ora approach within the constraints they were facing.</p> <p>The fact that the Prioritisation Policy was an internal document, meant the WOHIA could not have a partnership approach with iwi. However, the WOHIA ensured Māori participated in the process as much as they could (eg, Māori were represented on the WOHIA team itself, the senior leadership team, and at the appraisal workshops). The nature of the Prioritisation Policy meant even if the team had wanted to consult more widely and have greater Māori representation, the need to avoid raising peoples expectations regarding funding prevented that additional consultation taking place. One of the recommendations about the redevelopment of the Prioritisation Policy involved active partnership with Māori.</p> <p>In terms of protecting its Māori population in Northland, the WOHIA team showed a strong focus and commitment to reducing inequalities for Māori with the ultimate goal of improving whānau ora. The team understood that whānau ora was essentially about recognising that all aspects of life impact on wellbeing. It was clear in the scoping stage that Māori would be affected by the Prioritisation Policy through access to services which was why 'equitable access to quality health and disability services' was one of the determinants of health identified in the scoping phase of the</p>	

WOHIA. The importance of improving whānau ora was supported by data from the community scan which showed the high Māori population in Northland.

Aim 3: *Produce evidence-based recommendations for redeveloping the Northland DHB Funders Prioritisation*

The recommendations were all based on evidence from the different stages of the WOHIA as outlined below (R refers to the recommendation being discussed).

The literature highlighted that in order to be really successful the Prioritisation Policy needs to apply to all funding decisions, essentially becoming a DHB-wide policy, and needed to be strongly embedded in the organisational context (R1, R3). This was supported by comments from stakeholders at the appraisal workshops.

Improvements for redeveloping the Prioritisation Policy were based on suggestions from stakeholders at the appraisal workshops (R2).

The recommendation for the redevelopment of the Prioritisation Policy and tools, consultation and roll out be facilitated by the Funder arm of Northland DHB came from DHB staff at the workshop with the Service Development and Funding Team (R4).

The literature also highlighted the need to include the public in the redevelopment and in this case, the public is the population of Northland, many of whom are Māori (R5). This was supported at the appraisal workshops by stakeholders and intersectoral partners who said they should all be involved.

The analysis of the other regional DHB's prioritisation policies highlighted the benefits of sharing knowledge and working in a collaborative way particularly with Auckland DHB whose Prioritisation Policy was most closely aligned to that of Northland DHB (R6).

The literature scan highlighted that the prioritisation process should be guided by good judgment using tools if they are available such as the New Zealand-based guidelines on how to redevelop a Prioritisation Policy. The analysis of other DHB's policies revealed the DHB's under analysis were not using them. This led to the recommendation around the need to use clear guidelines to redevelop the Prioritisation Policy and to redevelop it in a collaborative way with the other regional DHBs (R7).

Aim 4: *Work with intersectoral partners on the WOHIA to strengthen intersectoral relationships*

The WOHIA team contacted intersectoral partners from the beginning of the WOHIA and kept them involved throughout. The team sent minutes from meetings to those partners that could to attend as an effort to keep them engaged. Findings from the literature supported the engagement process that the WOHIA team had already been doing.

The WOHIA team had existing relationships with the intersectoral partners and trust had already been established. However, new relationships were established with some individuals from the intersectoral organisations. While the consultant thought this aim had not been met because of the 'minor' representation from intersectoral partners, the nature of the policy seems to have played a part in that restriction. If it had been appropriate for the DHB to consult more widely then no doubt more organisations would have been involved.

The team reported that relationships had been strengthened. This was supported by the evaluation data which indicated that these stakeholders requested further

involvement in the redevelopment of the Prioritisation Policy.

The only partnership not strengthened was the relationship with MaPO however as already commented, issues surrounding MaPO were historical and largely unrelated to the WOHIA. DHB organisational restraints meant there were limitations on the extent to which they could engage with MaPO because they knew the DHB board was about to terminate its relationship with MaPO.

Aim 5: *Evaluate the application of WOHIA to Northland DHB's Prioritisation Policy, to report on the process and short-term impact of the WOHIA.*

This evaluation report documents the process and short-term impact of the WOHIA so meets the requirements for this aim.

5.2 Short-term impacts of the WOHIA

Given that the Executive Management Team had not discussed the recommendations at the time of writing this report, it is too early to ascertain most of the short-term impacts of the WOHIA. This was reinforced by comments from a senior staff member who was interviewed but could not comment on the short-term impacts saying it was too soon. Given the size of this contract and the timeframe, Quigley and Watts cannot include the uptake of the recommendations. These will either need to be included by the WOHIA team or by an independent body at a later date.

