Primary Health Organisations (PHO)

Partnering with
Counties Manukau District Health Board

REGISTRATIONS OF INTEREST

November 16th, 2001

1.0 BACKGROUND

1.1 National Primary Health Care Strategy

In February 2001, the Minister of Health released the Primary Health Care Strategy. This listed six 'key directions':

- Work with local communities and enrolled populations
- Identify and remove health inequalities
- Offer access to comprehensive services to improve, maintain and restore people's health
- Co-ordinate care across service areas
- Develop the primary care workforce
- Continuously improve quality using good information.

The government's Primary Health Care Strategy has identified the intention to fund Primary Health Organisations (PHOs) throughout New Zealand to achieve these goals and to improve the health status of all people.

Key identified features of PHOs include:

- District Health Boards (DHBs) would work through PHOs to achieve health goals
- PHOs would be funded by DHBs for the provision of 'essential primary health care services' for people enrolled with them, including both first line services for the unwell, and services to improve and maintain health (Appendix 1)
- PHOs would involve their communities in their governing processes
- All practitioners and providers must be involved in PHO decision-making, with no one group being dominant
- PHOs must be not-for-profit, and accountable for use of public funds
- Participation by practitioners will be voluntary.

It is intended that the Strategy be implemented in an evolutionary manner, with early priority given to:

- Reducing barriers to access, especially financial
- Supporting PHO development
- Encouraging multi-disciplinary approaches to service delivery and decision-making

- Supporting development of Maori and Pacific providers
- Facilitating enrolment through public education/information.

In particular, priority objectives to reduce inequalities have been identified:

- Ensuring accessible and appropriate services for people from lower socioeconomic groups.
- Ensuring accessible and appropriate services for Maori
- Ensuring accessible and appropriate services for Pacific peoples

Minimum requirements for PHOs released by the Ministry of Health in November 2001, (Appendix 2) and guidelines to assist in the establishment of PHOs are expected to be finalised in early 2002.

1.2 Counties Manukau Primary Health Care Plan

The government's Primary Health Care Strategy provides the national context for developing a more specific Counties Manukau Primary Health Care Plan.

Counties Manukau District Health Board (CMDHB) has initiated a process to design a Primary Health Care Plan for its district. This development will provide both a vision for primary care in the future, and a plan that CMDHB will use to guide primary care development over a period of about 5 years.

This Primary Health Care Plan will evolve during the next eight months, with a target date for a Primary Care strategic vision to be articulated by mid March 2002. This vision will be included within the overall CMDHB strategic plan, and a more comprehensive Primary Care Plan including implementation parameters will be released by the end of June.

The primary health care sector will be invited to participate in the development of the Primary Health Care Plan.

A CMDHB Primary Health Care Steering Group responsible for working with the primary care sector to develop both the Plan and the first wave PHOs has been appointed.

The members of the Steering Group are:

Chris Mules (Chair)
Thomas Maniapoto
Debbie Sorensen
Joe Howells
Allan Moffit
Michelle Nathan (Tainui MAPO)
John Marwick (Ministry of Health representative)

1.3 PHO Development in Counties Manukau

Part of the overall development work for the Counties Manukau Primary Health Care Plan is to look at the roles, responsibilities and functions of PHOs.

It is expected that PHOs in the CMDHB region will evolve over time, in terms of their population coverage, roles and functions, and the vision upon which they are based.

CMDHB intends to foster early PHO development to assist the sector in formulating the Primary Health Care Plan. These 'first wave' PHOs will provide practical experience for all stakeholders and future PHOs in the region.

1.4 Registrations of Interest in First Wave PHO Development

The purpose of this document is to seek registrations of interest (ROIs) from parties who wish to partner with CMDHB to study, design and launch the first wave PHOs within Counties Manukau. The work of these partnerships will be carried out under the oversight of the CMDHB Primary Health Care Steering Group. The DHB will partner with 2-3 emerging PHOs; one likely to be Maori-led and one Pacific-led.

PHO development in the Counties Manukau region will involve a phase-in approach during the next three to five years to ensure that the lessons learnt from the first wave sites will be built into subsequent PHOs and the Counties Manukau Primary Health Care Plan. Those providers and communities who are not directly involved in these first wave sites will

have opportunities to learn from them and participate in future PHO development.

