Tasmanian Council of Social Service Inc.

Healthy Tasmania Five Year Strategic Plan
TasCOSS submission

February 2016

TasCOSS

INTEGRITY
COMPASSION
INFLUENCE

About TasCOSS

TasCOSS is the peak body for the Tasmanian community services sector. Its membership comprises individuals and organisations active in the provision of community services to low income, vulnerable and disadvantaged Tasmanians. TasCOSS represents the interests of its members and their clients to government, regulators, the media and the public. Through our advocacy and policy development, we draw attention to the causes of poverty and disadvantage and promote the adoption of effective solutions to address these issues.

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Introduction

The Tasmanian Council of Social Service (TasCOSS) welcomes the *Healthy Tasmania Five Year Strategy – Community Consultation Draft* and the opportunity to respond. TasCOSS supports reforms that promote preventative approaches to health and wellbeing, and especially those that address the social determinants of health.[1]

TasCOSS is a strong advocate on behalf of our member organisations and Tasmanians living on low incomes for an increase in measures that support the principles and practices of health promotion, disease prevention and early intervention (PPEI), as a long-term, sustainable, cost-effective healthcare model. We do so principally because this approach has the capacity to reduce health inequities.[2]

We commend the Government on the stated principles, strategies and enablers for reform (*Consultation Draft* 2.3, pp 12-13). We welcome the recognition that socio-economic disadvantage correlates with higher health risks, rates of preventable hospitalisations, rates of chronic disease and avoidable mortality rates; the importance of focusing on people and communities; and the aim to reduce health inequities. With these principles underpinning a preventative health strategy, TasCOSS believes that Tasmania has the opportunity to do preventative health extremely well: we can lessen our health inequities, overcome access and equity barriers, facilitate community development and empowerment, and ultimately improve the health status of every Tasmanian.

However, we are concerned that these principles lose importance and relevance as the *Consultation Draft* document develops. There appears to be a lack of alignment between the desire for cost-savings versus a desire for genuine improvements in the health of Tasmanians. While we acknowledge the need for governments to ensure a cost-effective approach as a consideration, we do not agree that it should be the primary driver in an area such as health.

The key messages in our response to the Strategy Draft Paper are:

- To be effective, the preventative health strategy must incorporate mechanisms for addressing the causal factors that are the social determinants of health, rather than adopting a specific focus on smoking and obesity.
- An apparent inconsistency between the principles, strategies and enablers for reform outlined in 2.3 on page 12 and the actual priorities set in the paper which then pre-determines obesity and smoking as the communities priorities.
- Preventive health must be funded adequately. We call for the Tasmanian Government to commit to allocating 5% of the total health budget to preventative measures, and to look to the long-term health and economic benefits of the investment, rather than to the short-term cost-savings to measure the 'best buy'.

[1] We also draw your attention to our submissions to the Joint Parliamentary Inquiries into Preventive Health (2013; 2015) and to the transcripts of our representations to the committees.
[2] See, for example, Marmot, Michael (2010) Fair Society, p18; Dwyer, John p12; and Doggett (2014) p15.

- A shift to community-based health must be undertaken within the context of our community services sector and in particular, the need for adequate resourcing and appropriate terms of funding and commissioning models to enable the best health outcome for Tasmanians.

This response has been prepared in consultation with TasCOSS member organisations many of which provide primary health services, as well as programs and services that address the social determinants of health. We focus our response to the *Consultation Draft* on the questions relevant to our sector and our expertise.

Consultation Questions

Question 1

Where do you think the current actions we are taking on prevention and promotion have proven effective in improving the health of Tasmanians?

In our experience many actions taken to prevent disease and promote health that have been carried out by community sector organisations on the principles of community development, have been effective. Much of the community sector works with communities to eliminate the social barriers to good health, and to improve the wellbeing of individuals and communities. Its success is recognised by the DHHS:

> *In particular, [non-government organisations] make a significant difference to the lives of disadvantaged Tasmanians, many of whom are at greater risk of poor health outcomes because of social inequalities.*[3]

The community sector targets the population groups and communities that are most at risk from disadvantageous social situations; including Aboriginal Tasmanians, newly arrived migrants, young people, unemployed people, people with disabilities, homeless Tasmanians, the LGBTI community, carers and survivors of family violence. Community-based services that deliver health care services include community care organisations, women's health organisations, community mental health services, youth health services and chronic disease and other disease-specific community based services.

