Wimmera PCP (WPCP)

Theory of Change and Valuing Contribution to the Community

November 2019

the incus group
IMPACT IN FOCUS

Summary

- This report presents a summary of a workshop conducted with key members of Wimmera Primary Care Partnership (WPCP) in October 2019 to develop a framework to articulate and value the impact of WPCP's impact on the Wimmera community.

- The participatory workshop included 11 members of WPCP and various partner organisations and employed the Theory of Change and Social Return on Investment (SROI) approach to identify the various strengths of the organisation and the enabling factors it provided to create place-based, community led initiatives to improve the wellbeing of the community.

- It was unanimous from the feedback of the workshop that WPCP was a vital component of the Wimmera community in identifying issues, mobilising stakeholders, promoting community participation, advocating for and implementing contextually appropriate place-based solutions to address regional issues, and improving equity and access across the community

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WPCP's Foundational Strengths

- The following three areas were identified as the foundational strengths of WPCP that were unique to the organisation and allows them to be an effective platform to identify and act as an effective platform to deliver services that contribute to the wellbeing of the Wimmera region

Deep Local Knowledge

- Staff represent the entire Wimmera region and possess a repository of knowledge of services and initiatives across all 4 shires
- Have intelligence on the issues faced and needs of various communities in the regions, and suitability of initiatives to date
- Culturally aware of the specific service needs of the Aboriginal community
- Place-based expertise and approach used by WPCP leads to authentic change and enhanced equity for local communities
- Staff are aware of how different organisations actually function and who would work well together in a place-based approach

Trusted Relationship broker

- WPCP are led by staff with longstanding meaningful personal and professional relationships across the region
- Maintain trusted relationship with service providers, local businesses and institutions
- WPCP's status as a trusted advisor provides them the ability to gain buy in and mobilise the right partners for initiatives
- Able to "connect the dots" and bring people together traditional and non-traditional partners
- Trusted and respected by sponsors and funders to determine suitability of programs
- Ensures end vision and outcomes are shared by partners
- Trusted by the community to take on the responsibility to deliver quality services

Organisational Flexibility and Adaptabilty

- WPCP has a license to 'go outside the box/around pillars of concrete' and be less bound by policies or structures than other orgs thus being more flexible and adaptable during program support and delivery
- Local staff are community leaders who are seen as approachable, responsive and non-judgmental
- WPCP provide the ability to pool resources and expertise to provide a base to start programs (e.g. individually the funding wouldn't achieve anything but pooling it together gets it off the ground)
- Strong leadership leads to strong partnerships where trust, neutrality and a rural/regional lens enables PCPs to be strategic, show leadership and support innovation.

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WPCP's Activities

WPCP's Foundational Strengths enable the effective delivery of the following activities

Deep Local Knowledge		Trusted Relationship Broker		Organisaitonal Flexibility and Adaptability

