

Planning for A Healthier North:

***Northern Area Health Planning
Leadership Forums 2006***

Evaluation Report

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Northern Health
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SECTION 1: INTRODUCTION:

The planning for a Healthier North Leadership Forums 2006 aimed to increase awareness of, and explore options for the establishment of a regional, integrated health planning model. To achieve this a series of four forums were conducted, with the final forum being held on November 16, 2006.

The agencies that attended the forums were from the seven local government areas of Moreland, Hume, Yarra, Darebin, Whittlesea, Banyule and Nillumbik and included representation from:

- 7 Local Governments
- 10 Community Health Services
- 1 Royal District Nursing Service
- 1 Victorian Aboriginal Health Service
- 3 Divisions of General Practice
- 3 Primary Care Partnerships
- 7 Metropolitan Health Services

The majority of organisational representatives were CEOs with the exception of Local Government where Directors of Community Services were asked to attend.

Each forum had a specific focus, and common themes were explored across all. The forums were designed to facilitate group discussion and explore some of the realities of what regional integrated planning might mean. The common theme across all forums was the benefits of co-operation and working together. The importance of trust and sound partnerships were emphasised. Real examples were presented and discussed and the challenges and benefits of integrated planning were highlighted.

Forum 1 focussed on principles for priority setting, what is important to agencies in the North and what are some of the underlying values. These principles will drive the regional integrated planning model.

Forum 2 considered processes for how decisions are made and how agencies can work together. This was done through a group exercise of allocating a hypothetical \$150 million across the region. Forum 2 highlighted processes that will be important to incorporate into the workings of the model.

Forum 3 examined planning cycles — how should the planning that is currently occurring relate to a regional integrated planning model? Which planning work needs to be linked in with a regional model?

Forum 4 looked at the issue of planning boundaries. What are the current boundaries, what works well and what boundaries make sense for a regional integrated planning model? There was also discussion of other aspects of the model that require additional consideration, including a vision for the Northern community and defining the scope of the model.

SECTION 2: EVALUATION

The Northern Clinical Research Centre conducted the evaluation. A pre-post questionnaire was designed, and was completed at the beginning of the first forum and at the end of the last forum.

The aims of the evaluation were to:

1. Measure perceived knowledge, attitudes and beliefs to joint planning.
2. Measure change in perceived knowledge, attitudes and beliefs to joint planning at the end of the Leadership Forum Series.
3. Identify any differences between sectors regarding attitudes and beliefs to joint planning.
4. Measure satisfaction with the forums by identifying whether participants' early expectations of the Leadership Forum Series were met.
5. Identify participant views on the remaining or new issues at the end of the series.

SECTION 3: LIMITATIONS OF THE EVALUATION

The results of this evaluation are intended to reflect the overall results of the forum, raise potential issues and guide future discussion about planning for a healthier North. It is important that the results of this evaluation are viewed in light of the limitations outlined below.

- One aim of this evaluation was to identify whether the Leadership Forum Series resulted in changes in beliefs, attitudes and perceived knowledge about planning for new and growth in services. The decision was made for the questionnaire to be anonymous to encourage participants to answer as freely as possible. Therefore we were not able to undertake pre/ post comparisons and analysis of change at the individual level, but rather overall changes at the group level. This may have led to an over-interpretation of the effect of organisational culture versus individual opinion. However, as outlined earlier, the majority of attendees were CEOs. The attitudes of these individuals are assumed to align strongly with the organisations they lead and therefore we do not believe that anonymity significantly compromised these analyses.
- Only 41% of respondents of the follow-up questionnaire attended all four forums. This may have underestimated both the potential for and magnitude of attitudinal change, as less than half of those who completed the follow-up questionnaire participated in the full program. Anecdotally, the organisers have reported that many of the 21% who attended the final session only, were replacing someone who had attended the first 3 sessions.
- At the forums, sectors were represented by organisations, and therefore if a sector had a small number of organisations, there were only a small number of representatives. Hence, the numbers of respondents from each sector varied considerably and therefore interpretations about differences between sectors should be made cautiously. For the purposes of analysis, where comparisons between sectors were made, sectors with less than three respondents were removed from the sample.

SECTION 4: RESULTS

Qn1: Please nominate what sector you are from.

A total of 34 people attended the workshop on 1st June 2006. Of the 34 attendees, 24 (71%) completed the baseline questionnaire. A total of 33 people attended the 4th workshop and of these, 27 (82%) completed the follow-up questionnaire.

Figure 1 provides a breakdown of the sectors that were represented in the baseline and follow-up questionnaires.