However, there are some short-term impacts that can already be seen in the relationships/networks that have been strengthened as a result of this WOHIA both externally and internally as well as the knowledge that has been acquired and the capacity that has been built.

It must be noted that because the Prioritisation Policy is quite removed from whānau ora (ie, the effects are not necessarily direct or obvious like other policies), the effects on whānau ora will not be seen in the short-term and cannot be seen until the Prioritisation Policy has been redeveloped.

5.3 Strengths and constraints of the WOHIA

This WOHIA ran relatively smoothly with positive outcomes due to several key factors including the WOHIA team working well together in a cohesive way that increased 'learning by doing' and capacity to do WOHIA.

The appraisal workshops were well run. Based on feedback from the WOHIA team and the participants themselves, the workshops were well facilitated, clearly outlined the Prioritisation Policy increasing awareness of it, clearly outlined the WOHIA approach, provided opportunities for intersectoral involvement and increased recognition of the need to revise the Prioritisation Policy to reflect whānau ora.

Support from senior management at the DHB was of huge benefit to the WOHIA process ie, having the go-ahead to do the WOHIA on an internal and relatively sensitive policy, getting DHB staff involved in the workshops, and being able to present the findings to senior management. This indicates strong support for the redevelopment of the Prioritisation Policy and for future WOHIAs in Northland.

The strengths of the WOHIA far outweighed the constraints, all of which were (largely) out of the control of the WOHIA team eg, resource limitations, the high level and sensitive nature of the prioritisation policy. It must be noted that these sorts of constraints have been experienced by many other HIA/WOHIAs. The other constraint of note was the relationship issues with MaPO which, as already noted, were based on historical issues with the DHB and not the WOHIA itself.

5.5 Conclusions: Overall effectiveness of the WOHIA

Overall, the WOHIA has been very effective. It was well scoped and the evaluations of the workshops were generally very positive. The WOHIA team, including the contractor, reported working together well and were complementary about one another. There appeared to have been good leadership and generally good communication throughout the whole process. The only aspect that could have been improved upon was in the area of risk management in relation to MaPO ie, foreseeing the potential for conflict and putting measures in place early on to avoid that. However, as noted previously, this conflict was based on historical issues and not the WOHIA itself as such.

All of the aims were met as much as they could be within the restraints of this WOHIA ie, the DHB could not consult as widely as other WOHIA's have done because of the political nature of the policy and its wider ramifications. Capacity for WOHIA increased, a WOHIA was applied to the prioritisation policy, evidence-based recommendations were produced and relationships with most intersectoral partners were strengthened.

The value of the WOHIA for Northland DHB was obvious in increased knowledge and capacity for staff and general buy-in to the WOHIA process particularly from senior management. It was also valuable for stakeholders who expressed their satisfaction with the process in their evaluation forms. The fact that stakeholders are keen to be involved in the revision of the Prioritisation Policy indicates they see value in WOHIA. The value for the wider community is more difficult to assess. The WOHIA is definitely valuable for other DHBs who can use the evidence gathered from this one to inform the revision of their own Prioritisation Policies. As for the community though, the high level nature of the Prioritisation Policy means that it could take time for the effects to filter down to the community and to improve whānau ora. Therefore it is really too soon to gauge the value for the wider community. The value for the wider HIA community will be through adding to the New Zealand HIAs, particularly WOHIA.

While the Executive Leadership Team has not yet met to discuss the recommendations, early indications look promising. The willingness of the Executive Leadership Team to be involved in one of the appraisal workshops indicates support for the process and recognition of the need to redevelop the Prioritisation Policy. The WOHIA team (excluding the consultant) plan to start revising the Prioritisation Policy when they get the go-ahead from the Executive Leadership Team and the intersectoral partners have said they are keen to be involved.

Appendices

Appendix A: Interview schedules

Consultant (process interview only)

What was your involvement in the components of the Whānau Ora HIA process?

- Screening
- Scoping
- Literature scan
- Community/regional profile
- Appraisal workshops
- The final HIA report

In your view, who were the main participants that contributed to the Whānau Ora HIA?

What are your thoughts on the process of engagement?

In your opinion, what were the strengths of the Whānau Ora HIA process?

What were the constraints experienced during the Whānau Ora HIA process?

