



National Best Practice Unit –
Tackling Indigenous Smoking

**NATIONAL CEO
WORKSHOP REPORT**

Kaurna Country (Adelaide)
5 July 2023

August 2023

Introduction

The Tackling Indigenous Smoking (TIS) jurisdictional workshops are an important way in which the National Best Practice Unit Tackling Indigenous Smoking (NBPU TIS) provides support to the TIS teams located in the Regional Tobacco Control Grant (RTCG) organisations. The aims of TIS workshops include:

- reviewing Grant Recipient priorities and the appropriate support that the NBPU needs to provide.
- sharing evidence and best practice, and strategies for adaptation at local and regional levels.
- resolving implementation challenges.
- enhancing support, collaboration, network building and communication.
- providing training and tools to assist in program delivery.
- support for performance reporting and evaluation methods and skills.
- dissemination of information and tools on performance reporting, data collection and evaluation; and
- supporting Aboriginal and Torres Strait Islander leadership in tobacco control.

The NBPU TIS organises and delivers one national TIS workshop for CEOs and TIS coordinators per year.

Attendance

The workshop was attended by 54 participants, including 39 representatives from 22 out of the 25 Grant Recipients confirmed with funding from 1 July 2023 at the time of the Workshop. See [Attachment A](#) for a list of participants.

Program

The 2023 National CEO Workshop was held over a full day on 5 July 2023 on Kaurna Country (Adelaide). See [Attachment B](#) for an outline of the program as distributed to participants ahead of the workshop.

Summaries of the Workshop sessions are as follows – please see participant presentations on the TIS Website¹ for details.

1. NBPU TIS Overview (Eileen Van Iersel, Manager NBPU TIS & Dr Penney Upton, Research and Evidence Lead)

This presentation was introduced by Eileen Van Iersel, National Program Manager NBPU TIS. The presentation includes information on the NBPU TIS structure, staff and partners; and how the NBPU TIS works with Grant Recipients.

Penney Upton then asked participants to respond to a series of questions via the online interactive software Mentimeter. Responses from participants are as follows.

¹ See <https://tacklingsmoking.org.au/resources/national-ceos-workshop-presentations/>

A. What do you think the smoking prevalence targets for Aboriginal and Torres Strait Islander people by 2030 should be nationally?

Agree with 27%. Need sustained reductions in all areas rather than just national averages. Also need targets for vaping	Targets should represent specific age groups and geographic locations so we can track change within cohorts. The target of 27% is suitable as long as there is continuous decline	Maintain current target: aspirational and achievable if all sector works in sync!
Aspirational target we want zero! We think the target should be for both vaping and smoking and with a national focus we should be stretching our targets to push us and communities to reach these	Need to maintain the current target. Maintaining the focus on current priority areas is critical. Will be interesting to see if increased focus on vaping can move us in the right direction	Agree with 27% as long as there is adequate investment to meet the target, consideration of vaping, of suitable complementary services and of social determinants that affect
It should be a language change or change mindset. What is the national target to address nicotine dependency which includes tobacco and vaping?		

B. What should the smoking prevalence target for your IREG be?



C. Please rank the TIS goals for your region.



2. National Coordinator Overview (Prof. Tom Calma, National TIS Coordinator)

This presentation was delivered by Professor Tom Calma AO. Information covered in the presentation includes an overview of the TIS Program processes; Aboriginal and Torres Strait Islander smoking rates; the TIS challenges; National Tobacco Strategy 2023-2030; National Preventive Health Strategy 2021-2031; and information on the new TIS funding period 2023-2026.

3. Department of Health Update (Ben Mudaliar, Australian Government Department of Health and Aged Care)

This presentation was delivered by Ben Mudaliar from the Department of Health and Aged Care. The presentation provided information on the TIS achievements to date and the importance of the new TIS guidelines that took effect on 1 July 2023 that are a key enabler to expanding reach, working in partnership, focussing on preventative health approaches, and making sure TIS activities continue to be targeted to priority groups. The Department also provided more detailed information about the Budget 2023-24 Tackling smoking and vaping measure, and related opportunities and expectations for TIS-funded organisations to scale up their focus and capacity to deliver vaping prevention activities in their regions from 1 July 2023. The TIS guidelines will be updated again to include the vaping prevention details and Grant Agreements will be varied in the coming months.

