

**Evaluating a Model of Community Governance in a Health Setting:
the Case of Local Area Groups
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OHP2

National Policy Context since 1997

- Modernisation of public services
- Emphasis on collaboration and local partnerships
- Patient and public involvement

PCT objectives for the LAGs based on principles of ‘alternative governance’

- Direct relationship with local community
- Innovative ways of working
- Increased accountability
- Participation in developing PCT policy and decision-making

OHP 3

Where we started

- HAZ Innovations Project
- Three sites with different populations and models
- Indicators included in log frames

Principles of the Evaluation

The evaluation proposal incorporating aspects of process evaluation, realistic evaluation and reflective practice.

- Process Evaluation follows the development of the Local Area Groups (LAGs)
- Qualitative research methods: literature reviews; participant observation; document analysis; and semi-structured interviews
- Realistic evaluation asks ‘What works for whom, in what circumstances?’
- Reflective practice and capacity building are linked to learning
- Stakeholders’ perspectives – Whose questions are addressed? What are their assumptions? Are goals shared? How are decisions made?

OHP 4

Process of setting up the Local Area Groups (LAGs)

1. LAG members' perspective on:

- Role of the LAGs
- Accountability
- Structure and composition of LAGs
- Methods of working
- Involvement in decision-making
- Representation issues and links to the community
- Training needs

OHP 5

Process of setting up the Local Area Groups (LAGs)

2. Impact on the PCT

- How the non-executives, managers, and PEC members were recruited
- Satisfaction of these LAG members with the process
- Level of awareness of LAGs - PCT Board, PEC and managers
- Financial implications of the LAGs – devolved budgets

OHP 6

Initial Findings - What is going well?

- General agreement about the purpose of the LAGs
- Agreement that LAGs incorporate a well-being as well as a health agenda
- Accountability mechanisms from LAGs to PCT are clear and work
- Methods of working are developing at the level of each LAG
- Increasing levels of satisfaction about the focus and content of the meetings
- Partnership working identified as one of the major strengths of the LAGs

OHP 7

Initial Findings - What areas need further work?

- Urgency of HIMP deadlines limited the scope for initial discussion
- Accountability from PCT to LAGs needs to be more robust
- LAG members' roles and responsibilities need clarification
- There is variability between LAGs with satisfaction about the style of meetings
- how they are chaired and minute taking

- Low level of support for working outside of LAG meetings from non-PCT LAG members

OHP 8

Four months away from the end of the evaluation – what have we done?

- Changes in indicators from inappropriate measures to softer indicators such as perceptions of services and sense of well being
- Interviews with key stakeholders completed and data are being analysed
- Participant observation continues
- Setting up the LAGs took longer than expected, so the evaluation will end after 18 months of LAGs operating
- Discussions with stakeholders about how findings can be presented to assist further development
- Relevance to the national context - Health Action Zones are winding up, but other agendas, such as public and patient involvement, mean that evaluation findings are still relevant.