Outer Northern Prevention Taskforce

Report on current and emerging prevention priorities

Prepared for Hume-Whittlesea Primary Care Partnership
Prepared by Dr Helen Keleher and Emma Hutcheson, Keleher Consulting

February 2018

1. Background

Since 2015, the Hume-Whittlesea Primary Care Partnership (HWPCP) has led several meetings of PCP partners, with the intent of developing an Outer Northern Prevention Taskforce. The Taskforce is a core element of the *Shared Vision for the North* (SVFN) initiative which is auspiced by Northern Health's Primary Care and Population Health Committee, a sub-committee of the Northern Health Board of Management.

The SVFN is a collective platform, catchment based, which involves organisations across the health sector - Northern Health, Dianella Health, Nexus, Plenty Valley Community Health, North West Mental Health, two Primary Care Partnerships (Hume-Whittlesea and Lower Hume), two Primary Health Networks, three LGAs (Cities of Hume, and Whittlesea, Mitchell Shire), Women's Health in the North, the Department of Health and Human Services, and Department of Education and Early Childhood, and other government and non-government agencies. These partners are also involved in the Outer North Prevention Taskforce.

The partners have identified prevention as a priority to:

- Reduce avoidable hospitalisations
- Improve the health and wellbeing of the current populations of the northern suburbs, and the expected populations who will live in the new suburbs being built across the northern growth corridor
- Deliver local, place based planning at a catchment level to maximise the impacts of working collectively
- Demonstrate commitment to system reform for more effective prevention through a focus on prioritised actions along the service delivery-prevention intervention continuum.
- Build on the SVFN platform which has strong endorsement from the DHHS.

The Outer North is a significant urban growth corridor with its population coming from 125 countries of birth, most of whom have English as a second or third language. The region has large numbers of new arrivals, and significant numbers of people living in low socio-economic circumstances. These circumstances are reflected in health status with a high percentage of the population experiencing poor health and higher than average levels of chronic disease.

The imperatives for strengthening prevention across the Hume-Whittlesea catchments are well documented in partner agency plans. With the rapidly increasing populations expected to move into new suburbs across the northern growth corridor, the need for prevention will only become greater in the coming years and decades.

In late 2016, member agencies agreed three priorities for the Prevention Taskforce, and developed action areas for each priority as follows:

Healthy Children and Families

- Action Area 1: Improving the food security and nutrition of the Outer North
- Action Area 2: Decreasing the barriers to physical activity in the Outer North
- Action Area 3: Decreasing the consumption of sugary drinks

Sexual and Reproductive Health

- Action Area 1: Improving prevention of reproductive cancers and related health issues
- Action Area 2: Improving reproductive choices through increased access to contraception
- Action Area 3: Improving the sexual health literacy of young people

Prevention of Violence Against Women

- Action Area 1: Challenging attitudes towards gender inequity
- Action Area 2: Embedding Gender Equity in all Policies (GEiP)

Working groups have been set up to coordinate service delivery for the priorities, reporting to the Northern Health PCPH Committee.

Funding for coordination of the SVFN has had financial commitment from Northern Health, Department of Health and Human Services North and West Region, and the Hume-Whittlesea Primary Care Partnership. A coordinator has been working 0.8, located at Dianella Health but left the position in mid-January 2018. This provides an opportunity to rethink the position description and establish the necessary leadership to include both service delivery strategies of the SVFN, and the strategies of the Prevention Taskforce.

2. The Brief

Keleher Consulting has previously been engaged by HWPCP to facilitate some of the work to establish the Prevention Taskforce. For this report, Keleher Consulting were asked to undertake the following activities:

- To identify common emerging prevention needs across Prevention Taskforce partner organisations;
- To scope activities being undertaken by Prevention Taskforce partner organisations and look for alignment across their plans;
- Seek views from partner agencies on the prevention priorities, potential partnerships and ways forward for the Prevention Taskforce; and
- Discuss the best opportunities for the Prevention Taskforce partners to work together.