CMDHB will use a collaborative process to develop the first wave PHOs. CMDHB will work closely with all provider organisations, practitioners and communities to ensure that the PHOs will improve the delivery of health services for enrolled patients. It is also expected that provider organisations and practitioners begin to work collaboratively with each other in building the strong affiliations and partnerships that will be essential in successful PHOs.

What is learned from these first wave sites will be shared with the whole sector, and all primary care providers will be actively involved and consulted in the overall development of the CMDHB Primary Health Care Plan and PHO model.

2.0 DESCRIPTION OF THE OPPORTUNITY

The Ministry of Health has agreed to support CMDHB to develop these first wave PHO sites. The release of the national minimum requirements and guidelines for PHOs will help clarify many issues, but the methodologies for applying these in a manner that achieves the objectives of the PHC strategy will need to be tested.

Some of the issues that will need to be worked through during the establishment of these first wave PHO sites will include:

- The process for people to select and enrol with a PHO
- The role of providers and practitioners in joining PHOs
- The governance and organisational structure of PHOs
- The level of infrastructure necessary to support PHOs
- How to launch PHOs without jeopardising the gains made to date
- How to foster an environment of collaboration and integration between various providers, the community and other sectors
- How to fund and monitor PHOs.

In the first instance, the partners selected will work with CMDHB to build a business plan to launch and develop their PHOs. CMDHB will provide both staff and financial resources to assist the partners in the

development of their business plans. An outline of the business plan is provided later in this paper.

The milestone for this first phase will be approval of the business plans. Later phases will include negotiation of service agreements with the PHO, and expansion of service coverage.

3.0 OBJECTIVES

CMDHB sees these first wave PHO sites as early testing grounds for its Primary Health Care Plan. Therefore, CMDHB expects that:

- There will be a strong collaborative process between CMDHB and the PHO sites
- The experiences gained from the first wave PHOs will be shared throughout the sector
- Applicants under this ROI will include coalitions that will promote provider and practitioner collaboration during the planning and organising of PHOs
- Organisations in the PHO coalitions will begin to build their capability to operate in a PHO environment
- CMDHB and its partners will ensure that investments in primary care are used efficiently
- The PHOs will focus on the directions enunciated within the national Primary Health Care Strategy and CMDHB's Primary Health Care Plan, and incorporate them in their PHO business plan
- CMDHB will work to assist the parties and encourage joint ventures where appropriate.

4.0 PRIORITY POPULATIONS

CMDHB's decision to focus first wave PHO development on populations that have historically been the most disadvantaged, is supported by the government's Primary Health Care Strategy.

4.1 The objectives of the national Primary Health Care Strategy with regards to reducing inequalities are:

- Ensuring accessible and appropriate services for people from lower socioeconomic groups
- Ensuring accessible and appropriate services for Maori
- Ensuring accessible and appropriate services for Pacific Peoples.

4.2 Work to date by CMDHB (including that published in the Counties Manukau Health Profile) highlights the following characteristics for Counties Manukau:

4.2.1 Significant Maori populations. For virtually every health condition Maori and Pacific people have higher rates of disease. Maori make up 18% of the Counties Manukau population.

4.2.2 Significant Pacific populations. For virtually every heatlh condition, Maori and Pacific people have higher rates of disease. Pacific peoples make up 17% of the Counties Manukau population.

4.2.3 Relative deprivation. Of the total Counties Manukau population, 34% live in areas that can be classified as "very deprived" (deciles 9 and 10), as do 45% of children, as measured by the New Zealand Deprivation Index 1996.

Counties Manukau has the highest number of people living in decile 9 and 10 areas of any DHB – 36,000 Maori, 48,000 Pacific and 47,000 European and Other (year 2000 projected). For virtually every health measure undertaken poor people do worse than wealthy.

4.2.2 Population growth. The Counties Manukau population continues to grow at over 2% per year. The over 65's are

projected to increase from 35,000 currently to 73,000 by 2021. It is this group who place the highest demands on health services. Total Maori and Pacific populations are growing and aging.

Diabetes, obesity, smoking and other health issues will contribute to added demands as this population ages. From the age of 45 years on, these risk and lifestyle factors will be having their effects on hearts, lungs and kidneys, placing increasing demands on the health services. Excess premature mortality in Counties Manukau 45-64 year olds compared with all New Zealand is already apparent.

