

File No.:

Memo

To: Project Director, Health Reform
From: Siobhan Harpur, Director, Population Health Operations
Date Prepared: 21 January 2015

Subject: Feedback on One Health System Green Paper

Public Health Services (PHS) supports the One State, One Health System, Better Outcomes reforms because the engagement for health protection and improvement is inevitably more productive within a single governance arrangement. The Green and White Papers, and associated consultation, provide the valuable opportunity for Tasmanians to contribute to this important debate. The Tasmanian Role Delineation Framework is an important explanation of the rationale for clinical services reconfiguration.

Clinical service reconfiguration is the clear focus of this process and this is a welcome first step in establishing sustainable hospital services structure and function. When the time is right, PHS would welcome the opportunity to contribute to the broader debate about our health system, including the role of primary and preventive health, and how these sectors can support the ongoing sustainability of our hospital system.

Primary health and community care services work “vertically,” to improve access and communication within hospital and specialist services; as well as “horizontally,” to better connect people within their own communities and locally-based resources. A copy of the *Comprehensive Model of Prevention and Management of Chronic Conditions*, which illustrates these roles, is at Attachment I. There are excellent examples of this type of local activity in many parts of Tasmania including Clarence, Oatlands, the Meander Valley and Kentish.

Our feedback naturally focuses on the role of PHS, including the opportunities for health improvement and health protection to increase resilience and capacity so that Tasmanians can make informed decisions about their health. Our feedback foreshadows a range of issues expected to arise through the *Joint Select Committee on Preventive Health* and the upcoming *Health Tasmania* initiative. While this document provides a brief overview of these issues, PHS welcomes the opportunity for further discussion at an appropriate time. Staff and community debate should not be limited to clinical services, but extend to the broader health system.

A number of PHS clinicians and staff will also be providing their specific feedback to the Green Paper, either directly in writing or through participation in the Community and Clinical Forums and Workshops. Issues that PHS clinicians and staff are likely to raise include: the role of Chronic Disease Self-Management (CDSM) programs within the new Tasmanian Health Service (THS), the THS as a health literate organisation, workforce development, and the adoption of health promotion principles and practice across the THS through the DHHS Framework for working in Health Promoting Ways. There may also be an opportunity to revisit and up-date the state Primary Health Services Plan 2013 that was initially developed bilaterally and includes a comprehensive, cross sectoral approach to primary health.

To discuss this submission further, please contact Siobhan Harpur, Director Population Health Operations on 6166 0650 or email siobhan.harpur@dhhs.tas.gov.au.

The Role of Public Health Services

PHS will reiterate that preventive health (primary, secondary, tertiary) is a vital part of any well-functioning health system. Primary prevention reduces rates of chronic disease, while secondary and tertiary strategies (including early detection and treatment) improve the management of disease within health services. Examples include health literacy, brief interventions and CDSM programs.

Health systems can also be more responsive to the needs of disadvantaged or vulnerable population groups, such as Aboriginal and Torres Strait Islanders or refugees, in order to improve long-term outcomes for these groups and reduce pressure on the system. This can be achieved through strategies such as more coordinated, culturally competent services.

PHS' health improvement and health protection functions both need to be considered within the context of the current reforms, including roles and responsibilities, scope of function, governance structure, links to the broader health system, and links to other parts of Government. To this end, PHS would still like to see the prevention and early detection of chronic disease adopted as a principle of the One Health System reforms. This would reconfirm the Tasmanian Government's commitment to preventive health.

Role Delineation and the Primary and Preventive Health Sectors

The Green paper states that the Tasmanian Role Delineation Framework is focused on core clinical services, at this stage. It further states that, "it is expected that, over time, it will be broadened to cover other service areas" (p. 19). PHS strongly supports the future broadening of the Tasmanian Role Delineation Framework to also include the primary and preventive health sectors.

It is understandable that core clinical services are the initial focus given the significant pressure our hospital system is facing. However, inclusion of the whole health system - from preventive health through to acute tertiary care - would be a progressive and evidence-based approach. It would also bring Tasmania into line with international best practice and work to support a more sustainable health system. This would make Tasmania a national leader, ahead of other jurisdictions that have not included preventive health in their respective role delineation frameworks.

