

# Prevention partnerships and health services' Local Public Health Units

PCP Transition Project

**OFFICIAL**

## Introduction

This document outlines the ongoing commitment to local partnerships to deliver health promotion and prevention with health services operating Local Public Health Units (LPHUs). This information has been compiled for the staff of Primary Care Partnerships (PCPs), member agencies, partner agencies and other stakeholders in the current context of the PCP transition to health services operating LPHUs (by 30 June 2022).

## Background

The PCP program was designed and implemented more than 20 years ago and there have been significant changes in the primary care landscape since their establishment.

A KPMG review of the program was undertaken in 2019. It identified a compelling case for change and that PCPs have predominately over time moved to focus on health promotion and prevention. The review also identified valued elements of the PCP program that should be retained in a redeveloped program, in particular their “backbone” support for local place-based prevention projects focussed on vulnerable population groups.

The department considered the recommendations from the review, the current Victorian primary health landscape, particularly in the context of wider public health reform such as the network of LPHUs, and the learnings and impacts of the COVID-19 pandemic.

On 7 October 2021, PCPs received advice from the Secretary Department of Health that high value functions would transition to health services operating LPHUs. The letter also noted there would be no reduction in funding and full reinvestment of program funding.

## Benefits

- The transition will support a renewed focus on health promotion and prevention, particularly place-based prevention to improve population health.
- The transition will consolidate resources, skills, and knowledge across a catchment area, and offer consistent governance structures and authorising environments to influence system level change.
- All PCP program funding will be reinvested in LPHUs to continue helping local communities.

## Prevention partnerships

It is expected that relationships established by PCPs will be retained (where relevant) and strengthened post-transition through place-based partnerships within LPHUs.

Local government, community health services, women's health and Aboriginal Community Controlled Health Organisations (ACCHOs) will continue to be central to coordinated delivery of primary prevention initiatives. New and adapted partnerships across other organisations and sectors may be needed to have impact on key public health priorities.

The department's vision is that Victorians are the healthiest people in the world, and for public health this includes: the environments where people live, work, play and study are safe and healthy; every Victorian is supported to live their healthiest life; and people are connected to the right supports, in the right place and at the right time to deliver outcomes that matter. The transition will support these efforts and help to more strongly align collective efforts to improve health and wellbeing across geographic catchments.

## Prevention functions

The prevention functions that will transition into health services operating LPHUs are outlined below.

- Partnership approach
  - Activate prevention partnerships to facilitate and coordinate resources and embed place-based prevention activities that are aligned with state-wide policies and priorities.
  - Support and coordinate preventive health in the region and local area, including support for Municipal Public Health and Wellbeing Plans, assisting other local services to collaboratively plan and coordinate activity, and other aligned initiatives and strategies relevant to the local area.
  - Local partnerships should include all relevant agencies in their local/regional catchment, ensuring a broad coverage across the determinants of health, not simply health service providers (e.g. local government, education, employer and industry groups, NGOs and program providers, local ACCHOs, community representatives, community health–health promotion funded agencies, women's health organisations).
- Community engagement
  - Partner with local stakeholder organisations and their networks to reach and engage community in a range of settings to deliver prevention and health promotion in place, including proactively connecting with the diverse populations and organisations in the catchment, considering diversity in voice across gender, age, culture, and metro/rural/regional areas.
- Local prevention and health promotion
  - Place-based approaches are reliant upon partnerships as no one agency can solve difficult problems alone.
  - Initiatives will focus on collective outcomes for the catchment, with mutually reinforcing actions and interventions delivered by partner agencies.
  - The PCP transition strengthens the role of health services in responding to local health promotion and prevention needs and builds on the role of Primary Care and Population Health Advisory Committees in health services.

## Governance

- PCP governance arrangements will dissolve from the time staff move across to the health service, noting that PCP boards will no longer have oversight of staff or decision-making responsibility.
- LPHUs will operate within the organisational structures of the health services in which they are located and have accountability to the Department of Health for prevention outcomes through the Public Health Division.

For further information about the PCP Transition Project please e mail [PCP.Transition@health.vic.gov.au](mailto:PCP.Transition@health.vic.gov.au)

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