



## Aboriginal and Torres Strait Islander Primary Health Care Systems Evaluation: Health Sector Co-design Group (HSCG) Communiqué for 14-15 February 2019

The Department of Health commissioned a national evaluation of the Australian Government's investment in Aboriginal and Torres Strait Islander primary health care, which occurs primarily through the Indigenous Australians' Health Programme. This evaluation is occurring over four years from 2019-2022 and includes the evaluation team working closely with a Health Sector Co-Design Group (HSCG).

The HSCG's third meeting on 14 and 15 February 2019 was the first meeting in the implementation phase of the Aboriginal and Torres Strait Islander Primary Health Care Systems Evaluation. After an Acknowledgement of Country and a welcome by the acting co-chairs – Dr Casey and Ms Young – members were invited to discuss what was 'top of mind' coming into the meeting. The responses canvassed a number of themes:

- How the evaluation findings could influence change and make a difference.
- The inter-relationships between this evaluation and other reviews and how the design can impact and effect outcomes.
- How the HSCG can continue to co-design the evaluation and support its implementation.
- Management of the evaluation, given its complexity.

The evaluation team shared with the HSCG the work that it has completed since the previous meeting in April 2018. This included the:

- Public release of the Monitoring and Evaluation Design Report.
- Development of a draft Evaluation Framework and Plan.
- Expansion of the evaluation team and the emergence of key roles including engagement leads and workstream leads to implement the evaluation.
- Submission of ethics applications to commence initial engagement with stakeholders in proposed sites.

There were a number of presentations and robust discussions, with all members of the HSCG having a high level of engagement. The HSCG meetings are a key opportunity for the health sector and evaluation experts to come together to develop fresh solutions consistent with the co-design of the evaluation.

Over the two days:

- The evaluation team led a discussion around the development of the evaluation framework, which is an ongoing process involving: the design of principles; framing the boundaries of the evaluation; identifying and prioritising both what is important to Aboriginal and

Torres Strait Islander people; and how the evaluation could support improvements in terms of primary health care systems.

- HSCG members agreed that they should champion the evaluation in their communities and networks and communicate what they were hearing about the evaluation back to the evaluation team. A communication plan and key messages will support this responsibility.
- The evaluation team discussed progress on the Data Feasibility Assessment, highlighting the proposed process for determining the relative value of different data sets for answering the evaluation questions.
- The evaluation team outlined some of the details around site establishment and engagement, including:
  - the process, timeline and interdependencies;
  - the information that will be provided to potential sites noting that participation will be voluntary (for example, about the likely time and effort required to participate as a site in the evaluation; their right to self-select either 'general' or 'in depth' approaches; their autonomy during the evaluation to move from one approach to the other and the anticipated benefits of participation);
  - the key materials the evaluation team plans to use at sites (including a first draft of the Site Participation Agreement); and
  - the importance of cultural competence in the evaluation team.
- The evaluation team gave an update on the process for selecting up to 20 geographic sites to participate in the evaluation, and an overview of the next steps. The process has involved an initial shortlisting of potential sites against selection criteria; consultation with the Department of Health to check for any issues likely to affect the ability of services in the proposed sites to participate in the evaluation; and engagement with all state/territory Aboriginal and Torres Strait Islander Health Partnership Forums for feedback and advice. The HSCG stressed the importance of documenting the selection process and listening to what the Aboriginal and Torres Strait Islander peak bodies were saying.

## Next steps

The HSCG reaffirmed its role in co-design, particularly in the development of the evaluation framework. Its next meeting will be held in June 2019.

## Key resources

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

Health Sector Co-design Group [Meeting No.2 Communiqué](#)

The evaluation website: [www.IPHCeval.com](http://www.IPHCeval.com)