Including prevention in the Tasmanian Role Delineation Framework would help to grow understanding amongst health professionals that "prevention is everybody's business" and encourage opportunistic health promotion during clinical service delivery. It would also help to support fair and appropriate funding allocation to preventive health which has historically lagged behind clinical services.

In 2009, PHS led the development of *Connecting Care: Chronic Disease Action Framework for Tasmania 2009-2013* under the previous Tasmanian Health Plan. The strategy set a direction for a coordinated approach to the prevention, detection and management of chronic disease. This included the development of a Conceptual Framework (or model) for the Prevention and Management of Chronic Disease in Tasmania. The Framework - based on the Kaiser Permanente Triangle, Wagner's Chronic Care Model and the National Public Health Partnership's Comprehensive Model of Chronic Disease Prevention and Control - provided a model to link preventive, primary, secondary and tertiary sectors together that was in line with evidence-based best practice. In simplistic terms, the Frameworks shows how the Tasmanian Role Delineation Framework could be broadened to link to primary and preventive health to the hospital system.

Improving Outcomes and Sustainability

The Green Paper states that the goal of health reform is to improve outcomes for a more sustainable health system. It argues that the ongoing focus on hospital services has hindered progress and that there should be greater investment in primary and community care towards this end:

“For too long the focus on our health system has been on growing our acute, hospital based care system at the expense of primary care” (p. 20)

“There have been increasing costs and investment in the acute care system, but there has not been equivalent investment in primary and community care” (p. 20)

“We will design services to meet the needs of people with multiple health problems to keep them out of hospital unless absolutely necessary” (p. 22)

“We will improve the community management of people with chronic and complex conditions” (p. 28)

PHS supports this view and argues that preventive health also plays an important role in improving outcomes and health system sustainability, but has been largely ignored and underfunded for many years. Most recently the proportion of health system funding spent on preventive health has decreased.

There are many ways in which preventive health can improve outcomes and contribute to health system sustainability:

- **Chronic Conditions Self-Management:** Chronic Disease Self-Management (CDSM) Programs support people to actively participate in managing their own health. CDSM Programs are offered to groups of participants with different chronic health programs in various community settings. These Programs incorporate health promotion and risk reduction, informed decision-making, care planning, medication management and working effectively with healthcare providers to attain the best possible care and to effectively negotiate the health system. Research has demonstrated that CDSM Programs are effective in reducing hospital visits and improving outcomes and quality of life.

The Tasmanian Health Organisations (THOs), through the Health Promotion Coordinators, have actively developed the Stanford CDSM Program across Tasmania. A well established, statewide infrastructure supports the Program. This comprises of 55 “Leaders”, including two “Master Trainers”, from across the DHHS and three THOs, as well as six “Peer Leaders”. These Leaders deliver the Program across the State in locations ranging from the West Coast to Flinders Island and Cygnet for the cost of just a gold coin donation. Given its longstanding success, it is hoped that the new THS will continue to develop the Program. There is potential to further expand and strengthen the program, which aligns strongly with the Green Paper’s aim of improving outcomes and health system sustainability. For example, integrating health literacy and health promotion programs into the THS to both compliment and strengthen CDSM.

- **Working in Health Promoting Ways:** In 2010 the Working in Health Promoting Ways Framework was launched to provide DHHS (and THO) staff with the policy direction, knowledge and tools to be able to work in health promoting ways. Working in Health Promoting Ways focuses on disease prevention, health promotion and early intervention, reducing health inequities, and achieving effective and sustainable outcomes. It provides mechanisms for integrating health promotion more widely into practice within DHHS and the new THS.

The Framework itself is in two parts. Part 1 provides an overview of health promotion, principles of health promoting practice and their application, and priority areas for action. Part 2 is an accompanying

implementation plan that sets out workforce development strategies, planning and reporting frameworks, action guides and practical tools to support staff to work in health promoting ways. Working in Health Promoting Ways is currently being revised and with the establishment of the new THS, now is the ideal time and opportunity to ensure the Framework is embedded across the Tasmanian health system. The Green Paper states that the Tasmanian Government will, “ensure that models of care are redesigned to support clinicians to deliver sustainable high quality care” (p. 17). Working in Health Promoting Ways provides the tools to support clinicians to deliver sustainable high quality health promotion as a routine part of clinical service delivery.