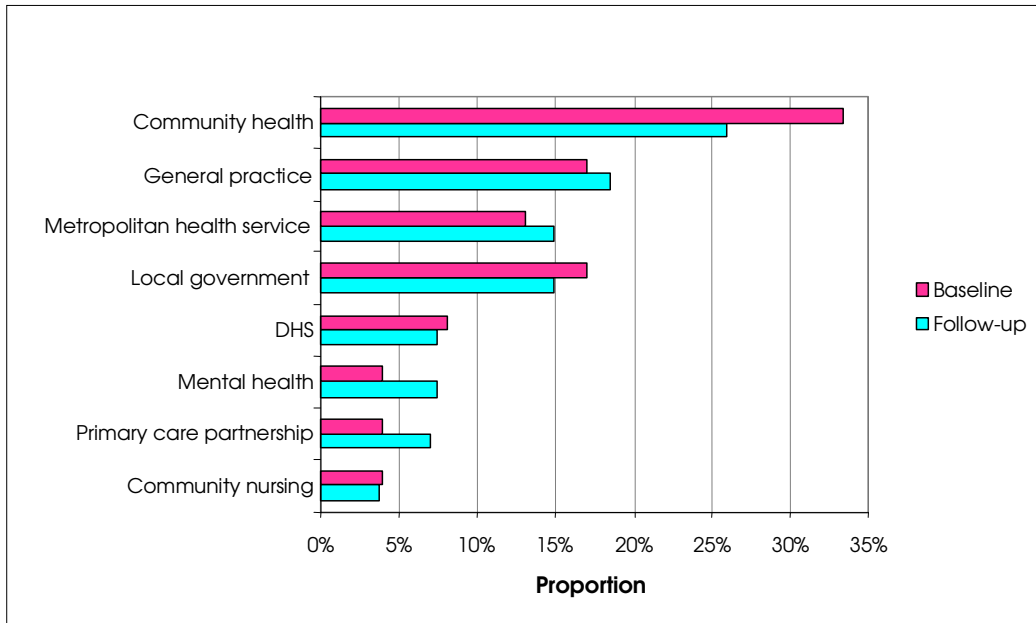


Figure 1: Proportion of participants from each sector

The small numbers of participants from some sectors could have limited the ability of this evaluation to confidently describe differences in attitudes, belief and knowledge between sectors. However, as the majority of attendees were CEOs, it has been assumed that the responses to the questionnaire do describe the beliefs and attitudes of the organisation they represent.

Qn 2: Which sessions did you attend (please circle)?

Forum 1: Service planning (1 June)	Forum 2: Priority setting (13 July)	Forum 3: Planning cycles (21 September)	Forum 4: Planning boundaries (16 November)
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Figure 2 shows the percentage of follow-up respondents who attended each of the forums. Of those who completed the follow-up questionnaire, 41% attended all four forums.

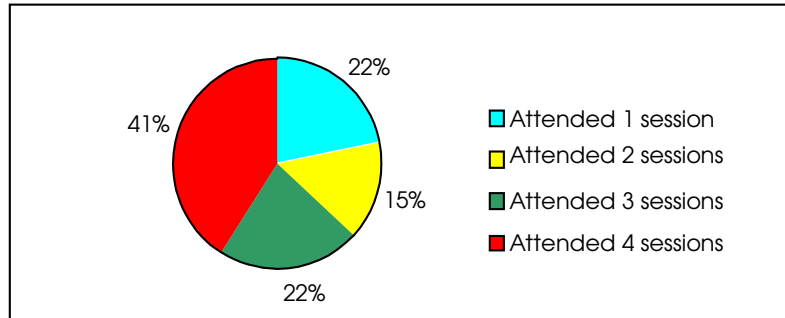


Figure 2: Proportion of follow-up respondents who attended multiple sessions

Questions 3 to 7 asked people to rate their understanding, beliefs and attitudes to planning on a scale of 1-10. A summary of the results to each of these questions is provided below.

Qn 3: Please rate your understanding of the health needs and demographic properties of the local catchment serviced by your organisation.

No understanding 1 2 3 4 5 6 7 **8** 9 10 Complete understanding

The respondents of both the baseline and follow-up questionnaires rated their understanding of the health needs and demographic properties of their local catchment as high, with a median response of 8 for both cohorts, indicating there was no change in understanding following the forum series.

Qn 4: Please rate your understanding of the health needs and demographic properties of the Northern Region as a whole (Yarra, Banyule, Nillumbik, Darebin, Whittlesea, Moreland, Hume).

No understanding 1 2 3 4 5 **6** 7 8 9 10 Complete understanding

The respondents of both the baseline and follow-up questionnaires rated their understanding of the health needs of the Northern Region as lower than their understanding of their local regions. The median response was 6 in both cohorts, indicating there was no change in understanding following the forum series.

Understanding of regional health needs was primarily covered in Forums 1 and 2. A closer look at the data reveals that those who attended both sessions 1 and 2 rated their understanding as slightly higher than those who did not (median response 7 and 6 respectively).

Qn 5: Please rate how beneficial you believe joint planning for new and growth in services is

a) for your organisation

No benefit 1 2 3 4 5 6 7 8 9 10 Enormous benefit

b) for the whole community of the Northern Metropolitan region

No benefit 1 2 3 4 5 6 7 8 9 10 Enormous benefit

Participants of the forum believe that joint planning for new and growth in services is beneficial for their organisation with median response of 8 at baseline and 9 at follow-up. Similarly, participants also believe that joint planning for the Northern Region as a whole is highly beneficial, with median responses of 9 at both baseline and follow-up. There were no apparent differences in responses between the different sectors for both of these questions.

Qn 6: We would be more efficient and effective in our goal to improve the health of our local community if we didn't compete for the same resources.

Strongly disagree 1 2 3 4 5 6 7 8 9 10 Strongly agree

In general, forum participants agreed with this statement with a median response of 9 at baseline and 8 at follow-up. At baseline, community nursing and general practice tended towards a lower rating than other sectors, however at follow-up there were no apparent differences between the sectors.

Qn 7: In general, I trust other agencies to represent the community before representing their own financial and political interests.

Strongly disagree 1 2 3 4 5 6 7 8 9 10 Strongly agree

In both baseline and follow-up questionnaires, there was significant variation in the responses to this question with some attendees indicating they strongly disagreed with the statement, while others indicated they strongly agreed with the statement. Median responses were 6 for both baseline and follow-up, indicating that trust of other organisations did not change following the forum series. There were no obvious differences between the sectors.

The results of questions 3 to 7 are summarised graphically in figure 3 below. The bars represent the median scores for each question and the lines illustrate the range of scores.

