

25 November 2015

Research Director
Health and Ambulance Services Committee
Parliament House
George Street,
Brisbane Qld 4000

To whom it may concern;

Northern Queensland PHN Submission: Inquiry into the establishment of a Queensland Health Promotion Commission

Northern Queensland PHN (NQ PHN) is a federally funded health organisation working in Northern Queensland to increase the efficiency and effectiveness of health services for patients, particularly those at risk of poor health outcomes, and improving coordination of care to ensure patients receive the right care in the right place at the right time. NQ PHN commissions services that will address gaps in healthcare, by working collaboratively with local communities and existing service providers, promoting a cohesive and seamless primary healthcare system throughout North Queensland.

NQ PHN is committed to improving health and wellbeing across Northern Queensland through population health and health promotion approaches. NQ PHN is investing in Health Action Coordinators, located in four locations across the catchment to coordinate and deliver on the strategies aligned with the population health needs assessment. NQ PHN feel that the Queensland Health Promotion Commission (HPC) will provide support and strategic direction for these positions, who will be positioned at the interfaced between health and community, to liaise with Local Council and other organisations collaboratively deliver community-based health promotion action through systems-based approaches and encouraging the role of all sectors in improving health – not solely health services.

NQ PHN welcomes the opportunity to provide comment on the inquiry into the establishment of a HPC. NQPHN strongly supports the development of a HPC in Queensland, and believes that a state-wide organisation to provide leadership, collaboration and strategic direction has the potential to have great impact on improving the health of Queenslanders.

Kind regards,



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Chief Executive Officer

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Response to Terms of Reference:

1 a) The potential role, scope and strategic directions of a Queensland Health Promotion Commission

Health promotion is defined as the process of enabling people to increase control over their health and its determinants, and thereby improve their health. An individual's health is not only determined by their behaviours but also the circumstances and the environment in which they live. To improve an individual's health, health promotion uses a multi-strategic approach which is guided by the Ottawa Charter for Health promotion. The Ottawa Charter outlines five key action areas: building healthy public policy, creating supportive environments, developing personal skills, reorienting health services and strengthening community action. Focusing on an individual's personal skills to adopt a healthy behaviour needs to be supported by a holistic health promotion approach which considers not just one, but all five of the action areas for health promotion. Being positioned with primary healthcare, with relationships within the health sector, local government and community, the NQPHN is well positioned to collaborate and provide local leadership for health promotion in North Queensland.

NQ PHN believe that a HPC should act as a lead agency in providing leadership and strategic direction for health promotion in Queensland through an integrated systems approach. The HPC should work to set a clear vision for improving health of Queenslanders, and work to align all stakeholders to work collaboratively— considering the roles of Local Government, Primary Healthcare Networks and Health and Hospital Services to reduce potentially avoidable hospital admissions. The HPC needs to be a long-term investment, without the destabilising influences of political climate, and include strong evaluation framework to showcase results and outcomes.

1 b) The effectiveness of collaborative, whole-of-government, and systems approaches for improving and sustaining health and wellbeing

Evidence demonstrates that those health systems with strong primary health care are more efficient, have lower rates of hospitalization, have fewer health inequalities, and have better health outcomes, including lower mortality⁷. Queensland is facing rising rates of obesity and associated chronic disease, an ageing population, workforce pressures, and unacceptable inequities in outcomes and access which means our health care system faces significant challenges now and into the future. Australia's First National Primary Health Care Strategy provides a road map to guide current and future policy and practice in the Australian primary health care sector⁷. The strategy outlines the key building blocks for a modern PHC system – regional integration, information and technology (including eHealth), skilled workforce, infrastructure, and financing and system performance. In addition to these key building blocks, consideration must also be given to integrating the role of Local Government through health and local laws and planning schemes.

The National Primary Health Care Strategic Framework is a national statement endorsed by Commonwealth, State and Territory Governments, which presents an agreed approach for

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creating a stronger, more robust primary health care sector in Australia. NQPHNs strategic direction is guided by the four strategic priorities outlined in this framework: building a consumer focused and integrated primary health care system; improve access and reduce inequality; increase the focus on health promotion and prevention, screening and early intervention, and; improving quality, safety, performance and accountability.

Healthy Together Victoria⁴ is a state-wide approach to obesity and chronic disease prevention, and considers the role that everyone plays in prevention and health promotion. The model works within settings-based framework – creating impact through the places that people live, learn work, and play. This approach considers a ‘complex systems approach’, mapping the complex obesity system, and initiating action on the parts of the system that influence the health and wellbeing of individuals, families and communities. At a state-wide, this model has the potential to create large-scale change to the social and environmental impacts out of an individual’s control, but requires state-wide leadership, direction, resourcing and evaluation measures to ensure the long-term investment in this approach.

2 a) Approaches to addressing the social determinants of health

Cross-government partnerships and cross-sector partnerships are essential to ensure that investment in health is not merely health and health care, but considers the wide range of social, economic, political, cultural and environmental determinants of health. Moving towards intersectoral health is a core recommendation of the Declaration of Alma Ata (1978) and the Ottawa Charter (1986), yet the health sector has struggled to move towards this revised model. NQPHN believes that adopting a Health in All Policies (HiAP) framework underpinning the commission, will support investment and show real action into addressing health inequality and social determinants of health.

At the heart of HiAP, it is recognised that to improve the health of populations in genuine, lasting way, requires understanding and action on the causes of inequities. HiAP requires leadership, investment and commitment to a shared goal across all Government sectors – being that a healthy and skilled population is crucial to workforce participation, productivity and a healthy economy. This approach will provide a lever for governments to address the key determinants of health through a systematic approach, filtering through federal, state and local government policy.

NQ PHN is working to improve connectedness and integration within primary health care, and understands the crucial role that sectors outside the traditional ‘health sector’ play a significant role in the health of communities, such as education, local government and transport. Primary Health Networks (PHNs) across Queensland have established relationships with community, primary healthcare providers and the health and hospital services, and are working towards a shared goal of keeping the community healthy and well. NQ PHN believes that PHNs are in primary position to be partnering with the work of the HPC to reestablish a robust health promotion and preventative health system in Queensland, and work to meet local needs of vulnerable populations.

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2 b) Population groups disproportionately affected by chronic disease

As highlighted in *The Health of Queenslanders 2014* report, the burden of ill health and risk is not equally distributed throughout the population. Higher burden and risk of chronic disease is carried by older people, males, socioeconomically disadvantaged populations, Indigenous Queenslanders, and those in remote areas. NQ PHN has a diverse population and landscape – making up almost one-third of Queensland’s land area. Two-thirds of Local Government areas in our catchment have people living in very remote areas, and 9.5% of our population identify as Aboriginal and/or Torres Strait Islander. Of the 31 LGAs in the region, 12 are with 100% of the population in the most disadvantaged quintile³. The leading causes of burden for Indigenous Queenslanders were mental disorders (17% of total), cardiovascular disease (15%), diabetes (10%) and chronic respiratory disease (9%)¹.

Similarly to other regions of Queensland, NQ PHN region is dealing with rising rates of poor lifestyle risk factors, and increasing rates of diabetes. In 3 of the 5 HHSs in the region showed higher risk of obesity, and 3 of the 5 HHSs showed higher risk of alcohol consumption for lifetime risk when compared with Queensland population. Torres Strait–Northern Peninsula HHS showed higher risk of diabetes compared to Queensland population ¹.

NQ PHN is working to improve patient outcomes and reduce impact of the hospital services through collaborative effort with the whole primary health sector to reduce potentially avoidable hospital admissions and rates of chronic disease. NQ PHN believes that strong and effective leadership, strategic direction, collaboration and resourcing is required to ensure that the most vulnerable in our large catchment remain healthy and well, and when people do get sick, they have access to the right care at the right time.

2 c) Economic and social benefits of strategies to improve health and wellbeing

The Cost of Inaction on the Social Determinants of Health⁶ was commissioned by Catholic Health Australia to consider economic dynamics of ignoring the World Health Organisation’s recommendations for Australia on social determinants of health. Key findings from the report suggests that if a Health in all Policies approach was implemented:

- 500,000 Australians could avoid suffering a chronic illness;
- 170,000 extra Australians could enter the workforce, generating \$8 billion in extra earnings;
- Annual savings of \$4 billion in welfare support payments could be made;
- 60,000 fewer people would need to be admitted to hospital annually, resulting in savings of \$2.3 billion in hospital expenditure;
- 5.5 million fewer Medicare services would be needed each year, resulting in annual savings of \$273 million, and;
- 60,000 fewer people would need to be admitted to hospital annually, resulting in savings of \$2.3 billion in hospital expenditure.

A criticism of the previous health promotion service in Queensland was the inability to provide rigorous economic, health and social outcomes from the work that the service delivered. The Queensland HPC should consider the development of an evaluation framework which can be

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adapted and suited to health promotion agencies, and also provide detailed justification and analysis of the work that the commission and related agencies provide. Return-on-Investment (RoI) analysis which is a form of cost analysis that typically addresses the financial consequences of an intervention from the standpoint of a particular payer, such as Governments or employers.⁹ With recent emphasis on Workplace Health Promotion, savings calculators have been developed to provide RoI, considering absenteeism, staff turnover and annual savings. Access to these tools enables clear decision-making and supports investment opportunities in prevention.

Another consideration for the HPC is the opportunity to utilise alternative funding arrangements which fosters innovation, called Social Impact Investment. This is an emerging approach to tackling social challenges that brings together capital and expertise from across the public, private and not-for-profit sectors. Social Impact Investment is a financial mechanism in which investors pay for a set of interventions to improve a social outcome that is of financial interest to a government commissioner. If the social outcome improves, the government commissioner repays the investors for their initial investment plus a return for the financial risks they took. If the social outcomes do not improve above an agreed threshold, the investors stand to lose their investment⁹. In 2013, the NSW Government pioneered Australia's first two social benefit bonds, seeking to deliver better services and results for families at risk. Building on the successful launch of the initial bonds, the NSW Government is committed to finding other opportunities to use social impact investment to deliver better services and results.¹⁰

2 d) Emerging approaches and strategies that show significant potential

It is important to have an understanding of the complexity of the whole preventive health system, considering primary, secondary and tertiary prevention, and how the system can work together to reduce duplication and improve health and wellbeing and patient outcomes. NQ PHN is trialling and rolling-out innovative and emerging strategies to improve efficiency and effectiveness within the PHC sector in Northern Queensland, and reduce potentially avoidable hospital admissions and reduce the burden on the health system.

HealthPathways is a collaboration between NQ PHN and local Health and Hospital Services to improve efficiencies within the health sector. HealthPathways is an online manual used by clinicians to help make assessment, management and specialist request decisions⁵. Each health jurisdiction tailors the content of HealthPathways to reflect local arrangements and opinion, and deploys their own instance of HealthPathways to their clinical community. The target audience for HealthPathways is the primary care clinicians responsible for managing patients in the community, and for initiating requests (including referrals to hospital) for specialist assistance. HealthPathways is currently being developed and implemented in Townsville and Mackay, with scoping for further roll-out across the region.

NQPHN has been selected as one of the two PHNs in Australia to trial the Federal Government's 'opt-out' for the MyHealth Record, commencing early 2016. This system will see 670,000 North Queenslanders gain easier access to their medical records to support them to make informed decisions about their healthcare. The trial will also improve the flow of information, decrease duplication and assist doctors and pharmacists to make more informed decisions. This initiative

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will help ensure each patient gets the best treatment, wherever they are and whichever health provider they go and see.

NQPHN is the fourth-largest PHN in terms of geographic size, and has a diverse landscape of regional and remote demographics. Access and availability of health services in regional and remote areas is a challenge, however NQPHN is utilising telehealth technology and infrastructure to support and provide timely services to regional and remote populations across our catchment.

2 e) Ways of partnering across government and with industry and community including collaborative funding, evaluation and research

Primary healthcare networks across Australia are working to reduce fragmentation and duplication of services. Primary Healthcare Networks are in a suitable position to be a conduit to engage between health sector and community sector, and be involved in facilitating localised health promotion and prevention action. PHNs have strong existing relationships with General Practice, allied health, nurses, practice support and managers, Health and Hospital Services, universities and community-based organisations, and with appropriate support and state-wide direction, will be strong local advocates for health promotion in their regions.

2 f) Ways of reducing fragmentation in health promotion efforts and increasing shared responsibility across sectors

In recent years in Northern Queensland, we have seen noticeable fragmentation of health promotion services and lack of state-wide strategic direction, with state-wide efforts focusing on social marketing as its core health promotion strategy. While social marketing strategies hold value in mass-reach of key messages, it is important to consider hard-to-reach populations and environmental change through a multitude of strategies, to create long-term sustainable change in population health outcomes. Community based health promotion interventions involving the creation of supportive environments for health and policy and regulatory frameworks and legislations have a strong history of producing favourable, cost-effective behaviour change at a primary and secondary prevention level.

One of the best ways to ensure a strong, effective health system is to have a strong, integrated primary health system at its centre. Overcoming key challenges such as fragmentation between state and federal funded services, complexities in funding, governance and reporting, poor coordination of service planning and delivery, and system inadequacies such as workforce shortages and misdistribution⁷. Creating shared service agreements between all levels of government and PHNs, is the first step to creating a stronger primary health sector, and ensuring we are all working together to improve the health of Queenslanders.

Final Comments

NQ PHN supports the development of a Health Promotion Commission in Queensland to provide leadership, strategic direction, and play a key advocacy role for state-wide action on health promotion. NQ PHN believes the role of the HPC is to bring key stakeholders together to create

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a shared vision to improve health across all levels of Government and Departments through an underpinning Health in All Policies approach. NQ PHN also encourages the engagement and collaboration between all stakeholders within the health sector, including HHS, PHNs, NGOs and primary care providers to reduce fragmentation and duplication of services and ensure the system is working towards a common goal – improving the health of all Queenslanders.

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