The intent of this this report is threefold, and seeks to inform the development of :

1. the HWPCP Prevention Plan which will be submitted to the Department of Health and Human Services in 2018.
2. the Shared Vision for the North Project as auspiced by the Northern Health's Primary Care and Population Health Committee
3. place based Prevention plans and activities which are being delivered by a number of local organizations

3. Environmental factors

The prevention environment in the Outer North includes the following key factors[1]:

- The Outer North is highly diverse and rapidly expanding with new communities and suburbs being established in the northern growth corridors.
    - In the City of Hume from 2017 to 2041, the population is forecast to grow from 209,777 to 362,266 people;

[1] Eastern Melbourne Primary Health Network. Needs Assessment. 2016. EMPHN; Dental Health Services Victoria 2016. Oral Health Profiles for Hume and Whittlesea; Public Health Information Development Unit 2017; Shire of Whittlesea Health and Wellbeing Partnership Plan 2017.

    - In the Shire of Whittlesea, an interface Council, the population is expected to grow from 209,118 people in 2017 to 353,910 people in 2037;
    - Mitchell Shire, also an interface Council, has an expected growth of 45,000 people to 89,214 people by 2036.
- Avoidable hospitalisations in the Outer North are from diabetes, heart disease, dental, and vaccine-preventable conditions. Rates of potentially preventable hospitalsations due to dental conditions for children 0-4 yrs are higher than the Victorian average.
- Populations of the Outer North have:
    - high levels of cultural and social diversity – more than 40% of the population were born overseas, the majority from predominantly non-English speaking countries.
    - higher than average numbers of children in the City of Hume who are developmentally vulnerable on two or more domains of the Index and relatively high numbers of children less than 15 yrs, living in jobless families (shown in early childhood indicators from the Australian Early Development Index)
    - a shortage of local employment opportunities, particularly for young people, and high numbers of residents with long commutes
    - lower than optimum screening rates for breast, cervical and bowel cancers
    - higher rates of overweight and obesity than the Victorian average
    - high rates of males and females who do not meet recommended levels of physical activity
    - higher than average smoking rates than for Victoria at 15-16%
    - above state average rates of Type 2 diabetes
    - high levels of the population (about half) who are not meeting recommended fruit and vegetable intakes
    - higher rates of daily consumption of sugar-sweetened soft drinks in Hume and Whittlesea compared to other LGAs.

In addition, the Outer North has limited local social service infrastructure, and insufficient funding to meet growing needs.

The multi-faceted nature of social and economic barriers to good health is necessary alongside prevention initiatives for optimal health outcomes to be achieved. This confluence of health and socio-economic factors indicates the value and importance of multi-agency and multi-sector approaches to prevention. As noted in the Shire of Whittlesea Health and Wellbeing Partnership Plan:

> *'Better health outcomes are associated with greater levels of social participation, freedom from discrimination and violence, access to open spaces and transport infrastructure, good access to economic resources, and jobs within a reasonable commute time.'*

These are factors that have significant influence on health outcomes. Moreover, inequalities in the distribution of the social determinants of health are now widely recognised and apparent across the Outer North. Health literacy is undoubtedly an issue, given the numbers of people born in non-English speaking countries and the cultural diversity of the population.

4. Method

A list of Prevention Taskforce members and their contact details was supplied to Keleher Consulting by HWPCP in late November 2017, and all members were contacted to make a time to talk with the consultant. Twelve interviews were conducted through mid-December-January 2018, some with two people.

Detailed notes of interviews were taken, and examined for key messages, and common themes.

Using the most recent health and wellbeing or health promotion plans from partner organisations, a spreadsheet was developed to determine alignment between priorities including those of the Victorian Health and Wellbeing Plan and the priorities of the Outer Northern Prevention Taskforce. The plans were also examined for their focus on addressing the social determinants of health including employment, housing, education, and early childhood.

The findings of both the interviews and the scoping exercise, are summarised below. Before that, a brief overview of systems thinking for prevention is provided to inform the recommendations.

5. Prevention

Prevention is conceptualised across a spectrum or continuum from population-level prevention to medical interventions at individual levels. While many health gains have been made through individualised medical interventions, it is now recognised that population-level health gains may only be possible with approaches that widen the boundaries of intervention, to 'systems' that include the social determinants of health.

Prevention strategies seek to prevent something before it occurs and can be delivered to individuals or to whole populations with differing target populations.

'Systems thinking in prevention' is a perspective, or a way of seeing things that sharpens awareness of the big picture, and the complex elements that make up the whole, as well as the way that they inter-relate with each other. Systems thinking encourages understanding of complex problems because it helps to see the big picture.