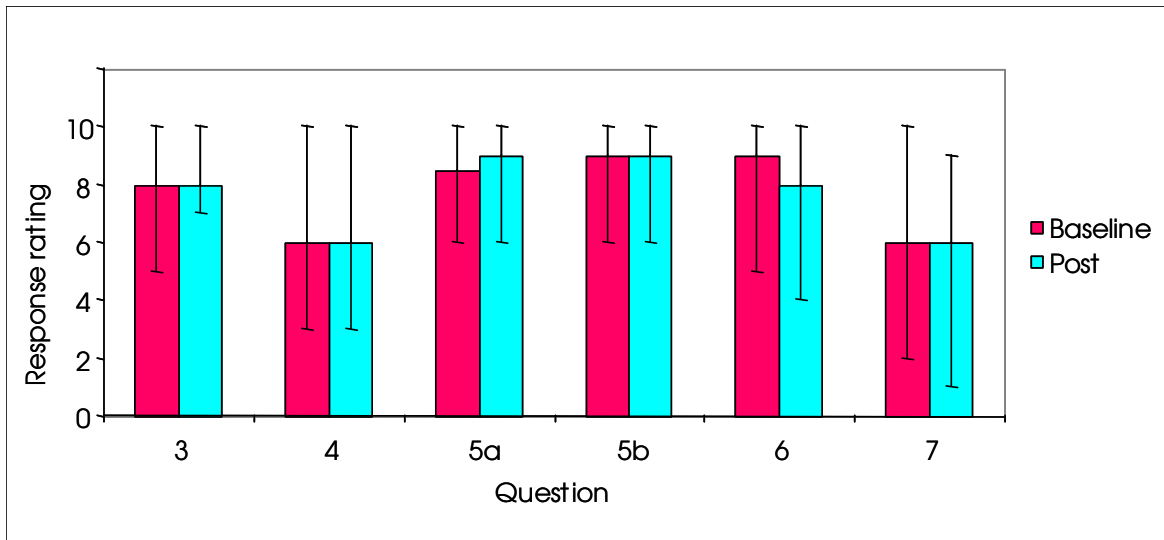


Figure 3: Median response questions 3 to 7

Qn 8: How involved do you think your organisation should be in planning for new and growth in services within each of the following geographical boundaries.

Participants were asked to circle a separate response for each part of the question from a – d.

- a. Local Government Area?
- b. Primary Care Partnership?
- c. Sub-regional (Northern Region)?
- d. DHS Regional (North and West Region)?

Not at all	Informed	Provider of information	Decision maker	Leader
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The graphs below depicts the desired level of involvement in planning within different geographical boundaries, at baseline and at follow-up.

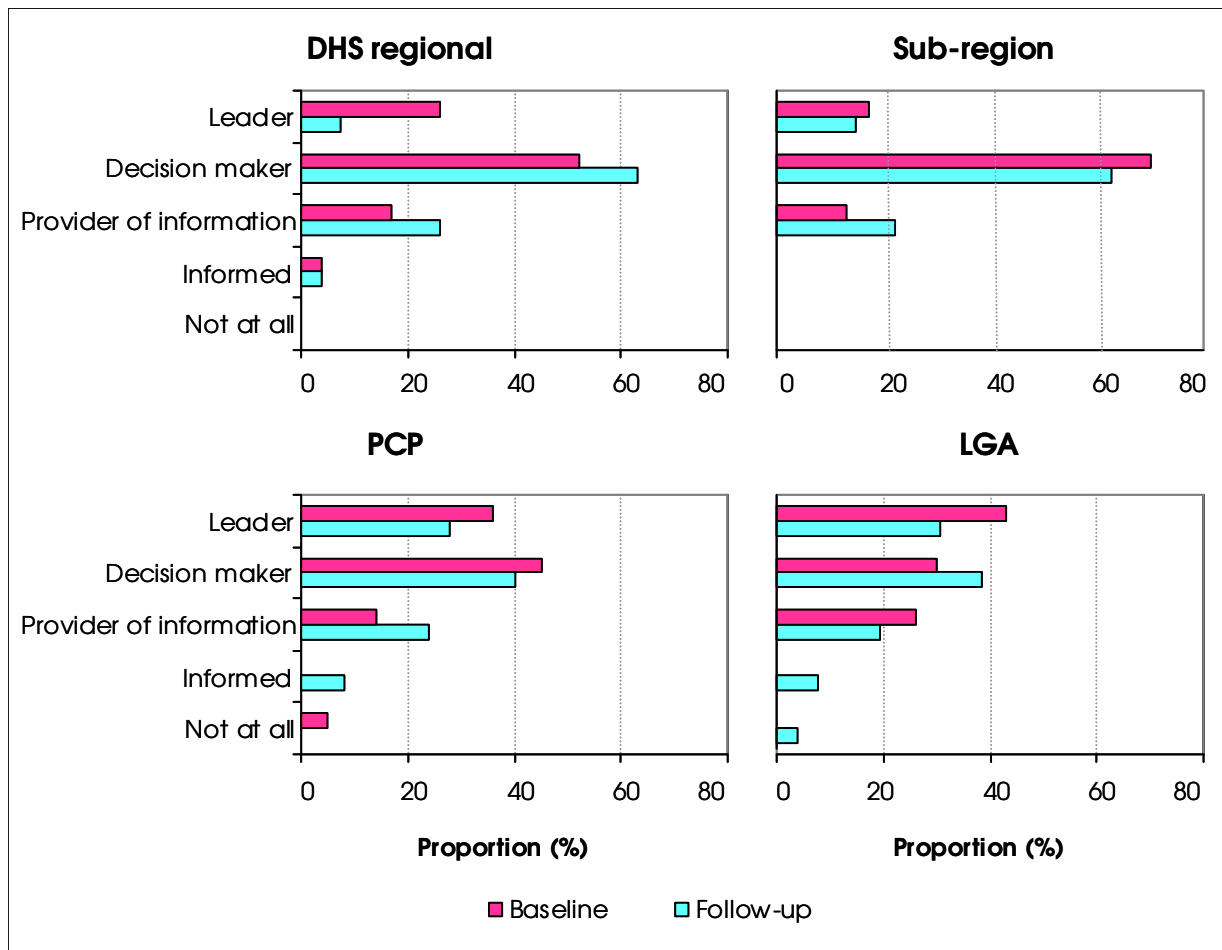


Figure 4: Level of involvement in planning for new and growth in services within different geographical boundaries

As illustrated in the above graphs, the vast majority of participants believed that their organisation should be actively participating, agreeing to or leading health planning across all sectors in the North. Further, the majority of participants believed that their organisation should be a decision maker for all regions, apart from local Government at baseline, where the majority of participants believed that their organisation should lead the planning.

