Victorian Public Health and Wellbeing Plan 2015 - 2019

Consultation

Feedback Form

Thank you for taking the time to consider the Victorian Public Health and Wellbeing Plan 2015 – 2019 Consultation Paper (available at www.health.vic.gov.au/prevention/vphwp.htm).

Feedback is sought from key stakeholders about the proposed approach outlined in that Consultation Paper. Six questions are outlined below and responses of up to 500 words each would be appreciated.

Some information about you is requested below. We may publish submissions received on the department's website, your permission to do so is sought below.

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Are you completing this feedback on behalf of your organisation? Yes

We may publish submissions received. Do you agree to your submission being made public?

- **Yes you can publish my submission**

Please forward your response to prevention@dhhs.vic.gov.au by Wednesday 1 July 2015.

Introduction

Primary Care Partnerships (PCPs) are established collaborative partnerships of local health and human service organisations. The partnerships work together to find smarter ways to make the health system work better, so the health of their communities is improved. Since they were introduced by the Victorian Government in 2000, PCPs have become a vital component of the Victorian healthcare system. PCPs are particularly active and effective in delivering integrated health promotion (IHP), prevention and public health initiatives and are therefore key stakeholders in the development of the next Victorian Public Health and Wellbeing Plan (the Plan).

In the 15 years of operation PCPs have grown significantly, in both size and reputation, as more and more health and social services and community groups join them in the quest to deliver better healthcare outcomes for Victorians. Today, PCPs facilitate partnerships with a wide range of health and social service providers and community groups; and they support collaboration and service integration. Most importantly, they play a key role in enhancing the health and wellbeing of people within our local communities.

There are 28 PCPs around Victoria that connect more than 800 organisations across many different sectors. This includes hospitals, GPs, local government, universities, community health services, disability services, problem gambling services, women's health and family violence services, mental health services, sports groups, schools, police and many more. These diverse organisations are working together to plan around the needs of the community, to share their skills and expertise, align efforts and increase collaborative impact. In bringing these health and social service organisations together, PCPs find new ways to collaborate and share valuable learnings, research and information. When it comes to the health needs of the community PCPs also enable more effective integrated planning, and develop the service system through co-ordination and integrated care as well as by making better use of data, evidence-informed interventions and a common planning framework. Some of the achievements of PCPs are outlined in a 2011 evaluation report.[1]

Primary Care Partnerships have a proud fifteen year history delivering health promotion, partnership and capacity building activities. This work has resulted in hundreds of member agencies focussing on prevention and health promotion work to address many key priorities that we have shared with successive state governments. PCP health promotion work has been diverse and innovative and has covered areas such as obesity, food security and physical activity, smoking cessation, alcohol and other drug use, sexual and reproductive health, injury and falls prevention, prevention of family violence and violence against women and reducing the health impacts of climate change.

Primary Care Partnerships look forward to the delivery of the next Public Health and Wellbeing Plan and the contribution that we can make towards improving the health and wellbeing of the Victorian community. PCPs around Victoria have been pleased to be able to participate in a number of the consultation sessions that have been held by the Department. We are also pleased to submit this written feedback. We are confident that our Partnerships, which include local governments, community health, hospital networks and others, will continue to deliver excellent results in the public health arena. In finalising the Plan, we invite the Department to consider how to leverage the experience and relationships of PCPs to maximise potential and investment in ensuring the Plan's success.

[1] Department of Health (2011) Primary Care Partnerships: Achievements 2000-2010

1. What is your opinion of the proposed scope and narrative of the Plan as outlined in the consultation paper?

Victorian Primary Care Partnerships (PCPs) generally welcome the directions suggested in the Consultation Paper for the next Victorian Public Health and Well Being Plan (the Plan).

