

North East Healthy Drinks Project

Early evaluation of a collective impact approach

September 2019

Sharing the journey towards collective action in support of water over sugary drinks

Executive Summary

North East Healthy Communities is the Primary Care Partnership that represents the local government areas of Banyule, Darebin and Nillumbik. In 2017, with support and leadership from North East Healthy Communities, eleven organisations across the region formed the North East Healthy Drinks Alliance (the Alliance) with the aim of addressing high consumption of sugary drinks across the region and promoting water as the drink of choice. The Alliance adopted the collective impact framework to guide and inform their work as a large, cross-sectoral, multi-organisation partnership.

Collective impact offers a framework for leveraging commitment and coordinated action from a range of stakeholders for addressing a specific social and/or environmental problem. The framework recommends five core conditions to facilitate collective impact towards a common goal. These are: a common agenda; a backbone organisation; mutually reinforcing activities; shared measurement; and continuous communication.

The collective impact framework proposes that evaluation be undertaken in stages across the life of the project. This report constitutes the early evaluation of the North East Healthy Drinks project, which has been undertaken in partnership between La Trobe University and North East Healthy Communities.

The early evaluation is formative in that it seeks to reflect, learn and facilitate project improvement. The objectives of the early evaluation are to describe the progress of the healthy drinks project in its first two years, to describe the alignment of the project with the theoretical collective impact model, and to identify areas for development and opportunity.

The method for the evaluation involved reviewing project documentation, observations of some Alliance activities by a member of the La Trobe research team, a self-assessment by North East Healthy Communities, and follow-up interviews with two of their key staff.

The findings of the early evaluation demonstrate that much has been achieved in the first two years of the Alliance project, and that its progress aligns with multiple areas of the collective impact framework. Early investment in the development of a common

agenda has been a particular strength which has served the Alliance in its work. The Alliance membership, which has now grown to 14 partners, consists of organisations with a range of primary functions, including local government, community health, aged care, disability support, mental health, community health and fitness, refugee support services, utility/water provision, and public health advocacy.

North East Healthy Communities has played a strong role as the backbone organisation, providing tailored support, direction and resources, and facilitating communication across the Alliance. The ability to be agile, flexible and responsive to the real-world and resource-constrained context of partner organisations has been essential in this successful approach.

In the first two years, member organisations have undertaken a large range of healthy drinks activities, including policy, behavioural and environmental approaches. Activities include the continuation of existing work, and new approaches. The Alliance chose not to develop a joint plan of action at the outset of the project, and this was consistent with respecting the existing work and priorities of partner organisations and avoiding a rapid and burdensome shift in direction. Investment in defining the common agenda, alongside the backbone support of North East Healthy Communities, is likely to underpin the collective coherence of the Alliance's activities towards its vision.

The first two years of the North East Healthy Drinks Alliance has been a valuable period for sharing knowledge and expertise, building networks and relationships, and trialling new approaches, individually and in partnership. The Alliance is well placed to pursue further development in its priority areas and to capitalise on opportunities arising from its work to date. Key priorities at the current time include the development of a Healthy Drinks Strategy which will include shared goals, objectives, and a menu of activities for the next stage of the project. The Healthy Drinks Strategy will then serve as a valuable base for developing a shared approach to measurement.

The experience of the North East Healthy Drinks Alliance in using the collective impact framework to support a place-based, partnership approach offers valuable insights for community-based population health approaches. These may be understood more fully

through ongoing collaboration with local researchers to capture the perspectives and experiences of the Alliance partners.



Banyule City Council
Banyule Community Health
Bolton Clarke
City of Darebin
healthAbility
Latrobe Life Skills
Mind Australia
Neami National
Nillumbik Shire Council
Spectrum
SugarByHalf
Yarra Valley Water
YMCA
Your Community Health

Contents

1. Introduction	7
1.1 Project background	7
1.2 The collective impact framework.....	7
1.3 Scoping the evaluation.....	8
1.4 Evaluation goal and objectives.....	10
2. Method	11
2.1 Data collection	11
2.2 Data analysis and reporting	12
3. Findings.....	13
3.1 A common agenda.....	13
3.2 A backbone organisation	19
3.3 Mutually reinforcing activities	22
3.4 Shared measurement	26
3.5 Continuous communication.....	28
4. Conclusion and future directions	30
References.....	31
Appendices	32
Appendix 1: North East Healthy Communities self-assessment against Collective Impact outcomes and indicators	32
Appendix 2: Early consultation with Alliance members.....	46

1. Introduction

1.1 Project background

North East Healthy Communities is the Primary Care Partnership (PCP) that represents the local government areas of Banyule, Darebin and Nillumbik. North East Healthy Communities leads, connects, supports and takes collective action to create healthy communities, prevent illness and harm, and promote access and equity.

In 2017, with support and leadership from North East Healthy Communities, eleven organisations across the region formed the North East Healthy Drinks Alliance (the Alliance) with the aim of taking a population level approach to addressing high consumption of sugary drinks and to promote water as the drink of choice. To guide the project and their approach as a large, cross-sectoral, multi-organisation partnership, the North East Healthy Drinks Alliance adopted the collective impact framework as a guiding influence to inform their work.

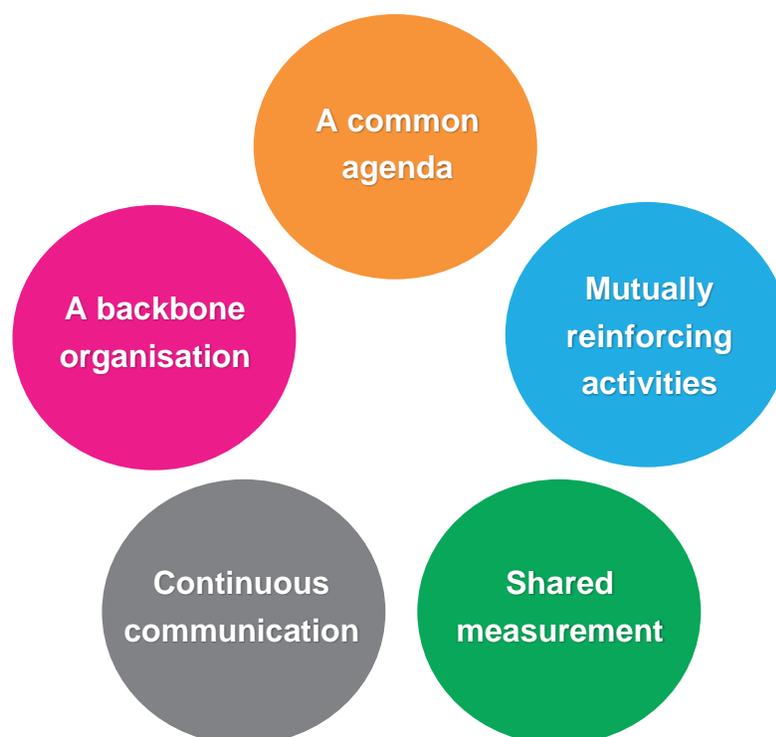
This report describes the early evaluation of the North East Healthy Drinks project. It is a collaborative effort between North East Healthy Communities and La Trobe University. The early evaluation addresses the first two years of the North East Healthy Drinks project, from 2017 to 2019.

1.2 The collective impact framework

Collective impact (CI) is a framework that was first described by Kania and Kramer in 2011, in response to the observation that within the social sector, efforts towards change traditionally take the form of isolated intervention by individual organisations. Yet, to achieve large-scale social change, cross-sectoral, co-ordinated action is needed. Collective impact is distinct from other ways of working in partnership in that it offers a framework for leveraging commitment and co-ordinated action from a range of stakeholders from different sectors for addressing a specific social and/or environmental problem (Kania and Kramer, 2011).