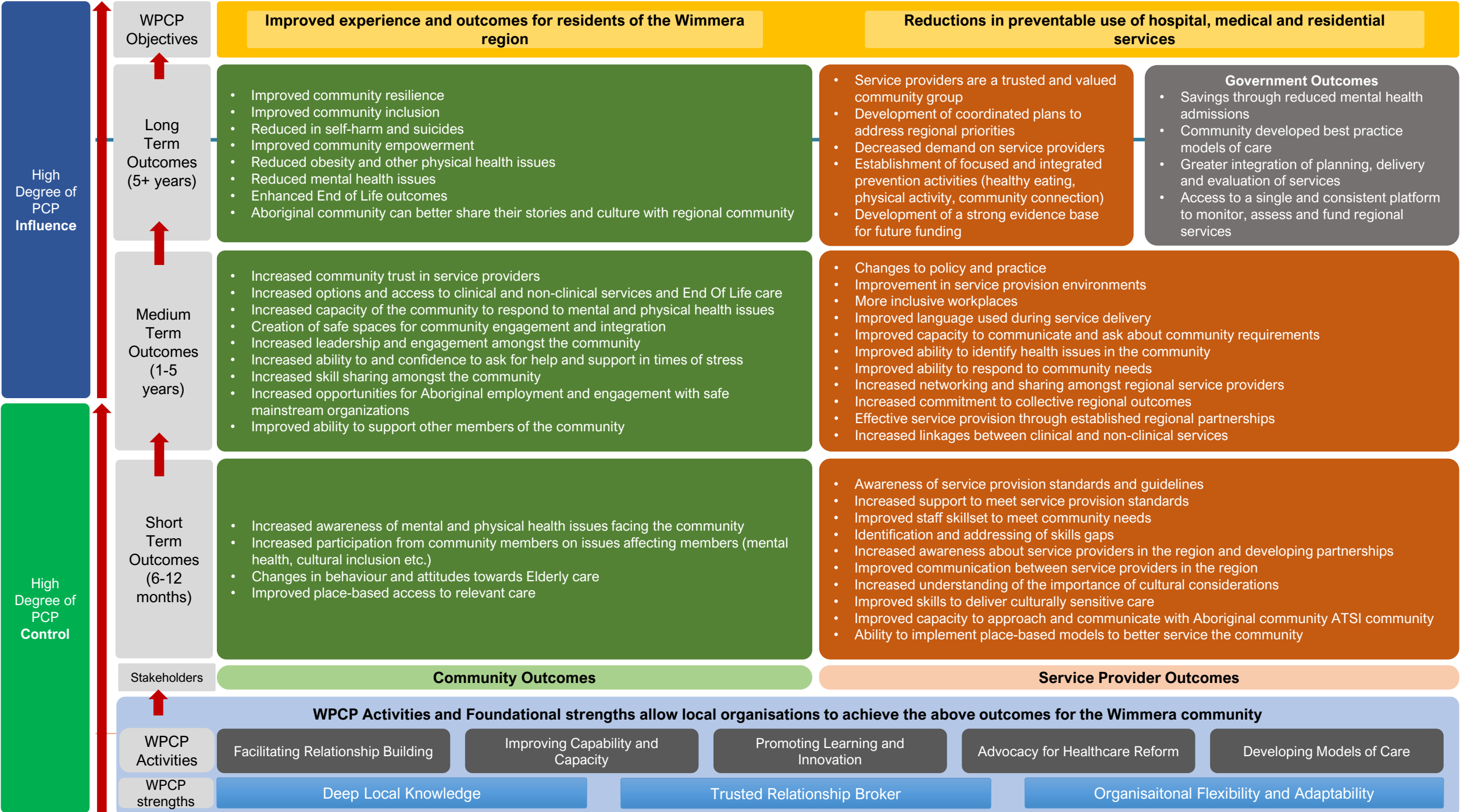| Building Relationships	Improving Capability and Capacity	Promoting Learning and Innovation	Advocacy for Healthcare Reform	Developing Models of Care
• Identifying and mapping key stakeholders in the community across sectors and geographies • Linking the right partners for various issues • Leveraging existing personal and professional relationships • Maintaining positive relationships with Aboriginal organisations • Trusted relationship brokers in the community • Sustaining relationships and conversations with organisations • Proactively starting new relationships (Traditional and non-traditional) • Conducting consultations • Facilitate networking amongst regional organisations	• A hub to provide Professional Development in the region • Upskilling local providers and services • Cultural training • Sharing Best Practice • Train the Trainer (mental health + First aid) • Development of accessible resources • Providing Grants to build capacity • Networking meetings and knowledge sharing on current initiatives in the region • Keeping stakeholders up to date on news, events and resources through social media, newsletters and website • Trusted resource (staff) to be able to execute plans and programs	• Bringing new ideas to the region (Telehealth / Palliative care / Mental health first aid) • Presenting regional accomplishments at conferences • Recognising and sharing strengths and abilities of service providers • Providing a platform to share ideas • Promoting and facilitating responsive service delivery through regional knowledge and cultural awareness	• Promoting cultural awareness to improve culturally sensitive care • Meeting needs of the community and aligning with appropriate quality standards • Community empowerment through community-led and informed design of support services • Providing advocacy on issues facing the community • Refocusing on Wellness and holistic approaches • Greater focus on equity across the community • Promoting timely access to relevant health support services • Participating in Policy Development	• Placing emphasis on community Models of Care (Men's Shed / MHFD / Rural Outreach Program) • Adapting other best-practice models for the Wimmera • Developing localised models • Ensuring Continuity of Care • Linking service provision from "Home" to "regional" to "sub regional" to "metropolitan" • Minimise duplication of projects in the area