PCPs are generally positive about the scope and narrative of the Plan. In particular, we highlight the following aspects:

- The Plan builds on evidence and knowledge that has been built in Australia and internationally about best practice in health and well being.
- PCPs particularly welcome the stronger emphasis on social determinants of health and their impact on inequalities
- PCPs support the need for a "whole of system, whole of society" approach involving all sectors of government, non-government organisations, businesses, communities, families and individuals. PCPs are particularly well placed to bring all these sectors together. We look forward to a Plan that makes health "everybody's business".
- PCPs acknowledge the relationship between physical and mental health and well-being, education and social and economic participation. We further acknowledge the benefits to be accrued by prioritising the investment in children whilst also recognising that prevention activities can be effective across the lifespan.

PCPs are concerned that health and wellbeing outcomes are not equally shared by all Victorians. In particular, Aboriginal people, people residing in rural areas, people from lower SES groups, women and members of the GLBTI community may experience health outcomes which are not optimal as a result of their status. The Plan must seek to remedy this situation with explicit objectives and measures.

Whilst being generally positive about the Plan, we note that the Consultation paper appears to reflect an early draft of thinking. For this reason, further consultation would be advisable prior to the Plan's completion. In particular, there is a lack of effective program logic between long term objectives, priorities and risk and outcome measures. It may be useful to return to stakeholders for further feedback one this section of the Plan has been further developed.

Elements of the Plan, as presented in the Consultation paper, read more like a framework that a plan. Whilst it is positive to see a number of capacity building approaches included, these might sit better in a section on guiding principles rather than being combined with issue specific priories and objectives in these sections. In some areas, the Plan also reflects a medical model, particularly in relation to outcome measures, and would benefit in places from a greater focus on protective factors.

Finally, in relation to the scope and narrative of the Plan, it would be useful to situate it within a historical context by articulating how this Plan fits in with the old Plan and what provisions are envisaged to ensure continuity from this Plan into future plans.

2. What do you see as the pros and cons of articulating long term objectives (ten or more years) and medium term priorities (four years)?

The articulation of long term objectives is generally viewed in a very positive light although some of the language that has been used does not align with language more commonly used in the health and community sector. In particular "long term objectives" might be better described as "goals". Generally PCPs adhere to the definition of "goals" and "objectives" outlined in the Integrated Health Promotion Resource Kit (2003).[2] This kit notes that "the program goal is a statement about long term outcomes" and objectives "state what must occur for the goal to be achieved".

Semantics aside, some of the listed objectives might benefit from further refinement and definition. For example, "protect health and well-being from existing and emergent threats" is vague and open to multiple possible interpretations. It might be assumed that this statement encompasses issues around the health impacts and challenges of climate change. A number of PCPs are early adopters of this priority and are already working in this space. If this is what is intended, it would be useful for this to be more explicitly identified. At the same time, PCPs acknowledge that we do not yet know what all "emergent" threats may be and for this reason, some scope for flexibility and adaptation in the future is useful.

In general terms, the list reads as a brainstorm rather than a clearly worked through list of objectives. Whilst every item on the list is worthy, some points read more like processes and principles than objectives. For example, "engaging individuals and communities in improving health and wellbeing throughout their lives" is a process for achieving improved health outcomes, rather than a goal in and of itself.

In articulating long term objectives, it is also important that there is some mechanism in place to ensure the continuity of these objectives into future plans given that they are intended so as to guarantee that they outlive the 2015-19 Plan. This is important to the confidence of the health, community and local government sectors so that they can invest in achieving long term outcomes in these areas. Victorian PCPs make this observation in the context of noting that a number of the priority areas from the 2011-15 Plan have disappeared from the current consultation paper. In particular, improving oral health, preventing skin cancer, promoting sexual and reproductive health and preventing injury no longer appear. It may well be appropriate to reduce the number of priority areas in the forthcoming plan but continuity is important and it would be useful to provide some certainty to partners and stakeholders who have invested heavily in those areas that appear to no longer be priorities.

The consultation paper suggests some good direction but attention will need to be given to the ways in which objectives, priorities and risk and outcome measures logically flow on from another. Long term objectives should be closely aligned with outcome measures, and priorities with risk measures but it is also important that priorities and long term objectives align. As currently presented in the consultation paper, the links are not always clear and / or logical.