4.2.4 Location. Locality is aligned with the indicators outlined in 4.2.1-4.2.3 above.

Otara residents have one of the lowest life expectancies in New Zealand, followed by Mangere, Manukau, Manurewa and Clendon. These suburbs also have the highest rates of potentially avoidable hospital admissions.

CMDHB intends to facilitate the development of PHOs to meet these priority needs.

5.0 PHO CRITERIA

The following criteria will be used by CMDHB to identify partners to develop the first wave PHO sites. There is no set standard requirement regarding what type of organisation can develop a PHO. However, CMDHB encourages provider collaboration, and therefore the formation of coalitions to present joint registrations of interest.

Organisations must primarily consider their ability to deliver services to the priority populations as identified in Section 4.0 of this document. In addition, Sections 5.1 and 5.2 outline specific criteria and requirements of potential partners.

5.1 National Minimum Requirements

The Ministry of Health's 'Minimum Requirements for Primary Health Organisations' (refer Appendix 2), and the national Primary Health Care Strategy suggest that the PHO business plan should include the following:

- A focus on identifying and removing health inequalities
- A service delivery structure appropriate for the needs of their target enrolled population
- Strong financial management capabilities
- Robust governance
- Strong quality and accountability systems
- Strong linkages with all aspects of the community relevant to the priority populations
- Open enrolment of patients
- Collaborative approach in working with all relevant health care providers who meet specified and agreed criteria, such providers must not be excluded from the PHO network
- Operational policies and procedures, culture and values consistent with a not-for-profit organisation.

The partners selected will also be expected to take into consideration the guidelines due for release by the Ministry of Health in early 2002.

5.2 Additional Criteria

The following additional criteria will be used by the CMDHB Primary Care Steering group to identify partners:

- Applicants must be an existing provider of primary care services in the Counties Manukau region, with a proven track record of providing access to the identified priority populations
- Applicants will be not-for-profit, or will be operating as a not-for-profit organisation by the time of submitting a business plan (refer section 7.0 of this document)
- Applicants must be able to provide most if not all of the 'essential' services. (refer Appendix 1)
- Applicants must have existing management infrastructure and capabilities (including project and information management).

- Applicants must have a track record in demonstrating cultural competence in the delivery of services to the priority populations
- Applicants must have a track record of working effectively with CMDHB and/or its funder predecessors, and a willingness to work in partnership with the DHB in this development initiative
- Applicants must demonstrate a commitment to the NZ Health Strategy and Primary Health Care Strategy
- Applicants must demonstrate a willingness and ability to share with the sector, their experiences in the development of the PHO
- Applicants must demonstrate a commitment to work with the DHB in designing the Counties Manukau Primary Health Care Plan, and to develop the PHO in accordance with that Plan
- Applicants must have established and relevant community linkages, and be able to demonstrate effective community consultation and participation processes.
- Applicants must demonstrate current or intended participation by the community in organisational governance.
- Applicants must demonstrate an ability and clear intention to collaborate with all relevant and appropriate provider groups and practitioners to deliver services for the priority populations
- Applicants must demonstrate a commitment to multidisciplinary practice and to work intersectorally with a population health perspective
- Applicants must demonstrate a commitment to quality improvement and workforce development.

6.0 BUSINESS PLAN OUTLINE

CMDHB will assist the first wave PHOs in their business plan development which will be due 31 March 2002.

The selected parties will be expected to develop business plans to meet the minimum criteria outlined in Section 5 above.

Timeframes for this process are outlined in Section 7.0 below.

7.0 TIMELINE

2001

7 December	- Registrations of Interest close.
14 December	- Identification of potential partners to work with the DHB in establishing potential PHOs.
19 December	- Heads of Agreement signed to progress PHO development

2002

15 February	- PHO organisations formed.
31 March	- Business Plans completed & agreed between CMDHB and PHO partners
1 July	- PHOs go live

8.0 REGISTRATION OF INTEREST

8.1 Registrations of Interest should be forwarded in writing by completion of the attached template to:

Rana Wong
Programme Manager, Primary Care
Counties Manukau District Health Board
Private Bag 94502
South Auckland Mail Centre

By no later than 4 p.m. on 7 December 2001.

8.2 Evaluation of the Registrations of Interest

8.2.1 Registrations of Interest will be evaluated by the CMDHB Primary Care Steering Group using the criteria outlined above.