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WPCP's Theory of Change

- The following flowchart represents WPCP's Theory of Change that was developed collectively by the participants of the workshop. It also draws on the "Making the Invisible Visible"* report that documented the partnership approach of several PCPs in Victoria

- A Theory of Change describes how an organisation makes a difference for intended stakeholders by linking it's activities to outcomes and to achieving the organisation's overall goals

- It offers an organised way of defining an organization's goals, activities and measurable outcomes by producing:
  - A list of what you have and what you need to operate your program
  - An explanation of how and why your program will produce desired results
  - A blueprint for future program management, evaluation and improvement

		Improved experience and outcomes for residents of the Wimmera region	Reductions in preventable use of hospital, medical and residential services

WPCP Objectives: Improved experience and outcomes for residents of the Wimmera region | Reductions in preventable use of hospital, medical and residential services

High Degree of PCP Influence

Long Term Outcomes (5+ years)

- Improved community resilience
- Improved community inclusion
- Reduced in self-harm and suicides
- Improved community empowerment
- Reduced obesity and other physical health issues
- Reduced mental health issues
- Enhanced End of Life outcomes
- Aboriginal community can better share their stories and culture with regional community

- Service providers are a trusted and valued community group
- Development of coordinated plans to address regional priorities
- Decreased demand on service providers
- Establishment of focused and integrated prevention activities (healthy eating, physical activity, community connection)
- Development of a strong evidence base for future funding

Government Outcomes
- Savings through reduced mental health admissions
- Community developed best practice models of care
- Greater integration of planning, delivery and evaluation of services
- Access to a single and consistent platform to monitor, assess and fund regional services

Medium Term Outcomes (1-5 years)

- Increased community trust in service providers
- Increased options and access to clinical and non-clinical services and End Of Life care
- Increased capacity of the community to respond to mental and physical health issues
- Creation of safe spaces for community engagement and integration
- Increased leadership and engagement amongst the community
- Increased ability to and confidence to ask for help and support in times of stress
- Increased skill sharing amongst the community
- Increased opportunities for Aboriginal employment and engagement with safe mainstream organizations
- Improved ability to support other members of the community

- Changes to policy and practice
- Improvement in service provision environments
- More inclusive workplaces
- Improved language used during service delivery
- Improved capacity to communicate and ask about community requirements
- Improved ability to identify health issues in the community
- Improved ability to respond to community needs
- Increased networking and sharing amongst regional service providers
- Increased commitment to collective regional outcomes
- Effective service provision through established regional partnerships
- Increased linkages between clinical and non-clinical services

High Degree of PCP Control

Short Term Outcomes (6-12 months)

- Increased awareness of mental and physical health issues facing the community
- Increased participation from community members on issues affecting members (mental health, cultural inclusion etc.)
- Changes in behaviour and attitudes towards Elderly care
- Improved place-based access to relevant care

