Neighbourhood Houses Tasmania

Response to A Healthy Tasmania Consultation Draft

Executive Summary

Neighbourhood Houses Tasmania is pleased to see the desire for a strategic approach to improving the health of Tasmanians, and to have the opportunity to contribute through this consultation.

While we are supportive of the broad concepts of the plan to improve the health of Tasmanians, we have significant concerns about the depth and quality of the Strategy as it stands in the consultation phase.

That said, Neighbourhood Houses Tasmania and our Members remain committed to playing our important role embedded in local communities, and positively working towards improved health outcomes for all Tasmanians.

Our Member Houses and NHT as the peak body have attended the consultations. We hope that this has highlighted the vital grass roots and very effective role our Member Houses play in preventive health, as well as our willingness to work with the government to improve the health and wellbeing of Tasmanians.

Concerns

- The primary purpose of the paper we would suggest is to raise a discussion about raising the smoking age to 21. Our network is supportive of any evidence based legislative change or action that reduces smoking rates in our communities. However we ask that the government in taking this courageous step do consider the submissions from Smoke Free Tasmania and others about the limitation of this legislation and consider the larger step of a smoke free generation which they have proposed.

- Some sections of the document don't align with principles outlined in the Overview. The paper states a focus on people and communities as a principle, with enablers stated as working with organisations where people live, learn and play, but there is not a lot in the Priorities for Action that suggests a place-based approach. i.e naming up the health priorities as smoking, obesity and alcohol reduction, without consideration of the specific issues of a place, the social and environmental context, that can be precursors of those health issues. Public Health Services in recent reports has clearly laid out how the social gradient impacts on people's health outcomes. To be blunt it shows that poverty kills people. Our Members work in the communities where this is so evident and implore the government to take a targeted approach that focusses on the

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families and communities that most need support. Our Members have shown place based programs work when working in a community development approach. Community health programs created by staff and volunteers through Houses in our disadvantaged and socially isolated communities, demonstrate how small but long term investments by the government have created simple but profound programs. Examples include community gardens, healthy cooking programs, food relief programs that teach people how to cook and utilise fresh produce. These programs in turn, go onto create increased value for money by leading to people participating in training, volunteering and employment pathways that give them increased confidence, purpose and meaning. This in-turn leads to people re-engaging in, and contributing to the wider community. Evidence of this community development approach to health and wellbeing, can be found through our booklet of stories *It's a Starting Point…* available on the NHT website: http://nht.org.au/its_a_starting_point/

- There is a real chance for the government after cycles of governments creating "Health Plans" to actually implement something long term. There is no need to repeat processes or develop "new plans" when it has been done before. We'd point you to recent pieces of work such as the *Thriving Tasmania Report* by the previous Ministerial Health and Wellbeing Advisory Council which NHT contributed significant time and resources to in its participation. (The report is still available online: https://www.dhhs.tas.gov.au/__data/assets/pdf_file/0015/150081/HWAC_Report_Full_Length_V1.0.pdf) Another relatively recent report was the *Fair and Healthy Tasmania Strategic Review* (also still available - https://www.dhhs.tas.gov.au/__data/assets/pdf_file/0007/82987/Fair_and_Healthy_Tasmania_FINAL.pdf). Both of these documents developed place based preventive health processes that require investment in community approaches but mostly give a means for government departments to better work with communities and change their resources/approaches to suit communities and thereby better target government dollars.
- Consultation has started late in this process – with the scope of the work seemingly already narrowly focused. While no one is opposed to addressing rates of obesity and smoking, we question whether these issues are what the community would prioritise as the best approach to a preventive approach in health and wellbeing?
- We are concerned that the term *Best Buys* is code for more cuts. It is disingenuous of the government to write such a Plan when there is no funding allocated in the previous budget, and no new financial investment or commitment to redirect funds towards preventive health. Indeed the government has embedded budget cuts which we assume will continue to decrease Public Health Services, Human Services and the capacity of other departments to initiate any action relating to improving health outcomes.
- Outcomes are very difficult to measure in this space, and require measuring over long term, more than 10 years. To observe any change in five – ten years will be difficult.
- The Social Determinants of Health are a well recognised policy approach to improving health outcomes, recognised by the World Health Organisation. NHT is generally supportive of the submission from the Social Determinants of Health Advocacy Network. The Health Tasmania

Consultation Draft cites briefly the SDOH, but fails to acknowledge the depth and significance of what is involved in using such an approach.

