

For discussion: Delivering place-based primary prevention in Victorian communities

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This paper is intended to provide a starting point for conversations around how Victoria can best deliver place-based primary prevention to improve health outcomes in local communities. It is anticipated that it will be used as an accompaniment to face-to-face meetings to help set the scene and structure discussions with stakeholders across Victoria's prevention and population health sector.

Statewide directions for a healthier Victoria

The Victorian Government is committed to delivering better health for all Victorians, with prevention placed at the heart of multiple strategies to deliver improvements to health outcomes and health equity.

A strong focus on prevention is highlighted in a range of current and leading government policies and initiatives including:

- implementation of the Victorian Royal Commission into Family Violence recommendations
- *Roadmap for Reform: strong families, safe children*
- *Education State*
- *Victoria's 10-year mental health plan*
- *Victorian Suicide Prevention Framework*
- *Aboriginal Social and Emotional Wellbeing Framework*,
- Victorian Government's response to the Hazelwood Mine Fire Inquiry.

These initiatives suggest a new way of working; a way of working that recognises and builds on the unique strengths of people and places to deliver solutions that are relevant, effective, efficient and sustainable.

A place-based approach recognises that people and places are inter-related and that the places where people spend their time play an important role in shaping their health and wellbeing. Local context is critical. A place-based approach focuses on local needs and local priorities, engages the community as an active partner in developing solutions, and maximises value by leveraging multiple networks, investments and activities to deliver the best outcomes for communities.

The proposed approach to delivering health and wellbeing strategies in Victorian communities intersects with, supports and builds on the many actions underway across government to deliver better outcomes for Victorians.

Public health and wellbeing

The *Public Health and Wellbeing Act 2008* requires the development of a state public health and wellbeing plan every four years to set the directions for public health and wellbeing for the State of Victoria.

The [Victorian Public Health and Wellbeing Plan 2015-2019](#) establishes a vision of a "Victoria free of the avoidable burden of disease and injury, so that all Victorians can enjoy the highest attainable standards of health, wellbeing, and participation at every age".

To achieve this vision, the *Victorian Public Health and Wellbeing Plan 2015-2019* identifies place-based approaches as a key platform for change to support action on a range of key priorities. The Plan supports a systems approach to prevention to tackle the underlying determinants of poor health and health inequity, and advocates a collective effort by multiple stakeholders to address the complex issues facing communities.

For the first time, the *Victorian Public Health and Wellbeing Plan* will be accompanied by a *Victorian Public Health and Wellbeing Outcomes Framework* that brings together a comprehensive set of indicators which can help us to track whether our combined efforts are succeeding in improving the health and wellbeing of Victorians. In addition, *Implementing the Victorian Public Health and Wellbeing Plan: The first two years* will capture the major health and wellbeing initiatives commencing or underway across the Victorian Government between 2015 - 2017. These immediate steps form the basis for longer term action.

The overarching aim of the *Victorian Public Health and Wellbeing Plan 2015-2019* is to reduce inequalities in health and wellbeing. This means taking a whole of population approach to address the structures and environments that cause ill health, alongside targeted interventions for more vulnerable or disadvantaged populations.

Local communities

Under the *Public Health and Wellbeing Act 2008*, Victoria's councils have a responsibility for public health and wellbeing. Every four years, councils prepare municipal public health and wellbeing plans which provide strategic leadership for prevention in local communities. These plans have regard for the *Victorian Public Health and Wellbeing Plan* and provide a line of sight that connects statewide policy to local action.

Alongside councils, Victoria's community health organisations and health services also play a leadership role in prevention. In particular, Integrated Health Promotion funding provided primarily via community health and health services offers a significant investment in local areas. Integrated Health Promotion and municipal planning cycles are aligned to support local health and wellbeing leadership and action.

Small Rural Health Services, Primary Care Partnerships, Women's Health and other health and wellbeing and community support agencies are also funded to deliver prevention activities in local communities. "Supporting healthy populations" is also a domain in the Statement of Priorities for Victorian healthcare services.

The Commonwealth Government also has a role to play at the area level through Primary Health Networks.