The framework specifies five core conditions that together facilitate collective impact towards a common goal. These are: a common agenda; a backbone organisation; mutually reinforcing activities; shared measurement; and continuous communication (Figure 1) (Australian Institute of Family Studies, 2017).

Figure 1: The five core conditions of collective impact



The framework recognises that collective impact approaches take time as investment in building trust and capacity across a partnership is essential for achieving an effective collective approach.

1.3 Scoping the evaluation

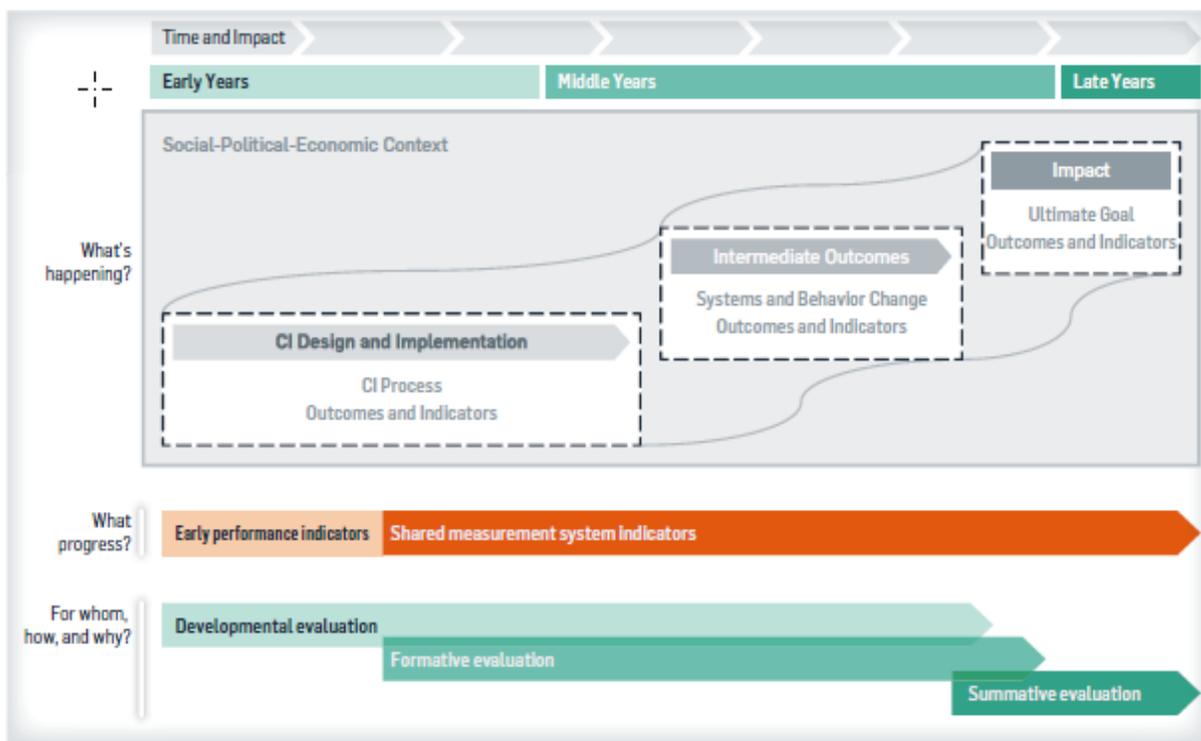
In late 2018, North East Healthy Communities established a collaboration with La Trobe University to evaluate the North East Healthy Drinks project.

North East Healthy Communities and the La Trobe University research team considered a range of factors in determining the scope of the current evaluation. The importance of shared measurement within a CI approach was recognised early on and the development of a monitoring and evaluation framework was initially considered as a key

focus area. However, consideration of the stage of the project, the CI framework and suggested evaluation approaches identified alternative areas of value for the focus of the early evaluation.

In the research literature, it is recommended that evaluation of CI approaches be undertaken in phases over the life of the project (Figure 2). In the early years, evaluation might focus on the functionality of the partnership in relation to the five conditions of collective impact (Figure 1). In the middle years, the focus may shift to evaluating intermediate outcomes such as changes in systems and behaviour, and in the later years it may shift again to evaluating the ultimate impact of the partnership and the project (Preskill et al. 2014).

Figure 2: Framework for designing and conducting performance measurement and evaluation of collective impact efforts



Source: Preskill et al., 2014.

Additionally, considerations of the scope of the early evaluation identified the value of undertaking formative evaluation during the early years of the project, which seeks to

reflect, learn and improve the design and/or implementation of a program (Mathison, 2005).

The scope of the early evaluation was subsequently defined to be formative in nature, with a focus on describing the early progress of the North East Healthy Drinks project, its alignment with the theoretical CI model, and areas for development and opportunity. The goal and objectives of the early evaluation are set out below.

1.4 Evaluation goal and objectives

Evaluation goal

To inform decision making to support strengthening of the North East Healthy Drinks Alliance collective impact approach.

Evaluation objectives

- Describe the North East Healthy Drinks Alliance project alignment with CI practices and principles
- Identify areas of progress in the Alliance project
- Identify development and opportunity areas in the Alliance project

2. Method

2.1 Data collection

2.1.1 Document review

The following documentation was reviewed by a member of the La Trobe University research team.

- North East Healthy Drinks Alliance documents supporting governance and communication: Healthy Drinks Charter, project update, policy documents;
- Available data collected from the Alliance members including project descriptions, operational plans, photo shots of posters, student reports;
- Current activity summaries from Alliance members.

2.1.2 Observations and notes from stakeholder activities

Observations and notes were recorded by a member La Trobe University research team during stakeholder activities held in February and March 2019 (Appendix 2). Notes from the Alliance strategy development workshop (September, 2019) summarising partner activities were compiled by North East Healthy Communities and provided to the La Trobe research team.

2.1.3 Self-assessment undertaken by North East Healthy Communities

In August, 2019, North East Healthy Communities (the backbone organisation) undertook a self-assessment of the project against a detailed framework of outcomes and key performance indicators described by Preskill et al. (2014), which are associated with high performing collective impact design and implementation. The self-assessment is shown in Appendix 1.

2.1.4 Interviews with North East Healthy Communities staff

In September, 2019, follow-up interviews were conducted with two key staff from North East Healthy Communities to capture additional insights from staff who had had central involvement in the project during its first two years. The interviews were semi-structured and were conducted by a member of the La Trobe research team. The interviews focused on strengths and successes, challenges, lessons learnt and opportunities

relating to the Alliance project to date, and the approach taken by North East Healthy Communities as the backbone organisation.

2.2 Data analysis and reporting

Data were reviewed and collated to address the evaluation objectives. The findings are reported under each of the five conditions of collective impact (a common agenda; a backbone organisation; mutually reinforcing activities; shared measurement; and, continuous communication) including progress to date (strengths, successes and challenges) and areas for development and opportunities.

3. Findings

3.1 A common agenda

The collective impact framework identifies 'A common agenda' as a core condition for achieving change. This is articulated as all participants having a shared vision for change, including a common understanding of the problem and a joint approach to solving it through agreed upon actions (Kania et al., 2011). It also calls for a diverse set of voices and perspectives from multiple sectors and across the community.

Progress to date: strengths, successes and challenges

The North East Healthy Drinks Alliance membership

The North East Healthy Drinks Alliance is made up of fourteen organisations whose work is relevant to the health and well-being of people in north-east metropolitan Melbourne, and/or the consumption of healthy drinks such as water.

