

MEDIA RELEASE**10 September 2020****Management of care for people living with serious and continuing illness**

Auditor-General, Mr Michael Harris, today presented a report on the **Management of care for people living with serious and continuing illness** to the Speaker for tabling in the ACT Legislative Assembly.

Mr Harris says ‘this audit considers chronic disease management activities in the ACT since 2013, with reference to four commitments that have an emphasis on improving the healthcare system in the Territory and particularly the healthcare system that serves those living with serious and continuing illness.’

Mr Harris says ‘these four commitments have not been effective in expressing improvement priorities, or in driving or demonstrating improvements to the care of people living with serious and continuing illness in the ACT. The ACT Health Directorate has not established an effective strategic direction for the improvement of care through these commitments.’

Mr Harris also says ‘while acknowledging the major structural change that ACT Government health entities have gone through since 2016, improving the management of chronic conditions has not been afforded the priority envisaged in the four commitments. None of the commitments considered in this audit have added significant value to the ACT community. ACT Health Directorate officials’ and partners’ time and effort in developing strategies, plans and governance arrangements, and in monitoring and reporting on progress represents a significant lost opportunity for improving health outcomes.’

The audit report made five recommendations for improvement, including recommendations aimed at addressing the National Strategic Framework for Chronic Conditions and working in partnership.

The summary of the **Management of care for people living with serious and continuing illness** audit, with audit conclusions, key findings and recommendations is attached to this media release.

Copies of **Management of care for people living with serious and continuing illness: Report No. 07/2020** are available from the ACT Audit Office’s website www.audit.act.gov.au. If you need assistance accessing the report please phone 6207 0833 or go to 11 Moore Street, Canberra City.

SUMMARY

The growing public health challenge in the developed world in the latter part of the 20th century and the first two decades of the 21st century has been the management of chronic disease. Half of all Australians are affected by at least one of the following eight chronic diseases: arthritis, asthma, back pain, cancer, cardiovascular disease, chronic obstructive pulmonary disease, diabetes and mental health conditions.

National (i.e. Commonwealth) and local (i.e. ACT) level strategies for improving chronic disease management in the ACT have been in place over the last 15 years. The first of these strategies, the Australian Health Ministers' Advisory Council's *National Chronic Disease Strategy*, was published in 2005 and was intended to provide 'a nationally agreed agenda to encourage a coordinated response to the growing impact of chronic disease on the health of Australians and the health care system'. The ACT's response to this national strategy was the *ACT Chronic Disease Strategy 2008-2011* and this was followed by the *ACT Chronic Conditions Strategy – Improving Care and Support 2013-2018*. The 2005 national strategy was renewed in 2017 with the publication of the *National Strategic Framework for Chronic Conditions*, for the period 2017 to 2025. Strategies generally span multiple years in recognition of the time needed to effect health system-level changes.

This audit considers the activities of the ACT Health Directorate and Canberra Health Services with respect to four commitments made since 2013 to improve the delivery of care for people living with serious and continuous illness:

- *ACT Chronic Conditions Strategy – Improving Care and Support 2013-2018* (14 May 2013);
- the *ACT Statement of Commitment for Primary Health Care and Chronic Conditions* (12 November 2016);
- the *National Strategic Framework for Chronic Conditions* (13 January 2017); and
- the Bilateral Agreement between Commonwealth and the ACT Government (10 May 2018).

Overall Conclusion

The four commitments considered as part of this audit have not been effective in expressing improvement priorities, or in driving or demonstrating improvements to the care of people living with serious and continuing illness in the ACT. The ACT Health Directorate has not established an effective strategic direction for the improvement of care through these commitments.

A high-level strategy (the *ACT Chronic Conditions Strategy – Improving Care and Support 2013-2018*) was not translated into new or distinct activity or deliverables and, following a change in committee governance arrangements in 2016, was not subject to sufficient governance oversight. Since June 2018 there has been no established position on what the ACT Health

Directorate's priorities are in relation to the *National Strategic Framework for Chronic Conditions* (2017).