What are your thoughts about the allocation of resources? Was there appropriate allocation of resources?

Aims of the WOHIA

- 1. Training in the use of HIA/ Whānau Ora HIA to build wider Northland DHB capacity in both the Public Health Unit and the Funder*

In your view, has this process increased capacity for Whānau Ora HIA in Northland DHB? If so, in what ways?

In relation to your role as a consultant, was it the right balance struck between supporting the practitioners to do the Whānau Ora HIA and them having enough autonomy to do parts of it themselves? Was it a “learning by doing” approach?

Do you think the practitioners could do an HIA by themselves next time? If not, are there parts they could do by themselves?

- 2. Apply a Whānau Ora HIA to Northland DHB’s Prioritisation Policy (2005)*

Was it a Whānau Ora HIA or was it just an HIA?

Did it address issues relating to Māori?

Did you witness Māori being engaged throughout the process?

- 3. Produce evidence-based recommendations for redeveloping the Northland DHB Funders Prioritisation Policy (relates to outcomes section).*

Where does the evidence come from?

Are the recommendations based on evidence?

Did the WOHIA ascertain the strengths and weaknesses of the current prioritisation policy from a Māori health and population health perspective?

Did it come up with an evidence-based understanding of what the redeveloped policy should look like in relation to its key features, content and implementation?

4. Work with intersectoral partners on the Whānau Ora HIA to strengthen intersectoral relationships

Did you witness the DHB working with intersectoral partners?

In your view, did it strengthen relationships? If so, how?

In your view, would people want to be involved again?

Do you have any final comments about the process of the Whānau Ora HIA?

What has happened since the final report was submitted?

If the process was to be repeated, what would you recommend doing differently?

DHB WOHIA Team (process and outcome interview)

PROCESS EVALUATION

Let's start by talking about how the Whānau Ora HIA came about...who instigated it?

Can you please talk me through the Whānau Ora HIA process from the start to the finish? When it started, who was involved etc...

- Screening

What was the purpose of the steering group? Who got the steering group together? Who decided who would be on it?

- Scoping

I understand there a mini appraisal workshop undertaken at end of scoping workshop – can you talk a bit about that?

- Community/regional profile
- analysis of other policies

What was the purpose of this?

- Literature review
- Appraisal workshops
- The final Whānau Ora HIA report

What is the process from here?

Who were the main participants who contributed to the HIA?

How were these people engaged / brought on board?

In your opinion, what were the strengths of the Whānau Ora HIA process?

What were the constraints experienced during the Whānau Ora HIA process?

What resources were spent on the HIA? (financial, staff time, consultants' fees etc)

Objectives

Let's look at the aims (one will be addressed under the outcomes section) and see whether they've been met...

The key aims for the Whānau Ora HIA are:

1. Training in the use of HIA/Whānau Ora HIA to build wider Northland DHB capacity in both the Public Health Unit and the Funder –

How many other people in the DHB have been involved in doing the HIA?

Has it increased your capacity? If so, in what ways?

What role did the consultants play? Was it the right balance? ie, being supported while having enough autonomy.

Do you feel more confident about doing an HIA now? Could you do it by yourself next time? If not, are there parts of it you could do by yourself?

2. Apply a WOHIA to Northland DHB's Prioritisation Policy (2005)

Was it about whānau ora?

Did it address issues relating to Māori?

Were Māori consulted? How so?

3. Produce evidence-based recommendations for redeveloping the Northland DHB Funders Prioritisation Policy (addressed under the outcomes section)

Who produced the recommendations? How were they developed?

Are the recommendations evidence-based?

Did the WOHIA come up with an evidence-based understanding of what the redeveloped policy should look like in relation to its key features, content and implementation?

Did the WOHIA ascertain the strengths and weaknesses of the current prioritisation policy from a Māori health and population health perspective?

4. Work with intersectoral partners on the WOHIA to strengthen intersectoral relationships

Who did you work with outside of DHB?

Did it strengthen relationships? how so?

Would people want to be involved again?

Do you have any final comments about the process of the HIA?

Reporting and recommendations

Who was the draft report sent to for comment?

What was the feedback like?

Who was the final report submitted to?

What has happened since the final report was submitted?

OUTCOME EVALUATION

The last time I talked to you the report was almost finished being written. Can you talk me through what happened after that?

Impacts

Last time we talked about the strengths and constraints of the process, do you have any comments about the positive impacts of the WOHIA?