In the community sector prevention sometimes involves helping individuals to stop smoking or to eat a healthier diet, but more often community sector organisations take a more holistic approach that addresses the causal factors that lead to smoking or poor eating. For example, obesity is addressed by providing opportunities for social interaction, low-cost transport to enable participation, incidental education through group participation in projects (such as men's sheds or women's exercise classes) and by providing access to affordable fresh produce through community gardens or cooking classes.

Many examples of successful projects are provided by neighbourhood houses across the State and include nutrition and cooking programs, parenting programs, walking groups, drug and alcohol

[3] DHHS (2012), *Health and Wellbeing Advisory Council Mapping Report* p6.

programs, community gardens, men's sheds, tai chi and mentoring – to name but a few. The key features of these successful programs are:

- The identification of community needs by the community
- Building community capacity to respond
- Collaborations and partnerships with other locally-based personnel and organisations, including government-employed health promotion officers, social workers and regional primary health coordinators, and
- A central focus on social interaction and engagement.

Participants in programs run by the Hobart Women's Health Centre provide testament to the benefits of a preventative, holistic approach on their overall health and wellbeing. The following two examples are from clients' program evaluations:[4]

> *I think the main point is that because of the support and friendship, which now extend far beyond the weights activity, we are highly motivated to continue with the activities and committed to being supported by and, in turn, supporting each other more broadly. In a society where women of any age can easily become socially isolated, the Centre and its activities provide a welcome (and often very necessary) antidote. Participant 1*
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> *During a long, difficult period of ill health, as an isolated carer on a limited income this is where I went for those things— exercise, diet, stress relief, etc, which specialists recommended but which, for me, took the encouragement and practical wisdom of the people at the Centre for me to actually do. Participant 2*

Question 2

Where do you see that the most effective changes could be made in terms of overall population health benefit?

TasCOSS believes that the four most effective changes that could be made are:

- To increase Government investment in preventive health
- To encourage, facilitate fund local solutions to local issues
- To broaden the preventative health focus beyond behavioural factors to incorporate addressing the social determinants of health; and
- To increase the investment in preventative health in the early years.

There is undoubtedly serious underinvestment in preventative health at both Federal and State government levels. Over the 2011-12 financial year just 1.7% of the Australian total health budget was spent on population and public health services, compared to 7% in New Zealand and 5.9% in Canada.[5] The abolition of the National Partnership Agreement on Preventative Health saw a loss of approximately

[4] Hobart Women's Health Centre (2015), Program evaluations (unpublished)
[5] Australian Health Care Reform Alliance (2015), 'Governments need to learn the old adage that prevention is better than cure', 4 May

$2-3 million dollars annually to Tasmania[6] as well as the cessation of a range of community-based programs in the State. Federal funding for Primary Health Care research institutes has also been cut, and that which remains is under threat.[7]

The State Government can make effective change through significant, long-term investment in preventive health. Based on calculations by the Heart Foundation of Tasmania, we currently allocate 2.6% of our health budget to the preventative health system, and this is projected to decrease to 1.7% in 2016-17.[8] Achieving a healthy Tasmania requires an immediate reversal of this trend, and a substantial increase in investment. TasCOSS believes that significant improvements in population health will be enabled by allocating 5% of the total health budget to preventive measures.

While increased allocations to preventative health are vital, TasCOSS maintains that a social determinants approach to preventive health will have the most significant positive impact on population health.

In a study commissioned by Catholic Health Australia, the National Centre for Social and Economic Modelling (NATSEM) estimated the improvements in health and wellbeing that would be achieved if Australia adopted the World Health Organisation (WHO) recommendations on the Social Determinants of Health.[9] The Tasmanian Health in All Policies Collaboration used these figures to estimate the potential gains for Tasmania if these recommendations were implemented (based on 3% of the national figures). It found that:

- 15,000 Tasmanians would avoid chronic illness
- 1,800 fewer Tasmanians would be admitted to hospital each year (saving approximately $69 million in hospital expenditure)
- 5,100 Tasmanians would be able to enter the workforce; and
- $120 million in social security payments would be saved each year.[10]

Another effective change would be through investment in the early years. Investing early in the lives of children has been demonstrated to improve long-term outcomes in mental, emotional and physical health. The life conditions a child experiences in the very early years has life-long consequences, and influences health conditions previously thought to be determined by adult choices:

> *Adult conditions such as coronary heart disease, stroke, diabetes and cancer that were regarded solely as products of adult behaviour and lifestyles are now seen as being linked to processes and*

[6] Australian Government Budget 2013-14: http://www.budget.gov.au/2013-14/content/bp3/html/bp3_03_part_2b.htm
[7] Russell, L (2015), 'Further news about federal funding for primary health care research', *Croaky*, 9 November
[8] Heart Foundation (2015) *Tasmanian State Budget Submission 2015-16* p2
[9] Brown, L., Thurecht, L., & Nepal, B. (2012), *The Cost of Inaction on the Social Determinants of Health* Report No. 2. Canberra: Catholic Health Australia; NATSEM demonstrated the costs to the community of health inequities that are created through low income, low education levels, insecure housing and social isolation.
[10] Health in All Policies Collaboration (2015), *Submission to the Joint Select Committee on Preventative Health,* Appendix 2.

experiences occurring decades before, in some cases as early as intrauterine life, across a wider range of impairments.[11]

It has been found that an unsafe, traumatic home environment has detrimental impacts on a child's ability to control emotions, focus on tasks and form healthy relationships: 'stressful experiences … alter children's neurobiology in ways that undermine health, social competence, and ability to succeed in school and life.'[12]

TasCOSS believes that investment in prevention in the very early years – 'the first 1001 critical days'[13] – is an essential foundation for a healthy life.

Questions 3 and 4

Are there any alternate governance principles, strategies or enablers that would better support the shift to a more cost-effective model for preventive health in Tasmania?

What evidence supports these alternatives as helping us achieve better health outcomes?

Principles

While we believe that the principles detailed in the *Consultation Draft* are sound and welcome, a serious omission is a focus on addressing the social determinants of health.

While the causes of ill health are partly behavioural and genetic, structural factors such as poor housing, low education levels, unemployment, unhealthy living and working environments are also key contributors. As the WHO states: 'there is ample evidence that social factors, including education, employment status, income level, gender and ethnicity, have a marked influence on how healthy a person is.'[14] These factors the WHO describes as 'unfair, unjust, unnecessary, and [importantly] *avoidable*' [our emphasis].[15]

It is vital that a Tasmanian preventative health strategy does not neglect this aspect of prevention. Of all the Australian states and territories, Tasmania has the highest proportion of its population in the Socio-Economic Indexes for Areas (SEIFA) most disadvantaged (lowest) quintile. Furthermore, we have the oldest demographic profile in the nation and higher than the national average rates of long term and very long term unemployment.[16] Tasmania also has low educational attainment rates and the highest

[11] Tim Moore (2015), 'Conception to Three Years: The Nature and Significance of Early Development and the Implications for Practice', Presentation to Brotherhood of St Laurence; Centre for Community Child Health, Murdoch Children's Research Institute

[12] ibid

[13] *1001 Days Cross Party Manifesto*, p7, http://www.1001critical days.co.uk; also see *TasCOSS Budget Priorities Statement* 2016-17, pp7-9 at www.tascoss.org.au

[14] WHO, *Ten facts on health inequalities*: http://www.who.int/features/factfiles/health_inequities/facts/en/ <accessed 18 February 2016>

[15] WHO, Social Determinants of Health: http://www.who.int/social_determinants/en/ <accessed 18 February 2016>

[16] Tasmania, Department of Treasury & Finance (2016), *Long-term unemployment*, January 2016

risk of homelessness in the nation (due mostly to our low incomes).[17] Although these conditions are often beyond the capacity of individuals to address, they are well within the capacity of the Tasmanian State Government.

Strategies

The four key strategies in the *Consultation Draft* are also sound, and we welcome the acknowledgment that the early years, social environments, and vulnerable population groups will form the foundation of the strategy. Our concern is, however, that the 'Priority Areas for Action' section of the paper reflects neither the principles nor the strategies as they are articulated in this section, with the exception of the strategy to 'target health risk factors'. TasCOSS sees this as a serious flaw in the *Consultation Draft* that we hope will not be translated into the Government's final strategy.

Enablers

The inclusion of 'local action and choice' in the list of enablers in the *Consultation Draft* demonstrates that the Government understands the value of community development in enabling good health, and also that the Government recognises the important contribution that community members and organisations already make toward improving health outcomes.