Sunbury Community Health express this nicely in their IHP Strategic Plan 2017 - 2021:

> *Sunbury Community Health seeks to focus on the whole and on the relationships and connections between people and events. We understand that our communities behaviour is shaped and constrained by local system structures and we seek to make an impact in these areas. We understand that IHP interventions may succeed in doing this but is more likely to if we understand the system into which it is being implemented.*

The power of an intervention comes not from where it is targeted, but rather how it works to create change within the system.[2] Taking a systems approach encourages a rethinking of organisations and system issues, including how partners operationalise actions in relation to each other.

6. Findings

This section reports key messages from the interviews (i.e, where the majority have voiced the same opinion) and common themes, with direct quotes in italics.

---

[2] Carey G, Crammond B. 2015. Systems change for the social determinants of health. BMC Public Health. DOI 10.1186/s12889-015-1979-8

6.1. Interviews

Partners were asked about their views on the Prevention Taskforce priorities:

- The prevention priorities of the Taskforce are strongly supported because are important, have been agreed, and should remain the focus for the coming 2-3 years. *'They are still current and there are actions that we can be working on but it needs somebody driving it'.*
- There is a risk that the priorities can get railroaded by single issues at the expense of more comprehensive approaches to the priorities.
- Partners acknowledged that different sectors operate from different paradigms, which is a strength for prevention work, but that 'grunt work' is required to find the commonalities. There is appetite but not the know-how about how to do it.
- Sexual and Reproductive Health needs to be broadened to include women's health – *'we don't have any family planning services in this area – no contraceptive clinics - it's huge. We need to work together to secure a Family Planning Hub for the Outer North.'*

Partners were in agreement that the emerging prevention needs across the Outer North can be picked up in the current priorities.

Partners were asked about potential partnerships to action the priorities and the best opportunities for the HWPCP partners to work together:

- There are benefits to the Taskforce and to populations by including Murrundindi and Mitchell because they are situated in the rapidly growing outer northern catchment, have proximity to Hume and Whittlesea, and have shared interests in scaling up population health prevention.
- Include NGOs in Taskforce work because they work directly with those people that the Taskforce may want to access
- *'Focus on early childhood – it's a no-brainer. There are lots of opportunities for us all to do good work. Perhaps we can use the first 1000 days model.'*
- Keep Northern Health engaged – even though their interests are downstream, they need to divert upstream because current levels of demand are unsustainable.
- Not all agencies need to work on each project – but we do need to find the work that gets everyone excited.
- *'Everyone understands that we need to work together but we need goals/aims, a project plan and someone to drive it.'*

Partners were asked for their views on the ways forward for the Prevention Taskforce:

- The Taskforce needs more energy and vision, '*and people on the ground*'. At a minimum it needs coordination from a staff member who has dedicated time for the Taskforce. '*The Taskforce needs a driving force'.*
- *'The way forward is investment in coordination – it's a must.'* Clarify the strategic directions and pick up those that have merit and support. '*Seek funding to add momentum – we need to have some success to show for our efforts.*'
- The Coordinator should sit with the HWPCP rather than one of the member agencies to ensure mentoring to enable coalition building from the centre and the support to build a stable structure.
- The Position Description for the SVFN Coordinator could be reviewed to include the Prevention Taskforce. '*The Taskforce needs a driving force. It's really important work but unless we have that position, nothing will happen.'*
- Funding held by the HWPCP should be used to support the Prevention Taskforce coordinator.
- Essential skills for the Prevention Taskforce coordinator include partnership brokerage skills to enable action across sectors.

- The Primary Care and Population Health Committee provides oversight but *it is not directional*, or necessarily skilled in prevention initiatives. The Prevention Taskforce would benefit from its own governance, to provide strategic leadership, vision and guidance for the initiative and associated projects. It can still report to the PCPHC but '*they are about counsel rather than direction. The Taskforce has the expertise for its own governance.'*
- *'The governance doesn't need to be murky* – it's quite straightforward.' The Taskforce needs shared governance with the PCP who is running the Taskforce.
- Cross promotion was another common theme – '*finding the commonalities, actioning current priorities.'*
    - *'Ensure that the Action Plan from the IHP enables lots of cross promotion and identifies how we can work together to promote each organisation's priorities.'*

In summary, there is strong support for the Prevention Taskforce and its intentions. All members want to see the Taskforce grow and develop and they all want to be part of it. They are realistic about the need to find commonalities and while not all organisations will be involved in all aspects of the Prevention Taskforce, they feel that there are common themes for clusters of organisations to work in collaboration.