- Awareness of service provision standards and guidelines
- Increased support to meet service provision standards
- Improved staff skillset to meet community needs
- Identification and addressing of skills gaps
- Increased awareness about service providers in the region and developing partnerships
- Improved communication between service providers in the region
- Increased understanding of the importance of cultural considerations
- Improved skills to deliver culturally sensitive care
- Improved capacity to approach and communicate with Aboriginal community ATSI community
- Ability to implement place-based models to better service the community

Stakeholders: Community Outcomes | Service Provider Outcomes

WPCP Activities and Foundational strengths allow local organisations to achieve the above outcomes for the Wimmera community

WPCP Activities:
- Facilitating Relationship Building
- Improving Capability and Capacity
- Promoting Learning and Innovation
- Advocacy for Healthcare Reform
- Developing Models of Care

WPCP strengths:
- Deep Local Knowledge
- Trusted Relationship Broker
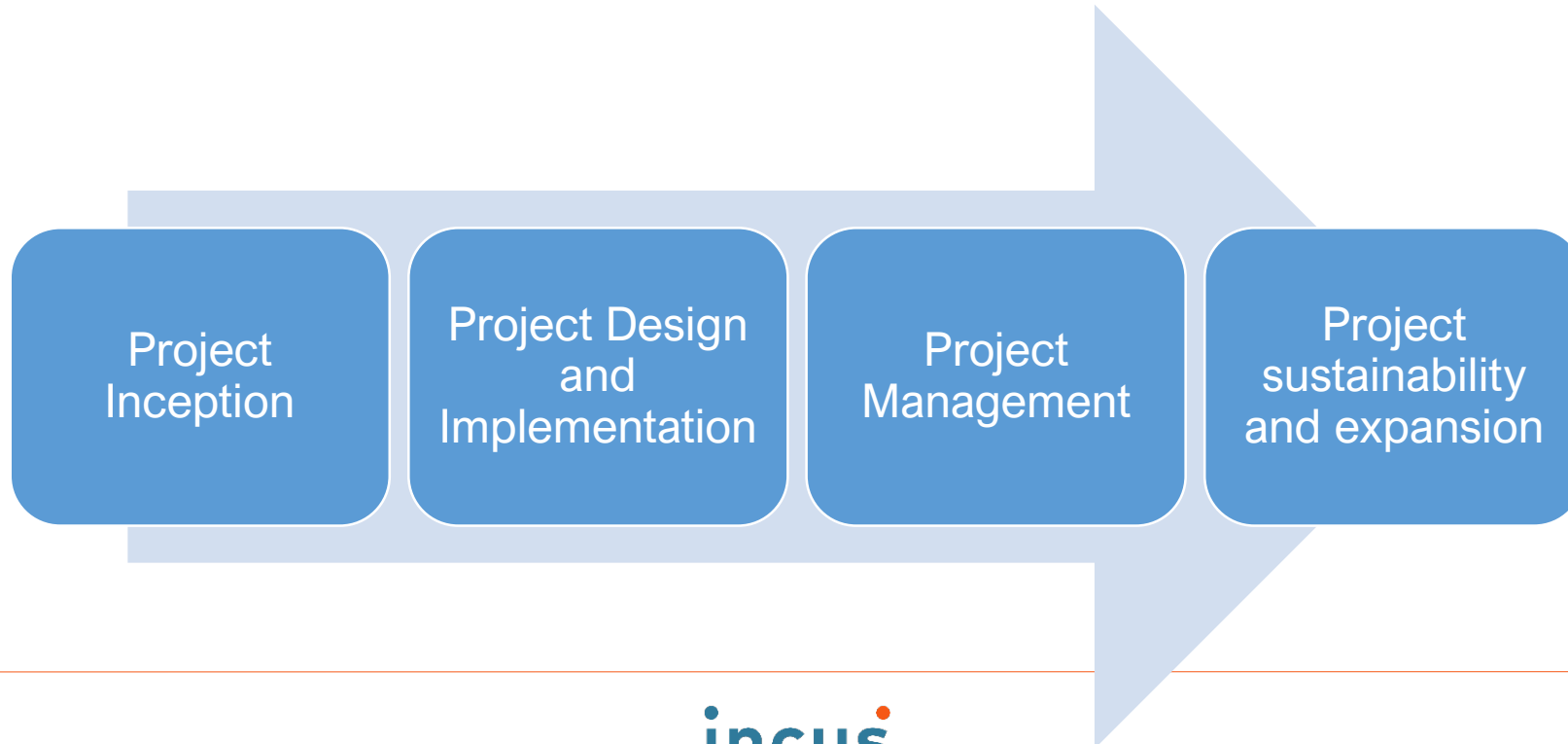- Organisaitonal Flexibility and Adaptability

