



## Parliament of Victoria Public Accounts and Estimates Committee

### Enquiry into the Impact on Victorian Government Service delivery of changes to National Partnership Agreements (NPA)

Knox City Council responses to information that the committee is now seeking post Knox City Council's submission in writing (18 August 2015) and in person (19 November 2015).

#### A. Questions taken on notice from the transcript of evidence dated 19 November 2015

##### *Regulatory and compliance burden/cost in NPAs*

**1 The committee is aware of the potential regulatory and compliance burdens/costs imposed by NPAs on local government councils**

**a. Could the Council please provide any details to the Committee in terms of quantifying the regulatory and compliance burdens/cost of NPAs and its impacts?**

Council was fully committed to the delivery of Healthy Together Knox and acknowledges that these large scale initiatives require a degree of unfunded in-kind support. The in-kind support included management time for workforce supervision and participation in governance arrangements and participation by other teams within council.

The cancelling of the NP in May 2014 placed unforeseen burden on the council needed to manage staff and community expectations as it had a workforce of 14 people that would be terminated and support and programs to the engaged community would be discontinued.

This funding enabled Council to tackle community health issues and implement new actions and programs.

Monthly reporting to DHHS and quarterly reporting to the HTK Governance Group was collected and collated by the funded workforce. Evaluations were conducted by HTK funded staff.

**b. Could the Council please provide any details to the Committee on what is currently being done to help minimise the regulatory and compliance burdens/cost of NPAs?**

We are unaware of any work in this area.

**B. Questions arising from the submission (received 21 August 2015) provided to the Committee**

**2. The submission provides a list of activities which have been implemented over 3 years (2012-2015) under the Healthy Together Knox (HTK) initiative**

**a. Were there any targets set under HTK for community reach/participation?**

Under the DH service agreement HTK was to reach 95% of primary schools and 75% of workplaces by December 2014. By this date HTK had reached 100% of schools and 80% of workplaces.

**b. The submission notes that five primary schools and two early years' services have reached 'health promoting status' and 14 workplace have 'gained recognition'**

- **Could the Council advise the Committee what this involves or represents and what it means for people in those organisations/communities?**

The HTV approach recognises that where we live and the communities we belong to can have a significant impact on our health. In Knox the team has used a number of approaches to create healthy environments within the settings where we live, learn, work and play.

A key approach was to engage workplaces, schools and early years services and support them to sign up and progress through the Healthy Together Victoria Achievement Program (AP). This program developed by the Victorian Department of Health and Human Services, provides a best-practice, internationally recognised framework for supporting early years services, schools and workplaces to become health promoting organisations. The organisations register for the AP and then work through the steps of the framework, they are able to apply for recognition at two status points – the first point for workplaces is 'recognition point 1' and 'Coordinate' for schools and early years; second point is health promoting services/school or workplace status.

This proven approach involves engaging all members of the organisation to take action to enhance health and wellbeing through policies, culture and the physical environment. The AP includes key tasks to such as engaging with their school, early years or workplace communities, priority setting, planning, implementation, evaluation and then application for recognition.

Since 2012 HTK has facilitated 47 workplaces, 27 schools and 63 early years' services to sign up to the AP. The team has provided support to implement the Achievement Program through workshops, professional development sessions, networks and face to face support visits. Below is a summary of the activity undertaken in each of the settings.

Of the 63 AP registered **early years services**, 20 have prioritised healthy eating and/or oral health, 8 physical activity and 3 safe environments. To date 22 services have reached coordinated status and 3 services have reached health promoting status service of the AP.

The types of activity that are taking place in these early years services are: developing and implementing health and wellbeing policies, establishing health and wellbeing committees, special physical activity days (footy day, yoga, obstacle course), storage space for bicycles, fundraiser based on physical activity, Walk Safely to Preschool Day and walktober, road Safety session (active travel), parent walking group, nutrition information evening for parents (hosted by centre's cook) and creating a veggie garden for children and parents

The 27 **schools** that are registered to the Achievement Program of these 9 schools have prioritised healthy eating, 9 schools have prioritised physical activity and 9 have prioritised mental health and wellbeing. 4 schools are completed the whole cycle for their chosen priority and now can be called 'health promoting schools'.

The types of activity taking place in these schools were developing and implementing new health and wellbeing policies, establishing health and wellbeing teams, reviewing canteen food and fundraising and making healthier offerings, healthy cooking days, oral health programs, implementing Stephanie Alexander Kitchen Garden Program, whole school mindfulness practice, walk to school programs, built sun shade and sunscreen provided for each classroom, mental health and wellbeing friendship groups, peer mediators and implementing Kids Matter.