However, TasCOSS believes that there are issues that need addressing in order for community sector organisations and community members to continue to act as effective enablers of preventive health. While community organisations are well placed in terms of expertise and relationships to help support individuals and families, high levels of demand and funding constraints mean that many agencies are struggling to provide the support needed.[18] Currently, community-based health care delivery is at risk, as many organisations are operating beyond capacity with demand being much higher than current resourcing can meet.

Preventative health funding is currently allocated from a variety of sources (including Federal, State and local governments, as well as grants and donations from businesses and charitable foundations and the like). For example, as mentioned above, the abolition of the National Partnership Agreement on Preventative Health will see the cessation of a range of community-based programs in Tasmania, with a loss of approximately $2-3 million dollars annually to the State.[19] Special purpose payments that were regularly used by organisations to support community health programs are no longer available.

From these various funding sources there is often little funding available to support the infrastructure and staffing requirements of non-government organisations, over and above that provided for program delivery. Additionally, community organisations are reporting increases in the number of complex presentations they are seeing. In particular, they are seeing increases in the complexity and occurrence of mental health problems, and difficult domestic and social situations.

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[17] NATSEM (2013), 'Geographical analysis of the risk of homelessness'

[18] The ACOSS 2014 Community Sector Survey found that 80% of community organisations nationally were struggling to meet demand: www.acoss.org.au

[19] Federal Budget Papers 2013-14, Number 2, Part 3: http://www.budget.gov.au/2013-14/content/bp3/html/bp3_03_part_2b.htm <accessed 11 Feb 2015>

This highlights that 'sufficient resourcing' in the community health sector must provide not only for delivery of services, but also for resources to ensure services are accessible, and that both paid and unpaid workforce have access to appropriate development, training and support. For example, many organisations rely on volunteers to drive transport vehicles and see people safely to their destinations, be it to medical services or to their homes. Already there are reports of volunteer drivers being charged with the care of a person who they feel would be better suited to more qualified assistance. The volunteer workforce does not always comprise trained healthcare workers, and community organisations are insufficiently funded to provide the level of training that is required for volunteer staff to transport very ill patients safely.

Another example is a TasCOSS member organisation that has no funded transport service, so regularly hires a bus to transport people into the city for services such as podiatry, physiotherapy, breast screening and dentistry. This is done on an ad hoc basis, at times when a 'backlog' of preventative and early intervention needs are observed in the community. It is vital that the sector be sufficiently resourced to be able to continue to be an effective enabler of preventive health.

TasCOSS reiterates concerns raised in previous consultations about the sector's ongoing capacity to provide quality, safe care in a climate of funding and staffing limitations, due to:

- A heavy reliance on a volunteer workforce
- Limited funding options and funding cuts
- Inadequate funding for community transport, including little scope for vehicle replacement
- People being discharged from hospital without appropriate support to unsafe home environments
- The prevalence of transport disadvantage in rural areas, and
- An incomplete NBN rollout.

TasCOSS believes that effective preventive health in Tasmania will be enabled by:

- Long-term, sustainable investment in partnerships between community organisations and other organisations such as Primary Health Tasmania, THS Health Promotion Unit, and the DHHS Public Health Services;
- Stable, adequate and appropriately indexed funding
- The elimination of access and equity barriers to good health
- A focus on addressing causal factors, and
- The creation of opportunities for local community health initiatives.

An additional important enabler is strong consumer involvement in health planning, policy and delivery. TasCOSS advocates for consumer involvement at all levels of healthcare policy planning and delivery. The development of a Healthy Tasmania strategy is an ideal time to embed consumer engagement in to our preventive health policy, planning, delivery and evaluation.

The TasCOSS consumer engagement position statement is:

> *Consumers are an often overlooked expert group. Carefully planned strategic consumer engagement anticipates changes to needs, issues, environmental influences and more. Partnership with consumers is essential to develop these key consumer relationships and to optimising planning, service delivery and review of activities. Strategic consumer engagement supports compliance with consumer engagement legislation, standards, good practice and upcoming service delivery changes*.[20]

Best practice consumer engagement shows that decisions made in partnership with consumers and carers are more sustainable, transparent and result in more effective programs and services. Most importantly, better relationships, based on consumers and carers having more agency, control and input, generate better health and wellbeing outcomes.[21]

Questions 5 and 6

Do you think targets will be effective in driving the change Tasmanian needs to see in health outcomes?

What targets would you like to see the Government adopt to reduce health inequities in the target areas outlined above?