Despite the ACT Health Directorate's 2014 intention for stronger, more productive partnership collaboration, particularly at the interface between acute care partners (i.e. the Canberra Hospital and Calvary Public Hospital (Bruce)) and primary care service providers, governance arrangements to support this intention were ineffective in their design and implementation.

While acknowledging the major structural change that ACT Government health entities have gone through since 2016, improving the management of chronic conditions has not been afforded the priority envisaged in the four commitments. None of the commitments considered in this audit have added significant value to the ACT community. ACT Health Directorate officials' and partners' time and effort in developing strategies, plans and governance arrangements, and in monitoring and reporting on progress represents a significant lost opportunity for improving health outcomes.

Chapter conclusions

ESTABLISHING A STRATEGIC DIRECTION

The ACT Health Directorate did not develop an effective strategic direction to improve the management of chronic conditions in the ACT in the period 2013 to 2019. The *ACT Chronic Conditions Strategy — Improving Care and Support 2013-2018* represented a set of universal, high-level aspirations and did not identify ACT-specific deliverables, priorities for improvement or gaps in service provision. No further work was completed to articulate specific priorities and actions to advance the strategy beyond being a high-level aspiration. Two committees that had a role in overseeing chronic disease management services in the ACT, the *ACT Primary Health and Chronic Conditions Steering Committee* (2013 to 2014) and *Coordinating Committee for Primary Health Care and Chronic Conditions* (2016 to 2019) were ineffective in establishing implementation plans that would give effect to either the strategy or the ACT Health Executive Council's three strategic priorities for primary health care and chronic conditions.

The ACT Health Directorate has not responded to the 2017 *National Strategic Framework for Chronic Conditions*. While the intent of the Framework is to guide the development and implementation of policies, strategies, actions and services that address chronic conditions and improve health outcomes within the ACT, three years after the launch of the Framework, no decision has been made on how the ACT Health Directorate intends to respond. A new Government commitment, the *Healthy Canberra: ACT Preventive Health Plan 2020-2025*, does however relate thematically to one objective of the Framework.

IMPLEMENTING A STRATEGIC DIRECTION

The ACT Health Directorate and Canberra Health Services did not develop effective governance arrangements in the period 2013 to 2019 for the implementation of system-level improvements to chronic disease management in the ACT.

The *Coordinating Committee for Primary Health Care and Chronic Conditions* (2016 to 2019) struggled to fulfil its purpose and failed to address core aspects of its terms of reference. A fundamental improvement sought in the revised governance arrangements from 2016 onwards was for the committee 'to identify, assess, recommend, and implement' new activity. This did not occur. ACT Health Directorate and partners' intentions to establish arrangements that would be practical and drive meaningful, innovative activity and determine activities required to drive outcomes each year did not materialise. The ACT Health Directorate did not provide effective support to the committee.

Given the stated importance of working in partnership, since February 2019 it is not clear how partners external to the ACT Health Directorate have been able to plan and collaborate over integrated care initiatives or know what's important to the ACT Health Directorate in the absence of a forum for discussing the development of integrated care and chronic disease management.

The ACT Health Directorate's participation in, and commitment to, the four key initiatives that sought to establish a strategic direction and drive improvement in the management of chronic conditions in the ACT (the *ACT Chronic Conditions Strategy — Improving Care and Support 2013-18*, *National Strategic Framework for Chronic Conditions* (2017), *ACT Statement of Commitment for Primary Health Care and Chronic Conditions* (2017) and *Coordinated care reforms to improve patient health outcomes and reduce avoidable demand for health services Bilateral Agreement* (2018)) have not provided significant added value for the ACT community.

There is no evidence that the *ACT Chronic Conditions Strategy — Improving Care and Support 2013-2018* has had any impact on existing services or in creating new services or projects. Accountability for overseeing the strategy was lost with the establishment of the new coordinating committee in 2016. No evaluation or whole-of-strategy review has been planned or implemented and no specific successes have been attributed to the strategy. The ACT Health Directorate has not yet determined its response to the *National Strategic Framework for Chronic Conditions* (2017). The Bilateral Agreement contained no activities that would not have been implemented anyway. The *ACT Statement of Commitment for Primary Health Care and Chronic Conditions* (2017), designed to obviate the need for a new ACT primary health care strategy and an implementation plan, did not lead to improved partnership working or discrete outcomes. The intention for a partnership to operate through the agency of the *Coordinating Committee for Primary Health Care and Chronic Conditions* via discrete, new projects did not materialise.