Recent experiences

Victoria has long been a leader in health promotion and there are many examples of quality health promotion initiatives across the state. In recent years, a number of councils and community health services across Victoria have taken a systems approach to primary prevention and focused on delivering a collective impact. This has helped to deliver interventions at a scale to impact on whole populations and is well aligned with international best practice. This approach is continuing to be adopted by health and wellbeing partnerships across the state to collectively address issues such as childhood obesity, and there are opportunities to continue to build on these experiences.

What's next?

Delivering the greatest impact on health and wellbeing outcomes for communities requires better alignment of our existing funding and efforts across agencies and across a geographic area. This will help improve the effectiveness and efficiency of health promotion and prevention investment, and allow for interventions that respond appropriately to local needs and context. It would limit isolated and duplicated efforts, and instead encourage focused attention on community priorities. By making the best use of existing mechanisms, this approach has the potential to offer a clear line of sight from local action for health and wellbeing through to state wide policy, delivering population health and wellbeing outcomes across the state.

How do we best strengthen the prevention system to deliver health improvements for our communities?

To enable sustained action across local communities it helps to consider the system building blocks: collaboration, information, leadership, workforce and resources. These building blocks are based on the World Health Organisation's building blocks for health systems strengthening, though have been adapted to provide a useful organising tool for considering the primary prevention system.

Collaboration

A collective effort by multiple stakeholders is needed if we are to have an impact on the health and wellbeing of communities. Collective impact approaches have been gaining traction in Australia and internationally in recent years, and provide a model for delivering effective responses to complex issues. These approaches focus on establishing shared goals and measures of success, undertaking mutually reinforcing activities, and committing to ongoing communication between partners. They are supported by a 'backbone organisation' that is identified and agreed by partners to provide coordination for the group. This approach has been at the core of Victoria's recent health promotion and prevention efforts.

At the centre of this approach is the need to bring stakeholders in a geographic area together to establish a common approach. There are multiple ways that this can occur, but as municipal public health and wellbeing plans are a legislated requirement and provide the line of sight between local and statewide policy, it makes sense to consider how this plan, and the process behind it, can best be used to drive and coordinate local action.

How might municipal public health and wellbeing plans best be used to guide prevention efforts in local communities? What opportunities may a collective impact approach offer for primary prevention? What support may be needed to deliver this approach in local areas? How might the 'backbone organisation' be identified and agreed in local areas?

Information

The forthcoming *Victorian Public Health and Wellbeing: Outcomes Framework* defines the outcomes we seek to achieve and the population level targets, indicators and measures that will be used to monitor progress. Local health promotion and prevention efforts will contribute to the achievement of population level outcomes. Shared measurement is a feature of collective impact approaches and the development of progress indicators will be useful to monitor progress towards long-term outcomes and targets.

There is also a need to continue to develop the evidence for prevention and health promotion, evaluate system impacts, share findings across the sector, and support innovation.

How might we best measure system impacts and outcomes? How do we measure and record what has happened as a result of our efforts? Are there shared indicators that could be applied across local prevention efforts? How might we identify local level indicators of success or change? Who is best placed to collect and analyse what data? How do we encourage lessons to be shared across the sector? What support is needed?

Leadership

Local councils and community health organisations and services play a significant leadership role in the local prevention system, alongside a range of other organisations that lead efforts in local areas and across the state.

The core governance structure for recent local prevention efforts has brought together CEOs from councils and community health, alongside senior DHHS staff. Further stakeholders have also been involved in various ways as appropriate to the local context.

CEOs from both local government and community health have acknowledged multiple benefits from this relationship, including the ability to build on local strengths, gain traction in new areas and sectors, and deliver a joint impact on the health and wellbeing of local residents.

A focus on building leadership across the local prevention system, in health focused organisations as well as across other sectors, has also helped the local workforce to build momentum for local action for health and wellbeing.

What governance model would be appropriate for local prevention efforts across Victoria? What might be the opportunities or challenges in developing local governance? How is leadership best supported across the local prevention system?

Workforce

Victoria's local health promotion and prevention workforce is primarily concentrated in community health and health services, with variable levels of staffing in councils and other organisations.

Recent prevention efforts in Victoria saw a dedicated workforce spread across both councils and community health delivering health promotion and prevention initiatives in local communities. A key learning from this experience was the impact, influence and leadership health promotion workers could generate when located in non-traditional health areas - such as within economic development teams or community planning areas of council.