4. Implementation Evaluation Update (Lena Etuk, Manager, Research & Evaluation CIRCA)

This presentation was delivered by Lena Etuk from CIRCA and includes information on CIRCA's research team and their network; how they work; what they learnt about the implementation of TIS 2018-22; how TIS will be evaluated in the new funding period; what Grant Recipients will get from this evaluation; and what CIRCA needs from the Grant Recipient organisations.

5. Impact and Outcome Evaluation Update (Dr. Raglan Maddox, Australian National University)

This presentation was delivered by Dr Raglan Maddox from the Australian National University (ANU). The presentation includes information on Thiitu Tharmmay; Indigenous worldviews; Indigenous specific evidence; the broader social and political context of Aboriginal and Torres Strait Islander tobacco use; effective program characteristics; what ANU is going to do for the TIS evaluation; Aboriginal and Torres Strait Islander smoking rates; and smoke-free behaviours.

6. Questions and Answers from CEOs (Panel of Department of Health and Aged Care, NBP Unit TIS, CIRCA and ANU)

Participants were able to register panel questions using the online interactive software Mentimeter, and then vote for the ones for which they most wanted answers. Those questions discussed in the panel session are below with a summary of the panel response². See [Attachment C](#) for a list of questions that due to time constraints were not able to be answered during the workshop, with responses provided subsequently.

² Note that these responses are as captured by note-takers at the Workshop, and have not been verified to reflect official Government policies or positions.

a. How will the extra vaping money be used?

Additional funds are for GRs to provide more vaping prevention activities through the TIS program. With more funding, there's an expectation of more activities being delivered by GRs, and so a reasonable proportion of these will be solely vaping focused. For existing funds, most GRs are probably already using at least some of their existing TIS funding to deliver vaping activities, so the current split of TIS funding between smoking and vaping for each GR will be a bit different. The bulk of TIS funding should still be used for smoking prevention activities in the community.

b. How do GRs get reliable data rates for smokers in our region?

Raglan Maddox can circulate the ABS data from Indigenous regions from 2018-19 which is the most accurate smoking related data. However, vaping was not yet prevalent at that time, so there is no reliable data around vaping rates. While the regional data is a good start, local observations are also important to inform on GR strategies.

c. Why is there sometimes inconsistency in DSS and NBPU feedback on reporting / work plans? if NBPU are best practice should they not be working together?

DSS state representatives undertook to feed back to the DSS Central Office to promote better cohesion.

d. How do GRs plan for the new online reporting processes that rather than dealing with it last minute?

A lot of preparation should not be needed as the data will be similar. The activity work plans will also be structured online but will be easy to use. The NBPU may be able to offer training to support reporting. Guidelines were previously located on the last page of the performance report template, but now examples are provided under each question to support completion.

e. What evidence is there that a population response is best compared to individual interventions and counselling?

There are existing avenues for individual cessation such as Quitlines and ACCHO clinical primary health care services. The TIS program complements these individual approaches to provide a spectrum of investment that isn't covered. The evidence is strong that if population health is done well then it is very effective.

f. Is the Activity Work Plan template the same as the one in the application?

No. DSS should have sent the Activity Work Plan template to GRs already; it is also available on the TIS Website tacklingsmoking.org.au

g. Can we please have some reasonable time frames around reporting?

Performance reports generally have a 6-week turnaround. They are due to NBPU TIS two weeks after the end of the reporting period; NBPU TIS has two weeks to review them and return to the GR; the GR then has two weeks to finalise and submit to DSS through the FAMs.

h. How were the IREGs defined in this round of funding?

They are the IREGs as defined by the Australian Bureau of Statistics.

- i. Are there any major changes to the program's deliverables or KPIs or are they similar to current expectations?

These are clarified in the Grant Opportunity Guidelines. Essentially, there are the same priorities as for the last 12 months; the population health approach is still the same. KPIs have changed slightly but are available on the TIS Website. The KPIs will be updated again to reflect the increased focus on vaping prevention.

- j. How are partner organisations expected to report and work with lead organisations?