Further information may be sought by CMDHB in order to evaluate the ability of the applicant to meet the requirements for developing a PHO.

8.2.2 All those registering will be advised of the outcome of this process no later than **19 December 2001.** It is CMDHB's intention to sign Heads of Agreements with all parties proceeding to the next stage of the process.

8.2.3 Neither this ROI nor any response to it by any applicant constitutes any legally binding obligation by any party.

8.2.4 Where agreements for PHO establishment have not been finalised by 15 February, CMDHB reserves the right to adopt an alternative method of seeking partners for this initiative.

APPENDIX 1

'Essential Services'

Extracted from: "Draft Minimum Requirements and Guidelines for Primary Health Organisations", Ministry of Health, October 2001

Services

The Primary Health Care Strategy envisions Primary Health Organisations taking responsibility for the provision of a comprehensive set of services to improve, maintain and restore people's health. Eventually services will include a wide range of primary health care services and publicly funded community based health services. These services will be delivered by primary health care teams of doctors, nurses, community health workers and others.

The Primary Health Organisation will use information about its population in order to assess where priorities lie and which services are most important for the local context. If the Primary Health Organisation contracts with separate general practices, each such provider will also be expected to be aware of the needs and priorities of the group of people that they serve. Primary health care professionals will support people to make appropriate choices for the health services they need.

Primary Health Organisations will identify and build Mäori capacity to provide for their own needs, including Mäori provider and workforce development. This may include collaborative models of service provision within a Primary Health Organisation.

Change will be a process of ensuring entry criteria are met and then ensuring that further development occurs over time. Initially, Primary Health Organisations will need to provide, or arrange the provision of, the minimum services outlined below.

Minimum requirements

Primary Health Organisations will be expected either to currently be meeting these requirements or to develop realistic plans to do so. Where an organisation does not currently provide a particular service, the DHB must approve its plans to meet the requirements within an agreed time. The pace of development may depend on various factors including workforce, information and funding.

A) **Essential Health Services** for individuals, families, whänau and communities taking a broad view of health, including physical, mental, cultural, social and spiritual dimensions, will be provided by primary health care teams. These services must be provided in a way that supports people receiving services to make informed decisions about their health care and treatment options.

1. **Improving health:**
   - health promotion on a population basis, linking to programmes at a national, regional and local level
   - health education, counselling and information provision about how to improve health, prevent disease
   - intersectoral action and advocacy to improve health.

2. **Maintaining health:**
   - health development assessment and maintenance from childhood to old age
   - screening, risk assessment and early detection of disease
   - interventions to assist people to reduce or change risky and harmful lifestyle behaviour
   - immunisation
   - prevention and control of communicable diseases by advice to individuals and families/whānau and reporting to relevant public health providers
   - ongoing care and support for people with chronic conditions: to minimise deterioration, maximise independence and relieve suffering.

3. **Restoring health:**
   - providing information to enable and assist people to care for themselves and their family/whānau
   - providing emergency care (including stabilisation, assessment, first aid treatment and referral as necessary)
   - assessing the urgency and severity of presenting problems through history taking, examination and investigation and diagnosing where possible
   - recommend treatment options and carry out appropriate procedures which may include counselling, advising, imparting information and prescribing.
   - rehabilitating to restore normal functioning
   - recommending diagnostic, therapeutic and support services
   - referring patients to other services.

B) Workforce configuration

The primary health care team will comprise, at a minimum, doctors, primary health care nurses and community health workers (see appendix three for the definition of a primary health care nurse.)

C) Operational services

To enable the above health services to be provided appropriately, efficiently and in a co-ordinated manner the following operational services will be required.

1. **Population analysis** – tailoring DHB needs analysis work that identifies:
   - the population served:
   - health needs of the enrolled population
   - high need areas and sub-groups
   - the incident rates of morbidity and mortality by region or locality for Mäori, non-Mäori and Pacific peoples
   - access to services by Mäori, non Mäori and Pacific peoples

- social barriers that may impact on enrolments
- social trends and mobility patterns for known populations
- degrees of deprivation within a population
- analysis of service provision and its implications for the Primary Health Organisation
- gaps in service coverage, eg, immunisation coverage.