- **Health Literacy:** Health literacy is the knowledge and skills needed to find, understand and use information about physical, mental and social wellbeing. Poor health literacy has a significant impact on the safety, quality, efficiency, effectiveness and appropriateness of healthcare. This leads to poor health outcomes and poor participation by consumers in managing their health and healthcare and access to health services. It is estimated that around 60% of Australian adults do not have adequate health literacy to meet the complex demands of everyday life.

PHS has developed an extensive Communications and Health Literacy Workplace Toolkit that is available to all DHHS and THO staff via the DHHS intranet. The Toolkit provides information and practical tools to help health and human service workers improve health literacy and reduce the health literacy demands placed on people using our services. Again, the move to the new THS presents the ideal time and opportunity to integrate health literacy approaches across the Tasmanian health system. PHS has pledged to become a “health literate organisation” in 2015 and would strongly encourage the THS to follow suit.

Healthy Tasmania Initiative

A plan to build a *Healthy Tasmania* outlines the Tasmanian Government’s goal to make Tasmania the healthiest population in Australia by 2025. It commits to a statewide integrated approach to promoting good health and preventing chronic disease. Specific actions include: bringing together key stakeholders, including all tiers of government; an achievable five-year Strategic Plan; funded partnerships for change; a whole-of-State benchmarking system to improve measurement of public health outcomes; and working with acute and primary care providers on referral pathways to locally-based lifestyle change programs, services and information.

The *Healthy Tasmania* initiative provides an opportunity for a discussion about the future of primary and preventive health in this State – a discussion that can take place in parallel with the One Health System reform process. There are many voices outside of the health system that can inform understanding about what is needed to keep Tasmanians healthy and well. For example, local governments, schools and local community groups play a big role in shaping the factors that determine health at a local level, such as access to sporting grounds and nutritious foods. A *Healthy Tasmania* is an opportunity to extend staff and community debate beyond clinical services to what keeps people out of hospital in the first place.

PHS clearly has a significant role to play in the implementation of *Healthy Tasmania*. PHS could be a central player in the delivery of a five-year Strategic Plan or whole-of-State benchmarking system for public health outcomes. PHS has the expertise and infrastructure in place to support these activities. For example, the Epidemiology Unit and State of Public Health Reports already provide the basis of a five-yearly public health planning and reporting cycle for Tasmania that could be further developed and strengthened. PHS also has considerable public health experience and expertise that can be capitalised upon in planning the best way forward. PHS would be a key member of the planned Public Health Advisory Committee. PHS also recommends the appointment of a senior public health academic to the role of the Committee in order to provide the gravitas required for such a Committee.

Supporting Documentation

The Green Paper lists a number of previous reports into the Tasmanian health system that support the One Health System reforms. Over the past five years or more, PHS has released a number of like documents that outline the need for a greater focus on preventive health in this State, including greater integration of the preventive, primary, secondary and tertiary health sectors. This includes a number of reports released under the former Health and Wellbeing Advisory Council which took a tri-partisan approach and enjoyed broad support from the Tasmanian community. These reports should inform both the *Healthy Tasmania* initiative and the One Health System reforms.

Key reports over the past five of more years include:

- *Connecting Care: Chronic Disease Action Framework for Tasmania 2009-2013*
- *Working in Health Promoting Ways: A Strategic Framework for DHHS 2009-2013*
- *Place-Based Approaches to Health and Wellbeing: Issues Paper 2012*
- *A Thriving Tasmania: Final Report of the Ministerial Health and Wellbeing Advisory Council 2013*
- *A Thriving Tasmania: How to Create a Thriving Tasmania*
- *A Thriving Tasmania: Tasmanian Government Response to the Final Report of the Ministerial Health and Wellbeing Advisory Council 2014*
- *Communication and Health Literacy Toolkit 2014*

In addition, the suite of State of Public Health Reports and accompanying Health Indicators in Tasmania can be found here: <http://www.dhhs.tas.gov.au/pophealth/epidemiology>.

To access any of this documentation contact PHS.

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**Attachment I. Comprehensive Model of Prevention and Management of Chronic Conditions
(National Public Health Partnership Initiative, 2001)**