An example of how this might be strengthened can be found in the following area. "Enhancing natural and built environments to protect health, and improve liveability" is a commendable long term objective that PCPs wholehearted support. It lends itself to cross sectorial work, is underpinned by a strong evidence base and is achievable provided we can achieve a "whole of government" approach. This objective is linked to the priority "ensure urban design and development improves the health and wellbeing of the community". This priority might benefit from being more refinement to differentiate it further from the long term objective and provide some clear impetus to different branches of government to ensure that it happens. In relation to measuring success against this priority, under risk measures, "access to green space" and "walkability" are listed. These measures suggest a particular and somewhat narrow emphasis to the priority. Is this the emphasis intended or simply the measures that immediately came to mind?

[2] Department of Human Services (2003) Integrated health promotion resource kit, p. 35

3. What is your opinion of the scope of the proposed *objectives*?

- **would you exclude or include any?**

Every objective proposed on the list is worthy, however, they may not all sit neatly as objectives. This response will therefore address each one individually. Some of the objectives below are broad and could encompass many issues. For this reason, we do not feel that there are any major omissions from the list below.

- Reduce health and wellbeing inequalities

Reducing health and wellbeing inequalities is of fundamental importance to any society that believes in social justice. Gaps in life expectancy driven by social and economic inequalities are unacceptable. Addressing them should be a major priority. At the same time as being a potential objective, this equity lens should sit across all areas of work. It may be possible that overlaying all objectives and priorities with an equity framework is a more effective way of achieving a reduction in health and wellbeing inequalities than having this as a stand alone objective.

- Engage individuals and communities in improving health and wellbeing throughout their lives

In the same way that reducing health and wellbeing inequalities might be seen as a lens or potential framework rather than a stand alone objective, individual and community engagement is seen as a vital tool or lens which should inform all public health and wellbeing work. Health promotion is founded on the "process of enabling people to increase control over, and to improve, their health"[3]. This is not possible without high levels of community and individual engagement. For this reason, PCPs applaud the explicit focus on individual and community engagement.

- Minimise preventable conditions and eliminate public health risks that are within reach

PCPs support this objective whilst noting that it is very broad. We anticipate multiple activities and priority areas fitting under this umbrella, including some which were explicitly listed in the last plan but which appear to have been omitted from this plan. Dental decay and STIs are two examples of preventable conditions which we would anticipate fitting under this objective, alongside other more commonly mentioned areas such as cancer. If it is not intended that this objective be broadly interpreted to be inclusive of a large number of areas, then it should be reworded or clarified further.

- Protect health and well being from existing and emergent threats

As previously stated, this objective is particularly broad and all encompassing. This has benefits because it leaves the door open to work in a broad range of areas, including those that have not yet been envisaged. However, if this is not intended the objective should be reworded or clarified. PCPs anticipate that the work of some partnerships in the area of climate change would fall into this area. We see this as very important work and therefore commend the inclusion of an objective that places value on this area.

- Improve the mental health of individuals and strengthen the inclusiveness, respectfulness and resilience of communities

This is an important area of work which PCPs frequently contribute to. We note that the objective is twofold and suggest that careful consideration needs to be given to how this is operationalised through priorities because so much work has occurred under this umbrella in the past perhaps without a demonstrable corresponding improvement in associated health status.

- Enhance natural and built environments to protect and promote health, and improve liveability

We particularly commend the inclusion of this objective. It lends itself to whole of government and systems based approaches. PCPs are well placed to assist in this area with existing partnerships which include organisations from outside the health sector. At the same time, we note that this objective is unlikely to be met without genuine commitment, and potentially mandated activity, from non health government departments (especially Land, Environment and Planning) and stakeholders.