2. **Proactive health service delivery approaches, providing:**
   - outreach services to take services to individuals or groups with identified need
   - approaches to make services available in the most appropriate places and ways
   - particular service approaches for particular groups including Mäori and Pacific people.

3. **Individual and population tracking and communication that can:**
   - track individuals' risks and needs for services
   - remind and recall individuals
   - inform people about service availability
   - seek and provide avenues for people to comment
   - communicate with the enrolled population and local communities *en masse*
   - monitor effectiveness of service delivery including effectiveness for Mäori and impact on Mäori access and health inequalities.

4. **Information systems that can:**
   - enrol people and manage rolls (including the collection of ethnicity data
   - share information between Primary Health Organisations about transient individuals
   - capture, share and make available health information about individuals and the population within the requirements of the Health Privacy Code
   - support service, financial and management processes and information systems
   - follow up people who are not enrolled.

5. **Co-ordination between the Primary Health Organisations and:**
   - relevant non-health agencies
   - public health, mental health, disability support services, and secondary services
   - national services
   - training organisations to ensure good clinical placements for students of all health and disability disciplines.

6. **Quality – ensuring that the Primary Health Organisation has:**
   - clinical governance approaches (including clinical leadership, a learning culture in the organisation, support for performance review, good service design)
   - systems to monitor, assess and report the organisation's achievements and problems with a view to continuous quality improvement.

7. **Managing referrals, in particular, managing the:**
   - quality, quantity, appropriateness and cost of diagnostic, therapeutic and other support services (including at least prescribing and laboratory tests)
   - process (including quality, quantity, appropriateness, cost and the communication process) of referral to other providers such as medical specialists and hospitals.

D) Minimum standards

1. **Availability of services provided in reaction to patient request.**
   - Services will be available during normal business hours (as a guide, available for part of the normal business day within 30 minutes travel time for 95 percent of the population and with a justification provided for areas that do not meet the standard).
   - People will be able to receive telephone advice whenever they seek it and are informed how to get such advice.
   - People who, after receiving telephone advice, think they need to be seen urgently (ie, on the day of request) will receive the service on the same day.
   - The Primary Health Organisation will ensure that service out of normal hours is available within a reasonable time (guidelines regarding specified travelling times will be added following completion of work on rural issues).
   - The services covered by the standards in this section will also be available to non-enrolled people.

2. **Affordability.**
   The Primary Health Organisation will:
   - ensure that any charges for services comply with any requirements that are part of the Primary Health Organisation's agreement with the DHB
   - in particular, where the Government stipulates levels of subsidy for individuals' access to services, ensure that the benefit of those subsidies is passed on to patients
   - ensure that any charges for services are clearly notified by the provider, at the place where service is given, to those people seeking the service.

3. **Quality.**
   The Primary Health Organisation will have a policy about ensuring the quality of the services for which it has the responsibility of provision. (initially this may be quite minimal and focus on future development of

quality improvement and monitoring processes). Such a policy will include processes for people to voice concerns or complaints about services. Where possible outcomes of care provision are monitored and made available to the enrolled population and health agencies including DHBs

4. **Cultural appropriateness.**
Services will be delivered in a culturally appropriate and competent manner, ensuring that the integrity of each consumer's culture is acknowledged and respected. Primary Health Organisations will demonstrate an ability respond to diverse need, including continuous quality improvement. The Primary Health Organisation will have mechanisms for allowing recipients to determine cultural appropriateness. For Māori, this will include:
   - removal of barriers to accessing the Primary Health Organisation's services
   - facilitation of the involvement of whānau and others
   - integration of Māori values and beliefs, and cultural practices
   - availability of Māori staff to reflect the consumer population
   - existence, knowledge and use of referral protocols with Māori service providers in the locality.

18

APPENDIX 2

Minimum Requirements for Primary Health Organisations

INTRODUCTION

Implementing the Primary Health Care Strategy is a key first step towards achieving the goals set out in the New Zealand Health Strategy. The Primary Health Care Strategy aims to improve health and reduce health inequalities by moving to a system where services are co-ordinated around the needs of a defined group of people. Primary Health Organisations (PHOs) will be organisations of providers working with their communities to achieve this.

The process for fully implementing the Strategy is to be an evolutionary one over the next few years building on the strengths of the existing services provided by general practitioners, nurses, community health workers and others.

