Western Region Prevention System Map

1.0 Framework Overview

This framework describes the prevention system across the Western Metropolitan Region and outlines the roles and responsibilities of each of the organisations that contribute to the system. This framework specifically examines the responsibilities that have a funded or legislated role in the system, however it is acknowledged that there are a range of other agencies that make contributions to the prevention system in the west. These include regional governance mechanisms, state and federal government departments outside of the health departments, peak bodies, general practitioners and hospitals.

The framework has been designed to identify what role or responsibilities most define an organisation's participation in the prevention system and acknowledges that these roles and responsibilities may change over time. In this context, the framework recognises that organisations and the system as a whole are responsive to evolving community needs, environments, evidence and best practice.

1.1 The Primary Prevention Elements of the Prevention System in the Western Metropolitan Region

A prevention system needs to be effective, coordinated, responsive and sustained over a long period. Fundamental to this is clarity around the roles and responsibilities of the organisations that make up the prevention system. In the Western Metropolitan Region, this includes five local governments, three Community Health organisations, Women's Health West, HealthWest and other non-government organisations.

To achieve real improvements in health outcomes, especially among higher risk population groups, a coherent, aligned approach to population-based prevention planning across multiple prevention levels and sectors is required. It is critical that the system is built on the strengths of the organisations within it, and an acceptance that no one organisation has the capacity and influence required to achieve change at a population level. It is critical that each of the organisations within the system can identify its core role, where it has direct influence, and partnering roles, where its influence is indirect. This will help to ensure efficiency, avoid duplication and support collaborative effort.

2.0 The Two Tiers of the Prevention System

The Framework describes the system as having both 'foundation' and 'action' elements and outlines the relationship between the two distinct elements of the system. It recognises that both elements are required to create improved health outcomes – foundation elements alone cannot improve health outcomes and action elements require support from the underlying elements of workforce development, adequate resourcing, quality data and partnership.

2.1 The Foundations of the System

In order to maintain and strengthen the prevention system, there needs to be fundamental elements in place to enable evidence based best practice 'on the ground'. These lead elements are described in the Victorian Public Health and Wellbeing Plan 2011-2015 as:

- Workforce development
- Governance and leadership
- Partnership
- Information systems
- Financing resourcing

These elements are considered essential and therefore it is critical to invest effort and resources to ensure these foundations are strong. There are a number of organisations in the local prevention system with core responsibilities to develop and strengthen these foundations, which ultimately enable the implementation of evidence-based prevention within the catchment.

2.2 The Action of the System - Implementing Evidence-Based Primary Prevention

The World Health Organisation's Ottawa Charter states that best practice health promotion collaborates across sectors, based on best available evidence, aims to reduce health inequities and includes action across a range of intervention types, as reflected in the action arms of the Ottawa Charter:

- Develop healthy public policy
- Create supportive environments
- Strengthen community action
- Develop personal skills
- Reorientation of health services

The action arms of the Ottawa Charter will be used to describe the roles and responsibilities of the organisations in the west that make up the prevention system. It is important for each organisation within the system to have clearly defined roles and responsibilities to enable integration of planning, implementation and evaluation, avoid duplication and optimise the influence available to it.

3.0 What Does the System Look Like?

3.1 Local Government

Victorian councils provide a large number of services to Victorian communities, with the varying nature of municipalities governing the extent and range of services provided to individual communities. In the west, these local governments include Brimbank, Hobsons Bay, Maribyrnong, Melton and Wyndham.

Local government has responsibility for a range of areas including roads, parks, waste, land use, local laws, urban planning, personal and home care, early years services, recreation, community development, health protection and emergency management, and advocating for community needs. Local government is therefore ideally placed to develop, lead and implement local policies to influence many determinants of health and create healthy, supportive environments. These policies include actions in areas such as active transport, roads, parks, waste, land use, housing and urban planning, recreation and cultural activities, and creating safe public places.

Councils are legislated to develop Municipal Public Health and Wellbeing Plans every four years, with many councils incorporating these into broader council or community plans. These plans reflect a systems approach that emphasise the environments for health – the built, social, natural and economic environments all of which contribute to the health and wellbeing of the community. Examples of action areas across these four environments are provided in table below:

3.2 Healthy Together Wyndham (HTW)

Healthy Together Victoria is the Victorian Government's policy platform for prevention aimed at improving health and wellbeing where people live, learn, work and play. Healthy Together Victoria incorporates policies and strategies to support good health across Victoria, as well as locally-led Healthy Together Communities. Wyndham City is one of 12 Healthy Together Communities across Victoria applying a concentrated, coordinated prevention effort focused on developing local solutions to local needs. Interventions undertaken as part of HTW specifically target the underlying causes of chronic disease, including smoking, poor nutrition, alcohol misuse and physical inactivity. This approach involves working with local communities, schools and workplaces to take action on health. Community-level action enables an intensive and targeted prevention effort that responds to local needs and reflects local infrastructure, networks, programs and planning processes. A focus on influencing local government policy, planning, service delivery and programming also aims to strengthen the local prevention system. This approach is designed to create better and longer lasting improvements in the health and wellbeing of the Wyndham community.