The 47 **workplaces** registered to the Achievement Program of these 10 have prioritised healthy eating, 10 prioritised physical activity and 3 smoking. Fifteen workplace have completed recognition point 1 and 4 workplaces have completed the whole cycle for their chosen priority and now can be called 'health promoting workplaces'.

The types of activity taking place in these workplaces are: Developing and implementing health and wellbeing policies, commissioning corporate health deals and memberships and subsidised entry to community events (ie fun runs), fruit boxes delivered to workplaces weekly, updated shower and locker facilities, rubbish bins removed from staff desks to encourage more activity, partnered with healthy food providers to offer discounts for staff eg. Subway: on site vending machines assessed by Healthy Eating Advisory Service, and fried food removed from display at onsite canteen.

- **What is the impact on these organisations/communities of funding ceasing?**

The HTK team has ran more than 50 professional development forums, established four professional networks, registered 200 organisations to the Healthy Together Achievement Program and provided more than 500 hours of one to one support to schools, workplaces and services. They have also facilitated networking and sharing information through professional development sessions and professional network opportunities. They have built local knowledge and understanding of health and wellbeing, and linked to best practice evidence and resources.

In Knox 60 early childhood services, 26 schools and 47 workplaces have signed up to the Healthy Together Victoria Achievement and as mentioned above five primary schools and two early years' services and 4 workplaces have reached 'health promoting status'. In comparison in our neighbouring municipality Maroondah who did not receive the funding they have only 34 early year's services and schools signed up and 4 workplaces.

The anticipated impact on these organisations and services is that progress to create healthier environments will be substantially slowed or ceased as evidenced in the limited sign up and progression in Maroondah.

**c. HTK provided funding to EACH Social and Community Health to deliver the Bush Tucker program and Communities that Care Strategy.**

- **Does the Council obtain feedback from EACH about the coverage of these programs in the municipality?**

EACH reports to HTK quarterly on the progress of these programs. They are also required to evaluate the programs and document the process, key learnings and outcomes for each program.

- **What outcomes (effectiveness, efficiencies and impacts) were achieved as a result of these programs?**

**Bush Tucker Program**

The Bush Tucker Program was funded by HTK for 12 months and aimed to engage with the Knox Indigenous community to promote, develop, and maintain healthy lifestyles through the use and growing of traditional foods.

The evaluation found the program was effective at increasing participant knowledge about bush tucker ingredients and skills around growing, sourcing and cooking bush tucker food. Participants also gained knowledge about the role food plays in Indigenous culture.

The program engaged 60 ATSI community members through 15 Bush Tucker Program Sessions and 2 Bush Tucker Garden demos at local schools. The Bush Tucker Program

included in the Vic Aboriginal Community Health Organisation (VACCHO) book of success stories for food programs. EACH is now funding an ongoing Aboriginal Health program.

### **Communities that Care**

Communities that Care, a healthy living strategy funded by HTK, employs a proven, community-change process for reducing youth violence, alcohol and tobacco use, and delinquency – through tested and effective programs and policies. CTC uses prevention science to promote healthy youth development by guiding a local coalition through a tested 5-phase process.

The CTC process has involved the establishment of a Key Leaders group and Community Board that comprises 20 partner organisations including 4 local schools committed to participating in the CTC pilot.

CTC is currently implementing the CTC action plan which include the Smart Generation project with local secondary schools” that aims to prevent adolescent alcohol use by assisting young people and their families to adopt national alcohol guidelines that discourage adolescent alcohol use. Students learn about the Smart Generation project and the key messages about alcohol and risks to young people that are also being promoted to parents and the wider community. This campaign will raise awareness of the importance of delaying the supply of alcohol to young people and reinforce the positive effects on their schooling, well being and safety as well as the role all of us can play in achieving this.

The project is due to be completed in June 2016 and a full evaluation will be conducted.

### ***Impact of the loss of NPAPH funding (2015-2018)***

#### **3. The submission lists a number of impacts flowing from the loss of the NPAPAH funding.**

##### **a. One of the impacts noted is the cessation of ‘SNAP’ (smoking, nutrition, alcohol and physical activity) programs which are stated to reach over 800 people.**

- **Are behaviours of people participating in these programs being monitored to measure changes?**

Yes, program evaluations were conducted on all the healthy living programs. These evaluations were able to show an increase in participant’s skills and knowledge around the focus area of the program (ie healthy eating, physical activity) or actual behaviour change of the particular program (ie quitting smoking).