Interestingly, participants were less likely to offer their organisation as “leader” in DHS regional and sub-regional planning following the forum series, with “decision maker” continuing as most popular choice, but “provider of information” as second highest response. There were no apparent differences between the sectors.

Qn 9: Which sectors do you think should involve your organisation when planning for new and growth in services?

Figure 5 below shows that the proportion of participants who believed that the acute inpatient sector should involve their organisation increased from 55% at baseline to 78% at follow-up. Similarly, those who felt sub-acute inpatients should involve their organisation when planning increased from 59% to 85%.

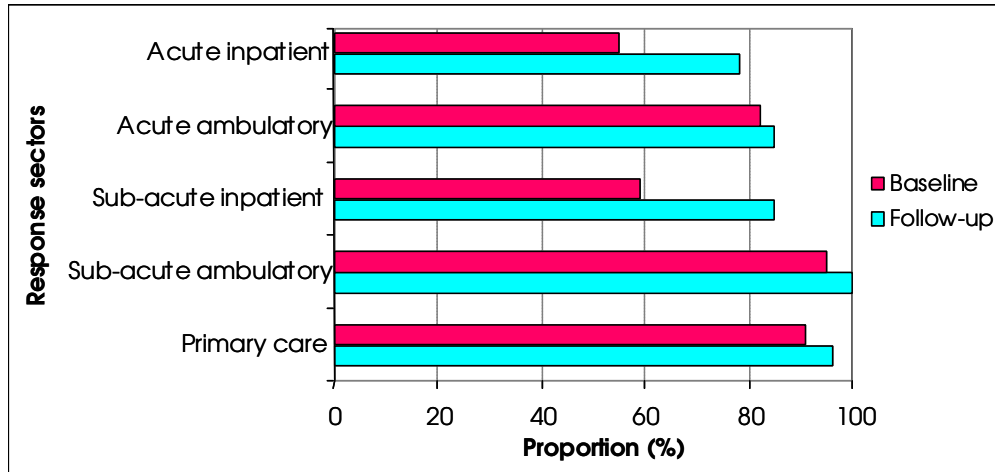


Figure 5: Which sectors should your organisation involve when planning?

Qn10: Which sectors do you think your organisation should involve when planning for new and growth in services?

Figure 6 below shows that at follow-up the vast majority (minimum 78%) of participants felt that their organisation should involve all sectors when planning for new and growth in services.

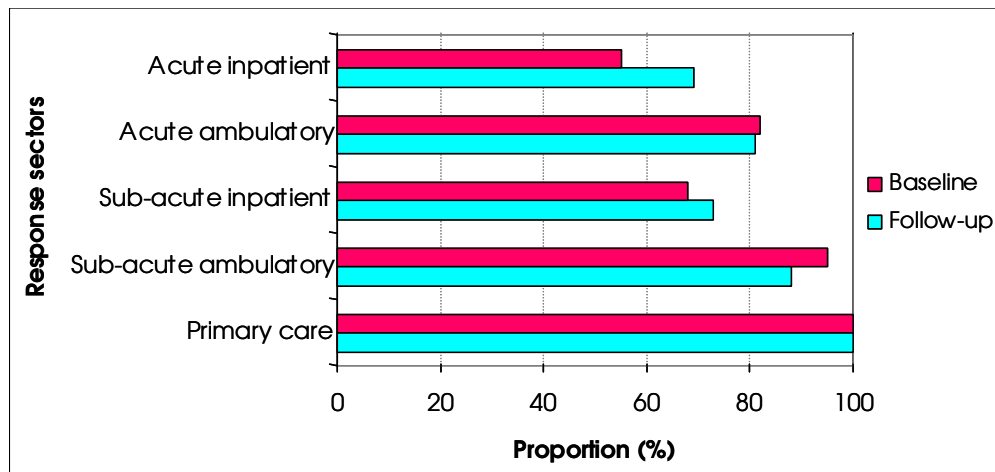


Figure 6: Which sectors should your organisation involve when planning?

Figures 5 and 6 above clearly show areas of significant changes in attitude following the forum series, particularly in attitudes to involvement with inpatient sectors.

Data from questions 9 and 10 reveal that the greatest change from baseline to follow-up appears to be the proportion of respondents who believe their organisation should involve acute inpatient sectors when planning for new and

growth in services, which increased by 14%. Interestingly, where 78% of respondents at follow-up believe the acute inpatient sector should involve their organisation when planning, only 69% believe their organisation should involve the acute inpatient sector when planning. A similar picture can be seen with the sub-acute inpatient sector.

Differences between sectors

The data suggest that differences that may exist between the sectors in their attitude towards collaboration. This information is represented in the bubble plots below (figures 7 to 10). The data are presented as a proportion to control for the different numbers of representatives. The size of each dot represents the strength of the response from each sector and the sectors have been ranked from Local Government on the left to DHS on the right of the horizontal axis (less "medical" to more "medical"). Sectors with small numbers of participants (less than three) significantly distorted the response overall. For this reason, sectors with less than three responses were removed from this analysis.