[3] World Health Organisation (1986) The Ottawa Charter for Health Promotion

4. What is your opinion of the scope of the proposed *priorities*?

- **would you exclude or include any?**

The list of priorities has generally been well received by PCPs. As with the objectives, PCPs have noted that there are a mixture of issues based priorities and principle based priorities. This might make planning more difficult and confused. The following observations have been made for each inclusion on the list:

- Stem the rise in obesity

This is important work given the scale of overweight and obesity in Victoria and their contribution to preventable conditions. Many PCPs already prioritise this issue through initiatives to address health eating and physical activities and we anticipate that they will continue to do so.

- Reduce smoking uptake and inequalities in smoking rates

Australia is a world leader in this area and it is clear that we can achieve further successes. Excellent evidence exists about what works and we are able to rapidly see the results of new initiatives. These factors make this an important inclusion on this list. The current wording of the priority focusses the work on reducing smoking uptake and reducing inequalities in smoking rates. The associated risk measure refers more generally to daily smoking rates. Careful consideration should be given to ensure that the wording of the priority matches intended or desired outcomes. The Plan should be informed by latest evidence about where and how to achieve the greatest further gains.

- Significantly reduce family and community violence

PCPs are unconvinced about the desirability of combining family and community violence. The determinants of each are fundamentally different and the activities that might reduce them also share little in common. We suggest that they be separated into two different priorities and that work to reduce family violence take precedence given much higher prevalence and burden of disease data.

- Strengthen coordinated responses to new and emerging threats

Whilst PCPs anticipate being able to group together significant work under this umbrella, we do question the inclusion of such a broad and vague priority. We are keen to ensure that scope for flexibility remains but suggest that more thorough consideration be given to the articulation of the "how", "where" and "what" to use the framework articulated in the existing Health and Wellbeing Plan (2011-15). The proposed risk and outcome measures give some pointers to what might be intended under this priority however, working backwards to fill in gaps in the articulation of priorities is not ideal.

- Strengthen coordinated local action to improve health and well being

This "priority" is considered to be more a process or tool, rather than a priority in itself. PCP laud its inclusion but query whether it should be listed separately.

- Ensure urban design and development improves the health and wellbeing of the community

This is a great priority area. It would benefit from further refinement although it is acknowledged that this may occur through the development of an action plan. It may be particularly useful to consider whether the priority is intended to apply primarily to the public or private realm as significant scope for improvement exists in both but this may be beyond the scope of what can be achieved in the next four years. On the other hand, if all sections of government work together, very real improvements could be made quite rapidly and could have a major impact on health inequalities. For example, requiring greater levels of universal access in residential developments could significantly improve the health and wellbeing of people with disabilities and the elderly.

- Health and human services systems prioritise prevention and early intervention

This "priority" is considered to be more a process or tool, rather than a priority in itself. PCP are happy with its inclusion but query whether it should be listed separately. PCP work is often centred on this issue. Prevention and early intervention are key elements of the PCP platform and we expect they will remain so.

5. How do you see your organisation contributing to achieving these proposed objectives and priorities?

Primary Care Partnerships are very keen to continue to work across existing and new member agencies to generate, enhance and evaluate work to improve the health and wellbeing of all Victorians. We consider this to be our core business and therefore, see our partnership platform as a key stakeholder and contributor to this plan. Although every PCP is somewhat different, all PCPs receive some resources to deliver integrated health promotion activities. The value that PCPs are able to add to the resources that they receive directly from DHHS is very significant. Further information regarding this can be obtained from the evaluation report[4] and directly from individual PCPs. As a result of PCP efforts, local agencies in 28 catchment areas work more effectively together on the ground to plan, implement and evaluate health promotion, prevention and public health work. PCP member agencies and other stakeholders have better access to local data and research to determine needs and generate solutions to complex heath issues. PCP member agencies work collaboratively thereby avoiding duplication, sharing learnings and seeking collective impact . PCP member agencies participate in capacity building activities which ensure that we have skilled and available workforce to implement public health initiatives.