Opportunities and recommendations

- Accessible data. The not-for-profit health and community sector, with tax-payer funds from government, provides considerable amounts of data on the services they provide, the health and wellbeing of the people we work with. There is a need for this data to be returned to the community sector to help us improve and target our services. We encourage the government to provide de-identified summary data that can inform improving practice.
- *Thriving Communities Healthy Families* was a program delivered through Neighbourhood Houses as a result of the previous health strategy. In summary:
    - the program was a pilot/trial
    - it demonstrated positive improvements
    - this program provides the current government with an opportunity to significantly build on that done by the previous government. We encourage the government to 'take it significantly further' – "we're working with the Health and Community Sector, based on what they are recommending" is language that could be used.
- NHT recommends further funding *Thriving Communities Healthy Families* in the communities it was piloted, for the next five years.
- We recommend the government grow the number of communities utilising the program when further funding is available and if positive outcomes continue to be demonstrated
- We call on the government to break the political cycle that sees things that were working being torn down because of ideology, or in wanting to separate from political opponents.

The government through Human Services already invests in the Neighbourhood Houses Community Development approach in 34 communities across Tasmania, the low SES and isolated communities that are of most concern. Our Members have over the years, developed a plethora of community run and led programs which work. *Eating With Friends* programs, community lunches, men's/community sheds, hosting Quit programs in community, access to affordable healthy produces through food cooperatives and relief, and our above *Thriving Communities /Healthy Families* project. These are real community based programs run on an investment of less than $150 000 per year per Neighbourhood House through the Neighbourhood House program. We'd draw your attention to the recently published NHT book *"Starting Point: The Real Difference People and Neighborhood Houses Can Make"* . It shows just what impact Houses have on the lives of individuals and their communities.

We again take the opportunity to request the government consider our Budget Submission request to "invest an extra $35 000 per annum in 33 of the most disadvantaged and /or socially isolated communities in Tasmania, meaning that each DHHS funded Neighborhood House receive an extra

$35,000 per annum recurrently to finally enable all Houses to have the resources they need to be thriving places". Examples of other place based initiatives already working include:

- Get Active Program
- Active Tasmania – though this has been targeted at a higher socio demographic, it could easily be adapted to fit lower SES areas and local communities through partnership with NH
- Heart Foundation Walking Groups
- Family Food Patch

NHT response to Questions from the Draft Consultation

As requested by the writers of the draft, below are some thoughts in direct response to some of the questions posed in the consultation draft document.

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

The inclusion of this question gives a degree of confidence that the Healthy Tasmania Strategy will take into account the many health promoting programs and initiatives that are already occurring in communities across the State. Outcomes from a range of place-based and community-driven activities may not be as easy to measure as long term population data such as smoking rates or obesity rates, but with appropriate resources and effort valid and reliable metrics could be developed.

For example, a place-based community development approach, as implemented through the network of Neighbourhood Houses, is effectively delivering prevention and health promotion outcomes. Initiatives like community gardens, men's sheds, mentoring programs, and skills development activities run through Houses, impact on individuals by connecting people socially and recreationally within their communities. Through these programs, people can gain skills and knowledge to make healthy choices. Equally important is that the capacity across the community for individuals to ***work together*** *to support each other, to improve circumstances and to be less reliant on services delivery, grows exponentially. Daily, we see the individual meaning and purpose that is developed through engagement in these programs leading to people developing confidence and desire to improve life and health circumstances, and to later pay back by helping others in turn. The story of Peter Richards from Starting Point Neighbourhood House in Ravenswood, clearly demonstrates this model in action (it can be found in our stories booklet). The work our staff and volunteers in Houses do in community is the vital building block for increasing the impact of broader health prevention initiatives, and ultimately enabling individuals to make healthier choices in their lives.*

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

   Focus less on indicators like smoking and obesity rates, and instead support and enable the harder-to-quantify community health measures to become the focus of a deliberate and collaborative data development agenda. We are working with our Members and DHHS to effectively report on outcomes and the contribution our Members make to population change. However we are concerned that the good grass roots and effective work our Members do and which was highlighted in your consultations, could be discounted as our work is so local, it is not often seen outside communities and doesn't attract the research and evaluation support of larger profile organisations or programs. Investment and government support of evaluation and documentation of community development programs in disadvantaged and isolated communities, is vital to knowing how to best target resources.

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

   The premise of this question seems to assume that current investment levels are enough and that effort needs to be better and more cost effectively targeted. We fully support any approach that targets effort in preventive health to the people and communities that are suffering the most. We support targeting those places where long term disadvantage is embedded.