CHRONIC DISEASE SERVICES

The Chronic Disease Management Unit, a key feature of the delivery of chronic disease services in the ACT, has managed around 15 services and projects each year since its establishment in 2008. The Unit's ability to plan and establish a strategic direction for its services has not been effective since 2016. A number of key services delivered by the Unit ceased approximately four years ago and since then one of the Unit's main services, the Chronic Care Program, has not made progress. Identifying potential recipients of the Unit's services has been difficult.

Decision making relating to changes in the Unit's services has been poorly documented. The rationale for individual services has not been well understood or documented and the benefits of review, evaluation and learning opportunities in the delivery of services have not been exploited. There is no documented connection between the direction the Unit has taken, the *ACT Chronic Conditions Strategy — Improving Care and Support 2013-2018*, and the work of the *Coordinating Committee for Primary Health Care and Chronic Conditions* since 2016.

PARTNERSHIP ARRANGEMENTS

Working in partnership with external organisations to better integrate care across the health system (and different care settings) is expected to lead to better health outcomes for those living with serious and continuing illness. The ACT Health Directorate has not effectively progressed its intention to develop effective partnerships with external organisations relating to chronic disease management over the 2013 to 2019 period. Where the ACT Health Directorate has worked in partnership with external organisations on chronic disease management projects and initiatives, there has been limited success in undertaking shared planning, taking joint responsibility, equally committing to activities, developing a shared vision of the projects' outcomes, developing a high-level trust or power sharing based on knowledge and expertise.

The ACT Health Directorate has been less engaged and responsive to external partners than anticipated. This has resulted in lower priority and attention being given to projects and frustration from external partners.

The collaboration between the Capital Health Network and the ACT Health Directorate's Mental Health Policy Unit around the development and delivery of integrated mental health services has been a more effective partnership, which can be described as truly collaborative. It exhibited many positive aspects, including joint plans and pooled investment.

Key findings

ESTABLISHING A STRATEGIC DIRECTION

Paragraph

The *ACT Chronic Conditions Strategy — Improving Care and Support 2013-2018* was launched in May 2013 with the intent 'to boost services for Canberrans with chronic

2.19

conditions'. The strategy stated it would provide 'excellent direction for chronic disease initiatives and services'. It identified a series of pledges and commitments to be achieved over the course of the strategy. However, the pledges and commitments are high level and aspirational. While they are not inconsistent with the *National Chronic Disease Strategy 2005*, the strategy did not identify the distinct needs and challenges of the ACT community or how the strategy's pledges and commitments were intended to address ACT-specific needs and challenges.

Two governance committees were in operation during the life of the *ACT Chronic Conditions Strategy — Improving Care and Support 2013-2018* which had the opportunity to provide oversight and influence over the development of a strategic direction for chronic disease management in the ACT. However, neither the *ACT Primary Health and Chronic Conditions Steering Committee* nor the *Coordinating Committee for Primary Health Care and Chronic Conditions* identified specific needs or priority actions for the management of care for people living with serious and continuing illness in the ACT. While the committees identified and reported on pre-existing activity related to the goals and commitments of the strategy, they did not identify gaps in provision, or translate the strategy into specific 'deliverable' activities that were not already taking place. This was a primary responsibility of the *Coordinating Committee for Primary Health Care and Chronic Conditions* from 2016, but it did not do this. 2.26

A high-level commitment by four partner organisations, the *ACT Statement of Commitment for Primary Health Care and Chronic Conditions*, was made in January 2017 by the ACT Health Directorate, the Capital Health Network, Calvary Public Hospital (Bruce) and the Health Care Consumers' Association. The commitment was part of a new governance arrangement which was initiated by the ACT Health Directorate. It was intended to obviate the need for a new primary health care strategy. Its goal included improving the integration of care in the ACT. The commitment was intended to 'be operationalised through time limited practical projects' via a coordinating committee including the four partner organisations. The statement of commitment also recited the ACT Health Executive Council's three strategic priorities as the focus of effort. 2.31