Whilst all agencies have now prepared their IHP/HWB Plans for the coming 3-4 years, they see the HWPCP IHP Planning process as one that is able to drive the collaborative work of the Taskforce.

Members were unanimous in wanting a coordinator with dedicated time to drive and lead the collaborative work, and while none were able to commit additional funds for that purpose, there is support for the HWPCP to use accumulated funds to employ a coordinator.

Finally, there is no doubt that the partners are aspirational about prevention and want to see progress on outcomes. However, the planning for the Taskforce needs to be clear about who will do what, by when, in relation to desired outcomes, to ensure that all partners are clear about the purpose of the work and their role.

6.2. Scoping of priorities

The aim of this component of the project was to scope relevant activities being undertaken by member organisations and look for alignment across member organisation plans, with a line of sight to the Victorian Health and Wellbeing Plan.

As shown in Table 1, All the Council Plans have focus on reducing the harms from alcohol and other drugs, tobacco and gambling and maintaining high rates of immunisation - these priorities are core business for Victorian LGAs. In addition, these are priorities for Sunbury Community Health and Nexus Community Health. The early years are identified in all plans in some way.

Six partner organisations have built priorities around Healthy Living with healthy eating and physical activity as core areas for action. Early childhood and schools are commonly identified as target areas for action.

Women's Health in the North, Whittlesea Shire and Mitchell Shire have identified SRH as a priority. In turn, the evidence is strong that when women are given control over their fertility, their mental health improves and their access to opportunities for economic participation and participation in social and community life are improved. The evidence is also very strong that women's economic participation improves the financial status of their household, and improves children's health and wellbeing, their opportunities for participation in education, sport and extra-curricular activities.

Six partner organisations have identified a range of actions intended to increase social inclusion and mental health and wellbeing. In many ways, mental health and wellbeing is arguably an outcome of improved SRH, increased levels of local employment and reduced commuter travel times, and environmental sustainability. Better mental health is directly linked to physical activity and improved nutrition.

7. Recommendations

Achieving better population health outcomes in the Outer North is an imperative, recognised by all partner organisations of the Outer North Prevention Taskforce. Capitalising on opportunities provided in the partner organisation's plans will require concerted effort over time but many issues can also be tackled in the short term to improve health, whilst building the necessary foundations for longer term actions.

Drawing on the interviews, the scoping exercise and literature about collaborative partnerships, the following recommendations are put forward:

1. Redesign the Position Description for the SVFN coordinator to make it full-time, which includes at least two days for coordination, drive and leadership for the Prevention Taskforce.
2. Ensure that the coordinator is experienced in program management and partnership brokerage and has health promotion qualifications, experience and demonstrated skills. This combination is essential for the leadership required to drive the multi-sector Prevention Taskforce.
3. Physically base the coordinator with the HWPCP to ensure mentoring and access to the resources (website, communications etc) required to undertake the work required.
4. Draw on accumulated funds held by the HWPCP for the Prevention Taskforce time allocation.
5. Ensure the HWPCP IHP Plan is entirely focused on the work of the Prevention Taskforce – i.e. the IHP Strategic Plan and Action Plan and the Prevention Taskforce Plan are the same documents, also ensuring that there is alignment with the plans of the SVFN Working Groups.
6. Ensure the HWPCP IHP Plan is strategic with goals, objectives and outcomes that are agreed by partners and the DHHS.
7. Ensure the plan is both place-based while taking a catchment view – some strategies will need to be localised but should have alignment with the desired catchment level outcomes.
8. Consider outcomes at short-term, medium term and aspirational levels.
9. Systematically report on how the work of the Prevention Taskforce aligns (or otherwise) with partner plans and if any adjustments in planning are occurring to facilitate the collaborative intent of the Taskforce.
10. Build in evaluation and data capture to the IHP Plan which report on outcomes, including the preparation of (annual) case studies to capture the learnings from partnership work.
11. Build in a small resource for external facilitation of regular (perhaps every six months) planned forums that are designed for conscious maintenance of the partnership developments and implementation of the Plan.[3] These could take the form of an **Implementation Exchange** - a 2-3 hour meeting where practitioners and policy makers are invited to talk through the experience of scaling up their programs, or implementing a new policy, adapting a program to a context or evaluating a new initiative.