The baseline bubble plot suggests that representatives from "primary care" organisations were less likely to believe that sub-acute inpatient, acute inpatient, and acute ambulatory should involve them when planning for new and growth in services. As described in the results to questions 9 and 10, more respondents indicated that inpatient sectors should involve their organisation when planning. The bubble plots suggest that this change was primarily due to a shift in attitude from the "primary care" organisations. This is demonstrated in the follow-up bubble plot, where the proportion of those from the "primary end" who have nominated the inpatient sector to involve them in planning has increased.

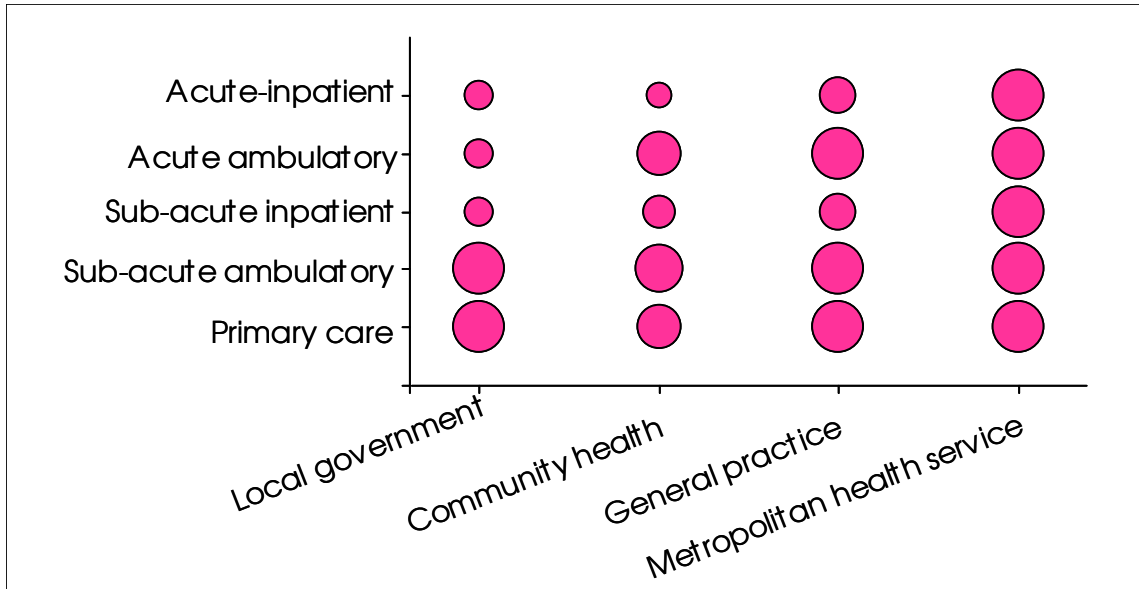


Figure 7: Who should involve YOUR organisation when planning (baseline)?

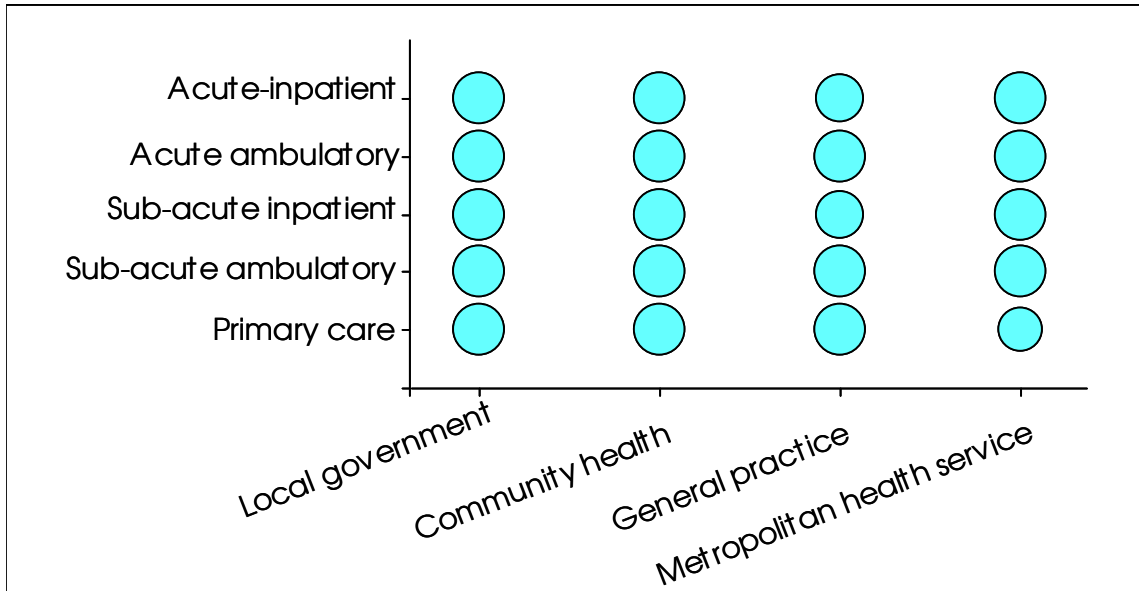


Figure 8: Who should involve YOUR organisation when planning (follow-up)?

A similar trend is not as apparent for question 10, where participants were asked to nominate which sectors their organisation should involve. In the bubble plots below, smaller shifts in attitude can be seen at follow-up for community health and general practice.