Valuing the work of the PCP in the Wimmera

- WPCP's deep understanding of regional and rural factors that contribute to issues faced by communities across the region, and their ability to effectively broker the right connections and bring together stakeholders with the appropriate capabilities to address them allows for the creation of fit-for purpose integrated, person-centred and place-based initiatives.

- In the "Making the Invisible Visible" report, the value add of the PCPs is described as being derived through "…the integrated planning, shared expertise and innovation across partners, and in the way that it enables partner organisations to build scale and reach. The contribution of their engagement in partnerships is enhanced by partnership maturity – by which people meant the length, durability and quality of partner relationships and the ability to have open, robust and honest conversations."

- One of the key aims of our workshop was to identify and begin to place a value of the contribution of WPCPs role to the various initiatives in the Wimmera Region.

- A discussion on the contribution of WPCP on various programs including the Men's Shed, Rural Mental Health Outreach and After-Hours Palliative Care initiative revealed that WPCP has a similar and consistent role throughout the end-to-end life cycle of the majority of community-based health initiatives in the Wimmera

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Valuing the work of the PCP in the Wimmera

- For every community-based initiative in the region it was identified that the WPCP provided 4 distinct areas of contribution that could be discretely valued. While the four steps listed below are all part of the traditional life-cycle of any project, the WPCP, through its foundational strengths of Local Knowledge, relationship building and Organisational adaptability bring this value in the inception, implementation and sustainability of all place-based initiatives in the Wimmera.

Project Inception	Project Design and Implementation	Project Management	Project sustainability and expansion

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WPCP Value Add Case Study
Palliative Care

Initiative stage	WPCP contribution	How WPCP contributed to the Palliative Care Initiative
Project Inception	Reducing the needs for expansive feasibility studies any time an issue is identified in the region due to local knowledge of issues	• Mapping of existing services • Investigated what had already been done in the area – what had worked, what happened • Contributing knowledge of Best Practice models in other contexts
Project Design and implementation	Quicker identification and more effective mobilisation of project partners to be involved in project delivery Tailored and more culturally sensitive implementation of service delivery and promoting buy-in and uptake from the local community	• Identified partners from existing relationships • Raised awareness of project needs with individual partners individually to obtain buy in • Held a partner brokerage session to develop a place-centric model of care • Developed project Terms of reference • Application of PDSA model
Project Management	Streamline communication and resource utilization between project partners to better manage project delivery	• Oversaw the testing of two models of care pilots • Administered and managed project funds amongst partners
Project sustainability and expansion	Capacity building of partners to sustain service delivery standards and build an evidence base to communicate challenges and achievements to local, regional and national funding bodies	• Tested and built an evidence base of a model of care that works in a rural context • Community of Practice established to continue the project with existing partners

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WPCP - Value Add Case Study
Men's Shed Initiative