##### **b. The submission notes that the Council will be unable to capitalise on the investment in the program as behavioural changes takes time.**

- **Is there some timeframe or period over which behaviours are expected to change?**

Population level changes take time, if we consider comparing smoking rates in Australia where smoking cessation programs have been implemented for some time , for example in 1976 76% of people smoked which decreased to 25% in 1998 and now is only 15% (source QUIT Victoria) .

Conversely if we consider Obesity rates they have been increased from 8% in 1980 to now 25% (source AHPNA 2014). Therefore reversal of unhealthy behaviours can require a long term population level investment of up to 15 years.

Council is exploring the opportunity to ensure the activation by HTK activity of community and settings continues but without additional funding this will be severely compromised.

**c. One of the impacts refers to the breakdown of ‘innovative partnerships in Knox involving multiple sectors’**

- **Could the Council provide to the Committee any specific examples of these innovative partnerships and what they have achieved to date?**

HTK through the ‘Vegspiration’ social marketing campaign worked with 3 local fruit and vegetable retailers to promote increasing vegetable consumption. They provided vouchers for winners of the cooking competition and one retailer provided fruit and vegetables boxes to a local school.

Through the workplace business network 4 businesses created a linked in page for support for a healthy workplace. One of these workplaces also provided gardening supplies to a local school (that was participating in the business network) for their vegetable patch.

During the implementation of the Health Champions program a partnership with the local neighbourhood house developed and now the NH has received a grant to continue with the Health Champions model of community empowerment.

The CTC program is an innovative partnership involving schools, local businesses, non government organisations that work collaboratively together to reduce alcohol in young people. The partners form a key leaders group that undergoes formal training and commits to the project through a formal agreement. The ultimate goal of the CTC is for these partners to commit resources to implement the program in the future.

***Measuring the effectiveness of HTK on health outcomes***

**4. Another impact noted in the Council submission is the lost opportunity to capture the evidence of the impact on HTK and contribute to the body of knowledge about effective prevention.**

The healthy challenges in Knox are noted as being

- 55.5 % overweight or obese (49.8% Victoria)
- 54.3% don't meet recommended intake of fruit and vegetables (51% Victoria)
- 17.6% population current smokers (15.7% Victoria)

**a. Has the Council undertaken any re-assessment of these percentages since they were made in 2011-12 which could indicate the effectiveness of programs implemented through HTK?**

No as there was no expectation on HTK to collect this data as it would be provided by the Department of Health. Also this type of survey is costly to administer up to \$35,000. This data is from the Victorian Population Health Survey that is conducted every 3 years. It is expected that the data from the 2015 survey will not be available until late in 2016 due to the process of cleaning the data and departmental approval processes. This delay in the release of data regarding population health changes means a limited ability for Council to demonstrate effectiveness.

**b. Does the Council collect any statistical data from local hospitals in relation to the incidence of chronic disease in the municipality (eg diabetes, kidney disease, lung cancer, heart disease) which might provide some evidence in relation to the effectiveness of preventative health programs in the municipality?**

Council are unable to collect statistical data from hospitals but Council uses modelled estimates at the LGA level prepared by PHIDU ([Social Health of Australia : LGA estimates](#)) on the incidence of chronic disease and the [VPHS data](#), the most recent data/estimates from PHIDU are 2011-13 and the VPHS is 2011 data.

As mentioned above there is a huge time lag between population health programs and behavioural and health outcomes. This is the reason that the VPHS at LGA level is conducted only every few years (and to fill the population health data gap for local government as Council's do not have the resources to conduct their own surveys and collect hospital data).

Measuring effectiveness of HTK may be to see an arrest the decrease in vegetable consumption but we do not have the data yet. Additionally none of this data is sophisticated enough to inform us of the impact of the systems approach to prevention.

**c. Has the Council undertaken any comparison or information sharing in respect of preventative health programs in other municipalities to determine which programs are most effective in terms of changing behaviours and improving health outcomes.**

Council was to only undertake programs that were evidence based and approved by DHHS. The HTK team networked with other healthy communities to share programs and key learnings. DHHS also facilitated work role specific networks to build capacity and knowledge of the prevention workforce across the 12 sites.

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