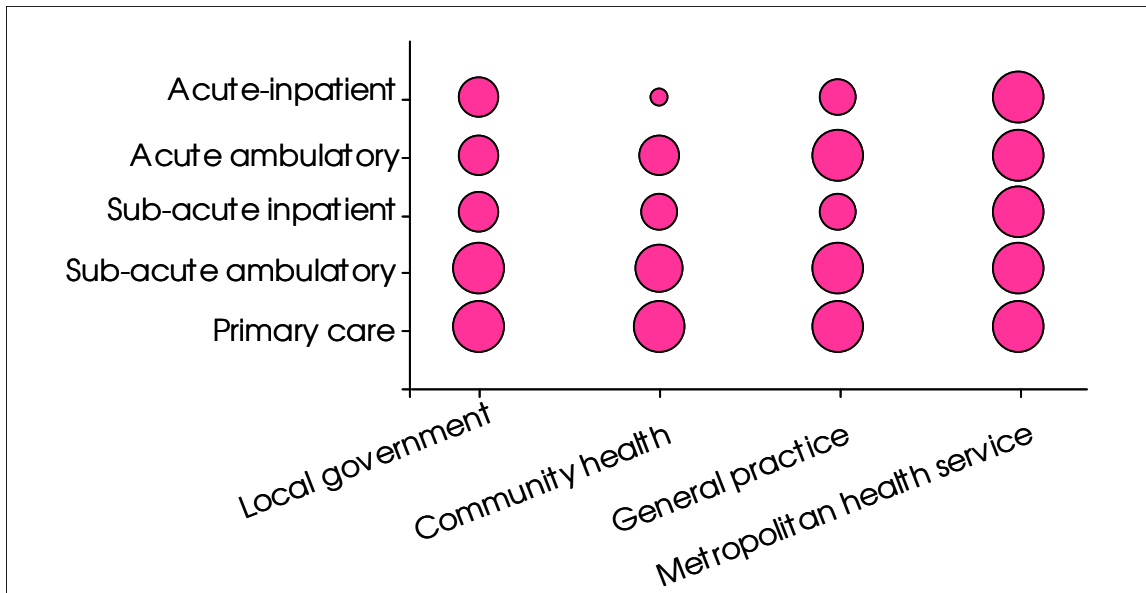


Figure 9: Who should YOUR organisation involve when planning (baseline)?

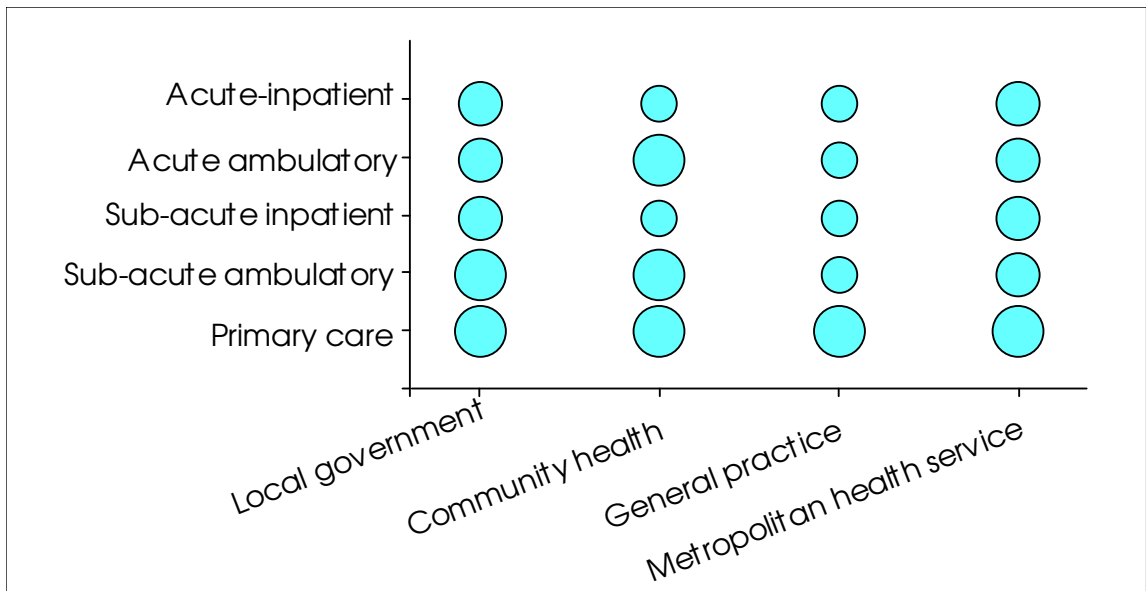


Figure 10: Who should YOUR organisation involve when planning (follow-up)?

Qn11: Baseline

Please outline three issues you would like these Northern Area Health Planning Leadership Forums to address:

The free-text responses to this question were analysed and grouped into themes. The most common themes, in descending order, were as follows:

1. Planning for better services and health outcomes for our community
 - "agreed process for planning together"
 - "development of area based planning model"
 - "innovative infrastructure proposals"
2. Working together to deliver better services
 - "streamlining interfaces between organisations"
 - "explore potential new partnerships where they make sense"
 - "decrease competition – pool funding for shared services"
3. Solving workforce issues
 - "workforce planning"
 - "flexible workforce initiatives"
4. Understanding our catchment
 - "common, accessible, renewable, up-datable data sets"
 - "relative health of our catchment compared to Victoria"
5. Distributing resources
 - "inequities in funding/ resources in the Northern Region"
 - "population based funding"

Qn11: Follow-up

At the first session you were asked to outline three issues you would like these Northern Area Health Planning Leadership Forums to address. The responses were collated and grouped into themes. Please rate on the scale below how well you feel the forum addressed the three most common issues you identified.

a. Planning for better services and health outcomes for our community

Did not address this issue 1 2 3 4 5 6 7 8 9 10 Thoroughly addressed this issue

Participants agreed that the forum addressed this issue, with a median response of 8 out of 10.

b. Working together to deliver better services

Did not address this issue 1 2 3 4 5 6 7 8 9 10 Thoroughly addressed this issue

Similarly, participants agreed that the forum addressed this issue, with a median response of 8 out of 10. There was greater variability in this question with a range of 3 to 10.

c. Solving workforce issues

Did not address this issue 1 2 3 4 5 6 7 8 9 10 Thoroughly addressed this issue

The median response for this question was 3, with a range of 1 to 8, indicating that overall, participants did not think the forums addressed this issue.