TasCOSS would like to see the Government adopt targets that clearly indicate and address health inequities. This would involve linking targets to socio-economic status and other factors such as Aboriginality, and could include health targets such as self-assessed health status, life expectancy at birth, avoidable mortality rates, and preventable hospitalisations, as well as broader targets including literacy rates, educational attainment, and employment status and so on.

The Tasmanian *State of Public Health 2013* report states:

> *Health inequities are evident across many specific health outcomes in Tasmania with clear evidence of social gradients and disparities in health status. These are avoidable in many cases because they relate to the conditions in which people are born, grow, live, work and age – including inequities in power, money and resources that give rise to these conditions.*[22]

Health inequities are the differences in the health status of different population groups, arising from the social conditions in which people are born, grow, live and age. They remind us that health outcomes are not always simply about what one person has and what another does not have; they are also

[20] TasCOSS (2015) *Consumer Engagement Fact Sheet 2*: http://tascoss.org.au/Portals/0/Documents/Strengthening%20Our%20Sector/Consumer%20Engagement/2015%20Fact%20Sheet%20Two-StrategicWork.pdf
[21] TasCOSS (2015) *Consumer Engagement Fact Sheet 1*: http://tascoss.org.au/LinkClick.aspx?fileticket=QsqGC3kuRRw%3d&portalid=0
[22] Tasmania, DHHS (2013), *State of Public Health 2013*

determined by the broader inequalities within in our own society.[23] TasCOSS believes that here is a pressing need to address health inequities in Tasmania, and that health improvement targets linked to socio-economic status could be a step toward addressing existing equities.

Health inequities are best tackled through adequate investment in preventative measures which include the social determinants of health and wellbeing. Factors such as housing, education, transport, income, work, social support, food quality have multiple correlations with health and wellbeing status. Therefore, TasCOSS contends that it is essential to include targets that indicate improvements and progress in these areas.

Question 7

What indicators of health status provide the best picture of whether progress is being achieved and could be monitored on HealthStats?

Before DHHS HealthStats can be used effectively in monitoring progress of a preventative health strategy, its statistical indicators need to be significantly augmented with indicators of population health and wellness, in addition to the existing indicators which are related largely to the acute health system. Work would need to be carried out to consult on and design an agreed data-set that could be added to HealthStats.

An example of health and wellbeing indicators that might usefully guide the development of an appropriate data-set for this purpose is the Health and Wellbeing Indicators developed as part of the DHHS *Working in Health Promoting Ways Framework* project (and can be found reproduced in the *State of Public Health 2013* report).[24]

In addition, data would need to relate not only to the physical, oral and mental health status of the population, but also to the social determinants of health, including education, literacy, employment, income, housing, transport, relationships, environment, and participation.

Question 8

What do you see as the benefits and opportunity costs of the Tasmanian Government pursuing a 'best buys' approach to preventive health?

TasCOSS is very cautious about adopting a 'best buy' approach and the language and culture of 'best buy' to preventative health. There is a risk with these sorts of tools that governments then make decisions only to invest in programs that are inexpensive to run in the short term, and/or that can demonstrate immediate economic gain. It is the nature of preventative health programs and other

[23] Wilkinson, R & Pickett, K (2010), *The Spirit Level: Why equality is better for everyone*, London, Penguin, p25
[24] Tasmania, DHHS (2013), *State of Public Health 2013*, Appendix 2

related efforts that benefits will not always be obvious, or measureable, within a short timeframe. Rather, it is long-term, and sometimes even generational changes that can be expected.

A 'best buys' approach might also obviate the imperative to address very difficult and entrenched problems, and reaching hard-to-reach individuals, families and communities.

TasCOSS does accepts that positive changes do result from adequate investment. For example, *Australia's Health 2014* states:

> *Evidence suggests that a strong primary health care system is associated with reduced costs and increased efficiency, lower rates of potentially preventable hospitalisations, reduced health inequities, increased patient satisfaction with care, and better health outcomes, including lower rates of potentially avoidable mortality*.[25]

The former Tasmanian Director of Public Health, Dr Roscoe Taylor, also put forward a strong supportive case for adequate investment in prevention:

> *We know that prevention saves lives. It reduces illness and disability. It frees resources needed elsewhere. The social and economic benefits of prevention are profound. A healthy economy, for, example, requires a healthy population to sustain it. Health and wellbeing also underpins the quality of life of Tasmanian families and their ability to participate in the community around them*.[26]

One of the original architects of Medicare, Stephen Duckett, has also actively championed the economic value of access to primary health care and early intervention, and the false economy of not investing in access:

> *Making sure everyone can get primary care is an investment, not a waste, even if there are some proportion of visits that turn out to have been "unnecessary". In the long run, it saves money*.[27]

While the impacts may not be immediately measureable, there is economic modelling that indicates that when we improve social situations it has economic as well as social and health benefits. Evidence for the effectiveness of a preventative health and social determinants approach can be found in *The Cost of Inaction on the Social Determinants of Health* report, which measures the numbers of people affected by health inequities and the effect on their wellbeing, ability to work, income earning capacity, reliance on income-support and use of health services. The report found that,

[25] Australian Institute of Health and Welfare (2014), *Australia's Health*, p 363
[26] Tasmania, DHHS (2011), *A Fair and Healthy Tasmania Strategic Review*, p2.
[27] Duckett, S (2014), 'Save now, spend later: Why co-payments for GP visits are a bad idea', *The Conversation*, 23 April

> *Improving the health profile of Australians of working age in the most socio-economically disadvantaged groups … would lead to major social and economic gains with savings to both the Government and to individuals*.[28]

In 2013 the now-defunct Australian National Preventive Health Agency published an essay on the economic value of prevention that recognised that spending on preventative health may not – and should not – be quarantined within a health budget:

> *The economics of disease prevention is automatically made more complicated by the fact that health is affected by 'public goods' (like clean air and water) and not just products or behaviours that can be chosen individually. Even more challenging is the evidence accumulating in the last 20 years that investments in education, employment and housing yield tangible and quantifiable health benefits as side effects … This means that the full extent of the disease prevention budget is spread across a range of government portfolios and not merely contained within the health portfolio. Indeed the 'off-site' disease prevention effort may be even more significant and effective than the relatively small (but vital) preventive programs operating within the health domain.*[29]

The following unequivocal message from the WHO's Commission on the Social Determinants of Health supports a broad investment in health:

> *There will be more health and more health equitably distributed if countries take the trouble to invest in sectors that generate the primary conditions for health*.[30]

Health inequities, in contrast, are demonstrably expensive.[31]

Questions 9 and 10

Are there preventive health commissioning models used in other jurisdictions that could be effectively adapted to the Tasmanian context?

What are the issues that we would need to address to effectively engage key stakeholder and community groups in the commissioning process?

As a general principle, commissioning models are grounded in first identifying needs and then priorities and actions to address these as a part of the overall commissioning cycle. In sound commissioning models, this occurs when community level input is strongly integrated into all stages of the

[28] Brown, L., Thurecht, L., & Nepal, B. (2012), *The Cost of Inaction on the Social Determinants of Health*, Report No. 2. Canberra: Catholic Health Australia/ NATSEM
[29] Shiell, A, Hawe, P and Jan, s (2013), 'The economic value of prevention' in Australian National Preventive Health Agency (2013), *The state of preventive health 2013*.p163.
[30] Cited in Shiell, A, Hawe, P and Jan, s (2013), 'The economic value of prevention' in Australian National Preventive Health Agency (2013), *The state of preventive health 2013*, p173.
[31] See Brown, L., Thurecht, L., & Nepal, B. (2012), *The Cost of Inaction on the Social Determinants of Health*, Report No. 2. Canberra: Catholic Health Australia/ NATSEM

commissioning process and specifically, the decision making in terms of the identification of need and the development of priorities and actions. We would strongly recommend commissioning models that take this community driven approach into account. We also strongly support commissioning models that encourage collaboration rather than competitiveness between organisations.

In the community sector in Tasmania, there is emerging best practice in models such as the Communities for Children which is administered through the Commonwealth as just one example. This model encourages community driven priority setting, decision making and monitoring of the progress and outcomes as part of the commissioning cycle. Models of "trust commissioning" are also emerging in some countries that recognise that once an organisation and a community can demonstrate sound practices and progress towards outcomes, longer contracts and a reduction in red tape in terms of reporting can be negotiated.

We encourage the Government to consult separately and specifically on commissioning options with community sector organisations and other interested parties before introducing a preferred model.