Table 1 summarises the organisational characteristics of the Alliance members. Eleven organisations joined the Alliance upon its formation in 2017, while one joined in 2018 and two more in 2019. The Alliance membership consists of organisations with a range of primary functions, including local government, community health, aged care, disability support, mental health, community health and fitness, refugee support services, utility/water provision, and public health advocacy.

The Alliance membership also consists of organisations working in a range of geographic areas; some work specifically in the local government areas of Banyule, Nillumbik or Darebin, while others work across the north east metropolitan region, and beyond, at metropolitan, state or national level.

The organisation context and resourcing for work in the area of healthy drinks also varies across the Alliance. As part of Victorian Government Integrated Health Promotion funding, the three community health centres are required to undertake catchment-wide planning and reporting. For the three local government members there is a legislative requirement to create a Municipal Public Health and Wellbeing Plan. YMCA and Yarra Valley Water each have internally dedicated resources for health promotion.

SugarByHalf is an independent, not-for-profit organisation that is supported by public

donations. The remaining partner organisations do not have specific funding or specifically dedicated resources to undertake work in the area of healthy drinks.

Table 1: Characteristics of member organisations of the North East Health Drinks Alliance

Organisational characteristic	Number of organisations
Primary function	
Local government	3
Community primary health care	2
Aged care	2
Disability support	2
Mental health (community-based &/or clinical)	2
Refugee, immigrant & asylum seeker support services	1
Health and fitness for community & youth	1
Utility provider (Water)	1
Public health advocacy	1
Geographic region	
Banyule	2
Darebin	2
Nillumbik	2
All regions (and beyond)	8
Joined the Alliance	
2017 (original member)	11
2018	1
2019	2
Funding or legislative context for healthy drinks work	
Externally funded	4
Legislative requirement	3
Dedicated internal unit within a large organisation	2
None of the above	5

An early success in the Alliance project was work undertaken by North East Healthy Communities (the backbone organisation) to make healthy drinks relevant to all kinds of organisations. This included engaging with mental health services, whose clients typically have higher levels of sugary drink intake, and engaging with the royal district nursing service, where elderly patients are at risk of poorer outcomes if they are

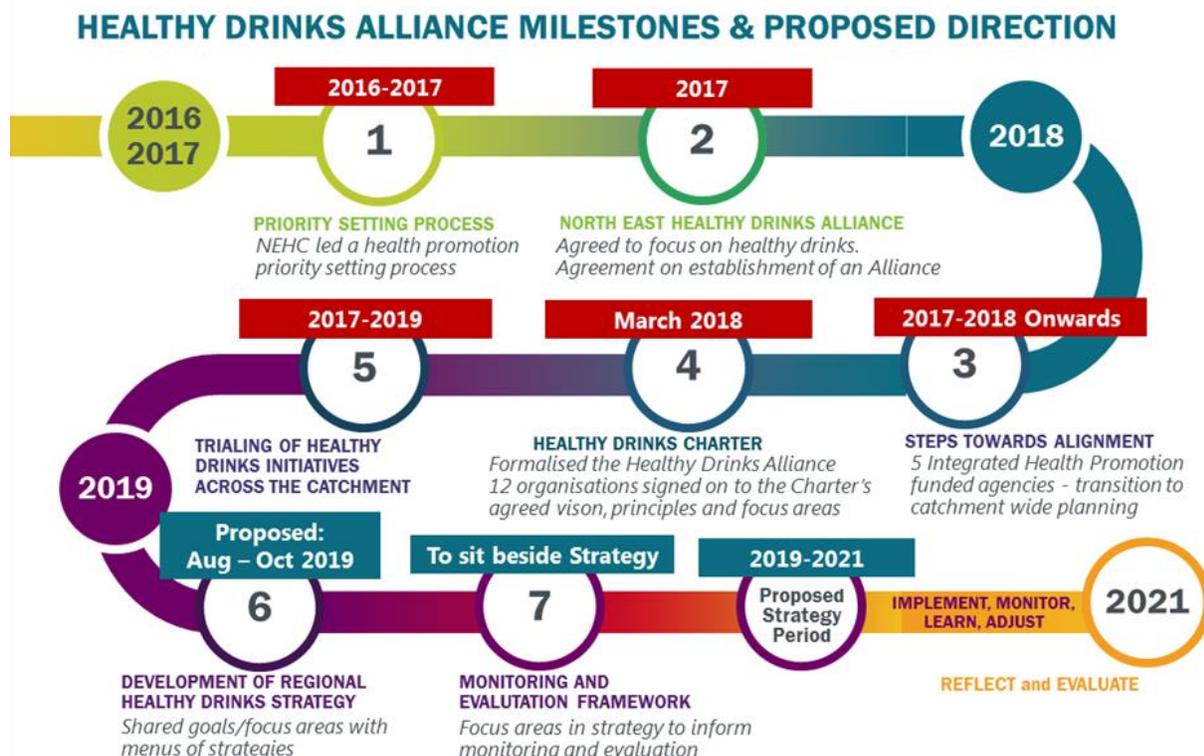
dehydrated. This work helped to ensure that organisations working with high risk populations were represented within the Alliance project.

Since the formation of the Alliance in 2017, North East Healthy Communities has facilitated further strengthening of the membership base by identifying opportunities to partner with organisations who have not traditionally been part of local, health-focused partnerships. Subsequently, Yarra Valley Water, the YMCA and SugarByHalf joined the Alliance in 2018 and 2019. This has strengthened the Alliance through increasing the diversity of knowledge, experience and influence within the membership.

Description of the Alliance activities during its first two years

The North East Healthy Drinks Alliance was formed following a health promotion priority setting process lead by North East Healthy Communities in 2016 – 2017. Figure 3 shows an overview of the journey of the Alliance to date, including key milestones and high-level directions for the future.

Figure 3: North East Healthy Drinks Alliance milestones and proposed direction



In March, 2018, the Alliance developed a Healthy Drinks Charter. This was one of the first significant pieces of work undertaken by the group, and it was key to collaboratively establishing and articulating the common agenda. The Healthy Drinks Charter sets out the Alliance's commitment to working together to reduce the consumption of sugary drinks and to promote water as the drink of choice across the north east catchment of Melbourne (NEHDA, 2017). It identifies the Alliance's three focus areas, which are to build public health policy, to strengthen community action, and to create healthy environments. The Charter also sets out the principles of the Alliance, which are to be:

- *collaborative* - working together to implement and promote coordinated action across community settings;
- *strength-based* - working with existing resources and building on good practice to strengthen local initiatives;
- *place-based* – prioritising local providers, population groups and public spaces; and,
- *evidence-based*.

Each of the Alliance members formally agreed to support the charter, including adding their logo to the charter document.

Following the development of the charter, the development of key shared messages was an important practical step in pursuing a common agenda, to enable partner organisations to communicate common and consistent messages about healthy drinks in their work.

In early 2019, community input from target populations was gathered to explore barriers and enablers to the consumption of water and healthy drinks in the local region. The information gathered was used to develop an infographic for discussion and to inform the next stages of the healthy drinks project.

North East Healthy Communities performs the role of the backbone organisation within the Alliance, and their staff have been centrally involved in the project since it began. In reflecting on the first two years of the project, North East Healthy Communities noted

that thinking and discussion around the nuances of the common agenda has developed over the course of the project. For example, the Alliance has given consideration to the extent to which tap water should be promoted as the drink of choice, compared to bottled water and healthy drinks other than water, and whether to adopt an equity lens across the project.

Other reflections suggest that the time invested in collaboratively developing a common agenda has strengthened the project as a whole:

I would say it was good that we narrowed it down to healthy drinks [...] making it a bit more specific has been useful in terms of bringing in the right partners [...]