Initiative stage	WPCP contribution	How WPCP contributed to the Men's Shed initiative
Project Inception	Reducing the needs for expansive feasibility studies any time an issue is identified in the region due to local knowledge of issues	• A need was identified during the drought, men isolated, stress on farm
Project Design and implementation	Quicker identification and more effective mobilisation of project partners to be involved in project delivery Tailored and more culturally sensitive implementation of service delivery and promoting buy-in and uptake from the local community	• Drove the project by empowering the community to identify their own needs • Provided a platform for the community to voice their opinions and requirements • Provided community leadership • Applied knowledge of grants application to obtain sufficient funding to bring project to life • Facilitated a community development approach to project design
Project Management	Streamline communication and resource utilization between project partners to better manage project delivery	• Brought together appropriate people and agencies in the community to deliver effective services
Project sustainability and expansion	Capacity building of partners to sustain service delivery standards and build an evidence base to communicate challenges and achievements to local, regional and national funding bodies	• Partners remained as auspicing agencies • Project used as a best-practice model of care in other geographies and contributed to the development of a Statewide/national program from the area

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Valuing the work of the PCP in the Wimmera

- Considering each of the identified areas of WPCP Value-add are traditionally "intangible," (or "invisible") yet applicable to every initiative supported in the region, non-financial valuation techniques were considered to assign financial proxies to capture the value of its contribution across the Wimmera.

- The financial proxies were based on cost of external consultants to conduct the following tasks at $150 per hour and varied across projects based on size and requirements

Initiative stage	WPCP contribution	Financial Proxy

Project Inception	Reducing the needs for expansive feasibility studies any time an issue is identified in the region due to local knowledge of issues	Cost of
		• producing a comprehensive scoping and/or feasibility including:
		  • Regional community/consumer needs survey
		  • Analysis of ABS stats that might be out of date
		  • Qualitative consultations with local services

Project Design and implementation	Quicker identification and more effective mobilisation of project partners to be involved in project delivery Tailored and more culturally sensitive implementation of service delivery and promoting buy-in and uptake from the local community	Cost of • assessing, procuring and appointing appropriate project partners, • hiring consultants to develop program design documents and guidelines • Individual marketing campaigns and material to spread awareness of initiatives to local community and encourage uptake
Project Management	Streamline communication and resource utilization between project partners to better manage project delivery	Cost of • hiring individual project manager for new initiative with responsibilities of managing service delivery, staff professional development, reporting and maintaining partnerships
Project sustainability and expansion	Capacity building of partners to sustain service delivery standards and build an evidence base to communicate challenges and achievements to local, regional and national funding bodies	Cost of • hiring consultants to conduct project evaluation, • cost-benefit studies, and • business case development

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Valuing the work of the PCP in the Wimmera

- In order to measure and quantify the WPCP's value provided over the portfolio of projects supported, we collected data on the following questions through a brief survey from initiative partners to appropriately scale the financial proxies based on their perspective

- The following three questions were asked for each of the 7 statements below:

1) On a scale of 0 (Poor) to 10 (Excellent), how well has this happened in the project? (Outcome Magnitude)

Responses to this question allow us to ascertain the extent to which the tasks associated with each stage were conducted

2) On a scale of 0 (None) to 10 (All of it), how much has the WPCP contributed to this? (Attribution)

Responses to this question allow us to ascertain the extent to which stakeholders felt WPCP contributed to the stage

3) Approximately how much of this do you think would have happened without the WPCP involved (e.g. if you did it yourselves or with another consultant/service provider)? 0, 25%,50%,75%,100% (Deadweight)

Responses to this question allow us to ascertain the extent to which the stage would have occurred if WPCP had not been involved

Initiative stage	Survey Statements
Project Inception	a. Identifying this specific issue faced by the community and making a priority to address it through this initiative
Project Design and implementation	b. Collaboratively bringing together the right partners to deliver a place-based community solution c. Securing appropriate funding and facilitating administrative procedures required to get the initiative running
Project Management	d. Maintaining smooth coordination between project partners during the running of the initiative e. Maintaining positive engagement with the community through the initiative
Project sustainability and expansion	f. Maintaining and/or improving the capacity of project partners to deliver the initiative at a high standard g. Building and communicating the evidence base to support the sustainability and growth of the initiative