In November 2016 the Capital Health Network published the *Chronic Disease Companion Report* to accompany its May 2016 *ACT PHN Baseline Needs Assessment*. The report is effective in highlighting ACT needs for chronic disease management services and actions to address the gaps. Although it is oriented towards the primary healthcare sector, the report is more specific in identifying the challenges facing the ACT and in identifying potential solutions than the *ACT Chronic Conditions Strategy — Improving Care and Support 2013-2018*. There is no evidence that the *Coordinating Committee for Primary Health Care and Chronic Conditions*: 2.36

- endorsed the strategies proposed in the *Chronic Disease Companion Report*; or

- utilised the strategies proposed in the report to inform the Committee’s work program.

ACT Health Directorate officials advised of a number of activities that have been implemented since the *National Strategic Framework for Chronic Conditions (2017)* as well as ‘investments currently underway in primary care for certain vulnerable cohorts who usually suffer one or more chronic conditions’. ACT Health Directorate officials advised ‘while these were not explicitly linked to the strategies, the strategies were influential in identifying and highlighting areas where investment was warranted. In this manner, the strategies have led to change’.

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In January 2017 the *National Strategic Framework for Chronic Conditions (2017)* was approved by Commonwealth and State and Territory Health Ministers. It identifies the overarching policy for the prevention and management of chronic conditions in Australia and provides guidance for the development and implementation of policies, strategies, actions and services to address chronic conditions and improve health outcomes within the ACT. The Framework’s intention is to ‘enhance current disease-specific policies and influence new and innovative approaches’.

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The ACT Health Directorate and Canberra Health Services have not yet identified jurisdiction-specific challenges and priorities in response to the *National Strategic Framework for Chronic Conditions (2017)*. ACT Health Directorate internal discussions in July 2018, April 2019 and August 2019 focused on what was already being done (e.g. as indicated by the terms ‘mapping’ existing activities, ‘piggy backing’ off existing projects and identifying ‘projects which correlate’ with the National Strategic Framework). At that stage discussions had not progressed to what needs to be done that is not already being done.

2.55

In October 2019 the ACT Health Directorate and Canberra Health Services established the *Chronic Conditions Working Group* with an intention for the group to ‘advise the Minister on options for a way forward with the [*National Strategic Framework for Chronic Conditions (2017)*], which may include the development of an implementation plan under the national framework, or the development of a stand-alone ACT chronic conditions strategy’. As at 5 August 2020 the group was yet to make recommendations for how to respond to the *National Strategic Framework for Chronic Conditions (2017)*.

2.56

A new Government commitment, the *Healthy Canberra: ACT Preventive Health Plan 2020-2025*, ‘sets the foundations for reducing the prevalence of chronic disease and supporting good health across all stages of life’, and therefore relates thematically to one objective of the *National Strategic Framework for Chronic Conditions*, although not explicitly so. The plan’s governance arrangements, if these are established and implemented as proposed, will address many of the shortcomings

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evident in the implementation of the *ACT Chronic Conditions Strategy — Improving Care and Support 2013-2018*.

The *Coordinated care reforms to improve patient health outcomes and reduce avoidable demand for health services Bilateral Agreement* was agreed between the Commonwealth and the Australian Capital Territory in May 2018. The Bilateral Agreement seeks to give effect to the Council of Australian Governments' commitment to 'improving the delivery of care for patients with chronic and complex conditions and reducing avoidable demand for health services'.

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A series of ACT projects was identified and included in the Bilateral Agreement. The projects selected for inclusion in the Bilateral Agreement were already committed to, funded and being implemented prior to the signing of the agreement. Their inclusion in the Bilateral Agreement did not make a difference to their delivery or intended outcomes, other than to provide the potential for learnings to be shared between jurisdictions. In this respect the development of the ACT's Bilateral Agreement did not inform or articulate a strategic direction for improvements in chronic disease management in the ACT. It comprised an action plan of selected activities already underway.

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IMPLEMENTING A STRATEGIC DIRECTION

Paragraph

In November 2014 the operation of the *ACT Primary Health and Chronic Conditions Steering Committee* was reviewed in recognition that it was not as effective as intended. The committee had shortcomings in relation to its ability to establish a baseline position from which to identify priority actions, to focus on a defined set of priorities, to identify appropriate resources and to drive new activity.