With [...] collective impact it's about building a strong base of people working together and you want to get really broad-based support [...] so framing the issue in a way that helps you get that is important.

Areas for development and opportunities

While significant early investment was made in articulating the common agenda, the Alliance chose not to develop a specific joint plan of action early in the project, which is in contrast to the theoretical collective impact model. The rationale for this is explored below in the section 3.2: The Backbone Organisation.

Two years into the project, and at the time of writing of the early evaluation (September, 2019), the Alliance is in the process of collaboratively developing a Healthy Drinks Strategy. The strategy will articulate shared goals, objectives and a range of corresponding activities for achieving these and is an opportunity to further strengthen the common agenda through establishing this joint plan of action.

North East Healthy Communities staff reflected on the challenges involved in developing an effective Healthy Drinks Strategy, which includes making sure it is robust enough to last for the proposed six year period (2019 – 2025). To be most useful, the strategy will need to capture a mix of activities that fits for current and future work, and for a range of organisations:

It's got to be accessible to new partners but challenging and strategic enough for more established partners. It's do-able but it's [...] a lot of thinking.

North East Healthy Communities staff also reflected that, at the current time there is a groundswell of environmental interest across the community in reducing single-use plastic bottles, and that an opportunity exists to leverage this interest to promote tap water as the drink of choice, achieving benefits for the health of the community and the environment.

3.2 A backbone organisation

The second condition of the collective impact framework is the presence of a 'Backbone organisation', with dedicated staff with specific skills in coordination, whose function is to provide leadership, support, and guidance to the partners to enable them to do their work (Preskill et al., 2014).

Progress to date: strengths, successes and challenges

North East Healthy Communities is the backbone organisation of the North East Healthy Drinks Alliance. Two staff have played a central role in the backbone organisation function. A dedicated Project Co-ordinator position has been funded during the first two years of the project, initially at 0.6 EFT but then predominantly at 0.8 EFT, and with an increase to 1.0 EFT in 2019. The Executive Officer of North East Healthy Communities has also played a key role in the leadership and direction of the project, with approximate time input of one day per fortnight.

Given their central involvement in the healthy drinks project, North East Healthy Communities staff are well placed to provide insights about strengths, successes and challenges experienced during the first two years of the project. A key reflection was that it was important to be flexible and agile in order to play an effective role as the backbone organisation.

At the outset of the project North East Healthy Communities recognised that it was essential to be respectful of the work that the partner organisations were already doing, rather than approaching the project as a new initiative that would require those involved to stop what they were doing and do something new.

I think we've worked really hard to understand the context that the partner organisations are working in [...] It's important to be respectful to their context, where they've come from, what they've built, what their communities want.

Importantly, North East Healthy Communities recognised the resource-limited context of the partner organisations and they approached all aspects of the project with this in mind.

All of our partners are very resource strapped. Nobody's got heaps of time, heaps of money, heaps of anything. We have to try to find initiatives, ideas, ways of working together, that are efficient and effective and don't require their staff to do a whole lot more than they're already doing.

The investment of a dedicated coordinator position has been a key strength of the Alliance project to date, as it allows some of the more time-consuming work to take place. North East Healthy Communities have facilitated the progress and development of the project by doing a lot of the detailed thinking and planning behind each stage of the project before bringing the partners together for discussion, consideration and decision-making.

We come with thought-through ideas, we're not coming to them with a white piece of paper [...] They don't have time for that [...] I think there's this idea that being a backbone organisation is convening meetings [...] but in our context [...] people can't sit for two days in a workshop and [...] nut all of this out.

Insights from their experience as the backbone organisation included the importance of being open to feedback, learning from mistakes, and listening to what people say to get a sense of what's working and what's not.

"It's [...] about thinking and reflecting, and listening to partners."

When proposing ideas to the Alliance, North East Healthy Communities found it essential to ask the partners what they can feasibly do, and to be realistic about the impact of potential activities on the partner organisations.

Challenges for the backbone organisation have included the inherent challenges of working in partnership, such as finding a balance between respecting a range of opinions and organisational contexts, and actively driving the project forward to achieve change. 'Advocating up' within organisations has sometimes been a challenge and it has been advantageous for the Project Coordinator and the Executive Officer to play complementary roles in communicating with staff at different levels in other organisations.

While the funding of the Project Coordinator role has been invaluable, other project resources have been limited,

“The resource we have is us to do the work and that’s what we can offer.”

Other challenges have included staff turnover, and uncertainty about funding of the backbone organisation in the future.

Based on informal feedback from the partners, the perception of the backbone organisation is that their work over the first two years, including having a Project Coordinator working solely on healthy drinks, has led to the building of confidence and trust in the role of North East Healthy Communities as the backbone organisation. This includes confidence in the direction of the collaborative work that is being undertaken, and trust in North East Healthy Communities to be proposing the direction that the Alliance takes as a whole.

I think that they appreciate the fact that we get the helicopter view [...] that we’re across the research and the emerging evidence and the new exciting programs and can pick the best of those things.

Areas for development and opportunities

The role that North East Healthy Communities has played to date has provided a strong backbone function for the Healthy Drinks Alliance. The Alliance’s forthcoming Healthy Drinks Strategy may be a useful tool for further strengthening senior engagement and relationships within partner organisations as the next phase of the Alliance’s work begins.

3.3 Mutually reinforcing activities

The third condition of collective impact is the implementation of mutually reinforcing activities. The framework recommends that partner activities be differentiated while still coordinated through a mutually reinforcing plan of action (Preskill et al., 2014).

Progress to date: strengths, successes and challenges

In the first two years of the Alliance project, the member organisations have undertaken a large range of healthy drinks activities, including the continuation of existing activities, and new ones.

The types of activities being undertaken include policy, behavioural and environmental approaches (Table 2). Activities have targeted a range of populations and settings in locations such as community health services and sports clubs, as well as community-wide approaches (Table 3).

Table 2: Healthy drinks activities of the Alliance member organisations by type of activity

Type of activity	Frequency	Examples
Awareness raising	+++	'Re-think your drink' poster; Choose Tap campaign; Eliminating single use plastic bottles campaign
Policy	+++	Water focus in municipal health & wellbeing plans; policies for community childcare centres; organisational policies (e.g. catering, or healthy drinks specific)
Education	++	Water babies program; 'Let's keep teeth healthy' playgroup program; nutrition program for tertiary students
Healthy choices guidelines	++	Work with sporting clubs & youth centre to implement Healthy Choices guidelines
Mapping water access	++	Mapping water access in community settings e.g. playgrounds, libraries, shopping centres
Increasing access to water/healthy drinks	+	Free water in waiting rooms; 50 cent bottled water; price reduction for healthy drinks in vending machines
Dental screening/education	+	School dental program; childcare & kindergarten dental screenings
Capacity building	+	Water friendly challenge; sharing of 'Re-think your drink' resource
Data	+	Neighbourhood indicator data
Education materials	+	Development of free school curriculum
Other	++	Health prompts for clients; food security partnership; Indigenous water knowledge (Reconciliation Action Plan)

Frequency: 7 – 10 reported activities: +++ ;3 – 6 reported activities: ++; 1 – 2 reported activities: +

Table 3: Healthy drinks activities of the Alliance member organisations by target population/setting

Target population/setting	Frequency
Community-wide	+++
Community health care consumers/settings	+++
Sports clubs/community centres	+++
Early childhood	++
Alliance member organisation (staff focus)	++
Youth	+
Schools	+
Other organisations	+
Nation-wide	+
Elderly people	+
Indigenous community	+
Refugees/Asylum seekers	+
Other	+

Frequency: 7 – 10 reported activities: +++ ;3 – 6 reported activities: ++; 1 – 2 reported activities: +

The Alliance chose not to develop a specific joint plan of action at the outset of the project, and this was consistent with ensuring that existing work and priorities of partner organisations were respected, and that a rapid and burdensome shift in direction was avoided. The Alliance did, however, make a significant investment in collaboratively defining a clear and common agenda. Alongside the efforts of the backbone organisation to provide relevant and useful resources and support, this is likely to have contributed to the coherence of the activities collectively towards the Alliance’s vision.