This will probably look different for each GR covering each IREG and partner relations will be left to the lead organisation to decide how best to work together with partners. The CEO and Jurisdictional workshops are a good opportunity for lead and partner organisations to share with others what they are doing in their region that is working. Lead organisations need to ensure that partners are aware of the information needed for reporting so that data is collected that is consistent across the region. However, how GRs do that is up to each organisation.

- k. What are the National priority projects?

The National priority projects will complement the work that TIS teams already are doing but are yet to be determined. One past project was the smoke-free Aboriginal workplaces program when the NBPU TIS partnered with the Office of the Register of Indigenous Corporations (ORIC) to promote smoke free policies within Aboriginal and Torres Strait Islander organisations. Once the guidelines for the national priority funding is finalised, GRs will be kept informed, but in the meantime, GRs should contact the NBPU TIS with any ideas.

- l. How will the new funds allocated for vaping be allocated: \$40 million allocated for 4 years for 37 organisations doesn't leave a lot to tackle this issue?

Most of the funding will go to TIS teams. The funds will be allocated to IREGs according to the latest available vaping prevalence data for urban, regional and remote areas. The amount of extra funding to do more vaping prevention activities could be as much as a 30% increase for the IREGs that have high vaping rates.

- m. Are there any additional funds for ACCHOS to increase service delivery in tobacco cessation?

Individual cessation services are provided through Primary Health Care funding and are not included in TIS funding. It is up to individual ACCHOs to decide how primary health care funding is used.

- n. Will 2022/23 underspends be rolled over to 23/24 and if so, what will the process be?

All lead organisations will be able to apply to roll over unspent funds, however those former GRs now continuing as partner organisations will need to speak to their lead organisations to make sure the funds are spent on a TIS activity because they are unable to carry over TIS funding if their grant agreement has expired.

- o. TIS financial acquittal with lead and partner organisation model normal approach is a monthly payment to partner organisation this would cover salary and other on costs. Is this acceptable?

DSS can send out information around the acquittal process. They will get this to organisations in writing.

- p. If the first extra vaping TIS payments will be provided to lead organisations in October 2023, what is the timeframe for when GRs will be advised of those payments?

Internal government policy approval is needed and expected by the end of August. When that is finalised the Department will inform all GRs.

- q. Did the evaluations have any insight into which social media platform is the most effective for TIS promotion?

The type of social media used should be based on the target market. Facebook tends to be for older people where TikTok and Instagram are for younger users. Instagram and TikTok would be a good way to target young people to not take up vaping. It's important for TIS teams to look at their aims and objectives before choosing what platform to use.

7. Overview of the TIS Website (Ashleigh Parnell, Senior Research Officer, Australian Indigenous HealthInfoNet)

This presentation was delivered by Ashleigh Parnell from the Australian Indigenous HealthInfoNet. Information in the presentation relates to the TIS website including the TIS interactive map; TIS Team Activities; TIS Success Stories; TIS Team Resources; Induction Pack; and 2023 updates.

8. Closing remarks (Prof. Tom Calma, National TIS Coordinator)

Professor Calma summarised the key points of the workshop, thanked participants for their attendance and wished them safe travels on their return to their services.

Participant Evaluation

Each TIS workshop includes participant evaluation, with both quantitative and qualitative feedback. This assists the NBPU TIS to ensure that future workshops are of most use to Grant Recipients and their TIS teams.

Participant evaluation feedback was collected using an online survey platform (Qualtrics). A total of 26 responses to the survey were received. The majority provided positive and constructive feedback.

When asked to rate the workshop on a scale of 1-10, all respondents rated the workshop at least 7/10, with three quarters (75%) rating the workshop 9/10 or 10/10 (see *Figure 1*).