3.11

In reviewing the operation of the *ACT Primary Health and Chronic Conditions Steering Committee* in 2014-15, ACT Health Directorate officials aimed to put in place a revised governance structure that would be 'practical and drive meaningful, innovative activity and determine activities required to drive outcomes each year'. These concepts were to be achieved through a 'three tiered approach' that is: a four-way 'statement of commitment', a newly constituted *Coordinating Committee for Primary Health Care and Chronic Conditions*, and a focus on three mutually agreed strategic priorities for primary health care and chronic conditions in the ACT.

3.20

Following the disbanding of the *ACT Primary Health and Chronic Conditions Steering Committee* after its meeting in November 2014, there was no documented successor arrangement in place for another 18 months for the joint oversight of developments relating to chronic disease management and the integration of care between settings (e.g. hospital, home, community and general practice). During this period there was a lack of clarity where responsibility lay for the implementation and oversight of the *ACT Chronic Conditions Strategy — Improving Care and Support 2013-2018*. The lack

3.26

of activity of the *Better Chronic Disease Management Systems Working Group* and the absence of a joint steering committee between November 2014 and May 2016 removed a key mechanism for overseeing jointly undertaken work.

In March 2015 the then Director-General of the ACT Health Directorate approved in principle a new set of governance arrangements relating to chronic conditions and primary health care, one of which was a 'statement of commitment' (between the ACT Health Directorate, the Capital Health Network, Calvary Public Hospital (Bruce) and the Health Care Consumers' Association). Records indicate the intentions of this commitment changed over time. The draft *ACT Statement of Commitment for Primary Health Care and Chronic Conditions* took considerable time to develop, before it was finalised and signed off by all parties between November 2016 and January 2017. The finalised statement of commitment was less specific than initially envisaged and did not include 'measures of success' that were initially intended to facilitate an evaluation of the parties' joint activities and efforts. The statement of commitment that was eventually agreed to had limited value in providing any level of inter-organisational accountability or facility to drive improvement. 3.34

The *Coordinating Committee for Primary Health Care and Chronic Conditions* was an important component of the ACT Government's approach to improving the coordination and integration of services and working with primary health care partners from 2016. The committee met for the first time on 2 May 2016. The most recent meeting of the committee was 19 February 2019. Its status during 2019 was not clear to the committee's external members. 3.39

The *Coordinating Committee for Primary Health Care and Chronic Conditions* was principally accountable to the ACT Health Director-General. The terms of reference of the committee specifically require it to: identify, assess, prioritise and recommend projects; receive ACT Health Director-General prior endorsement for those tasks and projects; and implement endorsed tasks and projects. These responsibilities were explicit and were designed to address shortcomings experienced in the operation of the previous committee. 3.45

The ACT Health Directorate did not adequately resolve funding arrangements for the *Coordinating Committee for Primary Health Care and Chronic Conditions*. A proposal for a small annual budget of approximately \$300,000 was initially identified but not progressed. There was no further discussion of discrete resources for projects proposed or implemented by the committee. The ACT Health Directorate had previously identified limitations in the effectiveness of the former *ACT Primary Health and Chronic Conditions Steering Committee* arising from the non-alignment between its responsibilities and the financial resources it was able to influence. 3.53

The development of the Territory-wide Health Services Framework in 2016 and 2017 had an impact in two ways on the work of the *Coordinating Committee for Primary* 3.67

Health Care and Chronic Conditions. It created uncertainty as to how to proceed with the work of the committee, and it also led to a lower priority being afforded by the ACT Health Directorate to its support for the committee between July 2017 and November 2017.