North East Healthy Communities reflected on some examples of successful activities in the first two years, including those with broader partnership benefits, such as new collaborations, strengthened organisational relationships, and the sharing of knowledge and resources.

The ‘Re-think your drink’ poster is one example of success. The poster is a striking visual resource showing the amount of sugar in range of well-known drinks. With permission from Darebin City Council, who created the poster, the resource was reproduced and shared widely across the Alliance, providing an effective and popular tool for starting community conversations about sugary drinks.

The healthy drinks project fostered a new collaboration between Nillumbik Shire Council, healthAbility and North East Healthy Communities. These organisations are currently working together to trial behavioural ‘nudge’ strategies, such as small shifts in healthy drink pricing and/or product placement in community settings.

Another successful collaboration involved the three community health centres across the north-east region, who worked together to provide guidance and support for a student research project. In this project students gathered community feedback about barriers and enablers to healthier drink choices. The data was used to develop an infographic resource to inform discussion and planning of the future direction of the Healthy Drinks Alliance.

Other activities included the mapping of water access in community settings and the introduction of new water fountains in some places. The Victorian Government Healthy Choices guidelines have been implemented within some organisations across the Alliance, and this has led to the development and sharing of expertise in this area. In 2017 – 2018, five Integrated Health Promotion funded agencies shifted towards catchment wide planning, which included a shared health promotion plan for healthy drinks.

The first two years of the healthy drinks project has been a valuable period for the Alliance to share knowledge about existing work and areas of expertise, to build networks and relationships amongst the partner organisations, and to trial new approaches individually and collaboratively. At the time of writing (September, 2019), the Alliance is now developing a Healthy Drinks Strategy which will set out collective goals and objectives for the next phase of the project. The strategy will also include a menu of activities, which will allow partner activities to be coordinated while still differentiated.

I think we're at a real tipping point [...]...we've been [...] trialling, and there's been all different approaches. Now with the strategy, it's kind of galvanising us to head in certain directions that are a bit more strategic.

Areas for development and opportunities

North East Healthy Communities observed that the development of the Healthy Drinks Strategy presents a range of opportunities for the Alliance, including lifting its focus to a more strategic level. This could include a shift away from activities targeting individuals and small groups towards activities with a broader population focus. The Healthy Drinks Strategy may also increase opportunities for partners to attain grant funding because they can demonstrate that their activities are part of a considered, coordinated, community-wide approach.

A range of opportunities exist in connection with local government partners, who are particularly well placed to influence public access to tap water across the region, and who also have an increasing and complementary interest in reducing waste and single-use plastics in their municipalities.

Other opportunities include the potential to establish joint projects with some of the newer Alliance members and non-traditional partners in areas where there is synergy. For example, Yarra Valley Water already offers the 'Choose Tap' initiative, which is a broad, community-based program to promote the health, environmental and economic benefits of selecting tap water as a drink of choice.

3.4 Shared measurement

The collective impact framework identifies shared measurement as a core condition, to ensure that data is collected, and results are measured in a consistent way across the partnership. This might be done through a shared measurement system (Preskill et al., 2014).

Progress to date: strengths, successes and challenges

North East Healthy Communities and the Alliance recognised the importance of shared measurement early on in the project. North East Healthy Communities did some early thinking around how to monitor and evaluate the healthy drinks project and identified the development of a shared measurement system, including a program logic model and shared tools that partners could use to collect data across the region as important priorities. However, at that point it was recognised that the absence of a shared strategy, specifying shared outcomes and activities, was an obstacle to progressing work towards shared measurement. The Alliance subsequently shifted its more immediate focus towards developing a Healthy Drinks Strategy, which is currently underway. As a result, work towards shared measurement will continue once the strategy is complete.

During the first two years of the healthy drinks project, there has been interest in and recognition of the importance of using data to inform the project across the Alliance. Some partners have assessed their food and drink offerings against the Victorian Government's Healthy Choices guidelines using the online FoodChecker tool. Two partner organisations collected and reviewed data relating to drink sales alongside the implementation of a traffic light system to help consumers identify healthy drinks. Some partners have reviewed data relating to the availability of tap water in public places, from sources such as the Yarra Valley Water 'Choose Tap' application and local government databases.

As the backbone organisation, North East Healthy Communities were well positioned to reflect on the challenges of shared measurement within a collective impact approach:

In terms of alignment with collective impact I don't think we're there yet. I thought it would be easier [...] If you don't have [...] aligning, mutually reinforcing activities [...] it is really tricky to get consensus [...] on what we should be measuring, what's useful to be measuring [...] What you end up measuring often informs practice so [...] it's really important to get it right."

Areas for development and opportunities

In reflecting on the future, North East Healthy Communities identified the opportunity to use their forthcoming Healthy Drinks Strategy to inform a shared measurement system that is efficient and not burdensome for partner organisations. This includes the potential to create an action plan with a menu of activities, that partners could use to easily select their focus areas each year. This information could be compiled to show the activities across the catchment in any one year, and also aligned with relevant evaluation tools which would be sent out to partners according to their chosen activities.

3.5 Continuous communication

Continuous communication is the fifth condition that is recommended for achieving collective impact. Consistent and open communication is identified as important in order to build trust, assure mutual objectives and create common motivation across the partnership (Preskill et al., 2014).

Progress to date: strengths, successes and challenges

A range of strategies have been put in place during the first two years to facilitate communication across the Alliance. These include quarterly face-to-face meetings, an online newsletter, and working groups for particular activities (Table 4).

Table 4: Healthy Drinks Alliance communication strategies

Communication strategy	Frequency
North East Healthy Drinks Alliance quarterly meetings	Quarterly, since Sept 2018
'Healthy Drop' eNews	Biannually
Working group meetings e.g. Nudge it Nillumbik, Student Project, Strategy Planning	As needed
North East Healthy Communities forums	Biannually

North East Healthy Communities observed that communication has been more regular since quarterly Alliance meetings were introduced in September, 2018. The Healthy Drop eNewsletter has been valuable for showcasing activities that have been taking place across the Alliance, for example, new water fountains in Darebin. The online newsletter has also been valuable for sharing learning from current activities, and for promoting new possibilities such as the potential to leverage interest in reducing single use plastics as an avenue for promoting increased access to free tap water.

Supporting communication across the Alliance has been a key element of the backbone support provided by North East Healthy Communities, and therefore, uncertainty about future funding for North East Healthy Communities poses concern in this area.

Areas for development and opportunities

Online meeting technology might be a valuable additional option for facilitating meeting attendance given that members are time-constrained and working across a wide geographic region.

4. Conclusion and future directions

Two years into the Alliance's work, much has been achieved. Strong progress across the project aligns with multiple areas of the collective impact framework. Early investment in the development of a common agenda has been a particular strength which has served the Alliance in its work. North East Healthy Communities has played a strong role as the backbone organisation, providing tailored support, direction and resources, and facilitating communication across the Alliance. Agility, flexibility and responsiveness to the real-world context of the partner organisations have been key elements in a successful approach as the backbone organisation.