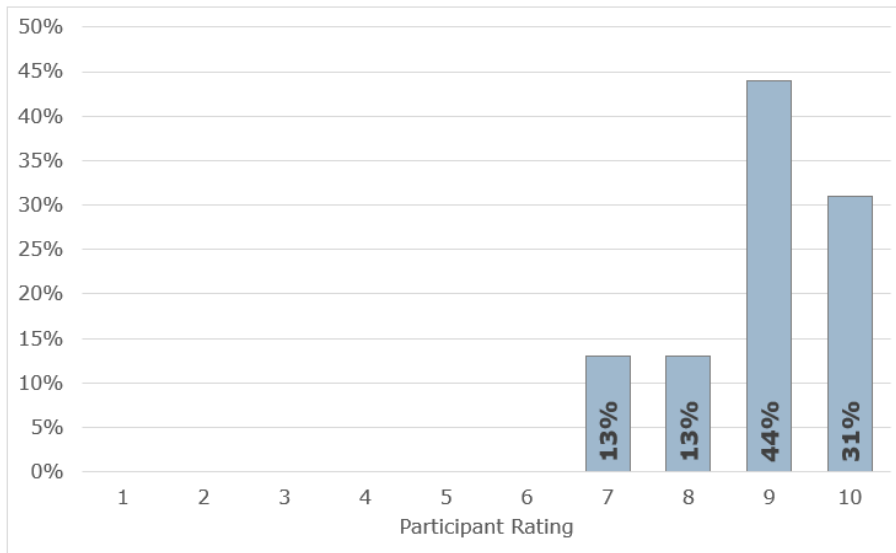


Figure 1: Participant rating of National CEO workshop (scale of 1 to 10)

All sessions were well received by the majority of survey respondents, however the session with the highest rating was the National Coordinator Overview, which was rated as very useful by 95% of respondents (Figure 2).

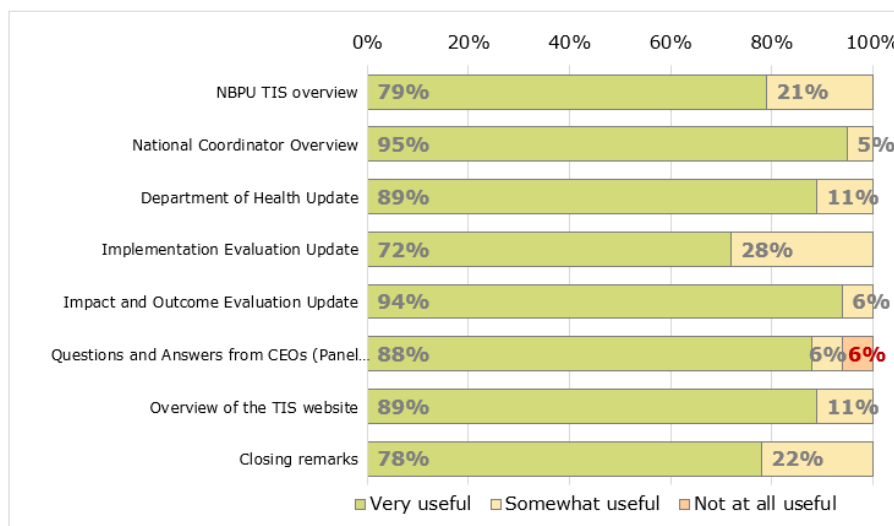


Figure 2: Participant evaluation of National CEO workshop sessions, July 2023

Overall almost all participants who responded to the survey were very satisfied with the workshop content (90%), with the remainder somewhat satisfied (10%).

Almost all of the respondents were also happy with the length of sessions (90%), with the remaining respondents being somewhat satisfied (10%).

Most respondents were happy with the overall length of the session (84%), whilst the remainder somewhat satisfied (16%).

Overall, qualitative feedback from participants was very positive:

The workshop was excellent and exceeded my expectations. Well done!

A great day. Our team certainly got a lot out of the day. Thanks.

Great day and the information and workshops were useful.

All very worthwhile. DSS may need their own session.

Aspects of the workshop which participants nominated as being particularly useful included:

Meeting new people and hearing their journey and how they do business

The technology with the questions and answers showing everyone thoughts

The new funding model (inc the vape funding) was good to get

However, there were some suggestions for improvements:

Made it a little longer in total and more q&a opportunities in each session

Would be good to have a function or a session where we can learn and share more from one another

Mentimeter fab but would have been good to open up panel session to convos and questions from the room.

Reduce duplication between presenters. Less time on people background and more on the program. Thank you

Better options for lunch.