What about any negative impacts of the WOHIA?

What about any unintended impacts?

What key lessons can be taken from this Whānau Ora HIA for Northland DHB and other potential users of Whānau Ora HIA?

Recommendations

Let's start with the first recommendation...

Recommendation	
1	Northland DHB Executive Leadership Group endorse the findings of the WOHIA, and initiate redevelopment of the Prioritisation Policy and tools to include the wider attributes of Whānau ora, and Treaty of Waitangi obligations.
2	The specific suggestions from the WOHIA on improving the Prioritisation Policy be used (refer section 4) in the redevelopment of the Prioritisation Policy.
3	The Prioritisation Policy and tools be used across Northland DHB's whole organisation, and applied to all prioritisation decisions, annual and strategic planning.
4	The redevelopment of the Prioritisation Policy and tools, consultation and roll out be facilitated by the Funder arm of Northland DHB.
5	There is active participation and partnership with Māori and intersectoral partners as part of the prioritisation process.
6	Northland DHB considers working towards the development of a Prioritisation Policy for the Northern Region.
7	The process for redeveloping the Prioritisation Policy and tools be more fully aligned to the mandated national prioritisation tool (<i>The Best Use of Available Resources: An approach to prioritisation, Ministry of Health and DHBNZ, 2005</i>).

Re-writing the policy

Do you know if the policy will get re-written yet? If so, do you know when?

Who will do that?

Who will be involved?

Has the HIA given you a way forward towards ensuring the revised policy will improve Māori health or cognisant of whānau ora? Will the WOHIA have ongoing benefit?

Value of the HIA

What was the comprehensibility and overall value of the Whānau Ora HIA report including its rapid literature scan? ie,

to the DHB

stakeholders

the wider community

the wider HIA community

Key lessons learnt

Identify what key lessons can be taken from this Whānau Ora HIA for Northland DHB and other potential users of Whānau Ora HIA

If this was to be repeated, what would you recommend doing differently?

DHB Senior Management (outcome interview only)

PROCESS EVALUATION

Let's start by talking about how the Whānau Ora HIA came about...who instigated it?

Can you please talk me through the Whānau Ora HIA process from the start to the finish? When it started, who was involved etc...

- Screening

What was the purpose of the steering group? Who got the steering group together? Who decided who would be on it?

- Scoping

I understand there a mini appraisal workshop undertaken at end of scoping workshop – can you talk a bit about that?

- Community/regional profile
- analysis of other policies

What was the purpose of this?

- Literature review
- Appraisal workshops

- The final Whānau Ora HIA report

What is the process from here?

Who were the main participants who contributed to the HIA?

How were these people engaged / brought on board?

In your opinion, what were the strengths of the Whānau Ora HIA process?

What were the constraints experienced during the Whānau Ora HIA process?

What resources were spent on the HIA? (financial, staff time, consultants' fees etc)

Objectives

Let's look at the aims (one will be addressed under the outcomes section) and see whether they've been met...

The key aims for the Whānau Ora HIA are:

1. Training in the use of HIA/Whānau Ora HIA to build wider Northland DHB capacity in both the Public Health Unit and the Funder –

How many other people in the DHB have been involved in doing the HIA?

Has it increased your capacity? If so, in what ways?

What role did the consultants play? Was it the right balance? ie, being supported while having enough autonomy.

Do you feel more confident about doing an HIA now? Could you do it by yourself next time? If not, are there parts of it you could do by yourself?

2. Apply a WOHIA to Northland DHB's Prioritisation Policy (2005)

Was it about whānau ora?

Did it address issues relating to Māori?

Were Māori consulted? How so?

3. Produce evidence-based recommendations for redeveloping the Northland DHB Funders Prioritisation Policy (addressed under the outcomes section)

Who produced the recommendations? How were they developed?

Are the recommendations evidence-based?

Did the WOHIA come up with an evidence-based understanding of what the redeveloped policy should look like in relation to its key features, content and implementation?

Did the WOHIA ascertain the strengths and weaknesses of the current prioritisation policy from a Māori health and population health perspective?

4. Work with intersectoral partners on the WOHIA to strengthen intersectoral relationships

Who did you work with outside of DHB?

Did it strengthen relationships? how so?

Would people want to be involved again?

Do you have any final comments about the process of the HIA?

Reporting and recommendations

Who was the draft report sent to for comment?

What was the feedback like?

Who was the final report submitted to?

What has happened since the final report was submitted?