Many of these practitioners operate under existing organisational arrangements such as IPAs, Maori Provider Organisations, rural trusts and so on. Implementing the Strategy means that DHBs will work with these organisations and their communities in order to find the best way locally to set up Primary Health Organisations.

KEY POINTS ABOUT PHOs

The Strategy (page 5) notes key points about PHOs as follows.

▶ Primary Health Organisations will be funded by District Health Boards for the provision of a set of essential primary health care services to those people who are enrolled.

▶ At a minimum, these services will include approaches directed towards improving and maintaining the health of the population, as well as first-line services to restore people's health when they are unwell.

▶ Primary Health Organisations will be required to involve their communities in their governing processes. They must also show that they are responsive to communities' priorities and needs.

▶ Primary Health Organisations must demonstrate that all their providers and practitioners can influence the organisation's decision-making, rather than one group being dominant.

▶ Primary Health Organisations will be not-for-profit bodies and will be required to be fully and openly accountable for all public funds that they receive.

▶ While primary health care practitioners will be encouraged to join Primary Health Organisations, membership will be voluntary.

MINIMUM REQUIREMENTS

The main focus is on achieving results in terms of better health, reduced health inequalities and easier access to services. The following minimum requirements set the parameters within which DHBs and local groups will find their own best answers. DHBs will decide whether an organisation is meeting the minimum requirements both in terms of services delivered and its overall structure and governance before allowing it to become a Primary Health Organisation. A set of national guidelines will be distributed to assist DHBs, primary providers and their communities with tools and ideas for PHO establishment and meeting minimum requirements. The process of establishing a PHO will reflect the principles of the Treaty of Waitangi – partnership, participation and protection.

WHAT A PHO WILL DO

▶ *PHOs will aim to improve and maintain the health of their populations and restore people's health when they are unwell. They will provide at least a minimum set of essential population-based and personal first-line services.*

DHBs are required, under national service coverage specifications, to ensure people have access to a set of primary health care services. The service agreements they enter with PHOs will specify these services in more detail. The agreements will include associated requirements such as understanding their population, information systems, coordination, and management of referred services within a budget. They will set out expectations about availability, affordability, quality, and cultural competence. For example, PHOs which include rural communities will need to ensure equitable and effective access to primary health care services within their rural communities or within acceptable travel times.

▶ *PHOs will be required to work with those groups in their populations (for example, Maori, Pacific and lower income groups) that have poor health or are missing out on services to address their needs.*

The DHB must be satisfied that the PHO's planning, prioritisation and service delivery will contribute to a reduction in health inequalities.

▶ *PHOs must demonstrate that they are working with other providers within their regions to ensure that services are co-ordinated around the needs of their enrolled populations.*

The DHB must be satisfied that PHOs demonstrate they are working with other providers as appropriate to co-ordinate care for their enrolled populations in ways that best meet the needs of their communities.

KEY CONSIDERATIONS WHEN ESTABLISHING A PHO

▶ *DHBs will use a national formula to fund PHOs according to their enrolled populations*

A formula is being developed nationally so that funding will reflect characteristics of the population that determine their need for primary health care services. The formula will cover the minimum essential services – DHBs may choose to enter other arrangements for other services.

▶ *PHOs will use a national enrolment system to enrol people through primary providers*

People will only be able to enrol with one PHO at any time. They will usually enrol at the level of the general practice or primary health clinic. A nationally agreed set of rules will set out people's and providers' rights and responsibilities and will establish requirements for information collection and protection.

▶ *PHOs must demonstrate that their communities, iwi and consumers are involved in their governing processes and that the PHO is responsive to its community*

The DHB must be satisfied that community participation in PHO governance is genuine and gives the communities a meaningful voice. In addition, DHBs will require PHOs to show how they respond to their communities.

▶ *PHOs must demonstrate how all their providers and practitioners can influence the organisation's decision-making.*

The DHB must be satisfied that PHOs seek the views of providers and practitioners and have sufficient processes to ensure that decisions take account of the range of views.

▶ *PHOs are to be not-for-profit bodies with full and open accountability for the use of public funds and the quality and effectiveness of services.*

Before an organisation can become a PHO, the DHB will need to be sure that the organisation has a suitable not-for-profit status and that the requirements for reporting and disclosure will allow the DHB and the public to fully understand the use of public funds and the quality and effectiveness of services in order to evaluate the results.