ATTACHMENT A: Attendance

Name	POSITION HELD	ORGANISATION / DEPARTMENT
Prof. Tom Calma	National Coordinator Tackling Indigenous Smoking	
Shane Mohor	CEO	Aboriginal Health Council of South Australia
Jordan West	TIS Coordinator	Aboriginal Health Council of South Australia
Timothy Lawrence	TIS Coordinator	Aboriginal Health Council of South Australia
Trevor Wingard	TIS Coordinator	Aboriginal Health Council of South Australia
Lisa Wiese	Contracts Manager	Aboriginal Health Council of Western Australia
Tracey Brand	CEO	Aboriginal Health Council of Western Australia- Derbarl Yerrigan Health Service
Frankie Clive	Executive Manager Primary Health Care	Apunipima Cape York Health Council Limited
Marlon Fernando	Chief Operations Officer	Bega Garnbirringu Health Services Inc.
David Busuttil	Acting CEO	Central Australian Aboriginal Congress
Ghazal Torkfar	Health Promotion Manager	Central Australian Aboriginal Congress
Rob McPhee	CEO	Danila Dilba Health Service
Judy Clark	TIS Advisor	Flinders Island Aboriginal Association Inc
Kirsty Pursch	Board member	Galambila Aboriginal Health Service
Simon Sadler	Aboriginal Health & Integrated Care Manager	Grand Pacific Health
Rebecca King	TIS/Operations Manager	Griffith Aboriginal Medical Service
Courtney King	Business Unit	Griffith Aboriginal Medical Service
Adrian Carson	CEO	Institute for Urban Indigenous Health
Dallas Leon	Director Commercial Operations	Institute for Urban Indigenous Health
Lynette Anderson	Program Manager	Institute for Urban Indigenous Health
Sinon Cooney	CEO	Katherine West Health Board
Jenny Bedford	Deputy CEO	Kimberley Aboriginal Medical Service
Chris Ingrey	CEO	La Perouse Local Aboriginal Land Council
Carrine Liddell	Deputy CEO	La Perouse Local Aboriginal Land Council
Joan Hicks	CEO	Mawarnkarra Health Service
Monique Wheatley	Business Development Manager	Mawarnkarra Health Service
Steve Rossingh	CEO	Miwatj Health Aboriginal Corporation
Kerriann Campbell-Jones	Executive, Health Services	Nunkuwarrin Yunti of South Australia Inc
Aaron Williams	Acting CEO	Nunkuwarrin Yunti of South Australia Inc.
Lesley Nelson	CEO	South West Aboriginal Medical Service

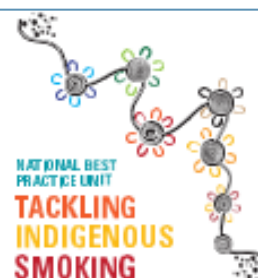
Name	POSITION HELD	ORGANISATION / DEPARTMENT
Nicole Bowser	Director of Community Services	South West Aboriginal Medical Service
Joanna Dorante	TIS Worker	Torres Health Indigenous Corporation
Renee Williams	Interim Chief Executive Officer	Torres Health Indigenous Corporation
Michael Graham	CEO	Victorian Aboriginal Health Service
Lionel Austin	TIS Manager	Victorian Aboriginal Health Service
Darren Green	CEO	Wellington Aboriginal Corporation Health Service
Anthony Carter	Business Development Manager	Wellington Aboriginal Corporation Health Service
Polly Paerata	Executive Manager	Yadu Health Aboriginal Corporation – South Australian West Coast ACCHO Network
Warren Clements	Public Health Manager	Yadu Health Aboriginal Corporation- Port Lincoln Aboriginal Health Service
Zena Wingfield	TIS Coordinator	Yadu Health Aboriginal Corporation– South Australian West Coast ACCHO Network
Ben Mudaliar	Assistant Secretary	Department of Health and Aged Care
Vanessa Garwood	Director	Department of Health and Aged Care
Clayton Irwin	Program Officer	Department of Health and Aged Care
Katherine McHugh	National TIS Program Manager	Department of Health and Aged Care
Alicia Nowak	Funding Arrangement Officer	Department of Social Services
Normy Germaroth	Funding Arrangement Officer	Department of Social Services
Raglan Maddox	College of Health and Medicine	Australian National University
Lena Etuk	Director	CIRCA
Thushara Dibley	Senior Research Consultant	CIRCA
Rod Reeve	Project Director	NBPU TIS
Eileen Van Iersel	National Manager	NBPU TIS
Maxine Turner	Senior Project Officer	NBPU TIS
Penney Upton	Research and Evidence lead	NBPU TIS
Kelly Franklin	Coordinator NBPU Operations	NBPU TIS
Ashleigh Parnell	Senior Research Officer (Australian Indigenous HealthInfoNet)	NBPU TIS