OUTCOME EVALUATION

The last time I talked to you the report was almost finished being written. Can you talk me through what happened after that?

Impacts

Last time we talked about the strengths and constraints of the process, do you have any comments about the positive impacts of the WOHIA?

What about any negative impacts of the WOHIA?

What about any unintended impacts?

What key lessons can be taken from this Whānau Ora HIA for Northland DHB and other potential users of Whānau Ora HIA?

Recommendations

Let's start with the first recommendation...

Recommendation	
1	Northland DHB Executive Leadership Group endorse the findings of the WOHIA, and initiate redevelopment of the Prioritisation Policy and tools to include the wider attributes of Whānau ora, and Treaty of Waitangi obligations.
2	The specific suggestions from the WOHIA on improving the Prioritisation Policy be used (refer section 4) in the redevelopment of the Prioritisation Policy.
3	The Prioritisation Policy and tools be used across Northland DHB's whole organisation, and applied to all prioritisation decisions, annual and strategic planning.
4	The redevelopment of the Prioritisation Policy and tools, consultation and roll out be facilitated by the Funder arm of Northland DHB.
5	There is active participation and partnership with Māori and intersectoral partners as part of the prioritisation process.
6	Northland DHB considers working towards the development of a Prioritisation Policy for the Northern Region.
7	The process for redeveloping the Prioritisation Policy and tools be more fully

aligned to the mandated national prioritisation tool (<i>The Best Use of Available Resources: An approach to prioritisation, Ministry of Health and DHBNZ, 2005</i>).

Re-writing the policy

Do you know if the policy will get re-written yet? If so, do you know when?

Who will do that?

Who will be involved?

Has the HIA given you a way forward towards ensuring the revised policy will improve Māori health or cognisant of whānau ora? Will the WOHIA have ongoing benefit?

Would you have reviewed the policy without the WOHIA?

How would you have reviewed it? eg, in consultation with others?

Value of the HIA

What was the comprehensibility and overall value of the Whānau Ora HIA report including its rapid literature scan? ie,

to the DHB

stakeholders

the wider community

the wider HIA community

Key lessons learnt

Identify what key lessons can be taken from this Whānau Ora HIA for Northland DHB and other potential users of Whānau Ora HIA

If this was to be repeated, what would you recommend doing differently?

Appendix B: Information and Consent Form

As you are aware, Northland DHB has undertaken a health impact assessment (HIA) on the Prioritisation Policy (2005). Northland DHB has contracted Quigley and Watts Ltd to evaluate the HIA. Please note that although Quigley and Watts staff were contracted during the actual HIA process, a different staff member is undertaking the evaluation.

The aim of the evaluation is to undertake and report on a process and short-term impact evaluation of the Whānau Ora HIA process used to inform the development of the Prioritisation Policy (2005).

You have been identified as a key person to talk to about the HIA. Your involvement requires two phone interviews (one for process and one for outcomes) where you will be asked about what went well, what could have gone better and what outcomes were achieved.

The interview will be digitally recorded so notes can be written up afterwards. You will not be identifiable in the evaluation report ie, there will be no names used, and no one other than the evaluator will have access to the information you provide. You are able to withdraw from the interview at any time.

Consent Form

I _____ (please print name) consent to a one-to-one interview to inform the evaluation of Northland DHB's Prioritisation HIA. I understand the interview will be recorded, I can withdraw from the interview at any time and I will not be identified in the evaluation report.

Signed: _____

Date: _____

Appendix C: Collation of the Evaluation Forms from the workshops

Screening

Of the seven participants who attended the screening hui, four submitted an evaluation form.

Statement	Strongly agree	Agree	Disagree	Strongly disagree
I understand why WOHIA is undertaken.	4	-	-	-
I understand why we are doing WOHIA on this topic.	4	-	-	-
I understand the process used to 'decide to continue with this WOHIA'.	3	-	-	-
I felt I was able to contribute to the discussion about whether this WOHIA was going to continue.	-	3	-	-
I want to continue to be involved in future parts of this WOHIA.	4	-	-	-
I will consider the WOHIA process for other projects that are/ will be occurring.	4	-	-	-

Main strengths of screening hui

- contribution by participants
- examples used to clarify points x2
- facilitation by Rob and Jude
- discussions
- group work and shared decision making
- having the 'experts' here to help/guide us x2

Suggested improvements

None.

Other comments

None.

Scoping

Of the nine participants who attended the scoping hui, eight submitted an evaluation form.