   However we reject the assumption that there is sufficient investment in preventive health. We fully support TasCOSS, Heart Foundation and others call for a 5% quantum of the Government budget to be allocated to preventive health efforts. Then a very strong conversation can be had about the most cost effective way to implement these resources.

   We are aware through the Peaks Network that there has been internal work in DHHS about Cost Benefit analysis of current funding arrangements and contracts, however this has happened very internally to government and not included the organisations involved or the communities more generally. Any process about effective investment needs to have a broad cross section determining, with significant research and evidence informing a discussion, how such analysis can occur.

   A practical initiative could be longer term funding arrangements, which enables greater employment security for community sector workers, and will significantly increase staff retention in services.

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

   Allow room for initiatives that are not necessarily "evidence-based" by the traditional academic definition of that. There is not always the evidence in an acceptable and/or accessible form to be able to demonstrate success in a community or place-based context. Nor, as we've said above, has there been sufficient external investment in evaluation of grass roots programs. And, limiting funding only to evidenced-based programs or initiatives allows little room for innovation and can discourage the community to be involved in deciding what will work (Mark Friedman, Turning Curves, PARSE Publishing 2015, p.22-23). This can be mitigated by accepting a broader approach to what constitutes evidence, to include community input, ideas and learnings.

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

   We do not think the targets alone will be sufficient to drive the desired change, especially with no additional funding to increase and focus activities. The targets are highly ambitious, which is good, but we are concerned they are not realistic, or that such change is possible in the time frame. We again recommend an allocation of funding equal to 5% of the total health budget be focused on Preventive Health efforts and approaches. Building health into all policies, and developing Health Impact Assessment requirements will certainly assist in changing the direction on Tasmanian Health Outcomes.

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

   We will leave commentary on these areas to people with more expertise in this area.

6. What indicators of health status provide the best picture of whether progress is being achieved and could be monitored on HealthStats?
   Difficult to pull additional indicators of health status off the shelf without avoiding the tendency to determine as priority what can easily be measured. A deliberate and well considered process of identifying indicators and a data development agenda is needed to inform the data sets that are included in Health Stats.

7. Are there ways we can better integrate the data on HealthStats into our work and use it to support the achievement of improved health outcomes?
   We will leave commentary on these areas to people with more expertise in this area.

   NHT has been calling for many years for the policy units in all government departments to be asked to collaborate and work to provide communities with accessible data about their health, employment, education and other indicators but in a plain language and accessible way. So we applaud where this plan calls for communities to get better information on their health outcomes

to inform action. This is not happening now, despite what many policy analysts may claim. We strongly suggest government should make data available to communities in a form that is relevant and understandable for planning and service design and improvement. Community organisations contribute significantly to the data available to governments, but are often are not provided with collated reports, interpretation or understandings gleaned from this data. While it is acknowledged that agencies can be constrained by an unwillingness or inability to release data that is not validated and might be too small a sample to ensure de-identification, there must be improvements as to how others are enabled to access information. NHT and our Members are very keen to play an active role in helping determine what communities want from data that is very localised, and to assist with any development agenda. The work around Kids Come First and how that data was assembled is a very good starting point.

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

   Ensuring that scarce health resources are allocated for maximum impact is commendable. The means of determining a "best buy" should be explored in collaboration with providers and community organisations to ensure that the criteria recognises quality, flexibility and responsiveness above the ability to achieve economies of scale, for example. "Best buys" must not be synonymous with reduced funding.

   In a constrained economic environment it can be considered prudent to make funding decisions based on evidence-based programs and practices, but it may also be progressive to agree that "what works" can also be determined through local knowledge and experience, particularly when resources for quality evaluation are not available. This consultation paper is in danger of creating too small a playing field (smoking and obesity, for example) on which to respond to serious health and wellbeing problems.

   NHT is concerned that the ACE-Prevention report is very "illness" focussed.

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

   We will leave commentary on these areas to people with more expertise in this area.

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

   A commissioning process must have embedded safeguards around the tension between organisations working together and competitive tendering, especially given the size of the Tasmanian community. It is known that a collective response and working collaboratively can provide an effective response to addressing many health and wellbeing issues. Organisations are

frequently asked to engage partners, develop consortia, and/or be a part of a collective approach. A commissioning process must not be contra-indicative to these requirements by encouraging competition for funds, which can reduce the inclination to share intellectual property, can impact on the viability of smaller organisations and increase turf protection.