Attachment B: Workshop Program

Tackling Indigenous Smoking National CEO's Workshop

9am-3.30pm Wednesday 5th July 2023

Crowne Plaza – 23 Frome Street
Kaurna Country, Adelaide



Duration	Session	Facilitators/Speakers
9.00 am	Welcome and Housekeeping	Eileen Van Iersel National Program Manager NBPU TIS
9.05 am	Welcome to Country	Cliffy Wilson – Kuma Kaaru
9.25 am	NBPU Overview	Eileen Van Iersel and Dr. Penney Upton – NBPU TIS
10.25am	<i>Morning tea</i>	
10.40 am	National Coordinator Overview	Prof. Tom Calma AO - National TIS Coordinator
11.10 am	-New TIS Guidelines from 1 July 2023 – key priorities and implementation considerations -New TIS vaping measures from 1 July 2023 – policy, opportunities, and implementation considerations	Ben Mudaliar, Assistant Secretary, Department of Health and Aged Care
11.50 am	CIRCA TIS Implementation Evaluation Update	Lena Etuk Director, Research & Evaluation CIRCA
12.20 pm	<i>Lunch break</i>	
1.20 pm	Impact and Outcome Evaluation Update	A/Prof Raglan Maddox Study Director for Tackling Indigenous Smoking Evaluation Australian National University
1.50 pm	Questions and Answers from CEOs	Panel: Department of Health and Aged Care, NCTIS, CIRCA and ANU
2.20 pm	Overview of the TISRIC website	Ashleigh Parnell, Senior Research Officer -Australian Indigenous HealthInfoNet
2.50 pm	<i>Afternoon tea</i>	
3.10 pm	Closing Remarks	Prof. Tom Calma AO National Co-ordinator TIS
3.30 pm	<i>Workshop Close</i>	

Attachment C: Unanswered Questions from the Panel Session

1. Sponsorship - can GRs sponsor events such as Football Netball carnivals?

Participation in local events – including sporting carnivals – is an eligible activity under the program GOGs. We expect TIS team involvement in these events to include:

- working with the organisers to make sure the venue is smoke and vape free;
- having an educational TIS stall in a prominent place at the carnival;
- sharing the TIS message throughout the day – this could be announcements/reminders over the PA system, running a competition between matches etc.

Providing sponsorship as part of this participation is acceptable under the GOGs. However low-level marketing approaches such as providing sponsorship money in exchange for having an organisation or TIS team logo on the carnival promos without engaging in the event is not acceptable as we know this is not effective as a population health promotion activity.

2. Some of the Community health Aboriginal controlled clinics are not able to prescribe the NVP however the flowchart for the access on TIS website does not reflect this. How can we achieve that?

It is not clear if the aim is to achieve more GPs being able to prescribe NVPs, or updating the flowchart to recognise that not all GPs can prescribe so we will attempt to answer both interpretations:

- the flow chart states that NVPs 'may be prescribed as a last resort' to reflect that NVPs are not a first line cessation tool. This wording was developed and agreed in partnership with TIS teams when these resources were co-designed as part of a TGA funded comms project led by NBPU TIS in 2022. We will review and update these resources as necessary in line with new measures outlined under the budget, as and when these become current;
- at present GPs are able to prescribe NVPs either through the Authorised prescriber scheme, special access scheme or the personal importation scheme (more details here). Under new measures proposed in this year's budget this approach to prescribing may change. However, GPs may also choose not to prescribe NVPs as these are unapproved products known to cause harm. Other approved (safe) cessation medicines such as NRT are available.

3. LHD promotion units are one partner that TIS can strengthen Aboriginal and Torres Strait Islander health promotion messages, what direction have they been given to partner with TIS grant recipients?