Our preliminary comments on commissioning are as follows:

- A commissioning model should focus on desired broad outcomes rather than focusing on the amelioration of individual risk factors.
- TasCOSS encourages the State Government to explore models that provide incentives for community-based health providers to meet wellness targets, rather than providing funding for outputs or waiting list targets. Financial and other rewards could be provided for not-for-profits that lessen risk factors for chronic disease and obesity, for example, which keep people well and out of hospital.
- If a cost-benefit analysis tool is used in commissioning it needs to be capable of considering changes over the lifespan (as well as over generations) and measure across a range of indicators. It must also be simple to apply and appropriate to a variety of a community services sectors (eg not only health, but also housing, individual and family support services and so on).
- It is important that State and other commissioning models (Federal and/or Primary Health Network) are complementary.
- The development of a commissioning model for preventative health is an opportunity to bring the health and social services sectors closer; it is therefore important that a commissioning model is not limited by traditional health sector characteristics.

TasCOSS looks forward to participating in further consultation on preventative health commissioning models as the development of the Government's preventative health strategy progresses.

Questions 11 and 12

Do you see value in pursuing a health-in-all policies approach in Tasmania? What are the costs, benefits, opportunities and risks?

What other models for Health Impact Assessments could the Tasmanian Government consider?

TasCOSS strongly supports a health in all policies approach, welcomes its inclusion in this *Consultation Draft*, and trusts that it will be a central strategy within the Government's Preventative Health Strategy. We also strongly support the application of health impact assessments to 'major government decisions', although we urge the Government not to define 'major decisions' too narrowly so that a broad range of government decisions will be assessed for their health impact.

A strong policy framework is needed to drive an effective preventive health strategy in Tasmania, and we believe that a health in all policies approach from government can contribute to providing a solid basis for such a framework.

The rationale for the health in all policies framework in South Australia is articulated thoughtfully in the 2010 *Adelaide Statement on Health in All Policies* and may serve as an appropriate model for Tasmania:[32]

> *Reducing inequalities and the social gradient improves health and well-being for everyone. Good health enhances quality of life, improves workforce productivity, increases the capacity for learning, strengthens families and communities, supports sustainable habitats and environments, and contributes to security, poverty reduction and social inclusion …*
>
> *This interface between health, well-being and economic development has been propelled up the political agenda of all countries. Increasingly, communities, employers and industries are expecting and demanding strong coordinated government action to tackle the determinants of health and well-being and avoid duplication and fragmentation of actions.*

A health in all policies framework, including the application of a health impact assessment model, has been adopted by many other countries, and in South Australia, with extremely positive results.[33] A plethora of evidence-based resources, including health impact assessment models, is available to ensure the easy implementation of a health in all policies framework.[34]

TasCOSS believes that the implementation of a robust health in all policies approach in Tasmania would send a strong message that we are serious about improving our health outcomes.

[Note: we will not address Question 12 on 'anticipatory care']

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[32] South Australia, (2010), *Adelaide Statement on Health in All Policies* www.sahealth.sa.gov.au/wps/wcm/connect/d4f9bd0043aee08bb586fded1a914d95/omseet-sahealth-100610.pdf?MOD=AJPERES&CACHEID=d4f9bd0043aee08bb586fded1a914d95

[33] See, for example, Finland's North Karelia Project which documents improvements in chronic disease rates over a 30 year period: http://www.kareliahealth.com/evidence/north-karelia

[34] For example, the WHO has developed a HiAP training manual: www.who.int/social_detrminants/publications/health-policies-manual/en/

Question 14

What are the enablers and barriers that exist within the current structure of the health system in Tasmania (that are the responsibility of the Tasmanian Government) that will need to be considered in supporting implementation of the new direction for preventative health outlined in this *Consultation Draft*?

TasCOSS believes that the current health system is so strongly focused – culturally and financially – on the acute treatment part of the system that this will be the major barrier to the implementation of genuine change.

If this new strategy is to be effective, it must fully embrace the foundational objectives and imperatives of acknowledging and addressing the social determinants of health, and implementing a genuine health in all policies approach across all government agencies.

The new strategy must also be adequately funded.

In our opinion, this *Consultation Draft* demonstrates the difficulty: on one hand it articulates fundamental change through its principles, strategies and enablers and through accepting both social determinants of health and health in all policies approaches – and on the other hand, the priority areas for action focus exclusively on changing behaviours, and many of the 'potential future initiatives' also focus on this. The hope we had for the potential for genuine change dissipated as we progressed through the *Consultation Draft*.