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 around Victoria have now been working for a number of years to reduce violence against women / family violence. Victorian PCPs recently submitted a significant submission to the Royal Commission into Family Violence to make a further contribution in this space. Other 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. Many PCPs are also targeting their work to address inequalities in population groups such as Aboriginal and Torres Straight Islander people.

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. For example, many PCPs have adopted elements of the Healthy Together Victoria strategy in non Health Together sites. Numerous PCPs are supporting and promoting the Achievement Program. PCPs are responsive and flexible. The principles and objectives articulated in the proposed Plan align very closely with our own and for this reason we envisage high levels of positive collaboration in the future as we work with government to implement the Plan and subsequent Actions Plan.

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. In addition, a wealth of knowledge and expertise exists in PCPs around service coordination and chronic disease management and prevention. This strength could be drawn upon in the Plan, especially as e-health develops further over the next decade. The experiences of PCPs with IT systems and connectivity are critical to improving pubic health outcomes, not only in relation to service delivery but also in delivering early intervention and prevention activities.

All PCPs will be undertaking their own planning cycles late in 2016 and early in 2017 in preparation for our next Strategic Plans which will begin July 2017. We anticipate working closely within the framework articulated by the Victorian Health and Wellbeing Plan 2015-19 in the development of our own Strategic Plans. In this way, we anticipate being able to add maximum value to the Victorian Plan whilst also maximising our own effectiveness.

[4] Department of Health (2011) Primary Care Partnerships: Achievements 2000-2010

6. Do the proposed high level risk and outcome measures reflect a healthy and well Victoria?

- **if you had to choose five or six measures, what would they be?**

The risk and outcome measures articulated in the Plan require further development and refinement. At present, the list reads like a brainstorm. Careful and considered formatting to align the proposed measures against proposed objectives and priorities would assist in this regard. Whilst there are no measures that stand out as inappropriate, neither do they reflect the best measures available. It is difficult to comment in detail because of the elementary nature of the way in which they have been presented.

It would be good if the DHHS could return to the sector for further consultation when there has been further alignment of objectives / priorities / risk measures and outcome measures. This does not require a complex exercise but rather a systematic way of regarding and documenting each item listed under these headings. For example:

Long term objective → Priorities → risk measure → outcome measure

Minimise preventable conditions → reduce smoking rates → daily smoking rate → avoidable death rate

Undertaking this exercise with all of the objectives, priorities and measures would assist in narrowing the number of measures and ensuring that only the most relevant remain.

In relation to measures, the list does highlight the role of government in facilitating access to high quality, up to date and relevant data. One of the limitations that has been apparent over the past decade of health promotion work has been the challenge of effectively evaluating activities especially at a population health level. It would be great if government could work with all stakeholders to identify and collect relevant data at catchment levels so that everyone could get more timely and quality feedback about the effectiveness of different interventions. This would represent a consolidation of data collection efforts and ultimately would reduce duplication and lead to greater efficiencies.

In relation to some specific measures, PCPs do note the following:

- Crime rates – these are not a good measure for family violence. In the first instance we might expect them to climb. Offender rates may provide a better indication of the health of a community, but generally, we hope that current government work to create a family violence index may assist in this area.
- Access to green space – this measure is insufficient by itself because there is research to suggest that the quality of green space is more important than just access
- Walkability – this depends on a mix of individual and environmental measures. It may require further refinement.
- Proportion feeling safe in their local space day and night – it may be more useful to have the proportion who feel safe “at home”.
- Daily smoking rates – this is fine but does not correspond to priorities (suggest revisiting priorities). An alternative might be to address the number of outlets in particular areas which would be a way of targeting the initiative.
- Proportion of children developmentally on track on school entry – this measure seems fine but which priority does is explicitly relate to?

We note that the measures included relate to impact and outcome. Whilst this is appropriate for a high level plan, it will be useful when developing action plans to consider some process measures. These might include process to document the development of healthy public policy, cross government MOUs to align effort, evidence of community leadership and engagement, and strengthening of reach and participation across communities.

Thank you for the opportunity to contribute this feedback.