Partnerships between TIS funded organisations and relevant local services are encouraged. This may include LHD Units, however this is a decision that should be made locally. There is no national directive for LHD promotion units to partner with TIS funded organisations.

4. How is the TIS program or DoH supporting/directing National relationships and partnerships with Television carriers /newspapers & transport (wraps, posters etc) given the huge cost to promotion.

There is no national directive for TV carriers, newspapers etc re partnering with TIS teams. We encourage teams to negotiate partnership and reduced rates locally on a case-by-case basis.

5. Re: evaluation: what Ethics approvals do you have? Are these Aboriginal led ethics processes

CIRCA response: CIRCA is submitting ethics applications to three Aboriginal Human Ethics Research Committees – the Western Australian Aboriginal Health Ethics Committee, the Aboriginal Health and Medical Research Council of NSW and the Aboriginal Health Council of South Australia. No data collection will commence until approval has been granted by these committees.

ANU response: There are 14 national and jurisdictional ethics approvals in place, including approvals from Aboriginal and Torres Strait Islander-specific Human Research Ethics Committees (HRECs). For more details contact A/Prof Raglan Maddox.

6. Re: evaluation. What data do you want? To what detail? Please share data Governance protocols

CIRCA Response: The purpose of CIRCA’s evaluation of the 2022-23 to 2025-26 TIS program is to assess the extent to which the conditions have been met for the TIS Program to achieve its objectives, to capture the perspectives of TIS teams regarding the extent to which the program is achieving its outcomes, and to determine where program improvements can be made. The data we require from TIS funded organisations and their TIS teams will help us to understand these three elements. In simple terms, this means we will be asking questions in the surveys, interviews and focus group discussions about TIS funded organisations’ and TIS Teams’ experiences of implementing the program, their views of the impact the program is having in communities and what they think could be done better. We will also be speaking with National Stakeholders (NBPU, DOH and the National Coordinator) about their perspective on the implementation of the TIS program.

CIRCA will adhere to contractual obligations in relation to data management to ensure the confidentiality, privacy, and security of all data is maintained for all the data sets provided as part of monitoring and the primary data collected by CIRCA. All evaluation activities, including data management and reporting, will conform to requirements for confidentiality, privacy and security as outlined in the M&E framework and ethics applications and in line with CIRCA’s ISO 20252:2019 accreditation protocols. If you have further questions about data governance, feel free to reach out directly to thushara@circaresearch.com.au

ANU Response: The Aboriginal and Torres Strait Islander-led Tackling Indigenous Smoking (TIS) Impact and Outcome Evaluation is undertaken by the Tobacco Free team at the National Centre for Aboriginal and Torres Strait Islander Wellbeing Research, the Australian National University. The evaluation is guided by Thiitu Tharrmay, which means 'to share/exchange knowledge' in the Ngiyampaa language. Thiitu Tharrmay aims to uphold Aboriginal and Torres Strait Islander governance and ways of knowing, being, and doing. Members of Thiitu Tharrmay are Aboriginal and Torres Strait Islander individuals who have experience as consumers or providers of healthcare, with knowledge and/or experience in research and health policy. They provide oversight throughout the research process, from conception to dissemination, ensuring community accountability.

Participation in the Impact and Outcome Evaluation is voluntary, and it builds upon existing infrastructure, including data access, data analysis plans, and the TIS Intensity Tool. The Evaluation utilizes data collected through the TIS Intensity Tool and examines existing data sets such as Australian Bureau of Statistics (ABS) surveys, National

Perinatal Data Collection (NPDC), National Key Performance Indicators (nKPIs), Quitline data, and Pharmaceutical Benefits Scheme (PBS) and Mayi Kuwayu Study data. The purpose is to gain insights into tobacco and vaping attitudes, knowledge, and behaviours, and to evaluate the TIS program. For more details contact A/Prof Raglan Maddox.

7. RE: CIRCA interviews with CEOs. Is this with the lead agent or will it be with all consortia partner CEOs (if there is a consortia approach in place)

CIRCA will not be directly interviewing CEOs. We will be doing an online survey with the CEO of the lead agency only.

8. Suggestion: Gov needs to be more on-time in delivering the agreements and contracts to organisation as the delay in sending the contract out affected the service delivery in every organisations