



# The Australian Prevention Partnership Centre

## Submission March 2019

### Health and Wellbeing QLD Bill 2019

#### About The Australian Prevention Partnership Centre

The Australian Prevention Partnership Centre (the Prevention Centre) is a national collaboration that is finding effective ways to prevent the epidemic of lifestyle-related chronic diseases. We are funded by the NHMRC, Australian Government Department of Health, ACT Health, Cancer Council Australia, NSW Ministry of Health, South Australian Department for Health and Wellbeing, Tasmanian Department of Health, and VicHealth.

We conduct internationally significant research that aims to achieve sustainable, evidence-based, whole of system solutions and arm governments and health decision makers with the best evidence that will lead to people avoiding chronic disease and staying out of hospital.

We work in partnership across multiple research institutes, the private sector and government agencies and in every state and territory to develop and promote the evidence and tools to effect change. Our research is co-produced with partners in health and from other sectors, improving the likelihood our findings will be relevant, useful and adopted by policy and practice.

We welcome the opportunity to make a submission to the Education, Employment and Small Business Committee on the Health and Wellbeing Queensland Bill 2019.

#### Key points and recommendations

The Queensland Government's decision to establish a statutory body to improve the health and wellbeing of Queenslanders is to be highly commended. Having a separate entity with a strong focus on the reduction of the burden of chronic disease will facilitate prevention research in Queensland and offer opportunities for other states and territories to collaborate nationally on reducing the overall burden of disease of all Australians.

Based on observations from working with different health systems across Australia, from discussions with interested colleagues in Canada, the USA and the UK and assessment of the principles adopted by similar organisations, we provide the following comments in relation to the draft Health and Wellbeing Queensland Bill.

##### 1. Work in partnership

The Prevention Centre supports the main functions of Health and Wellbeing Queensland, in particular the aim to collaborate and partner with other entities. Our work on systems perspectives on the prevention of chronic disease demonstrates the importance of working in partnerships. There is a large number of organisations within and outside the health sector which are influential in supporting chronic disease prevention. Consequently, while the clause in Functions Section 11(1)b may seem obvious, it is critical this is reflected in the core functions of Health and Wellbeing Queensland.

The Prevention Centre partners with six state/territory health departments and more than 30 organisations in our work on the prevention of lifestyle related chronic disease. Our model of working is based on the concept that research is more likely to influence policy and practice when co-produced by policy makers and researchers, rather than through a linear model in which academics produce and then transfer knowledge to policy makers. The model promotes innovative, multidisciplinary, cross-sectoral research that has the potential to improve health and

health services, especially where the issues being addressed are complex and beyond the capacity of a single agency or field of expertise to solve, as they are in lifestyle-related chronic disease.

The Prevention Centre welcomes the opportunity to partner with Health and Wellbeing Queensland to improve the health and wellbeing of Queenslanders. Through our national network of universities and state health departments, we could provide Health and Wellbeing Queensland with access to a national network of expertise in prevention research.

## **2. Take a systems approach**

We would encourage Health and Wellbeing Queensland to take a systems approach in its work towards the stated objectives of the Bill. The lifestyle-related behaviours that cause chronic health problems are complex and embedded into everyday life. Achieving and sustaining meaningful change requires a systems perspective, recognising the role of social, economic and environmental factors and how each of these interacts, if we are to achieve sustained prevention of complex chronic health problems.

## **3. Ensure interventions are based on evidence**

There is a strong and growing body of evidence of what works in prevention. Any decisions to fund programs should be based on evidence of their effectiveness in the Australian population. Where local evidence of effectiveness does not exist, it is critical to ensure that this is gathered where interventions look promising. We would suggest this should be reflected in the first of the Functions in the Bill Section 11(1)a as “facilitate and commission effective activities to prevent illness and promote health and wellbeing;”. This also has the benefit of reducing the risk of investing in ‘bright ideas’ that are unsupported by evidence.

## **4. Ensure funding continuity**

We note that Section 11(1)c provides for the function of providing grants for purposes of carrying out activities. We note that Queensland Health is already undertaking a range of important and effective prevention regulatory functions and programs and it is critical that the establishment of the new body does not undermine these activities. We also note that a common problem in prevention of chronic disease is the lack of funding continuity and there is a risk in commencing Health and Wellbeing Queensland that this could occur. So, while it is difficult to address this in the Bill, it would be reasonable for the Committee to request to see the plan for implementation if the Bill is passed.

## **5. Include a focus on implementation**

We have examined the reasons for prevention program success and failure. Many promising prevention interventions fail because of inadequate implementation. Effective implementation is a critical element of achieving the benefits of interventions even where there is good evidence of effectiveness. There is a growing body of evidence about how to effectively implement prevention programs which should be a requirement of any assessment of the value of investing in interventions. It will be vital for any new centre to have expertise in this area reinforcing the importance of section 11(1)d referring to evaluation and monitoring, as a critical component of successful implementation.

## **6. Require consumer/community representation**

Division 2 (Section 18) sets out the membership of the Board. We note there is no specific reference to consumers/community representation. The experience and qualifications of consumers are different to those brought by people with experience in community service organisation or the not-for-profit sector. We would suggest that Health and Wellbeing Queensland would be strengthened by a requirement for a consumer/community reference group. Such a body can help inform priority setting and choice of interventions as well as being a mechanism to legitimise decisions with the broader community.

## **7. Clarify processes around commissioning activities**

We recommend a clearer delineation of the definitions provided between ‘commissioning activities’ and ‘giving grants’ as outlined in the functions of Health and Wellbeing Queensland. In order to best facilitate grants and commissioning activities, clear and transparent processes will be required.

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