HTW is undertaking work across the Ottawa Charter action areas including developing healthy public policy, creating supportive environments and is working in partnership with other community-based organisations including community health to strengthen community voice and action and facilitate the delivery of healthy living programs.

Environments for Health

Built	Social	Natural	Economic
Land use planning	Arts and culture	Waste management	Employment
Industrial development	Recreation	Water quality	Economic development
Traffic management	Library	Energy consumption	
Recreation	Community safety		

3.3 Community Health

Community Health continues to receive Integrated Health Promotion (IHP) funding from the Department of Health. This has required working in partnership with a range of organisations including close partnership with local government. A lead role for Community Health is addressing health inequities and working with disadvantaged and/ or marginalised communities to mobilise their capacity and empower them to act and advocate to influence the environments that support health – this is in-depth work directed by the priorities of local communities. Community Health is well placed to work with groups and individuals to develop personal skills and to engage with and empower local communities, particularly those that are experiencing disadvantage, in addition to addressing individual physical and mental health needs.

It is critical that IHP resources are used in primary prevention initiatives that develop individual knowledge and skills and that work completed with individuals in secondary and tertiary prevention such as Chronic Disease Management and Cardiac Rehabilitation Programs are not funded by IHP resources. Community Health also plays a role in indirectly influencing the development of health public policy and creating supportive environments through partnership with a range of organisations.

In the west, the community health organisations are cohealth (formerly Western Region Health Centre), Djerriwarrh Health Services and ISIS Primary Care.

3.4 Women's Health West (WHW)

WHW's health promotion, research and development department delivers a range of primary prevention and early intervention projects and strategies designed to improve women's health, safety and wellbeing. WHW leads two regional plans – *Preventing Violence Together: The Western Region Action Plan to Prevent Violence Against Women* and *Action for Equity: A Sexual and Reproductive Health Plan for Melbourne's West* – with partners from within and outside the health sector. WHW plays a strong role in integrated health promotion initiatives, social policy submissions and strategies to influence and advise government and organisations about how to redress gender inequities and bring about effective and sustainable outcomes for women's health.

3.5 Primary Care Partnership (PCP) – HealthWest

Mechanisms to coordinate planning, policy alignment and program implementation across the system are important. At the sub-regional level PCPs are alliances of health and community services that play an important role in facilitating, planning and coordinating health promotion and primary healthcare. In addition to local government, members include agencies such as primary health and other health services, aged care services, disability services and ethno-specific services.

HealthWest has the responsibility to maintain and strengthen the foundations of the local prevention system through workforce development, governance and leadership, gathering intelligence, partnership development as well as supporting coordinated, integrated action on health and wellbeing issues in the western metropolitan region. HealthWest also has a partnering role in health promotion action via its governance and leadership role to indirectly influence policy development.

3.6 Community Members

Community members in the west play an important role in the prevention system and have a core role in strengthening their community and developing personal skills and knowledge for themselves, their families and communities. Community members engage with formal systems and processes, such as with advisory groups and committees, police and local and state governments, to create change in their community as well as drive change through their own local campaigns. Additionally, community members have a core role in educating families and neighbours on positive health and wellbeing and modelling positive behaviours such as utilising by-stander approaches to address racism or discrimination.