TasCOSS does not believe that continuing to focus on behavioural change in relation to risk factors will result in fundamental change or significant improvements in health equity and outcomes. We need root and branch change, with a strong commitment to addressing health inequities not only through health and social services and programs, but also through lifting standards of living and access to opportunities for low-income and disadvantaged Tasmanians. This can be done by ensuring access to educational supports; secure, appropriate and affordable housing; sustainable employment and training opportunities and support; affordable transport that gets people where they need to go; assistance with the costs essential services; and the means to participate in community life.

Priority Areas of Action

Systemic approach

Based on a range of research, TasCOSS asserts there is a common set of health behaviours, biomedical factors, and social and environmental determinants that contribute to the development of chronic diseases. Therefore, the value of a systemic approach to preventing chronic disease and action on the

underlying risk factors and determinants, rather than tackling individual chronic diseases, will generate the greatest improvement in outcomes.[35]

Based on this research, TasCOSS is disappointed to see this section that identifies smoking and obesity as 'key priorities for the Health Tasmania Five Year Plan' which does not provide the community driven approach that is discussed in earlier parts of the *Consultation Draft*.

Community support and shared responsibility

TasCOSS consider it a priority to take a place-based and population health approach to preventative health. In doing so, and presenting communities with the data on how they are faring against a range of health and wellbeing outcomes, communities can set their own priorities and focus on what is important to them. This ensures community support in the initial stages and therefore community action in implementing priority areas. This is about a model of leadership within communities that will ensure the community is driving the strategies and approaches that are most relevant to them. There are many emerging examples of how this collective impact approach is helping communities to take the lead in making decisions. This model is also driven by partnerships and sharing responsibility for action, rather than a government telling a community what it thinks is important.

Overall, this approach could potentially provide for an agreed set of shared priorities which is supported by local action plans that are developed in partnership with government at a local level. We believe that taking action on preventative health must be shared and these partnerships need to extend to individuals, families, communities, community sector organisations and local and state government.

Making healthy easy

A priority area for action is to develop and resource, strategies that ensure that people in Tasmanian communities have ease of access to making healthy choices.

The rationale for this is articulated clearly in the Australian Health Collaboration 2015 paper which states[36]:

We need to make healthy choices easy choices. The 'it's all down to personal responsibility' mantra assumes well-functioning markets; that everyone has perfect information about the risks and benefits of particular behaviours; that they act in rational self-interest; and that individual decisions are not influenced by external factors, including societal pressures and environmental conditions. These assumptions are not correct. Behaviours, such as healthy eating, are influenced by the accessibility and affordability of healthy food……

In Tasmania, this is highlighted by The Healthy Food Access Basket Survey[37] conducted in March 2014, which clearly demonstrated that access to healthy food is not equitable for Tasmanians. This highlights the issues that emerged around pricing and affordability, access to shops that sell healthy food and

[35] Australian Health Policy Collaboration – Chronic diseases in Australia: Blueprint for preventative action, Policy Paper No. 2015-01 June 2015 page vii
[36] ibid
[37] Murray S., Ahuja KDK., Auckland S., Ball MJ 2014 The 2014 Tasmanian Healthy Food Access Basket Survey. School of Health Sciences. University of Tasmania

found it was greatly reduced in low income areas. Tasmanians living in areas that have the lowest 1/3 of household income have ready access to only 19 of 353 shops that sell healthy food. This inequity of how Tasmanians experience the food system is consistent with findings from the Tasmanian Population Health Survey and the Australian Health Survey.

Accountability for action and monitoring

Our final and equally important priority area relates to creating systems that enable strong governance, leadership, accountability and monitoring to ensure the preventative interventions are implemented and monitored. TasCOSS would also encourage a system that ensures public reporting on progress at regular intervals.

TasCOSS supports a model that ensures setting and agreeing to achieve measurable targets that goes beyond simply agreeing on new chronic disease strategies. This is then supported through the budget allocation process. Within the principles of good governance, we would encourage a model based on accountability, transparency, responsiveness to need, equitable, inclusive and participatory. We believe this will require some level of independence from government and also needs to go beyond purely reporting back on progress to also include critical analysis and specific change recommendations and options when required.

The World Health Organisation Global action plan[38] states:

Promises are easy to make, but harder to deliver and even more difficult to monitor. In the political declaration from the UN high-level meeting on non-communicable diseases in September 2011, heads of state made many welcome promises. But how should the global community ensure that these commitments are adhered to? How can all partners who support the political declaration be mobilised to ensure that tangible progress is being made on the commitments? In one word, the answer lies in accountability.

[38] WHO web site www.who.int (Accessed February 2016)