A key responsibility of the *Coordinating Committee for Primary Health Care and Chronic Conditions* was to 'identify, assess, prioritise and recommend tasks and time limited projects to ACT Health Director-General that can be implemented in support of the ACT strategic priorities for primary health care and chronic conditions'. The committee did not fulfil this role, but instead considered activities already being undertaken by committee members' organisations. The selection and recommendation of these activities were not overseen by the committee. 3.74

With one exception, the *Coordinating Committee for Primary Health Care and Chronic Conditions* did not prepare biannual or annual reports of its activities, or prospective work plans for the consideration of and approval by the ACT Health Director-General. In the one instance where a report was prepared (covering the 2016-17 year), the acting Director-General 'noted' rather than 'approved' the report. The committee's reporting of, and the Director-General's engagement with, the committee's business was ineffective. 3.82

There was a lack of engagement and reciprocity by the ACT Health Directorate with the *Coordinating Committee for Primary Health Care and Chronic Conditions* and its activities. This was recognised at the committee's meeting in February 2019, the minutes of which note 'If a commitment cannot be made to ongoing, consistent participation in the Committee by the Health Directorate, then perhaps a different route to coordinating primary health care activities in the ACT should be considered'. The lack of engagement by the ACT Health Directorate undermined the committee's authority and the value of collaboration between external partners and the ACT Health Directorate. 3.91

The *Coordinating Committee for Primary Health Care and Chronic Conditions* was established with the aim of it being an executive committee of the statement of commitment signatories. It did not achieve that. In practice it progressed as an oversight committee for the purpose of providing advice to the Director-General of the ACT Health Directorate. In this it was unsuccessful since its advice was not actively sought or responded to by the Director-General of the ACT Health Directorate. The *Coordinating Committee for Primary Health Care and Chronic Conditions* did not function according to its terms of reference. The *Coordinating Committee for Primary Health Care and Chronic Conditions* acknowledged it was not adding value in terms of the delivery of chronic disease management activities since the activities discussed by the committee 'would be taking place whether the Committee existed or not'. 3.94

The *Coordinating Committee for Primary Health Care and Chronic Conditions* met only once in 2019 (on 19 February 2019). The *Chronic Conditions Working Group* held its inaugural meeting on 29 October 2019 comprising members from the ACT Health Directorate and Canberra Health Services. The group resolved to propose to the Deputy Director-General, Health Systems, Policy and Research the cessation of the *Coordinating Committee for Primary Health Care and Chronic Conditions* 'given overlap between groups and standstill of the Coordinating Committee'. No alternative proposal was made at the *Chronic Conditions Working Group* for how partners who are external to the ACT Health Directorate or Canberra Health Services would be engaged. The principal benefit of the *Coordinating Committee for Primary Health Care and Chronic Conditions* was that it provided a valuable opportunity for external partners to share information on projects and services aimed at care coordination and integrated care. In the absence of an alternative, the cessation of the *Coordinating Committee for Primary Health Care and Chronic Conditions* risks undermining information sharing and collaborative effort.

3.109

Neither the *Coordinating Committee for Primary Health Care and Chronic Conditions* nor the ACT Health Directorate's internal governance structures effectively monitored or reviewed the implementation of the *ACT Chronic Conditions Strategy — Improving Care and Support 2013-2018*. No evidence was found in records to demonstrate how the strategy was being translated into deliverables, how it was monitored, or how the effectiveness of the strategy was evaluated following the last meeting of the *ACT Primary Health and Chronic Conditions Steering Committee* in November 2014.

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The *ACT Chronic Conditions Strategy — Improving Care and Support 2013-18* stated '[the strategy] needs to be accompanied by the focused intent to improve, the allocation or re-allocation of resources and the engagement and commitment of management to become a reality'. There is minimal evidence of a focused intent to improve the allocation or re-allocation of resources or the engagement and commitment of management. These limitations inhibited progress in driving system-level improvements in accordance with the intentions of *ACT Chronic Conditions Strategy — Improving Care and Support 2013-18*.

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The ACT Health Directorate's Health Systems Policy and Research Executive Committee and subsequently the Health System Strategic Policy Committee were responsible for the oversight of ACT Health Directorate's contribution to the *Coordinated care reforms to improve patient health outcomes and reduce avoidable demand for health services Bilateral Agreement* (2018). These committees have not provided effective oversight of the Bilateral Agreement and its implementation. At times lines of responsibility were not clear within the ACT Health Directorate. While a report on the ACT's progress in implementing its actions and initiatives was

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provided in January 2020, no report was submitted to the COAG Bilateral Agreement on Coordinated Care Implementation Advisory Group in June 2019.

