

## VIC PCP SUBMISSION TO THE VICTORIAN PUBLIC HEALTH AND WELLBEING PLAN CONSULTATION 2019-2023

### Question 1.

#### Reflecting on the current Victorian public health and wellbeing plan (2015-2019):

##### a. What are the strengths of the current plan?

- Carrying over priorities from the previous plan allows for important prevention work to occur that takes longer than the four-year period to see outcomes and positive changes to health and wellbeing outcomes.
- The plan created a clear direction and framework to support a social determinants of health approach.
- Guided Primary Care Partnership local activity and aligned effort across the state-wide PCP platform through the sharing of resources, development of local level indicators across multiple priority areas contributing to the evidence base.
- Provided an opportunity to apply a systems thinking and primary prevention approach to collaborative action
- The emphasis on 'place-based approaches' and the recognition that health outcomes are influenced by the settings in which people live their lives.
- Focus on reducing inequalities in health outcomes
- Supporting documents, including outcomes framework and data dictionary providing consistency of outcome measures across the state.
- Benefits of action and strategic directions as examples to work from
- The framework has been implemented to guide Municipal Health and Wellbeing MHWB Plans in regional and rural shires and metropolitan local government areas. It has broadened place-based thinking about health in social context.
- Measurements and indicators of change have been developed in partnership with local agencies and incorporated in Primary Care Partnership catchment plans and MHWB Plans where possible.

##### b. What are the opportunities for improvement?

- Further development of Victorian Outcomes Framework and Progress Measures to support funding agencies monitoring and evaluation practice and further develop the evidence base.
- 'Improving mental health' should be changed to 'mental and emotional wellbeing' to maintain a focus on the underlying causes of mental ill- health.
- Greater action to address the social determinants of health. We have a highly skilled workforce that is oriented toward the social determinants of health. A larger focus on behaviour and lifestyle factors as is proposed for the 2019-23 plan runs the risk a loss of a large part of our workforce.
- Further support for utilising the plan in rural and regional Victoria. More recognition of the differences between metropolitan and rural and regional Victoria.

- Support a more aligned and robust reporting environment that allows us, as a partnership, to plan, report and evaluate on partnership activity more effectively
- Support a partnership approach at and Local Government Area and catchment level to determine local priorities and solutions
- Identification of opportunities to enact strategies and initiatives through place-based cross sectoral partnerships
- Better coordination and linkages between DHHS Central office and those progressing the place-based work in the regional and rural communities
- Resources to support organisations in areas that require priority focus when it is not a current priority for them.
- Clarity within government departments about implementation strategies and vehicles to achieve outcomes. Lack of overarching governance of the plan.
- Lens of “access and equity” as a significant determinant of health status for each focus area. Place based responses within community and geographical context are working to address this. Local partnership work is the key.

## **Question 2.**

**It is proposed that over the next four years we focus on four of the plan’s identified priorities by providing additional guidance and direction for coordinated action.**

**Which of the following priorities can your organisation/sector implement actions for (note: you may select multiple priorities):**

### **Across all initiatives**

PCP platform supports partners to identify place-based initiatives and strategies, and to implement monitor and evaluate change across all the priorities. Each local PCP will identify priorities within the Plan priority guidelines that best respond to local needs at current point in time. Collaboration of effort is the key and engagement in work that is locally relevant and meaningful is critical.

#### **a. Tobacco-free living**

As a PCP, we are guided by the commonalities of our members’ priorities. Tobacco-free living is not a priority across many PCP’s that our members have sought to work on in partnership with other organisations.

#### **b. Healthy eating**

PCPs have a strong history and knowledge base in leading Healthy Eating initiatives across Victoria. In 2018 25 unique exemplar initiatives were identified in a state-wide survey across the partnership platform focusing on healthy eating that are contributing to the evidence base.

Examples include:

#### **RESPOND- Deakin University Childhood Obesity Monitoring in Schools project**

RESPOND is working with all sections of the community to find ways to improve the health and wellbeing of children. Over the next five years, RESPOND will engage with 14 of the region’s health



services, 4 primary care partnerships, 12 local councils and up to 180 primary schools, reaching more than 30,000 children aged up to 12 years.

### **Water The Drink of Choice**

The collective vision includes creating workplace environments where it is easier to make healthy (beverage) choices and promoting water as the drink of choice.

### **GenR8 Change Southern Grampians**

Mobilising the community to make changes to the obesity system so that the healthy choice is the easier choice, in order to address childhood obesity. So far, this has resulted in over 200 systems changes made by the community and after two years there is measured improvements in sugar sweetened beverages, fruit and vegetable consumption and physical activity and active transport, as well as BMI levels decreasing amongst primary school children.

### **Sea Change Portland**

Mobilising the community to make changes to the obesity system, within Portland to address childhood obesity. So far, this has resulted in over 300 systems changes made by the community and after two years there is measured improvements in SSB, water, fruit and vegetable consumption and active transport, as well as BMI levels decreasing amongst primary school children.

### **Healthy in Wellington**

Mobilising the community through a systems thinking perspective to make the healthy choice the easy choice across Wellington.