The first two years of the North East Healthy Drinks Alliance has been a valuable period for sharing knowledge and expertise, building networks and relationships, and trialling new approaches individually and in partnership. The Alliance is well placed to pursue further development in areas it has identified as priorities and to capitalise on opportunities arising from its progress to date. The following activities are likely to be key to supporting the North East Healthy Drinks Alliance in its future direction:

1. Work to create a regional Healthy Drinks Strategy to increasingly define the shared agenda, develop a coordinated action plan, and use as a communication tool with stakeholders.
2. Following the development of the Healthy Drinks Strategy, define some shared measures that will act as indicators of progress and success for the Alliance.
3. North East Healthy Communities should work with the Alliance to continue to reflect upon and build the core conditions for collective impact where these are relevant to their project context.
4. North East Healthy Communities may wish to repeat the self-assessment against the CI design and implementation KPIs in 12 months.
5. Where possible, collaborate with external evaluators to capture the perspectives and experiences of the Alliance partners relating to the Healthy Drinks project and the use of the collective impact framework in a real-world context.

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Appendices

Appendix 1: North East Healthy Communities self-assessment against Collective Impact outcomes and indicators

Table A1: A Common Agenda

Collective Impact condition 1: A Common Agenda			
Description	All participants have a shared vision for change, including a common understanding of the problem and a joint approach to solving it through agreed upon actions.		
Question	To what extent does the Alliance have a shared vision for change, including a common understanding of the problem and a joint approach to solving it through agreed upon actions?		
Desirable outcomes (from Preskill et al.)	Key Performance Indicators (from Preskill et al.)	Assessment (1-5)*	Rationale for assessment *1 – Zero or little progress 5 – Fully meeting or exceeding KPI
1. The development of the common agenda has included a diverse set of voices and perspectives from multiple sectors (including input from community members in many CI initiatives)	1.1 Alliance includes voices from all relevant sectors and constituencies	3	<ul style="list-style-type: none"> Alliance is health-sector dominated Voices also appropriately include local government, sports sector and regional water board Limited diversity on Alliance Lack of community representation on Alliance
	1.2 Members of the target population help shape the common agenda	2	<ul style="list-style-type: none"> Alliance has undertaken targeted community engagement in 2019 with people experiencing vulnerability Opportunity to co-design initiatives with community.
	1.3 Community members are aware of the CI initiative's goals and activities	1	<ul style="list-style-type: none"> Little media exposure or broad community engagement around the goals of the Healthy Drinks initiative. A small number of community members (<50) who have signed up to the 'Healthy Drop' eNews may have some awareness of the healthy drinks initiative
2 Partners have achieved a common	2.1 The groups understanding of the problem is informed by data	2	<ul style="list-style-type: none"> The collective priority-setting process in our region (2016-2017) and the regular development of health promotion plans have been informed by data including consumption patterns and health status data

Collective Impact condition 1: A Common Agenda			
Description	All participants have a shared vision for change, including a common understanding of the problem and a joint approach to solving it through agreed upon actions.		
Question	To what extent does the Alliance have a shared vision for change, including a common understanding of the problem and a joint approach to solving it through agreed upon actions?		
Desirable outcomes (from Preskill et al.)	Key Performance Indicators (from Preskill et al.)	Assessment (1-5)*	Rationale for assessment *1 – Zero or little progress 5 – Fully meeting or exceeding KPI
understanding of the problem	2.2 Partners and the broader community understand and can articulate the problem	2	<ul style="list-style-type: none"> • Difficult to assess but North East Healthy Communities view is that partners can articulate the problem • More work needed to engage broader community to be able to articulate the problem
3 Partners have come to consensus on the initiative's ultimate goal(s)	3.1 Geographical boundaries and population targets are clear for all partners	2	<ul style="list-style-type: none"> • Alliance geographic boundaries are clear: Darebin, Banyule and Nillumbik • Population targets are less clear. Some partners have whole of population approach, others focus on settings based on equity approach
	3.2 Partners accurately describe the goals of the initiative	2	<ul style="list-style-type: none"> • Difficult to assess but North East Healthy Communities view is that partners can articulate the overarching goal • More work needed to engage broader community • The Alliance common agenda is framed in terms of a common goal of reducing sugary drink consumption and achieving population health outcomes
1. Partners have committed to solving the problem using an adaptive approach with clearly articulated strategies and agreed upon actions.	4.1 Partners use data (qualitative and quantitative) to inform selection of strategies and actions	2	<ul style="list-style-type: none"> • Partners already use data as available to inform strategies • Data from community consultation beginning to be used to inform strategies
	4.2 Partners show commitment to the elements of the common agenda	3	<ul style="list-style-type: none"> • Common agenda as set out in Charter has been to trial healthy drinks initiatives, including advocacy, community action. • On the whole, partners have demonstrated commitment to this fairly flexible common agenda.
	4.3 Partners demonstrate flexibility and willingness to adapt strategies and tactics in the face of new information, successes, or challenges	2	<ul style="list-style-type: none"> • Difficult to assess. • Some partners have shown willingness to partner together to trial and adapt new strategies as needed e.g. Nudge it Nillumbik

Summary of Progress

- As the Alliance works in the healthy drinks space (2 years of work together), knowledge, skill and confidence grows, supporting a more refined common agenda, that continues to develop and evolve
- There is a shared understanding and agreement that the focus is not on individual behaviour change to reduce sugary drink intake across the catchment – rather, as stated in the Charter the Alliance has agreed to create healthy environments, support policy change, and support community action
- The Alliance common agenda has been framed in terms of a common goal of reducing sugary drink consumption and achieving population health outcomes.
- Community input from target populations was gathered in early 2019. There is an opportunity to use this to further shape the common agenda.
- A joint approach to solving the problem of high sugary drink intake is developing as the Alliance matures, and will progress with the development of a healthy drinks strategy in September 2019.
- Huge opportunity to leverage environmental groundswell that aims to reduce single-use plastic (bottles). However this interest is not particularly well-represented within the group currently.

Table A2: Backbone Infrastructure

Collective Impact condition 2: Backbone Infrastructure			
Description	Dedicated staff with specific skills in coordination.		
Question(s)	<p>Has the CI initiative established an effective backbone infrastructure and governance structure? To what extent and in what ways does the backbone infrastructure provide the leadership, support, and guidance partners need to do their work as planned? To what extent and in what ways does the backbone infrastructure engage community members and other key stakeholders to ensure broad-based support for the initiative?</p>		
Desirable outcomes (from Preskill et al.)	Key Performance Indicators (from Preskill et al.)	Assessment (1-5)*	Rationale for assessment *1 – Zero or little progress 5 – Fully meeting or exceeding KPI
2. The initiative’s steering committee (SC) or other leadership structure has been established	5.1 Alliance includes a diverse set of voices and perspectives from multiple relevant sectors and constituencies	3	See 1.1
3. An effective backbone function has been identified or established	6.1 Backbone (BB) staff effectively manage complex relationships	Not assessed	Difficult for North East Healthy Communities to provide objective data
	6.2 BB staff demonstrate commitment to the CI’s vision	Not assessed	Difficult for North East Healthy Communities to provide objective data
	6.3 BB staff are both neutral and inclusive	Not assessed	Difficult for North East Healthy Communities to provide objective data Structurally North East Healthy Communities is well placed to be neutral
	6.4 BB staff are respected by important partners and external stakeholders	Not assessed	Difficult for North East Healthy Communities to provide objective data
4. The backbone infrastructure (BBI) effectively guides the CI initiative’s vision and strategy	7.1 BBI effectively engages Alliance members in issues of strategic importance	Not assessed	Difficult for North East Healthy Communities to provide objective data
	7.2 BBI and Alliance build a common understanding of the problem that needs to be addressed	Not assessed	Difficult for North East Healthy Communities to provide objective data