Qn12: What issues have been raised or remain that you think should be addressed in the future?

Again, the free text responses were analysed and grouped into themes. Two dominant themes emerged and are presented below with quotes as examples.

1. Further development of the planning model and proposed new planning "body"
 - "how proposed body might work"
 - "role, structure and purpose of the 'body' – scope"
 - "developing the framework"
 - "regional integrated planning body and its tasks"
 - "domain and new network/ body"

2. Solving practical issues for implementation of new planning model.
 - "coordination between planning regions/ catchments"
 - "involving local community"
 - "the membership"
 - "priority setting"
 - "cooperative planning processes, appeared to be in the too hard basket"

SECTION 5: DISCUSSION

In this section, the results are discussed in relation to the aims of the evaluation.

Aim 1 & 2. Measure perceived knowledge, attitudes and beliefs to joint planning, and whether there was change in these areas at the end of the Leadership Forum Series.

This evaluation has enabled a greater understanding of the local organisations' beliefs and attitudes to planning for new and growth in services in the Northern Metropolitan Region. The data from the questionnaire clearly show a commitment and perceived benefit to joint planning in the region. This commitment was apparent prior to the commencement of the Leadership Forums, and therefore the follow-up questionnaire did not demonstrate change in this area.

Trust of other organisations to represent the community before their own interests was found to be lower than what would potentially be required for truly effective collaboration. This did not change following the Leadership Forums. Results from question 7 suggest that there were no differences in level of trust between sectors, and so trust may be more related to individuals rather than reflective of organisational culture. More intensive work focussing on the issue of trust may be necessary in the region for joint planning to work optimally.

Interestingly, the evaluation found that participants were less likely to nominate their organisation to be "leaders" in planning at the sub-regional and DHS regional levels, and more likely to nominate themselves as "Decision Maker" and "Provider of Information". This may have been because the Leadership Forums provided greater insight into the challenges and scope of "leading" regional planning.

Aim 3: To identify any differences between sectors regarding attitudes and beliefs to joint planning.

This evaluation appears also to have highlighted some interesting similarities and differences across the spectrum of agencies involved in health in the Northern Metropolitan Region of Melbourne. There was, not surprisingly, broad agreement around the health needs and the population demographics of the area. However perhaps the most interesting aspect of the evaluation was not the degree of agreement across sectors in the region, but the apparent differences between the sectors.

Data from Questions 9 and 10 demonstrate a difference in beliefs and attitudes between the primary care and acute sectors. It appears that prior to the Leadership Forums, organisations from the more "acute" end of health recognised the importance of primary care in planning for better services for the local community. This is likely to be, at least in part, attributable to the HARP initiative, as HARP boasts improved awareness and collaboration between the acute and primary care sectors as one of its major achievements. However, these questionnaire data may suggest that HARP had improved awareness in one "direction" more than the other. At baseline, the primary care agencies did not indicate that the acute sector need be considered when planning primary care services, nor that acute services need to consider the "primary care" agencies when planning acute services. This baseline finding was presented to the participants at the third forum.

Following the Leadership Forum Series, the questionnaire data demonstrated change in the attitudes of participants, most notably in those from the primary care agencies. Representatives from primary care were more likely to indicate the need for involvement in planning with the inpatient (sub-acute and acute) sectors. This was particularly true when asked whether these sectors should involve their (the respondent's) organisation when planning for new and growth in services. However the shift in attitude was not as strong when asked whether their organisation should involve the inpatient sectors when planning. It seems that the Leadership Forum increased awareness among primary care participants about the role of this sector in planning, and the benefits of collaborative planning to the community and their own organisation.

Aim 4 & 5: Measure satisfaction with the forums by identifying whether participants' early expectations of the Leadership Forum Series were met, and identifying their remaining or new issues at the end of the series.

At baseline participants identified a list of issues they wanted the Leadership Forums to address. Following collation and analysis of themes, the three most commonly identified issues were "planning for better services", "working together to deliver better services", and "solving workforce issues". At the follow-up questionnaire, participants felt that the forums addressed the first two, but did not address workforce issues. When looking at the aim and content of the forum series, it is perhaps not surprising that participants did not feel that the forum series addressed the workforce issue. The fact that solving workforce issues was nominated in the baseline questionnaire as a significant issue to be addressed is suggestive of the need to address this issue elsewhere.

The final question highlighted participants' views on the next steps required to achieve a more integrated approach to health service delivery in Melbourne's North. Participants clearly articulated a vision for a regional planning body, with a well-defined purpose, scope and membership. Also prominent was the need for problem solving around some of the more practical aspects to implementing the model.

Data from this evaluation has demonstrated that the Health Leadership Forum Series has brought the key agencies in Melbourne's North together to commence the difficult task of conceptualising how an integrated planning model might work, and what the model might look like. Based on the responses to the final question, leaders in Melbourne's North are now looking to scope the work required to implement such a model. This is a clear indication that the Health Leadership Forum Series has achieved its initial aims of increasing awareness of and exploring options in relation to the establishment of a regional integrated planning model.

APPENDIX 1: BASELINE QUESTIONNAIRE

**Planning for Healthier North:
Northern Area Health Planning Leadership Forums 2006**

We are interested in your beliefs and attitudes to planning for new and growth in services in the Northern Metropolitan region. This questionnaire has been designed so that there are no right or wrong answers. Please be honest with your answers. The questionnaire is anonymous.

3. Please nominate what sector you are from (please circle).

Local government	Community Health	Community Nursing	Primary Care Partnership	General Practice	Metropolitan Health Service	Department of Human Services	Other (please specify)
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4. Please rate your understanding of the health needs and demographic properties of **the local catchment serviced by your organisation.**

No understanding 1 2 3 4 5 6 7 8 9 10 Complete understanding

5. Please rate your understanding of the health needs and demographic properties **of the Northern Region as a whole** (*Yarra, Banyule, Nillumbik, Darebin, Whittlesea, Moreland, Hume*).