### **Healthy Drinks**

North East Healthy Communities is trialling a refined collective impact model to prevent obesity by reducing the consumption of sugar sweetened beverages and promoting tap water as the drink of choice. A range of coordinated interventions are being implemented across Banyule, Darebin and Nillumbik to create healthy public policy, supportive environments, and local community action.

### **Healthy & Well South West**

Building the capacity of community champions in key settings of early years, schools, workplaces and community spaces to create supportive environments and better population health outcomes in; healthy eating, active living and social and emotional wellbeing.

### **Eat Well Move More in the Central Highlands**

Central Highlands PCP are working together to provide opportunities and environments which enable all people in Central Highlands to EAT WELL and MOVE MORE. Focusing on healthier eating and active living provides an opportunity to work with a broad range of partners to improve physical and mental health outcomes in our community.

### **Tackling Obesity in the South East**

In early 2017, enliven engaged Health Futures Australia (HFA) to develop a framework for “Tackling obesity in the south east” building on insights from Healthy Together Victoria. This framework maps out a plan for achieving sustainable change through a genuine collective impact approach



### **Go Local, Go Fresh Catchment Project**

The Central Hume PCP funded a catchment project to increase small rural communities access to fruit and vegetables. The project was developed in response to the 'Food Deserts' research commissioned by the PCP.

### **Baw Baw Food Security Coalition**

Facilitation of a systems approach to increase access to, and consumption of, healthy and nutritious food for the Baw Baw community. The Coalition has achieved 174 interventions, 41% of the population participating in food activities and an improvement in food security status for residents.

### **Food for All Latrobe Valley**

Facilitation of a community owned and led food security coalition to increase access to, and consumption of, healthy and nutritious food for the Latrobe community. Utilising Deakin university's systems approach to leverage all elements of the food system in Latrobe.

### **Prevention Impact Indicators**

This project was undertaken to identify prevention impact indicators for active living, healthy eating and improving mental health. The intent was to develop a resource that could be used in Municipal Public Health and Wellbeing planning across the Ovens Murray and Goulburn areas.

### **Healthy Choices Nudge Trial**

New partnerships are being developed in sport and recreation settings in order to increase access to/availability of healthier food and drink options, without affecting profit. "Nudge" methodology is being utilised where small changes to the display, promotion or price of food or drinks are trialed in phases and the impact on consumer behaviour is measured.

### **Healthy Food Basket Study**

The aim of the study was to identify healthy food access and affordability across the catchment. This research continues to inform and drive our preventative work, as we strive to help our local communities access healthy food and develop long- lasting strategies to tackle food insecurity and low fruit and vegetable consumption.

### **Obesity Prevention in the East**

The Inner East PCP partnered with the Outer East PCP and Health Futures Australia to engage with leaders from across the region including the private sector to develop a Proposition for Obesity Prevention.

## **c. Climate change**

Climate Change is a priority for a number of PCPs currently and is well understood across the PCP platform, particularly in rural areas. The PCP platform provides the opportunity for rural as well as metropolitan responses, where the impact on individuals and agricultural communities is evident in significant mental health and chronic disease issues.



Where Government policy seeks to influence the internal culture, planning and actions of local government and of health and community services the PCP platform provides an opportunity.

Examples include:

#### **Balmoral Fire Connect**

Studied the dissemination of preparedness information from the central hub and the valuable role a community sector organisation plays in reducing the vulnerability of their community to extreme climatic events such as fire. This short animation shares the learnings of the importance of conversations and connections between community in keeping us safe and resilient in rural communities.

#### **Glenelg SAVES (Seniors Achieving Valuable Energy Savings)**

Glenelg SAVES utilised an innovative participatory approach to reduce the impact of high energy bills on low income families using HACC services in Glenelg Shire.

#### **Enhancing Networks for Resilience**

Studied the partnership of the SGGPCP using mixed methods (consultation, interviews and social network analysis) with the development of informative social network maps and statistical analysis highlighting the valuable platform the PCP can play in enhancing resilient to extreme climatic events.

#### **Rural People; Resilient Futures**

Deeping our Partners understanding of vulnerability in the context of climate change and to identify strategies to build the capacity to reduce vulnerability. This involved significant consultation around vulnerability, working with agencies to identify impacts of climate change on their community and implementing strategies to reduce impacts that were operational or policy level actions.

#### **Farmer Health Network**

A cross sectorial partnership between the Dairy industry and community service providers reducing situational distress of farmers across SW Victoria; through improved social connection, better access to on farm counselling and material aid, and service support awareness and pathways of care.

#### **Hotspots**

enliven secured funding from the Lord Mayors Charitable Foundation to work with key stakeholders to develop co designed information and strategies targeting a number of vulnerable CALD groups. The aim of the project is to increase awareness of health risks by heatwave among CALD communities in the Dandenong area.

#### **Climate Change Adaptation - Community Sector Climate Resilience Program**

A facilitated resilience planning forum was held in October 2017. The aim was to conduct mapping and generate a gap analysis in relation to adaptation-related plans, policies and strategies implemented by the 9 local Councils in South East Councils

#### **d. Respond to antimicrobial drug resistance**

As a PCP, we are guided by the commonalities of our members' priorities. Antimicrobial drug resistance is currently not a priority that our members have sought to work on in partnership at a

catchment level. It is our assessment that the response to antimicrobial drug resistance needs to occur at a primary care and health service level and requires a communication messaging strategy that educates the broader community.