CHRONIC DISEASE SERVICES

Paragraph

The Chronic Disease Management Unit, established as part of the Aged Care and Rehabilitation Service in 2008, was identified as a key success emerging from the *ACT Chronic Disease Strategy 2008-2011*. However, it is not clear in documentation what ‘building on the successes’ of the *ACT Chronic Disease Strategy 2008-2011* would entail for the Unit under the successor strategy, the *ACT Chronic Conditions Strategy – Improving Care and Support 2013-2018*.

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In June 2015 the Chronic Disease Management Unit was responsible for 15 different projects and services it was implementing. The Chronic Disease Management Unit had good governance and management features including: annual business planning for the Unit; annual performance reporting; quarterly or biannual monitoring and reporting; monthly Unit executive meetings; and a Chronic Disease Management Clinical Network members’ meeting approximately every two months. These activities were routinely undertaken as expected, except between late 2016 and late 2017. During this period there was a consistent absence of documentation of governance and management activities of the Chronic Disease Management Unit, for which no written explanation was found. This presented a risk to accountability and performance improvement for the services within the Unit.

4.15

The Chronic Disease Management Unit aims for continuous improvement. However, it has not established an effective performance framework for its services. For example, there is an absence of service-based measures and performance targets for the measures. An effective performance framework, with identified outcomes and associated performance indicators, would facilitate improved levels of accountability and direction setting for services.

4.26

The Chronic Disease Management Unit’s business plans for 2017-18 and 2018-19 identified a number of planned activities that were intended to be pursued over the years. While the corresponding annual performance reports did not effectively report the progress of these planned activities, internal business plan reviews did. Given the annual report aims to provide an assessment of the Unit’s performance, a better practice report would report on achievement in relation to the Unit’s objectives for (and during) the year, and not only its accomplishments.

4.32

The Chronic Disease Management Clinical Network is a long-standing service of the Chronic Disease Management Unit, the purpose of which is to ‘... draw together the clinical services responsible for the management and care of patients with a chronic condition. The focus is on effective collaboration and improved integration between services to provide better continuity of care’. The Network has between 30 and 40

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members from many different hospital-based clinical units and community-based services, of which approximately half regularly attend meetings. While the majority of respondents to a survey on the future direction of the Network 'saw the network as being relevant to extremely relevant to their role', it has been described as a 'talking shop' and a time-intensive impost on staff. Canberra Health Services will need to continue to monitor the level of support and involvement its staff provide for the Network as well as the purpose and key activities of the Network.

The Chronic Care Program has been a key service of the Chronic Disease Management Unit since 2011. Between 2014-15 and 2018-19 the number of distinct patients participating in the program reduced from 128 to 88 and the number of face-to-face occasions of services has reduced from 817 to 324 (although these figures have been offset by the number of non face-to-face contacts, which increased from 2,064 to 2,503). The program's aims are not well understood and identifying potential service users (i.e. receiving referrals) is challenging. In advice to the Audit Office the subject matter specialist stated 'This decrease in referral numbers, and ensuing occasions of services, is compounded by differing perceptions as to the aim and objectives of the Program and the lack of demonstrable outcomes that measure and support how well the Program is meeting its aim and objectives'.

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Between 2008 and 2017 a number of different services were pursued by the Chronic Disease Management Unit, including the Chronic Disease Register, Chronic Disease Home Telemonitoring Service and the Chronic Disease Telephone Coaching Service. These three services ceased operation between April 2016 and June 2017 and have not been recommenced. Prior to these services' cessation the Chronic Disease Management Unit did not implement consistent and effective review and evaluation activity for these services; a review of the Chronic Disease Telephone Coaching Service was planned but not progressed; a review of the Chronic Disease Home Telemonitoring Service was undertaken, but the findings were not influential in shaping future services; and recommendations associated with a review of the Chronic Disease Management Register were not responded to. Learnings from review and evaluation activity were not maximised or utilised for improving service delivery.

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There was also insufficient documentation to explain and support the reasons for the cessation of these three services and it is not evident that all relevant factors were appropriately considered. The lack of documentation does not facilitate accountability and good governance for decision making.