Collective Impact condition 2: Backbone Infrastructure			
Description	Dedicated staff with specific skills in coordination.		
Question(s)	<p>Has the CI initiative established an effective backbone infrastructure and governance structure? To what extent and in what ways does the backbone infrastructure provide the leadership, support, and guidance partners need to do their work as planned? To what extent and in what ways does the backbone infrastructure engage community members and other key stakeholders to ensure broad-based support for the initiative?</p>		
Desirable outcomes (from Preskill et al.)	Key Performance Indicators (from Preskill et al.)	Assessment (1-5)*	Rationale for assessment *1 – Zero or little progress 5 – Fully meeting or exceeding KPI
	7.3 The Alliance makes clear and timely decisions on matters of strategic importance	Not assessed	Difficult for North East Healthy Communities to provide objective data
	7.4 BBI and Alliance serve as thought leaders/standard bearers for the initiative	Not assessed	Difficult for North East Healthy Communities to provide objective data
	7.5 BBI builds and maintains hope and motivation to achieve the initiative's goals	Not assessed	Difficult for North East Healthy Communities to provide objective data
	7.6 BBI celebrates and disseminates achievements of CI partners internally and externally	2	North East Healthy Communities has celebrated partners achievements through forums and external communications (e.g. eNews)
	7.7 Partners look to the BBI and Alliance for initiative support, strategic guidance, and leadership	Not assessed	Difficult for North East Healthy Communities to provide objective data
5. The backbone infrastructure has built public will, consensus, and commitment to the goals of the CI initiative	8.1 There is a perceived sense of urgency and a call to action among targeted audiences	1	Little work undertaken to build public will
	8.2 Community members are engaged in CI-related activities	2	Some initiatives include community member engagement
	8.3 A variety of communications are used to increase awareness and garner support for the CI initiative	2	<ul style="list-style-type: none"> eNews, forums Opportunity to increase this

Summary of Progress

- Dedicated coordinator position with key role and responsibility in coordinating.
- Currently appears to operate as a 'spoke and wheel' model. (North East Healthy Communities is the centre point of relationships. Alternative models could include 'splinter groups' that share common learning and capabilities.)
- Potential to apply the coordinator role to enable new collaborations within the Alliance to emerge (definitely, strategy will help with this too)
- Slowly building credibility of backbone infrastructure in supporting Alliance
- Trust between partners and of North East Healthy Communities as the backbone is growing. Demonstrated through shared planning and reporting of IHP, consistent agreement on the need for a catchment strategy, articulation of trust in North East Healthy Communities leadership

Table A3: Mutually Reinforcing Activities

Collective Impact condition 3: Mutually Reinforcing Activities			
Description	Participant activities must be differentiated while still coordinated through a mutually reinforcing plan of action		
Question(s)	To what extent and in what ways are partners' activities differentiated, while still coordinated through a mutually reinforcing plan of action?		
Desirable outcomes (from Preskill et al.)	Key Performance Indicators (from Preskill et al.)	Assessment (1-5)*	Rationale for assessment *1 – Zero or little progress 5 – Fully meeting or exceeding KPI
6. Partners have developed and are using a collective plan of action	9.1 An action plan clearly specifies the activities that different partners have committed to implementing	1	<ul style="list-style-type: none"> Catchment wide Integrated Health Promotion Plan (IHP Plan) in place incorporating 5 partners work (not a public document) Lack of regional healthy drinks strategy that includes all partners actions
	9.2 The plan evolves over time in response to learning about the CI's successes, challenges, and opportunities	n/a	<ul style="list-style-type: none"> No collective plan
7. Partners are coordinating their activities to align with the plan of action	10.1 Working groups (or other collaborative structures) are established to coordinate activities in alignment with the plan of action	1	<ul style="list-style-type: none"> Informal working groups have aligned to IHP Plan (e.g. student project design, Nudge it Nillumbik)
	10.2 Partners have clear approaches/goals for their own contribution to their working group	1	No
	10.3 Partners understand each other's work and how it supports the common agenda	1	No
	10.4 Partners understand the roles of other working groups and how these support the common agenda	1	No
	10.5 Partners collaborate within and across working groups	1	Limited
	10.6 Partners hold each other accountable for implementing activities as planned	1	No plan
8. Partners have filled gaps and reduced duplication of efforts	11.1 Partners identify and implement new strategies or activities to address	2	Some evidence of this

Collective Impact condition 3: Mutually Reinforcing Activities			
Description	Participant activities must be differentiated while still coordinated through a mutually reinforcing plan of action		
Question(s)	To what extent and in what ways are partners' activities differentiated, while still coordinated through a mutually reinforcing plan of action?		
Desirable outcomes (from Preskill et al.)	Key Performance Indicators (from Preskill et al.)	Assessment (1-5)*	Rationale for assessment *1 – Zero or little progress 5 – Fully meeting or exceeding KPI
9. Partners have (re)allocated resources to their highest and best use in support of the CI initiative	12.1 Partners' individual activities are changing to better align with the plan of action	1	Some evidence of this in IHP plan
	12.2 Funders of partner organisations align their resources to support the plan of action	1	No evidence of this

Summary of Progress:

- 5 Integrated Health Promotion Funded agencies plan, implement and report on a shared health promotion plan for healthy drinks.
- Informal working groups e.g. in support of student project, and Nudge it Nillumbik
- The absence of a Healthy Drinks Strategy that provides a framework for the Alliance has been a barrier to having mutually reinforcing activities – strategy currently in development / about to start (Sept 2019)

Table A4: Shared Measurement System

Collective Impact condition 4: Shared Measurement System			
Description	Collecting data and measuring results consistently across all participants ensures that efforts remain aligned and participants hold each other accountable.		
Question(s)	To what extent and in what ways are partners engaged in using the shared measurement system (SMS)? To what extent and in what ways does the shared measurement system’s design and implementation support learning? (e.g., enable CI partners to collect data and measure results consistently, to ensure that efforts remained aligned and to enable partners to hold each other accountable)? To what extent does the SMS have the resources and capacity needed to operate as planned?		
Desirable outcomes (from Preskill et al.)	Key Performance Indicators (from Preskill et al.)	Assessment (1-5)*	Rationale for assessment *1 – Zero or little progress 5 – Fully meeting or exceeding KPI
13. Partners understand the value of the shared measurement system	13.1 Partners understand the value of the shared measurement system	2	Yes evidence that some do from consultation
	13.2 Partners understand how they will participate in the shared measurement system	1	
	13.3 Partners feel a collective accountability for results	1	
14. The process of designing and managing the shared measurement system is participatory and transparent	14.1 A participatory process is used to determine a common set of indicators and data collection methods	1	This is planned as part of development of a Strategy
	14.2 Partners continually re-assess indicators, data collection methods, and approaches to sharing findings as needed	1	n/a
	14.3 Partners agree to a data sharing agreement that supports ongoing collaboration	1	n/a
15. The shared measurement system has been designed to	15.1 The system includes a common set of indicators and data collection methods that	1	n/a