[3] Community Toolbox. Coalition Building, Coalition Maintenance. Kansas University. http://ctb.ku.edu/en/table-of-contents/assessment/promotion-strategies/maintain-a-coalition/main

12. In the first 2 years, focus on a small number of projects and some modest wins, and in the process, develop learnings about what works and build on that.
13. Focus early on articulating the anticipated results of the Taskforce's collective activities. What would be different in your community when you have reached your goals? Who will have what done by when?
14. Clarify how working together on each project will benefit each partner and advance its own interests and constituents - what will each gain?
15. Describe the roles and responsibilities of each participant and make sure mechanisms for communication and joint accountability are in place.
16. Include upstream work in the IHP Plan such as advocacy for a Family Planning Hub, to gain essential infrastructure for the Outer North.

Table 1: Scope of priorities

Victorian Health and Wellbeing Plan 2015-2019	Healthier eating and active living	Preventing violence and injury	Improving sexual and reproductive health	Improving mental health	Reducing harmful alcohol & drug use; tobacco free living
Outer Northern Prevention Taskforce	Healthy Living	Family Violence	Sexual & Reproductive Health		
Hume Health and Wellbeing Plan 2017-2021; Action Plan 2017 – 2019	• Physical Activity • Healthy Eating	• Gender equity • Community Safety		• Being Connected – social inclusion	Protecting Health: smoking, gambling, alcohol, immunisation, climate resilience
Dianella CHS – IHP Plan	• Increased healthy eating and active living • Reduced overweight and obesity • Increased mental health and wellbeing. • Reduced prevalence of chronic conditions	• Gender Equality & PVAW: Reduced prevalence and impact of family violence • Increased perception of community safety • Increased community actions to end VAW		• Diversity and social inclusion: Increased cross-cultural engagement of diverse groups • Increased access to services and resources • Reduced social isolation by increasing community participation	
Whittlesea HWB Partnership Plan 2017-2021	• Enhance access to healthy and affordable food, and promote water as drink of choice • Maintain immunisation rates	• Initiatives that address community safety, emergency management and violence against women and their children	• Improved SRH outcomes. Reduced morbidity and mortality due to cervical and breast cancer. Reduced cancers associated with human papillomavirus (HPV).	• Social inclusion	
Plenty Valley Community Health IHP Plan	• Healthy Eating and Physical Activity • Oral Health – early years	• Gender Equality & PVAW		• Promoting Mental Health • Increasing Social Inclusion	
Women's Health in the North: Strategic Plan 2017 – 2021 and Going South in the North	• Economic equality (financial literacy programs assisting migrant and refugee women)	• Gender Equity, Health and Wellbeing • Preventing Violence against Women • Integration and Coordination of Family Violence Services	• Sexual and Reproductive Health • Advocate for SRH as priority • Create positive SRH norms		

			• Develop community capacity • Build regional understanding • Educate health professionals • Behaviour change • Increase access to SRH services		
Nexus Primary Health/Lower Hume PCP Strategic Prevention Plan 2017-2021	• Healthy eating and physical activity • Early years, equity and vulnerable families				
Mitchell Shire Council	• Healthy and Vibrant communities • Increase participation in physical activity, recreation and leisure • Decreased rates of obesity • Increase rates of breastfeeding • Maintain high rates of immunisation	• Decrease incidence of Family Violence	• Decreased rate of sexually transmitted infections in particularly 12-17 year olds in Mitchell Shire	• Increase mental health services • Promote and support a socially connected and diverse community. • Environmentally sustainable communities Reduce the impacts of climate change • Increase local employment	• Decrease the use of tobacco. • Reduce harms from problem gambling • Decrease in adults who use alcohol and drugs at harmful levels • Decrease in alcohol and drug related assaults
Sunbury Community Health		• Promote and develop safe and gender equitable communities, cultures and organisations where relationships are equal, non-discriminatory and respectful		• Support and deliver initiatives that improve community mental health and wellbeing	• Increase awareness of the harms from Electronic Gaming Machines (EGMs), alcohol and tobacco, and with the community, support advocacy activities to reduce this harm