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Financial Proxies Used – Palliative Care Project

Outcome	FTE	Duration (weeks)	Hourly Rate	Financial Proxy
Inception	0.8	16	$ 150	$ 72,960
Project Design and Implementation	0.8	12	$ 150	$ 54,720
Project Management	0.5	52	$ 150	$ 148,200
Project Sustainability and Expansion	0.2	52	$ 150	$ 59,280

WPCP Value Add Case Study
Palliative Care

Initiative stage	WPCP Value Add	How WPCP contributed to the Palliative Care Initiative	Magnitude of Outcome	Attribution to WPCP	Deadweight	Value Created
Project Inception	Reducing the needs for expansive feasibility studies any time an issue is identified in the region due to local knowledge of issues	• Mapping of existing services • Investigated what had already been done in the area – what had worked, what happened • Contributing knowledge of Best Practice models in other contexts	90%	88%	25%	$43,338
Project Design and implementation	Quicker identification and more effective mobilisation of project partners to be involved in project delivery Tailored and more culturally sensitive implementation of service delivery and promoting buy-in and uptake from the local community	• Identified partners from existing relationships • Raised awareness of project needs with individual partners individually to obtain buy in • Held a partner brokerage session to develop a place-centric model of care • Developed project Terms of reference • Application of PDSA model	91%	85%	19%	$34,390
Project Management	Streamline communication and resource utilization between project partners to better manage project delivery	• Oversaw the testing of two models of care pilots • Administered and managed project funds amongst partners	88%	88%	16%	$96,834
Project sustainability and expansion	Capacity building of partners to sustain service delivery standards and build an evidence base to communicate challenges and achievements to local, regional and national funding bodies	• Tested and built an evidence base of a model of care that works in a rural context • Community of Practice established to continue the project with existing partners	88%	90%	22%	$96,834
				Total Value Created by WPCP in delivering the Palliative Care Project		$211,241

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WPCP Value Add Case Study
Drought Support

Initiative stage	WPCP Value Add	How WPCP contributed to the Palliative Care Initiative	Magnitude of Outcome	Attribution to WPCP	Deadweight	Value Created*
Project Inception	Reducing the needs for expansive feasibility studies any time an issue is identified in the region due to local knowledge of issues	• A need was identified during the drought, men isolated, stress on farm	82%	85%	48%	$26,698
Project Design and implementation	Quicker identification and more effective mobilisation of project partners to be involved in project delivery Tailored and more culturally sensitive implementation of service delivery and promoting buy-in and uptake from the local community	• Drove the project by empowering the community to identify their own needs • Provided a platform for the community to voice their opinions and requirements • Provided community leadership • Applied knowledge of grants application to obtain sufficient funding to bring project to life • Facilitated a community development approach to project design	84%	85%	46%	$20,877
Project Management	Streamline communication and resource utilization between project partners to better manage project delivery	• Brought together appropriate people and agencies in the community to deliver effective services	88%	86%	43%	$64,124
Project sustainability and expansion	Capacity building of partners to sustain service delivery standards and build an evidence base to communicate challenges and achievements to local, regional and national funding bodies	• Partners remained as auspicing agencies • Project used as a best-practice model of care in other geographies and contributed to the development of a Statewide/national program from the area	85%	86%	41%	$25,311
		Total Value Created by WPCP in delivering the Drought Support Project				$137,009

* Using financial proxies based on Palliative care project timeline

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Valuing other projects

- The average survey scores across both projects were as follows

Initiative stage	Magnitude of Outcome	Attribution to WPCP	Deadweight
Project Inception	86%	87%	36%
Project Design and implementation	88%	85%	33%
Project Management	88%	87%	29%
Project sustainability and expansion	87%	88%	32%

- The above Outcome, Attribution and Deadweight proportions could be used with appropriately adjusted financial proxies (time required) to calculate the value created for other WPCP supported projects

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