The Action of the Prevention System

Key players	Developing healthy public policy	Creating supportive environments	Strengthening community action	Developing personal skills and knowledge	Re-orientation of services from tertiary prevention to primary prevention
Local Government	**Core Role** Directly through policy development across councils' broad range of responsibilities - including the social determinants of health.	**Core role** Directly influencing across the built, natural, social and economic environments.	**Core role** Directly through community engagement and community leadership programs. **Partnering role** Indirectly influencing through partnership with community-based organisations.	**Core role** Directly through the provision of maternal child health, early years services, youth services, community centres, libraries and services for aged people.	**Core role** Directly influencing through service provision such as the immunisation program.
Healthy Together Wyndham	**Core role** Directly through embedding prevention into existing policies across full range of council departments. Identifying policy gaps and developing new ones – eg Food Systems Policy.	**Core role** Directly influencing by focusing on planning, service delivery and programming across the environments for health. Supporting schools, early years services and workplaces to implement the Healthy Together Achievement program.	**Core role** Directly influencing by focusing on planning, service delivery and programming across schools, early years services and workplaces to implement the Healthy Together program.	**Core Role** Funding the delivery of a suite of healthy living programs to increase community skills, knowledge and capacity.	
Community Health	**Partnering role** Indirectly influencing through partnership and advocacy with a range of organisations including local government and schools.	**Core role** Directly influencing the social environment. **Partnering role** Indirectly influencing the built, natural and economic environment through partnership with organisations from a range of sectors.	**Core role** Directly works with disadvantaged and/or marginalised communities to mobilise their capacity and empower them to act and advocate to influence the environments that support health.	**Core role** Directly influencing through a range of programs at both group and individual level to develop personal skills and knowledge.	**Core role** Directly influencing through implementation of IHP plan. Note: Community Health also has critical role in secondary and tertiary prevention.
Women's Health	**Partnering role** Indirectly influencing through partnership, advice and research to consider gender in policy development.	**Core role** Directly influencing the social environment. **Partnering role** Indirectly influencing through partnership with organisations that directly influence the built, natural and economic environment through consideration of gender.	**Core role** Directly influencing through working to strengthen women's voice, influence systems and organisations to listen to the needs of women and building capacity of women and communities to do this.	**Core role** Directly influencing through a range of group programs to develop personal skills and knowledge. **Partnering role** Indirectly influencing other organisations to consider gender in programs that develop personal skills and knowledge.	**Core role** Influencing service provision to consider gender and needs of women in service delivery and support other organisations to undertake primary prevention work in areas such as prevention of violence against women and sexual and reproductive health. Provision of programs in partnership with others to build capacity of health sector and support structural and systems change, for example, in abortion access.
Community Members			**Core role** Engaging with formal systems and processes to strengthen their community by working with police and governments at a local and state level and participating in advisory groups and committees. Additionally, engaging in 'grass roots' campaigns such as writing petitions, holding rallies and workshops and supporting local action groups to create change within their suburbs.	**Core role** Using informal approaches to change behaviours of themselves, neighbours and communities. Some examples are providing education to their families and neighbours and modelling positive behaviours such as embracing diversity. Other community members take more formal approaches, including volunteering within organisations such as neighbourhood houses or providing support to people in need.	

The Foundations of the Prevention System

Key players	Workforce development	Governance and leadership	Information systems	Partnership	Financing and resourcing
HealthWest	**Core role** Directly through identification of the workforce needs of the local prevention system and developing and implementing strategies to address these needs.	**Core role** Directly through the leadership and governance structures that enable the HealthWest Partnership to operate and implement its strategic plan.	**Core role** Directly through the collation of data and evidence from both state and local sources. This includes evidence that is gathered as part of the implementation of local prevention programs.	**Core role** Directly through the provision of a platform for partnership with key organisations of the prevention system, including those with responsibilities for the social determinants of health.	**Core role** Directly in providing a platform for funding from a range of sources into the catchment and through identification of funding opportunities available consistent with Strategic Plan.
Community Health	**Partnering role** Supporting training of internal staff and external partners around primary prevention issues.	**Partnering role** Participating in and supporting region-wide governance structures aimed at improving the health of communities in the west.		**Partnering role** Participating in and supporting regional partnerships on specific prevention issues.	
Women's Health	**Core role** Working with a range of agencies to build capacity in staff and organisations to support action on gender inequities.	**Core role** Providing leadership across the region to take action on gender inequities and establishing governance structures that support a coordinated approach to this work.	**Core role** Disaggregating population health data to incorporate gender. Analysing population health data through a gendered lens.	**Core role** Coordinating and supporting regional partnerships on specific issues of gender inequity.	**Core role** Directly in providing a platform for funding related to gender inequities and resourcing coordinated and collaborative action for this work.
Local Government		**Core role** Directly influencing through participation in intergovernmental collaborations and regional management forums.	**Core role** Primary collection of data through community surveys and collation of census data at the LGA level.		
State Government	**Core role** Identifying opportunities and models to build competencies of the prevention workforce – dependent on funding availability.	**Core role** Directly through facilitation of the Regional Management Forums and other interdepartmental collaborations. Developing strategies, frameworks and action plans that set the direction for health, education and social services.	**Core role** Directly through data collection and analysis of data that describes various health indicators, eg Population Health Survey, Victoria's Health Monitor.	**Core role** Directly through cross-government collaborations and funding of partnership platforms in local communities.	**Core role** Directly through funding: • Integrated Health Promotion in Community and Women's Health • Primary Care Partnership • Healthy Together Funding – Wyndham City • Statewide health organisations such as Quit, VicHealth and Heart Foundation
Federal Government			**Partnering role** Collecting population data through four year census.		**Core role** Funding of initiatives via national agreements.

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