Statement	Strongly agree	Agree	Disagree	Strongly disagree
I understand why WOHIA is undertaken	3	5	-	-
I understand why we are doing WOHIA on this topic	3	5	-	-
I understand what the main focus of this WOHIA will be	3	5	-	-

I felt I was able to contribute to the decisions about what this WOHIA was going to focus on	2	5	-	-
I want to continue to be involved in future parts of this WOHIA	2	5	1	-
I will consider the WOHIA process for other projects that are/ will be occurring	3	5	1	-

Main strengths of scoping hui

- plan where to from here
- brainstorming ideas
- intersectoral involvement x4
- facilitation
- group discussions
- further clarification and focus on the appraisal stage
- understanding the WOHIA process
- identifying key tasks for appraisal
- making the tasks ahead realistic
- narrowing the activity to the policy
- understanding the causal pathway
- determining the scope of evidence required
- recognising the need to revise the prioritisation policy to reflect whānau ora
- revisiting the policy and reviewing it to incorporate whānau ora
- 'whānau' the main focus

Suggested improvements

- mixture of group could be improved ie, spent quite some time going over info for those not familiar with WOHIA
- better facilitation
- time management (initial sessions)
- causal pathway explanation
- specific needs of what needs to be done for the next step
- bit more overview in session on how a WOHIA is done
- more time

Other comments

- it helped to focus on the internal DHB processes which need to be followed for policy redevelopment - internally focused (not externally) until a 'draft' policy is established
- a very worthwhile workshop, a lot of information learnt and now have better understanding
- am keen to still be involved as there are definite run-offs for all intersectoral partners.

Appraisal workshops

Of the three full appraisal workshops, evaluation forms were disseminated at two of them. The responses are presented separately for each workshop below.

Service delivery and funding team workshop

Of the 14 participants who attended this appraisal hui, 11 submitted an evaluation form.

Statement	Strongly agree	Agree	Disagree	Strongly disagree
Overall, this workshop has been very useful for identifying the intended and unintended effects that the current DHB Prioritisation Policy might have.	3	7	1	-
Through the workshop, I have gained a greater understanding of Whānau Ora Health Impact Assessment – its aims and methods.	1	9	1	-
The workshop has been a good opportunity for me to develop or maintain links with people across the sector/s.	-	4	4	1 (internal only)
The workshop has been a good opportunity to contribute my views and ideas for the enhancement of the DHB's Prioritisation Policy.	3	8	-	-
I will consider using the HIA process for other projects that are/ will be occurring.	3	5	-	-

Main strengths of scoping hui

- opportunity to discuss funding issues with team members x2
- discussion around answering questions and feedback
- training on WOHIA tool
- key decision makers having an opportunity to contribute and articulate their thoughts for the first time
- good facilitator
- full team involvement including GM x2
- clear purpose
- open discussion
- good brainstorming

Suggested improvements

- groups not representative of within the whole team
- use of an example of WOHIA analysis
- more time but recognise this is a step in a bigger process x2

Other comments

None.

Providers, Public Health Unit and Intersectoral Partners Workshop

Of the 19 participants who attended this appraisal hui, 11 submitted an evaluation form.

Statement	Strongly agree	Agree	Disagree	Strongly disagree
Overall, this workshop has been very useful for identifying the intended and	2	9	-	-

unintended effects that the current DHB Prioritisation Policy might have.				
Through the workshop, I have gained a greater understanding of Whānau Ora Health Impact Assessment – its aims and methods.	4	6	1	-
The workshop has been a good opportunity for me to develop or maintain links with people across the sector/s.	3	6	2	-
The workshop has been a good opportunity to contribute my views and ideas for the enhancement of the DHB's Prioritisation Policy.	3	8	-	-
I will consider using the HIA process for other projects that are/ will be occurring.	4	5	1	-

Main strengths of scoping hui

- breaking into groups
- facilitation by Jude
- group input from broad range of participants with different views x3
- understanding the process or perceived process
- group discussions
- discussion regarding WOHIA
- knowing about it
- clarity of information
- extraction of information from participants

Suggested improvements

- more participants
- involvement of the actual funders who allocate
- better preparation by the DHB
- accurate data and information
- challenge from sector
- if information had been dispersed earlier so that we would have arrived at the discussions better informed and provided more thoughtful discussion x2

Other comments

- today was a bit hijacked by MAPO but it was okay
- great facilitation – thorough in, at times, a difficult process