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The suite of services provided by the Chronic Disease Management Unit changed substantially during the course of the *ACT Chronic Conditions Strategy – Improving Care and Support 2013-2018*. No evidence was found to indicate that the strategy, or the *Coordinating Committee for Primary Health Care and Chronic Conditions*, was influential in shaping the Unit's direction. It would be timely for the value and

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purpose of all services within the Unit to be reappraised, be that leading to reconfiguration, renewal and development, or cessation, in the light of the ACT Government’s response to the *National Strategic Framework for Chronic Conditions* (2017), when this materialises.

PARTNERSHIP ARRANGEMENTS

Paragraph

The ACT Health Directorate (or Canberra Health Services) has sought to work in partnership with the Capital Health Network and the Health Care Consumers’ Association on a range of collaborative projects relating to improving the care of people with chronic conditions between 2016 and 2019. Of the collaborations considered as part of the audit, four of the five partnership arrangements were described as being at the ‘cooperation’ or ‘communication’ level. This means these partnerships have not been effective in: undertaking shared planning, taking joint responsibility, equally committing to activities, holding a shared vision of the projects’ outcomes, developing a high-level trust or power sharing based on knowledge and expertise.

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The collaboration between the Capital Health Network and the ACT Health Directorate’s Mental Health Policy Unit around the development and delivery of integrated mental health services contrasts with the more limited effectiveness of the other collaborative projects. The ACT Health Directorate’s Mental Health Policy Unit’s work provides a number of positive learning opportunities for future joint initiatives, such as joint plans and pooled investment.

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Recommendations

RECOMMENDATION 1 NATIONAL STRATEGIC FRAMEWORK RESPONSE

The ACT Health Directorate and Canberra Health Services should determine what ACT-specific response is warranted to the ACT Government’s commitment to the *National Strategic Framework for Chronic Conditions* (2017), how this should be achieved, and by whom. In order to do this, ACT-specific challenges and priorities should be identified and responded to.

RECOMMENDATION 2 PARTNERSHIP PLANNING

As part of the ACT’s response to the *National Strategic Framework for Chronic Conditions* (2017) the ACT Health Directorate and Canberra Health Services should identify and promote the development of partnership arrangements that are capable of implementing chronic disease management improvement strategies in the ACT. In doing so they should:

- a) identify the organisational and mutual goals and objectives to be achieved from the different partnership arrangements and their contribution to chronic disease management in the ACT; and

- b) clearly identify roles and responsibilities of the various groups and fora that have been established through these partnership arrangements.

RECOMMENDATION 3 CHRONIC DISEASE MANAGEMENT UNIT GOVERNANCE

Canberra Health Services should improve the transparency and accountability of the Chronic Disease Management Unit by developing a performance framework for its activities including identified outcomes and associated performance indicators for its services and programs.

RECOMMENDATION 4 CHRONIC DISEASE MANAGEMENT UNIT SERVICES AND PROGRAMS

Canberra Health Services should establish how it intends to progress the Chronic Disease Management Unit and the services and programs it currently provides. This should include:

- a) examining and re-articulating the principal purpose of the Unit, and the models of care it supports;
- b) identifying how each service or program improves the integration of chronic care provision in hospital, community and primary care settings across the ACT;
- c) identifying how each service or program contributes to the overarching vision and strategic direction for the management of chronic conditions in the ACT, in the light of the ACT Government's response to the *National Strategic Framework for Chronic Conditions (2017)*; and
- d) particular attention being paid to the Chronic Care Program.

RECOMMENDATION 5 WORKING IN PARTNERSHIP

Canberra Health Services and the ACT Health Directorate should develop and implement a model for working in partnership with non-government and community-based organisations for the delivery of chronic disease management programs and services. The model should identify and articulate the agencies' intention to:

- a) provide visible leadership and invest commensurate time and effort where commitments have been made to working in partnership;
- b) undertake shared planning;
- c) facilitate joint responsibility;
- d) achieve equal commitment to activities;
- e) hold a shared vision of the program or service's outcomes; and
- f) develop high-level trust across partners, based on knowledge and expertise.