No understanding 1 2 3 4 5 6 7 8 9 10 Complete understanding

6. Please rate how beneficial you believe joint planning for new and growth in services is:

a) for your organisation

No benefit 1 2 3 4 5 6 7 8 9 10 Enormous benefit

b) for the whole community of the Northern Metropolitan region

No benefit 1 2 3 4 5 6 7 8 9 10 Enormous benefit

Please rate the extent to which you agree with the following two statements

7. We would be more efficient and effective in our goal to improve the health of our local community if we didn't compete for the same resources.

Strongly disagree 1 2 3 4 5 6 7 8 9 10 Strongly agree

8. In general, I trust other agencies to represent the community before representing their own financial and political interests.

Strongly disagree 1 2 3 4 5 6 7 8 9 10 Strongly agree

9. How involved do you think your organisation should be in planning for new and growth in services within each of the following geographical boundaries (please circle):

a. Local Government Area?

Not at all	Informed	Provider of information	Decision maker	Leader
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b. Primary Care Partnership?

Not at all	Informed	Provider of information	Decision maker	Leader
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c. Sub-regional (Northern Region)?

Not at all	Informed	Provider of information	Decision maker	Leader
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d. DHS Regional (North and West Region)?

Not at all	Informed	Provider of information	Decision maker	Leader
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10. Which sectors do you think should involve your organisation when planning for new and growth in services (please circle)?

Primary Care	Sub-acute ambulatory	Sub-acute inpatient	Acute ambulatory	Acute inpatient
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11. Which sectors do you think your organisation should involve when planning for new and growth in services (please circle)?

Primary Care	Sub-acute ambulatory	Sub-acute inpatient	Acute ambulatory	Acute inpatient
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12. Please outline three issues you would like these Northern Area Health Planning Leadership Forums to address:

1. _____

2. _____

3. _____

Thank you for your time in completing this questionnaire.

APPENDIX 2: FOLLOW-UP QUESTIONNAIRE

**Planning for Healthier North:
Northern Area Health Planning Leadership Forums 2006**

We are interested in your beliefs and attitudes to planning for new and growth in services in the Northern Metropolitan region. This questionnaire has been designed so that there are no right or wrong answers. Please be honest with your answers. The questionnaire is anonymous.

1. Please nominate what sector you are from (please circle).

Local government	Community Health	Community Nursing	Primary Care Partnership	General Practice	Metropolitan Health Service	Department of Human Services	Other (please specify)
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2. Which sessions did you attend (please circle)?

Forum 1: Service planning (1 June)	Forum 2: Priority setting (13 July)	Forum 3: Planning cycles (21 September)	Forum 4: Planning boundaries (16 November)
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3. Please rate your understanding of the health needs and demographic properties of **the local catchment serviced by your organisation**.

No understanding 1 2 3 4 5 6 7 8 9 10 Complete understanding

4. Please rate your understanding of the health needs and demographic properties of **the Northern Region as a whole** (Yarra, Banyule, Nillumbik, Darebin, Whittlesea, Moreland, Hume).

No understanding 1 2 3 4 5 6 7 8 9 10 Complete understanding

5. Please rate how beneficial you believe joint planning for new and growth in services is:

a) for your organisation

No benefit 1 2 3 4 5 6 7 8 9 10 Enormous benefit

b) for the whole community of the Northern Metropolitan region

No benefit 1 2 3 4 5 6 7 8 9 10 Enormous benefit

Please rate the extent to which you agree with the following two statements

6. We would be more efficient and effective in our goal to improve the health of our local community if we didn't compete for the same resources.

Strongly disagree 1 2 3 4 5 6 7 8 9 10 Strongly agree

7. In general, I trust other agencies to represent the community before representing their own financial and political interests.

Strongly disagree 1 2 3 4 5 6 7 8 9 10 Strongly agree

8. How involved do you think your organisation should be in planning for new and growth in services within each of the following geographical boundaries (please circle):

a. Local Government Area?

Not at all	Informed	Provider of information	Decision maker	Leader
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b. Primary Care Partnership?

Not at all	Informed	Provider of information	Decision maker	Leader
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c. Sub-regional (Northern Region)?

Not at all	Informed	Provider of information	Decision maker	Leader
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d. DHS Regional (North and West Region)?

Not at all	Informed	Provider of information	Decision maker	Leader
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9. Which sectors do you think should involve your organisation when planning for new and growth in services (please circle)?

Primary Care	Sub-acute ambulatory	Sub-acute inpatient	Acute ambulatory	Acute inpatient
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10. Which sectors do you think your organisation should involve when planning for new and growth in services (please circle)?

Primary Care	Sub-acute ambulatory	Sub-acute inpatient	Acute ambulatory	Acute inpatient
--------------	----------------------	---------------------	------------------	-----------------

11. At the first session you were asked to outline three issues you would like these Northern Area Health Planning Leadership Forums to address. The responses were collated and grouped into themes. Please rate on the scale below how well you feel the forum addressed the three most common issues you identified.

a. Planning for better services and health outcomes for our community

Did not address this issue 1 2 3 4 5 6 7 8 9 10 Thoroughly addressed this issue

b) Working together to deliver better services

Did not address this issue 1 2 3 4 5 6 7 8 9 10 Thoroughly addressed this issue

c) Solving workforce issues

Did not address this issue 1 2 3 4 5 6 7 8 9 10 Thoroughly addressed this issue

12. What issues have been raised or remain that you think should be addressed in the future?

1. _____
2. _____
3. _____

Thank you for your time in completing this questionnaire.