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

    We believe a Health in All Policies (HIAP) approach is highly desirable, but needs to be done with high level direction and buy-in from all major policy areas. A HIAP approach requires proper funding and resources to ensure effectiveness and value for money. This area of work has been around long enough now, for there to be high quality training, tools and resources available for implementation across Government. It is our belief that while such a policy requires leadership from DHHS, it requires direction from the level of Department of Premier and Cabinet, requiring high level support from all departments.

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

    We will leave commentary on these areas to people with more expertise in this area.

12. How would a shift to anticipatory care models improve outcomes for patients and the delivery of health services?

    We will leave commentary on these areas to people with more expertise in this area.

13. 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 preventive health outlined in this Consultation Draft?

    We believe the divide between the Health and the Human Services portfolios is problematic– the "health" emphasis is evident in this consultation process, but the process is constrained by DHHS structures being unable to bridge this divide and recognise that H&WB is generated largely through strong communities, families and individuals who feel connected and capable, ie: the Human Services portfolio areas. Funding to health promotion needs to support health promotion across both portfolios. The consultation should be a joint one.

    The proposed Health Strategy, while laudable, follows not long after a similar process carried out by the previous Labour Government. It is understandable that new governments want to put their own stamp on major policy areas, but with the health of Tasmanians being so central to a strong community, sustainable economy and society, the Health portfolio would benefit from a bi-partisan approach, with long term commitment to see change over the decades, not just in 5-10 year time periods.

14. Do you support increasing the minimum legal smoking age to 21? If so, do you support a phase-in arrangement with respect to those currently legally able to smoke in the 18-20 age cohort?

    We would be concerned about unnecessarily criminalising young people, even if there was not the intention to do so. Education and community inclusion is we believe, a more effective tool.

15. Do you support increasing the minimum legal smoking age to 21, and subsequently increasing it to 25 later, based on evidence of impact?

    Please see our response to question 15.

16. Do you support increasing the minimum legal smoking age to 25?

    Please see our response to question 15.

17. If so, do you support a phase-in arrangement with respect to those currently legally able to smoke in the 18-24 age cohort?

Please see our response to question 15.

18. What impact would there be on tourists and visitors to the State in increasing the minimum legal smoking age and how could these be alleviated?

    We will leave this for those in tourism and other portfolios to comment. This serves as a good demonstration of the interconnectedness of health with so many other portfolio areas.

19. Do you support maintaining the status quo? If so, what are the reasons?

    Please see our response to question 15.

20. What do you see as the potential benefits of the types of initiatives outlined in this Consultation Draft?

    Some initiatives similar to those described in this Consultation Draft are already in place. An analysis/scan of current effective programs and initiatives must be integral to this process to avoid throwing the baby out with the bathwater. For example, the Thriving Communities Healthy Families *program funded through Public Health Services between 2012 and 2015 has seen the achievement of outcomes for disenfranchised families in five communities. The project was pilot-funded and aimed to engage the hard-to-engage and most vulnerable families in a community to enable people to develop capacities to support self-reliance. The Project also focussed on linking services with each other to better support people and families in a community. The cost effectiveness of initiatives like this can be evidenced in terms of the savings made through keeping one child away from the out-of-home-care system against the cost of a part time Family*

Support Worker. In addition, community members coming into contact with the Thriving Communities program have progressed to volunteerism, contributing to their communities that way, and many have subsequently gained employment, effecting savings in benefit payments. This is the result that the Consultation appears to be aiming for. Individuals making better decisions about their health.

21. What are some examples of other evidence based initiatives the Government could consider to effectively target key risk factors and chronic diseases in the community?

    NHT wishes to proudly advocate again for the Thriving Communities Healthy Families program:

    - *There is a clear opportunity for the government to build on work done by previous government – take it significantly further – "we're working with the Health and Community Sector, based on what they are recommending"*
    - *Funding Thriving Communities in current communities for next five years*
    - *Grow the number of communities when the money allows, and if further positive outcomes continue to be demonstrated*
    - Heart Foundation Walking Groups
    - Family Food Patch

NHT thanks the government again for this opportunity to contribute to this important work. We urge the government to deeply consider the work of Neighbourhood Houses and like-minded organisations working in local communities, responding to local issues. They work on locally developed projects, with local innovation and collaboration, led by local community members and achieving outcomes and change in and for their communities. We look forward to working collaboratively and cooperatively with the DHHS, DPAC and other government departments to improving the wellbeing of all Tasmanians.