

Victorian Primary Care Partnerships Statewide Audit: Value add and return on investment

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PCPs have longevity and reach

- Established in 2000, twenty-eight (28) PCPs currently operate across Victoria.
- PCPs share skills and harness resources to find solutions to local health and wellbeing challenges by connecting more than 850 health, education, employment, justice, local government and community service member organisations with local communities.
- PCPs have a combined e-news and social media subscriber / follower reach of more than 28,000 individuals and organisations.

PCPs strengthen relationships and connect communities

- Since July 2017 PCPs have delivered:
 - over 300 discreet initiatives involving 2 or more partners (33% with pooled resources)
 - over 50 formal partnerships with academic institutions
 - almost 200 community events, and over 350 community education activities, 450 consultations, and 150 community campaigns and engagement projects.
- PCPs widely engage community members including via direct project involvement (96%), consultations (88%), advisory committees (68%), input into key documents and resources (60%), governance groups (33%) and interview panels (20%).
- 66% of PCPs have developed partnership monitoring and evaluation frameworks to support collaboration.

PCPs support government policy

- PCPs currently support over 20 state government policies and reform processes.
- PCPs currently lead almost 130 initiatives that specifically support the Victorian Public Health and Wellbeing Outcomes Framework.
- Since July 2017, PCPs have coordinated more than 30 government policy submissions on behalf of members in response to two Royal Commissions, a VAGO audit, and a wide range of health, wellbeing, emergency management and industry reform plans.
- 80% of PCPs have supported partners to manage reform transitions (mental health, NDIS, aged care) through forums, workshops, communities of practice, communications, and support to develop systems, policies and processes.

PCPs prevent poor health and save health dollars

- PCP prevention efforts deliver direct benefits to the Victorian community. Evidence shows that local public health initiatives common to PCPs deliver a high ROI of up to four dollars.¹

¹ [A recent international systematic review](#) of public health interventions, including within Australia (2017) found that median return on investment (ROI) for local public health interventions was 4.1 to 1, and median cost benefit ratio (CBR) was 10.3. It concluded that local and national public health interventions are highly cost-saving. Cuts to public health budgets in high income countries therefore represent a false economy, and are likely to generate billions of dollars' worth of additional costs to health services and the wider economy.

Similarly, the [World Health Organisation \(WHO\)](#) has found (2014) that public health interventions of the kind offered by PCPs are cost-effective and deliver ROI: [E]vidence ... shows that interventions targeting the environmental and social determinants of health; those that build resilience, affecting factors such as mental health and violence; those that promote healthy behaviours; and those for screening and vaccination can be cost-effective and give returns on investment in the short and longer term. In particular, the researchers found a number of interventions with quick returns on investment within one or two years in a number of areas, including for mental health promotion, healthy employment, reducing road traffic injuries and promoting safe active transport.

- PCPs on average direct more than sixty per cent (60%) of their core funding to prevention activities; almost half direct 70% or more to prevention (compared to just over 1% of total Australian health spending which places Australia well behind other developed nations such as Canada, New Zealand and the Netherlands.²)
- Since July 2017 PCPs have delivered almost 300 prevention initiatives and coordinated around 120 prevention networks, engaging over 500 health promotion practitioners.
- Over 80% of PCPs lead integrated catchment-based prevention planning on behalf of their members; 85% actively monitor and evaluate their plans; one in three use shared measurement platforms.

PCPs leverage additional resources

- In the three financial years to 2019-20, PCP average core funding was \$380,000 per annum.
- For every core dollar invested, PCPs generated an additional \$0.92 from other state (\$0.62), commonwealth (\$0.22) and non-government (\$0.05) sources.
- PCP core and non-core funding supports initiatives including:
 - Aboriginal health and wellbeing
 - access and equity
 - alcohol and other drugs
 - aged care
 - chronic disease
 - climate change adaptation
 - cultural responsiveness
 - early years
 - family violence
 - health literacy
 - healthy eating
 - mental health
 - NDIS
 - obesity
 - prevention
 - social inclusion
 - suicide prevention
 - volunteer management
 - women's health
- 75% of PCPs indicate that none of their non-core funded initiatives would have been viable without core-funded organisational systems.
- 25% of PCPs FTE staff are currently employed through non-core funding.

PCPs innovate and lead best practice

- Since July 2017:
 - PCP initiatives have been recognised with 14 local, state and national awards
 - 47 pilot projects have secured further funding beyond the pilot phase and over 40% of these have been adopted in other catchment areas.

PCPs engage and build a skilled workforce

- PCPs currently employ more than 150 staff in almost 120 FTE positions.
- The PCP workforce is specialised and highly educated with 85% holding a bachelor degree or higher qualification, and almost 30% holding a masters degree across Health Sciences, Public Health, Health Promotion, Business, Education, Nursing and other disciplines.
- 33% of PCPs currently host tertiary students on placement and 22% engage volunteers.
- Since July 2017, PCPs have delivered or facilitated almost 900 professional development and training opportunities attended by almost 20,000 people.
- Professional development opportunities have included in relation to consumer/community engagement, systems thinking, mental health first aid, cultural responsiveness / safety, service coordination, family violence / gender equity, health literacy and a wide range of other topics.

² <https://www.phaiwa.org.au/public-health-expenditure/>