Collective Impact condition 4: Shared Measurement System			
Description	Collecting data and measuring results consistently across all participants ensures that efforts remain aligned and participants hold each other accountable.		
Question(s)	To what extent and in what ways are partners engaged in using the shared measurement system (SMS)? To what extent and in what ways does the shared measurement system's design and implementation support learning? (e.g., enable CI partners to collect data and measure results consistently, to ensure that efforts remained aligned and to enable partners to hold each other accountable)? To what extent does the SMS have the resources and capacity needed to operate as planned?		
Desirable outcomes (from Preskill et al.)	Key Performance Indicators (from Preskill et al.)	Assessment (1-5)*	Rationale for assessment *1 – Zero or little progress 5 – Fully meeting or exceeding KPI
track progress toward the CI's outcomes	can provide timely evidence of (a lack of) progress toward the CI initiative's outcomes		
	15.2 The system provides a sufficient range of useful and timely reports	1	n/a
16. The shared measurement system is well-designed and user friendly	16.1 Partners find the system's interface to be intuitive and user friendly	1	n/a
	16.2 The system allows users to customize fields as appropriate	1	n/a
	16.3 The system can adapt to changes in measurement priorities and approaches as the initiative evolves	1	n/a
17. Quality data on a set of meaningful indicators is available to partners in a timely manner	17.1 Partners commit to collecting the data as defined in the data plan	1	n/a Partners in one working group have agreed to collect data together in uniform way
	17.2 Partners have the capacity to collect and input quality data	1	n/a

Collective Impact condition 4: Shared Measurement System			
Description	Collecting data and measuring results consistently across all participants ensures that efforts remain aligned and participants hold each other accountable.		
Question(s)	To what extent and in what ways are partners engaged in using the shared measurement system (SMS)? To what extent and in what ways does the shared measurement system's design and implementation support learning? (e.g., enable CI partners to collect data and measure results consistently, to ensure that efforts remained aligned and to enable partners to hold each other accountable)? To what extent does the SMS have the resources and capacity needed to operate as planned?		
Desirable outcomes (from Preskill et al.)	Key Performance Indicators (from Preskill et al.)	Assessment (1-5)*	Rationale for assessment *1 – Zero or little progress 5 – Fully meeting or exceeding KPI
	17.3 Partners know how to use the SMS	1	n/a
	17.4 Partners contribute quality data on a common set of indicators in a timely and consistent manner	1	n/a
18. Partners use data from the shared measurement system to make decisions	18.1 Partners have confidence in the quality of the data	1	n/a
	18.2 Partners regularly analyse and interpret data, synthesize findings, and refine plans as a collective	1	n/a
	18.3 Partners use data to guide their own organisations' decision-making processes	1	n/a
	18.4 Partners share lessons learned and how these lessons inform their practice	1	Some evidence of this e.g. lessons from YVW shared with North East Healthy Communities
19. Sufficient funding and resources are available to support the technology platform, training, and technical support	19.1 The SMS platform functions reliable	1	n/a
	19.2 The SMS platform ensures appropriate confidentiality	1	n/a

Collective Impact condition 4: Shared Measurement System			
Description	Collecting data and measuring results consistently across all participants ensures that efforts remain aligned and participants hold each other accountable.		
Question(s)	To what extent and in what ways are partners engaged in using the shared measurement system (SMS)? To what extent and in what ways does the shared measurement system's design and implementation support learning? (e.g., enable CI partners to collect data and measure results consistently, to ensure that efforts remained aligned and to enable partners to hold each other accountable)? To what extent does the SMS have the resources and capacity needed to operate as planned?		
Desirable outcomes (from Preskill et al.)	Key Performance Indicators (from Preskill et al.)	Assessment (1-5)*	Rationale for assessment *1 – Zero or little progress 5 – Fully meeting or exceeding KPI
	19.3 Partners know how to use the SMS	1	n/a
	19.4 High-quality technical support is provided to users when they need it	1	n/a

Summary of Progress:

- The shared measurement system is a development area.
- North East Healthy Communities has compiled available data including:
 - FoodChecker results i.e. compliance with Victorian Government Healthy Choices guidelines for drinks across settings
 - Drinks sales data as available across as available within settings
 - Water access points
- Members are implementing strategies in slightly different ways and are at different stages in implementation. This not necessarily problematic
- Measures should also include 'soft data' relating to the Alliance capacity building processes
- Alliance needs to define agreed key shared indicators of success

Table A5: Continuous Communication

Collective Impact condition 5: Continuous Communication			
Description	Consistent and open communication is needed across the many players and among external stakeholders to build trust, assure mutual objectives, and create common motivation		
Question(s)	To what extent and in what ways does cross-initiative communication help to build trust, assure mutual objectives, and create common motivation?		
Desirable outcomes (from Preskill et al.)	Key Performance Indicators (from Preskill et al.)	Assessment (1-5)*	Rationale for assessment *1 – Zero or little progress 5 – Fully meeting or exceeding KPI
20. Structures and processes are in place to engage CI partners, keeping them informed and inspired	20.1 Working groups (or other collaborative structures) hold regular meetings	2	Nudge it Nillumbik working group meets as needed Strategy development working group has set of upcoming scheduled meetings
	20.2 Members of working groups or other collaborative structures attend and participate actively in meetings	2	Yes, within limited number of working groups
	20.3 Partners communicate and coordinate efforts regularly (with and independently of backbone staff)	2	Some evidence of this between natural geographic partners
	20.4 Partners regularly seek feedback and advice from one another	1	
	20.5 Timely and appropriate information flows throughout the cascading levels of linked collaboration	2	Difficult to assess
	20.6 Partners publicly discuss and advocate for the goals of the initiative	2	Limited evidence of this. Some partners have contributed to public submission processes, advocating for goals of initiative.
21. Structures and processes are in place to engage the CI	21.1 The CI initiative engages external stakeholders in regular meetings and	1	Limited capacity to do this

Collective Impact condition 5: Continuous Communication			
Description	Consistent and open communication is needed across the many players and among external stakeholders to build trust, assure mutual objectives, and create common motivation		
Question(s)	To what extent and in what ways does cross-initiative communication help to build trust, assure mutual objectives, and create common motivation?		
Desirable outcomes (from Preskill et al.)	Key Performance Indicators (from Preskill et al.)	Assessment (1-5)*	Rationale for assessment *1 – Zero or little progress 5 – Fully meeting or exceeding KPI
initiative's external stakeholders, keeping them informed and inspired	integrates their feedback into the overall strategy		
	21.2 The CI initiative regularly communicates key activities and progress with external stakeholders	2	This happens via the Healthy Drop eNews predominantly

Summary of Progress:

- There are a number of ways in which the Alliance communicates including face to face meetings, online newsletter, working groups.
- With the development of the strategy, a stronger focus on capturing learning and sustaining motivation will be prioritise

Appendix 2: Early consultation with Alliance members

North East Healthy Communities wanted to bring the healthy drinks partners together to inform the development of a monitoring and evaluation framework where feasible. Alliance members were consulted via a stakeholder mapping activity in February 2019. The purpose of this was to build in some contextual understanding of the Alliance model in action, including members' perceptions of how it worked, their expectations for the evaluation and the role that they wanted to play in it. This occurred via a short open text box questionnaire sent electronically to all Alliance members, facilitated through North East Healthy Communities.

Key points provided through the feedback are shown here:

- Expectations for the evaluation ranged from taking a learning approach to demonstrating systems and behavioural outcomes to identifying priority population groups
- All respondents mentioned the centrality of data in the evaluation
- One respondent identified the necessity of all Alliance members' active involvement in the evaluation as a conduit to 'shared sense making', ownership and decision making
- One respondent adopted a single 'own organisation' stance to processes.

A workshop in March 2019 brought members together to:

- discuss the evaluation approach
- gauge members' perceptions of how the model might contribute to the enhanced effects of working collectively as opposed to individually
- identify the common agenda, to name the core related components and drivers
- map the various activities and understand how they are mutually reinforcing
- use this information to support the development of a program logic.

Five member organisations actively participated in this forum. Members were also asked to provide information describing their projects, e.g. operational plans, project descriptions and any monitoring data that had been collected. Information was gathered from seven organisations. A short workshop on developing a theory of change, using healthy drinks as a topic, was run in May at a North East Healthy Communities Forum, which gathered input from six Alliance member organisations.