### **Question 3.**

**Please rank the importance (from most important to least important) of the following supports that would assist your organisation/sector to implement the priorities of the next plan (2019-2023).**

- GUIDANCE ON EVIDENCE INFORMED PRACTICE 4**
- CHANGE TO THE AUTHORISING ENVIRONMENT 1**
- RESOURCES FOR MONITORING AND EVALUATION 3**
- PLATFORMS TO SHARE GOOD PRACTICE ACROSS THE SECTOR 2**

**What other supports or resources would aid your sector or organisation?**

- Review and updating of the IHP guidelines in light of the many changes occurring within DHHS and in the broader policy environment
- Review and evaluation of the impact and outcomes being achieved of the total prevention funding allocated
- Review of the relationship between VicHealth and the broader prevention system
- Access to any available datasets that the government hold across departments that would support planning and evaluation.
- Workforce training in the newer areas especially AMR and climate change.
- Supporting documents, including progress measures
- Support for implementation at a local LGA level
- Building capacity of the sector in monitoring and evaluation
- Clarity in the role of Primary Care Partnerships, with frameworks to guide action, and the role of member agencies within PCPs.

The PCP platform is a significant resource to government and to local partner organisations and a broader understanding and recognition of this would support the work currently underway. PCPs have not been identified as a key partner in the consultation paper however are a key part of the system that drives the coordination of local place based prevention activity to improve public health and wellbeing outcomes and reduce associated inequalities.

At times it does not appear that there is a full understanding of the individual PCP structure, which is a partnership of a number of organisations developed over many years. It is that partnership, and their agreed strategic plans, that is supported by the PCP staff. The PCP allows individual partners to take leadership roles in different initiatives according to their capacity and mission, supported by other relevant PCP partners to support change implementation. The opportunity for the public health and wellbeing plan to be supported by a range of traditional and non-traditional partners in bringing a social determinants lens can be of great value.

#### **Question 4. How can we balance the need for coordinated action on specific priorities while allowing for local responsiveness?**

Utilising Primary Care Partnerships and the partnership platform is the key to balancing this need for coordinated action and allowing for local responsiveness. Taking a place-based approach, PCPs work across a range of settings including schools and other education settings, health services, workplaces, sporting clubs, correctional centres and rural community settings. Through their well-established and trusted connections, PCPs are working towards ensuring their local communities achieve the same outcomes as those identified for all Victorians, that is, being healthy and well, being safe and secure, being connected to culture, having the capabilities to participate and a community that is liveable.

PCPs are also identifying shared measures to track outcomes and to ensure they are making a difference locally and collectively across Victoria. PCPs build capacity both within their membership and the community. They provide resources, training, strategic guidance and advice, they act as a conduit for information, data, and evidence and guide and promote best practice. The impact of this is improved local and state-wide collaboration, reduce duplication and improved health and wellbeing for all Victorians.

Many Primary Care Partnership facilitate the development of integrated partnership plans, with guidance and support from the Victorian public health and wellbeing plan, to address health and wellbeing in local catchment areas. For example, Southern Mallee PCP who have developed integrated partnership plans in each of the Southern Mallee Local Government Areas (Buloke Shire, Gannawarra Shire, Swan Hill Rural City). This process involved utilising the existing Local Government Area (LGA) Partnership, to determine priorities and strategies to work toward over a 4-year period. These partnerships have involvement and support from the Integrated Health Promotion (IHP) funded agencies and council in each LGA. This resulted in the integration of each IHP plan, alignment of council plan and, in one LGA, the use of the Council's Public Health and Wellbeing Plan as the partnership plan. The benefits of integrated planning and partnership work at an LGA level include pooling of resources, working towards a common goal, utilising strengths, differing skill sets and capacity, strengthening relationships and shared work with in the LGA and creating a greater sense of ownership and motivation. Reporting requirements are currently time consuming and clunky. VIC PCP supports a more aligned and robust planning and reporting environment that allows partnerships, to plan, report and evaluate on partnership activity more effectively.

Given the proposed direction of the Consultation paper, PCPs are confident that we will be in a position to continue to contribute significantly to the Victorian Public Health and Wellbeing Plan. Not only does the proposed Plan capture existing areas of PCP work, it has introduced new objectives and priorities that a number of PCPs have already started addressing. For example, many PCPs have been active working to mitigate the harmful effects of climate change. They have been early adopters of this priority, with work to progress food security and mitigate against extreme weather events.

PCPs would like to advocate for expanded use of the PCP platform to deliver initiatives under this plan. We may be in a position to roll out and scale up many initiatives. PCPs have demonstrated this willingness and flexibility in the past.

PCPs have experience and knowledge in the development and continuation of partnerships between a range of agencies and sectors. The release of the new Plan provides an opportunity for further strengthening of partnerships between a range of sectors and agencies by utilising the Primary Care Partnership platform.