The workforce involved in recent prevention efforts were also networked and supported by DHHS to build their understanding of systems and their capacity to deliver effective health promotion initiatives at a scale to impact the health of the population. The opportunities provided by networks and events were highly valued by the workforce and DHHS, and provided a key means of ongoing skills development and sharing lessons across the workforce, across organisations and across the sector.

How do we ensure that the prevention workforce is based in the area/organisation where they can best influence change? What opportunities exist for locating staff in non-traditional areas and sectors? How might the unique strengths of organisations best be leveraged? What support may be required for the workforce? How do we best ensure that our prevention workforce is equipped to lead a place-based systems approach to prevention?

Resources

The ending of the National Partnership Agreement on Preventive Health (NPAPH) significantly impacted on Victoria's prevention efforts and emphasises the need to make the best possible use of existing funding in the system to deliver outcomes for communities. There is a distinct need to ensure all investment in prevention and health promotion is effective, efficient and appropriate and aligns with statewide policy.

Recent prevention efforts saw councils and community health organisations working together in the local community. While each organisation retained ownership of funding, all health promotion and prevention resources were aligned to deliver on the shared priority areas of healthy eating and active living. Different organisations managed this alignment in different ways to meet their local needs.

To create a collective impact, these organisations focused on applying a range of principles to ensure all local efforts contributed to local priorities. These principles can be summarised as follows:

- **Transparent line-of-sight:** Local actions are aligned with the Municipal Public Health and Wellbeing Plan, which gives regard to the Victorian Public Health and Wellbeing Plan, providing a transparent view from state policy through to local action.
- **Leadership at every level:** A commitment to leadership for prevention and health promotion is evident at all levels, and developed and supported across multiple organisations to drive population change.
- **A focus on equity:** Equity is addressed through a combination of universal approaches that impact on the structures and environments that influence our health, alongside targeted approaches to strengthen and support particular populations.
- **Culture of action, reflection and experimentation:** Prevention efforts are focused on taking action, experimenting to provide insight where the evidence base is lacking, and an ongoing process of reflection and adaptation to ensure strategies are effective, timely, relevant and sustainable.

- Outcomes focused: Prevention efforts are focused on delivering long term outcomes for local communities, with shared local indicators established to assess progress.
- Prevention at scale: Prevention initiatives are developed and delivered at a scale that can impact on the health and wellbeing of large numbers of the population in the places where they spend their time.
- Whole of community, whole of systems approach: Efforts are focused on changing the local context for the long term, addressing the underlying causes of ill health across the communities, and delivering multiple interventions, 'joined-up' action and cross-sector efforts.
- Emphasis on multi-risk factor approaches: Initiatives that focus on addressing multiple risk factors are prioritised, recognising that many health issues share underlying determinants.
- Mutually reinforcing activities: Activities are coordinated and mutually reinforcing across organisations to avoid duplicated or isolated efforts and generate the greatest improvements in the health of the community.

How is investment best managed for local health and wellbeing outcomes? Are the principles of this approach meaningful and appropriate? Are there any missing?

How do we best balance a need for accountability and a focus on action?

Recent experiences in Victorian communities saw the burden of planning and reporting minimised in favour of a focus on action and outcomes. These local initiatives focussed on establishing ambitious targets from the outset, with annual roadmaps developed locally to guide action. Accountability was focused locally, with senior staff participating on local governance groups alongside departmental staff. To maintain the integrity of the approach, the workforce attended development networks to learn from others, reflect on progress, develop new ideas and interventions.

This approach promoted a culture of experimentation, with evidence-based approaches providing a firm foundation for trialling new approaches based on an understanding of the local context and the engagement and empowerment of the community. This approach allowed for flexible and adaptive responses to local issues based on ongoing feedback on effectiveness.

What level and style of planning and reporting is appropriate for local prevention efforts? How might planning and reporting be best managed? How might we best support reflection and adaptation in local areas? How might we support innovation in health promotion and prevention?

Next steps

Discussions will be held with multiple stakeholders over the coming months to develop an approach that supports health and wellbeing outcomes across Victorian communities.

Further questions for discussion include:

1. Generally speaking, does the proposed approach resonate? Does it make sense to work this way?
2. What is reasonable to expect in terms of timelines for implementation?
3. What support is required to implement the proposed changes?

The following diagram shows a general process map, with timings to be developed in collaboration with the sector:

