

A Regional Health and Wellbeing Implementation Strategy for Melbourne's North and West Metropolitan Region: Harnessing the capability of the Regional Management Forum.

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INTRODUCTION

This Paper outlines efforts throughout 2011 by the Victorian Department of Health's North and West Metropolitan Region to implement a Regional Health and Wellbeing Implementation Strategy. The Strategy provides regional expression to the Victorian Public Health and Wellbeing Plan 2011-2015 (Department of Health, 2011a), and the many opportunities identified within it.

The core function of the Strategy is to establish a regional planning approach that will assist local and regional decision makers to integrate their efforts to address the social and environmental determinants of health. The Strategy aims to improve population health outcomes across the region by strengthening the engagement of all sectors whose work impacts on the socio-economic, spatial and environmental determinants of health.

A key vehicle by which to implement the Strategy is through the Regional Management Forum (RMF), a governance body comprising CEOs of all 14 local Councils across the NWMR and Regional Directors of State Government departments. This project aims to help strengthen the capacity of the RMF to lead this intersectoral activity by developing achievable strategies for leading and stimulating integrated and coordinated investment through shared decision-making and collaborative action for local governments.

Population Health

Population health is "concerned with improving the health of whole populations or specific populations, particularly to reduce health inequities, through policies, programmes, research and interventions designed to protect and enhance health" (Victorian Healthcare Association, 2011). Key elements and actions of a population health approach are as follows: (i) Focus on the health of populations; (ii) Address the determinants of health and their interactions; (iii) base decisions on evidence; (iv) increase upstream investments; (v) apply multiple strategies; (vi) collaborate across sectors and levels; (vii) employ mechanisms for public involvement; and (viii) demonstrate accountability for health outcomes (Poore, cited in Neuwelt et al (2009).

There is increasing concern about rising rates of serious physical and psychological conditions such as obesity, heart disease, diabetes, asthma, depression and emotional stress in the urban populations of developed nations. Research shows that urban planning and health patterns are closely related. Urban growth with low residential densities, car dependency and separation of home and work are linked to behaviour patterns that contribute to poor physical and mental health (Gebel et al, 2005).

Most of the factors and the resources that promote people's health and wellbeing are determined by policy and activity outside the health sector. These include infrastructure planning, urban design and development, architecture, employment and investment, education, art, culture and the environment (Wilkinson & Marmot, 2003). While most health services are funded to help people when they get sick, it makes better sense to invest in keeping people well through better planned cities, localities and neighbourhoods (Mead, Dodson & Ellway, 2006). Health is therefore everyone's business, and not just the role of the health sector.

Integrated planning approaches that consider the wellbeing of the whole person and the whole community are vital to the North and West Metropolitan Region. DH NWMR is working to (i) improve health and wellbeing of all people within our region; (ii) improve health equity for those most vulnerable and/or disadvantaged; (iii) strengthen and co-ordinate an integrated health system so it responds to future needs; and (iv) build our regional workforce and system capacity to influence. We cannot do this work alone; we need to involve all sectors and policy making areas.

Through the Regional Health and Wellbeing Implementation Strategy (RHWIS), DH has opportunity to illustrate population health issues within the North West Metropolitan Region (NWMR) to a broad range of stakeholders in a meaningful way. The Strategy aims to improve population health outcomes across the north and west metropolitan region (NWMR) by strengthening the engagement of all sectors whose work impacts on the socio-economic, spatial and environmental determinants of health.

KEY OPPORTUNITIES AND CHALLENGES FOR NWMR

Managing growth

The North and West Metropolitan Region of Victoria covers the northern and western suburbs of Melbourne. It is the most populous and diverse region spanning from the Melbourne CBD to the outer northern and

western suburbs. It covers an area of 2,981 square kilometres and includes fourteen local government areas; Brimbank, Melton, Hobsons Bay, Maribyrnong, Wyndham, Banyule, Darebin, Nillumbik, Melbourne, Moreland, Moonee Valley, Yarra, Hume and Whittlesea. NWMR also has four of the six designated Growth Areas in Melbourne. The region currently has a population of 1.68 million people which is expected to grow by over 20% to 2.04 million by 2020 (Department of Planning and Community Development, 2008).

The region has met this challenge by developing a planning process that embraces a population health planning approach and centres the role of the region on improving health outcomes and service delivery from a systems perspective. The Regional Operational Model outlines three major goals that are applicable to all programs within Health and Aged Care. As outlined in Figure 1, these goals are as follows: (i) Improve health and wellbeing of all people within our region; (ii) Improve health equity for those most vulnerable and/or disadvantaged; (iii). Strengthen and co-ordinate the health system so it responds to future needs. A fourth Goal, that underpins the other three, is to Build regional workforce and system capacity to influence change.

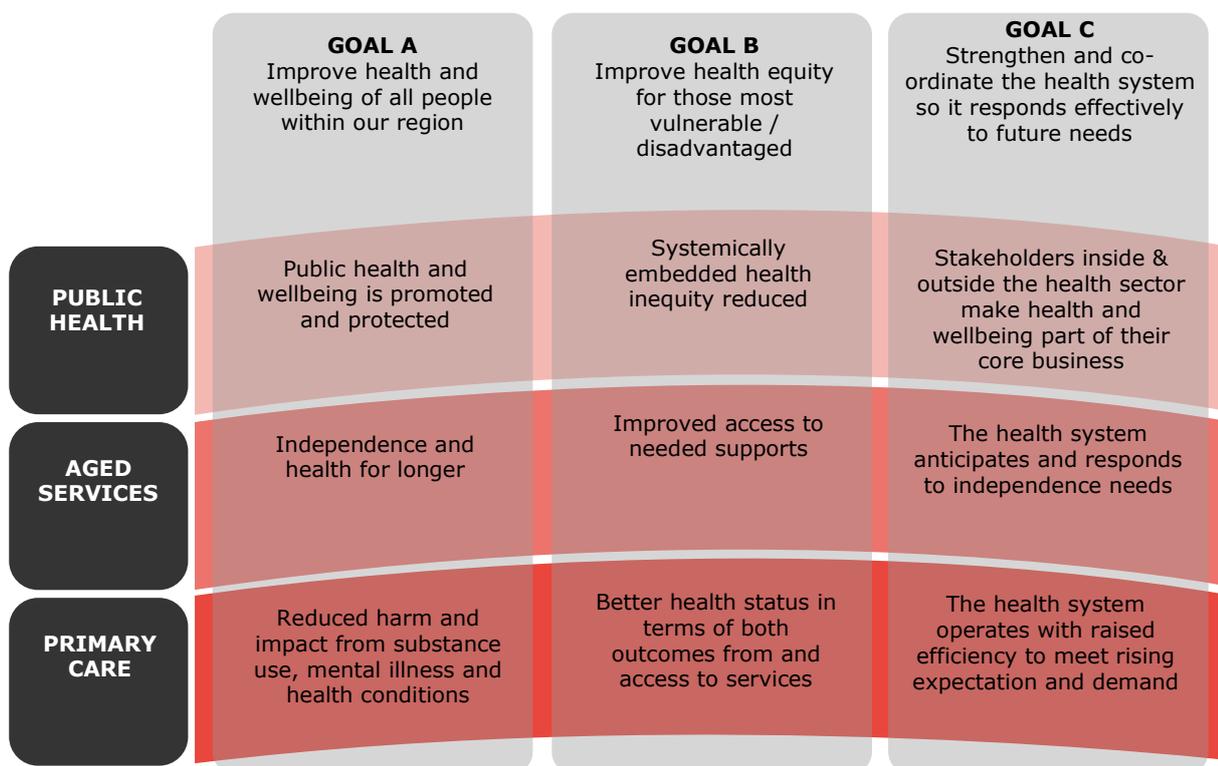


Figure 1 Integrated goals of the DH NWMR Business Plan 2010-2011 (DH NWMR, 2010)

The department has established an inter-sectoral Area Based Approach that aligns with the Primary Care Partnerships Platform. The Regional Management Forum is seen as a key mechanism to oversee and integrate the area-based approaches of the Departments of Health, Planning and Community Development, and Transport.

The regional business plan also incorporates the partnership between DH, DHS and the University of Melbourne. An international research collaboration has been established with the University to evaluate the theoretical underpinnings of the NWMR Operating Model during 2010-2011.

Building Community Capacity

There are many opportunities to build on the considerable community capacity that exists across NWMR. Community capacity is defined as community’s ability to mobilize, identify and solve community problems (Kegler, Norton & Aronson, 2003). Community capacity includes: measures of civic participation; mechanisms for community input and for the distribution of community power; skills and access to resources; sense of community and social capital/trust; social and inter-organizational networks; community values and history; and capacity for reflection and learning.

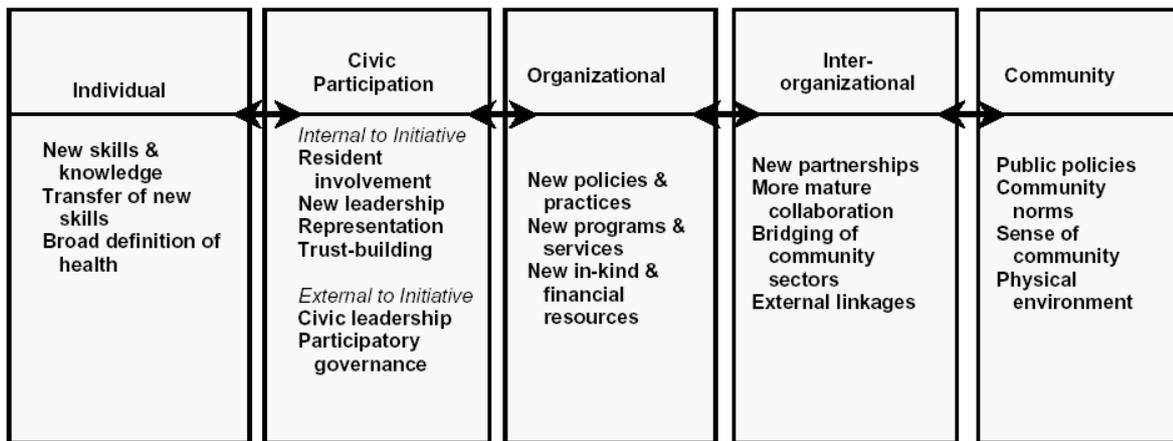


Figure 1 Community Capacity Framework (Kegler et al, 2003)

The NWMR has extensive community capacity on which to build this initiative. This includes the region's rich and diverse history, indigenous heritage and contemporary indigenous culture, biological heritage, cultural and ethnic diversity. The NWMR's strong activity centres such as Sunshine, Footscray and Broadmeadows are also home to considerable transport and freight infrastructure, diverse industry and land uses and a multi-skilled workforce. There are also many educational institutions, including TAFE colleges and universities. The region also features health and social services, relatively affordable housing and strong regional partnerships. A regional approach will enable us to address priority issues in a more effective way.

Considerable opportunities exist to build social capital, as identified through the proliferation of NGOs, community organisations, arts and cultural organisations, migrant support networks and so on. These agencies and organisations, combined with the strong community engagement commitments by the 14 local Councils, provide a strong foundation for civic participation in community planning.

Challenges

Challenges to NWMR include high levels of vulnerability and disadvantage affecting particular groups from low socio-economic status, Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse communities, homelessness and people experiencing disability and mental health issues. In the NWMR there are significant groups and places in which disadvantage is concentrated, which creates heightened needs, owing to either lack of access or knowledge, or multiple / complex needs. Gaming venues, packaged liquor outlets and fast food chain stores also tend to be clustered in some of the most socioeconomically disadvantaged areas, thereby reinforcing health inequality and the demand for primary care and acute services (PIA, 2011).

Other challenges necessitate the need for a coordinated and integrated approach to planning in the NWMR include. Firstly, two of the NWMR growth corridors, Melton and Wyndham, have been identified as two of Australia's fastest-growing. As a result of this population growth and ageing, the health system risks being unable to deliver services to four out of the five designated Metropolitan Growth corridors. Secondly, because of ageing infrastructure in inner Melbourne and the lack of infrastructure in growth areas, NWMR is increasingly challenged to deliver community based health services to those who need them. Many of these issues have been identified in the Victorian Health Priorities Framework 2012–2022: Metropolitan Health Plan (Department of Health, 2011b). Thirdly, there is evidence of rising incidence and prevalence of chronic conditions / diseases, particularly for vulnerable and disadvantaged populations. This is compounded by NWMR population diversity and disadvantage.

RATIONALE FOR ENGAGING THE REGIONAL MANAGEMENT FORUM

The Regional Health and Wellbeing Implementation Strategy is needed to develop an overarching framework that communicates the complexities of population health and wellbeing across the NWMR, and engages key stakeholders in collaborative action to improve population health outcomes and investments. Currently, no existing regional governance mechanism has placed population health and human development as its central purpose. An obvious – but currently underutilised – governance network is the RMF. Through the RHWIS, the Department of Health NWMR has been working closely with all stakeholders to engage their commitment to integrate economic development, social development and sustainable development to achieve human development.

A number of factors support the development and implementation of a RHWIS to make population health everyone's business. Firstly, existing governance frameworks and recent legislation recognise the inherent complexities of population health. Secondly, decision-makers increasingly understand that the diversity of symptoms related to population health are unable to be treated exclusively by the health sector. Thirdly, government services that respond to population health issues are housed within a number of portfolios and government agencies. Fourthly, there is a concerted state-level effort underway to achieve better integration of municipal public health planning, integrated health promotion and primary care planning. Finally, the evidence base of how social determinants of health influence overall health and wellbeing is accepted and increasingly understood by practitioners outside health promotion frameworks.

These approaches are designed to address the social determinants of health by integrating the World Health Organisation's 'Healthy Cities' place-based approach to urban governance (WHO, 2011) and the Department's new population health orientation (this in turn draws on VicHealth's population health approach; see VicHealth, 2008). By providing the Region with a critical coordination mechanism for building intersectoral engagement, the RHWIS will help build our Region's capacity to address these interrelated risks and issues in a coordinated, integrated way.

The Healthy Cities Approach

The WHO's 'Healthy Cities' is a systematic community development approach that places health on the agenda of cities, municipalities and communities around the world, and build a local constituency of support for public health (Ashton, 1992; Tsouros, 1995). Healthy Cities is based on the recognition that city and urban environments affect citizens' health, and that healthy municipal public policy is needed to effect change. The Healthy Cities approach is characterised by the following principles: (i) broad-based, intersectoral political commitment to health and well-being in its deepest ecological sense; (ii) commitment to innovation; (iii) democratic, meaningful community participation; and (iv) a resultant healthy public policy.

A broad-based Healthy Cities approach typically involves the establishment of a peak intersectoral working group comprising senior personnel from key organisations. A project team assists the working group by conducting community diagnosis; developing strong links with education bodies all levels, for educative purposes as well as to collect data; assisting participating agencies to examine ways of engaging in health promotion; helping to generate public debate, with a view towards fostering city-level health advocacy; developing and evaluating targeted health promotion interventions (WHO, 1997). This approach forms the basis of the Regional Health and Wellbeing Strategy.

From the above discussion it can be seen that the Healthy Cities approach is directly applicable to an understanding of Population health. What Healthy Cities literature provides that population health literature in the main does not, is a well-documented approach to intersectoral partnerships and governance.

The centrality of Governance to the RHWIS

Governance has been defined as 'the process by which we collectively solve our problems and meet our society's needs. In measuring population health at the community level, Hancock, Labonté and Edwards (1999) argued that we need to consider change at three broad levels. These are: health determinants (inputs), processes of change, and health outcomes (outputs). Population health determinants include sustainable ecosystems, environmental viability, liveable built environments, convivial social environments, social equity, and adequate prosperity. Population health processes of change include education and governance. Population health outcomes include positive health (quality of life), health promoting behaviours, negative health (disability, morbidity, mortality and functional measures). The quality of governance itself is thus a marker of population health, in terms of the systems and processes of political decision-making and coordination that are developed to build a city or region's capacity to enhance and strengthen the health of the population.

Given that most of the factors that impact on people's health occur outside the health sector (Wilkinson & Marwot, 2003), it is incumbent of people working in health promotion to engage strategically with stakeholders outside the health sector, in ways that they can understand and to which they can relate.

The Regional Management Forum as key intersectoral governance mechanism

The NWMR Regional Management Forum is seen as a key resource to strengthen advocacy platforms and build social capital by strengthening the quality and reach of regional intersectoral governance. Regional Management Forums were established in 2005 under "A Fairer Victoria" to facilitate collaboration between

Victorian government departments and local government. Regional Management Forums aim to identify and address critical social, economic and environmental issues facing the region, and consider the strategic priorities for the region. They also aim to encourage co-operation between state government departments and councils, and work with statutory authorities, businesses and local communities to set and deliver key priorities (OECD, 2009).

Functions of RMFs include strategic priority setting, regional planning, implementation of strategic initiatives and projects, information sharing, networking consultation on major whole-of-government initiatives and projects, sharing lessons and building an evidence base of effective practice. Forums have established a collaborative relationship between state government and local governments, providing a mechanism for constructive, regular dialogue. Forums have many advantages. Firstly, they provide direct access to departmental Secretaries. Secondly, they afford a better understanding of, and opportunity to contribute to, policy directions and processes of the Victorian Government. Thirdly, they can facilitate improved information sharing and networking, as well as implementation of select initiatives across Victoria. Finally, they offer effective governance to support integrated regional planning (OECD, 2009).

Each Regional Management Forum has between 20 and 35 members, including the departmental Secretary for the region, representatives from State Government departments (generally regional directors or senior officers), and the chief executive officers of local government councils in the region. Some Forums include also representatives from other local organisations, such as water catchment management authorities, universities or local consultation committees. Each Regional Management Forum has its own Terms of Reference which detail the scope of each Forum's activities (OECD, 2009).

The NWMR Regional Management Forum 2008-10 Work Plan clearly establishes the RMF as a key resource to assist in (i) facilitating an integrated approach across State government and its agencies; and (ii) undertaking a whole of government approach to setting common goals and problem solving. The RMF NWMR aims to effect real change in the region by establishing projects of varying scale with defined and timely outcomes (RMF NWMR, 2008)

Regional Health and Wellbeing Implementation Strategy Objectives

The Strategy has three broad aims: (i) promote integrated planning; (ii) provide RMF members with useful tools; and (iii) support existing policies across NWMR.

Through this Strategy, the department of Health seeks to support the RMF to influence the following outcomes: (i) securing and supporting decisive inter-sectoral collaboration to promote population health; (ii) make meaningful, systematic improvements to the social and environmental determinants of health across the North and Western Metropolitan Region; (iii) develop achievable strategies for leading and stimulating integrated, coordinated investment for local government; (iv) develop useful, practical tools for building on current regional and local efforts to make a real difference across the North and Western Metropolitan Region; (v) generate the evidence base to document the efficacy of this intersectoral approach and the lead role played by the RMF; (vi) assist the Region to build its research capability and develop an integrated data platform; and (vii) develop an overarching operating framework for population health to be applied and demonstrated across Dept Health portfolios, between government agencies and other stakeholders;

METHODOLOGICAL APPROACH

This Strategy is taking an approach that is inclusive and focussed on utilising existing resources and information, represented schematically in Figure 3.

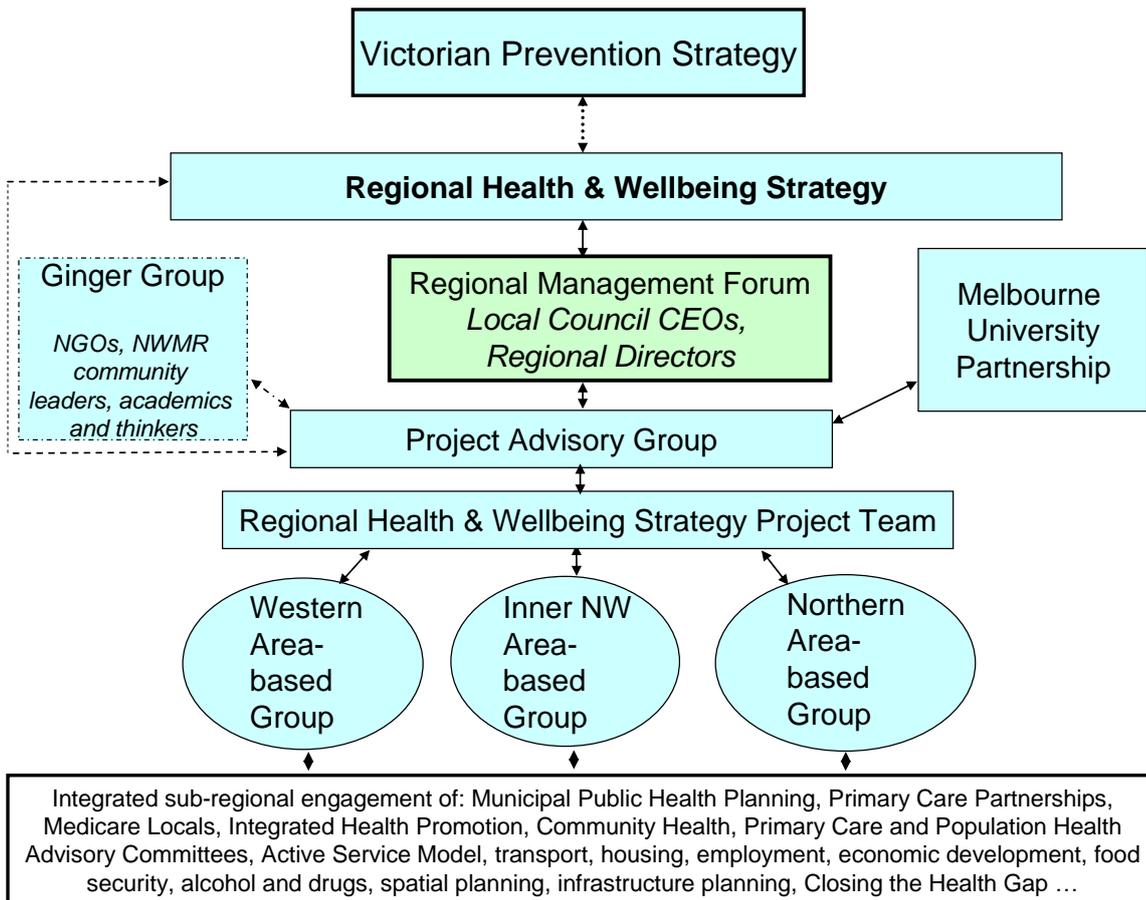


Figure 3 Methodological framework

A DH Project Team has been developed, comprising DH Managers and representatives from the three DH NWMR Area based Groups. A Project Advisory group is being formed, comprising representatives from the RMF and other identified stakeholders. Working Groups will be encouraged to steer individual initiatives arising from the RHWIS. A Stakeholder Engagement Strategy will identify innovative decision-making and communication processes to develop shared ownership amongst internal and external stakeholders, and make action to address the social determinants RMF core business.

Colleagues at the University of Melbourne identified the opportunity to foster community leadership by forming a Ginger Group linked to the initiative. A ginger group has been defined as “a formal or informal group within, for example, a political party seeking to inspire the rest with its own enthusiasm and activity. A ginger group actively works for more radical change to the policies, practices or office-holders of the organisation, while still supporting the general goals of the organisation” (Wikipedia, 2011). During 2011, many discussions have been held with external stakeholders to test the ideas behind a ginger group. The nucleus of such a group was formed in October 2011 with a ‘working dinner’ established by several Regional Directors of state government departments, led by DH and including representation by Melbourne University. The aim of this network is to find innovative ways for state government departments across NWMR to support local Councils. These regional directors identified that a key outcome of the RHWIS would be for RMF members to develop a Regional Vision and Regional Strategy, with a set of interlinked initiatives to address the social determinants of health.

Local expression of the Regional Health and Wellbeing Implementation Strategy will be via the department’s three Area based groups. These groups are working to foster integrated sub-regional engagement of all stakeholders involved in: Municipal Public Health Planning, Primary Care Partnerships, Medicare Locals, Integrated Health Promotion, Community Health, Primary Care and Population Health Advisory Committees, Active Service Model, DPCD’s community development agenda, transport, housing, employment, economic development, food security, alcohol and drugs, spatial planning, infrastructure planning, Closing the Health Gap and other relevant initiatives.

Underpinning the department's leadership of the RHWIS is our formal partnership with the University of Melbourne. We are working with the University to identify research opportunities and action research methodology for tracking progress on the social determinants and building community capacity more generally.

ANTICIPATED BENEFITS

This initiative is expected to result in numerous benefits. These are listed in Figure 2 below.

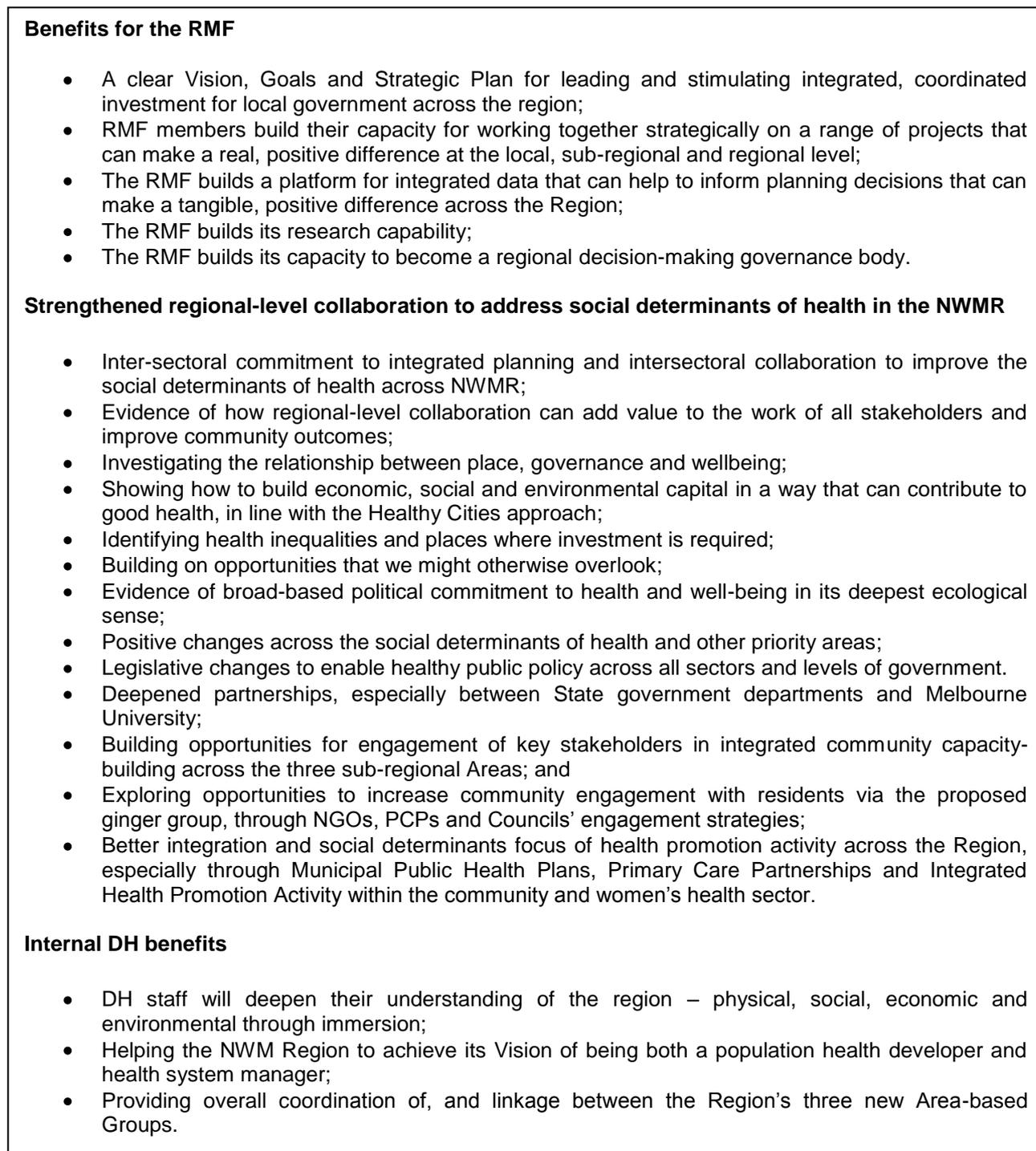


Figure 2 Anticipated benefits of the RHWIS

EVALUATING THE PROMOTION OF COMMUNITY CAPACITY

The RHWIS provides an opportunity for the Department of Health to collaborate with external colleagues to promote community capacity across the three sub-regions of NWMR, and across the region as a whole. Community capacity has been defined as 'characteristics of a community that enable it to mobilise, identify and solve community problems' (Goodman, cited in Kegler et al., 2003, p. 3). Measures can include (i) civic participation; (ii) mechanisms for community input; (iii) mechanisms for the distribution of community power; (iv) skills and access to resources; (v) sense of community and social capital/trust; (vi) social and inter-organizational networks; (viii) community values and history; and (ix) capacity for reflection and learning (Kegler et al., 2003, p. 93).

As shown in Figure 1, changes in community capacity can occur across five levels: (i) changes in individuals; (ii) changes in civic participation; (iii) organizational development; (iv) inter-organizational activity; (v) community level changes. The Community Capacity Framework can help all stakeholders to link their overall approach to individual knowledge and action, organised community engagement, intersectoral collaboration and the wider political and environmental system. The framework was used effectively by Kegler et al (2003) to evaluate the World Health Organisation's (WHO) Healthy Cities initiatives implemented across California and, locally, in 2006, the Victorian *Environments for Health* framework.

At the individual level of analysis, the RHWIS, through the area-based approach, can help individual practitioners and stakeholders (both internal and external) to extend their knowledge and skills in population health, integrated planning across public health, primary care and aged services, planning for place, evaluation and other areas that they can apply strategically both within their work role and across their designated Area.

At the level of civic participation, the RHWIS can engage external organisational stakeholders in activity that will improve opportunities for engaging residents in civic participation measures internal to their planning and other business. The area-based approach will improve the quality of its internal and external governance structures and processes across H&AC.

At the organisational level, the RHWIS will help H&AC develop new and improved organisational policies and systems to promote population health.

At the inter-organisational level, the the RHWIS will help broaden the Region's engagement with organisations, sectors and stakeholders traditionally outside the health sector to create more supportive environments for health in areas such as accessible infrastructure, employment, education, transport, and healthy and affordable food.

At the community level, the the RHWIS will played an instrumental role in creating a more supportive and inclusive policy environment, physical environment and social environment. To track change, Kegler et al (2003) employed a multiple case study with cross-case comparisons. The evaluation design for the 2006 evaluation of *Environments for Health* incorporated both qualitative and quantitative methods to track the impact of this municipal public health planning framework on community capacity. These methods comprised four components: document analysis, key informant interviews, online survey, and council and stakeholder forums (Department of Health, 2006). It is likely that these methods will be used to track progress of the RHWIS.

PROGRESS TO DATE

Integrated Data Working Group

The North and West Metropolitan RMF Integrated Data Working Group was established at the behest of the NWM RMF in March 2011. The aim of the Working Group is to create a setting where members can explore some of the issues around how RMF members share data and explore opportunities to create a platform for integrating data across the NWMR. Often different parts of government (including State Government) have access to different sets of data. RMF members have agreed that by sharing these, access to integrated data potentially could help all members to make more informed decisions and collaborate in integrated planning activity. This is particularly relevant for the NWMR, with such a growing and changing population.

The North and West Metropolitan RMF Integrated Data Working Group exists to: (i) develop an integrated data platform for the North and West Metropolitan Region; and (ii) provide a mechanism for feeding information about integrated data into the North and West Metropolitan Region's Regional Management Forum (NWM RMF).

At a meeting held in June between the University of Melbourne, VicHealth and the Manager Public Health, a clear opportunity was identified for the RMF Integrated Data Group to be linked to the Australian Urban Research Infrastructure Network (AURIN). AURIN is a \$20 million initiative funded by the Australian Government's Super Science scheme. AURIN will provide built environment and urban researchers, designers and planners with infrastructure to facilitate access to a distributed network of aggregated datasets and information services. AURIN's lead agent is the University of Melbourne (University of Melbourne, 2011).

In September, it was decided that the Integrated Data Working Group also would act as a 'data advisory group' to the University of Melbourne's major research initiative for NWMR, *Planning liveable and sustainable communities in urban growth corridors*, developed as part of the formal Partnership between University of Melbourne, Department of Health NWMR and Department of Human Services NWMR.

Stakeholder consultation

At the Regional Management Forum held in June 2011, members gave provisional support for the notion of the RMF leading the RHWIS. The author and his Director were invited to return to the September RMF with canvassed ideas for how the RMF and its members could work strategically to address the social determinants of health.

Strategic conversations were held in August with 11 selected RMF members. Prof Billie Giles-Corti, Director of the McCaughey Centre at Melbourne University, led interviews. Participants included the CEOs of four growth area Councils (Hume, Whittlesea, Wyndham, and Melton) and the City of Melbourne. Regional Directors (or their delegates) were interviewed from the Department of Business and Innovation; Department of Human Services; Department of Justice; Department of Transport; Department of Planning and Community Development; and the Growth Area Authority. These RMF members were consulted about their ideas for practical initiatives that the RMF can adopt to address the social determinants of health. These ideas were presented to the RMF in September.

Three integrated, whole-of-government priorities were identified for the RMF to explore to improve health and wellbeing in the region. These are listed in Table 1 below. A fourth priority -- secure and affordable housing -- has also been identified separately by the Department of Justice as part of its crime prevention initiative. Because of its close relationship to these three priorities, it is included in Table 1.

Table 1 integrated, whole-of-government priorities identified for the RMF

<p>1. Creation of local jobs</p> <ul style="list-style-type: none">-Business development/incentives for businesses/industries that suit local skills and import resources into the region-Increase access to local community, health, and mental health services
<p>2. Public transport</p> <ul style="list-style-type: none">-Linked local services-Local PT -alternative service models required
<p>3. Educational opportunities</p> <ul style="list-style-type: none">-Up-skill local residents-Keep trained people in area
<p>4. Secure and affordable housing</p>

Working dinner for Regional Directors

Other notable progress includes the formation of a Working dinner for Regional Directors, which has identified an opportunity for Regional Directors to meet Council CEOs and senior directors as a delegation. A pilot delegation will be trialled in late 2011/early 2012.

CONCLUSION

More an evolving community building strategy than a static 'plan', the NWMR Regional Health and Wellbeing Implementation Strategy has already served as a catalyst for better coordinated and integrated action led by the RMF, and a clear authorising and conceptual framework for guiding the department's area based approach. Colleagues in planning roles in local government and NGOs have expressed strong support for

this coordinated approach targeting CEOs and Regional Directors; it is widely understood that this work will create a more supportive, enabling organisational environment for promoting population health at all levels. The Strategy the potential to serve as a model for other RMFs across Victoria, and similar governance structures elsewhere. In particular, the Strategy can serve as one vehicle for implementing the Victorian Public Health and Wellbeing Plan 2011-2015.

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