

Victorian Healthcare Association

Population Health Planning Framework

Step 2: ANALYSE THE PLANNING CONTEXT

This section discusses the background against which population health planning occurs. The context is the pre-existing set of circumstances (eg, the local population is ageing very quickly); constraints (eg, funding levels); and opportunities (eg, existing collaborations between health and non-health organisations, complementary planning initiatives). Recognising the context acknowledges that considerable thinking and activities have preceded current planning. Understanding the context also helps to ensure that planned actions are grounded, connected to other initiatives, realistic, and focused.

The planning context

Mapping the context involves identifying and describing elements of the environment that will shape the planning processes. These elements include:

- partners and stakeholders
- national, state, and local policies
- relevant legislative requirements
- relevant planning frameworks at a government and local organisational level
- the resources and capacity of partner organisations to undertake population health planning (refer to section 'building capacity')
- the concerns and characteristics of the community (refer also to section 'working with community')

This section will focus on the policy and legislative context because of its significance for population health planning across areas. The policy context reflects strategic direction and current priorities, which have flow-on implications for the economic environment and potential planning partnerships.

Tools for analyzing the planning context

There is no single approach to examining the population health planning context. The numerous generic tools and approaches to analysis include:

- **SWOTT** (strengths, weaknesses, opportunities, threats, and trends) involves identifying internal and external factors that are favourable and unfavourable to achieving the planning objectives. For example:
 - the current policy focus on prevention activities and the mandated role of local government for population health planning present opportunities for population health planning
 - trends like the ageing population and increasing rates of chronic disease emphasise the importance of population health planning

- weaknesses may include an ageing health workforce, the competitive and short-term funding environment, and limited inter-sectoral partnerships
- **PEST** (political, economic, social, and technological) involves analysing the external environment to gain an overview of factors that organisations need to consider during strategic planning. Other forms of PEST analysis include PESTLE (adding 'legal, and environment') and STEEPLE (adding 'ethical'). PEST factors can be classified as opportunities and threats within the SWOTT analysis.
- **Decision Tree** analysis identifies which strategies are most likely to help an organisation reach its goals, by documenting and comparing a range of scenarios that might occur during implementation of the strategies being considered.

Table 1: Tools for analysing the planning context

SWOTT analysis	The <i>Our Community</i> website offers several help sheets for boards, including one with step-by-step instructions on how to undertake a SWOTT analysis, available at: http://www.ourcommunity.com.au/boards/boards_article.jsp?articleId=1369 Open access
PEST analysis	A description of political-economic-social-technological (PEST) analysis is available at: http://www.quickmba.com/strategy/pest/ Open access
Understanding Community Context	Community Tool Box is an internet-based resource for community building and transformation, including 'understanding community context'. This list of core competencies can be used to consider population health planning context, and is available at: http://ctb.ku.edu . Open access
Decision Tree analysis	This is a highly effective tool to help organisations choose between several courses of action, particularly when resources are limited. Options may be explored, possible outcomes investigated, and associated risks/rewards become apparent. See http://www.mindtools.com/dectree.html Open access

The policy context

In the current political environment, many policies support the application of a population health approach to planning. Key policies that support a population health approach are summarised below:

- National Health Reform (Medicare Locals, National Health Performance Authority)
- National Partnership Agreement on Preventive Health (Healthy Communities, Prevention Community Model, Australian National Preventive Agency)
- Planning frameworks (Victorian Environments for Health Framework 2001, Victorian Health Priorities Framework 2012-2022, Health Promotion Priorities for Victoria 2007–2012, various program plans)

National Health Reform

In 2011, a National Health Reform Agreement outlined Commonwealth revenue for the period 2011-2020. This agreement also confirmed that **Medicare Locals (MLs)** would be established to

coordinate and integrate primary care, with **Local Hospital Networks (LHNs)** to coordinate hospital care, across local areas or regions.

As part of the National Health Reform Agreement, the **National Health Performance Authority (NHPA)** was established under the **National Health Reform Act 2011**. The NHPA will report on hospital and health service performance, (including MLs and LHNs), and assess equity, quality and safety, access and efficiency, and financial performance. Information will be presented to the NHPA in Healthy Community Reports and Hospital Performance Reports.

MLs are mandated to conduct local **health needs assessments and planning**. The Federal Department of Health and Ageing (DoHA) expects MLs to “assess their population’s health care needs and existing health care services, and identify locally effective and efficient services and strategies to improve health and reduce inequalities,” (DoHA, 2012). DoHA has not prescribed a specific approach for this process, but MLs are expected to engage with local service providers and organisations, and with the community. Their remit does present an opportunity for engaging in robust and integrated population health planning and evaluation.

National Partnership Agreement on Preventive Health

There is currently a **national and state-wide focus on health prevention** in response to a rapidly growing and ageing population, and increasing rates of preventable chronic diseases. The Australian Government has invested significantly in creating a preventive system that reduces chronic disease by promoting healthy lifestyles and improving the environments in which people live and work.

All states and territories signed the National Partnership Agreement on Preventive Health (NPAPH) in early 2009. Under the agreement, the first **Australian National Preventive Health Agency (ANPHA)** was established to tackle chronic disease, with targeted Commonwealth funding for the period 2011-15. The Agency will provide evidence-based advice to guide preventive health activities.

The agency is also responsible for a number of initiatives that address lifestyle behaviours including smoking, poor nutrition, alcohol misuse, and physical inactivity. Priority settings include early childhood settings, schools, workplaces, and communities.

Also under the agreement, the **Healthy Communities** program supports settings-based interventions in preschools, schools, workplaces and communities, which focus on behaviour change, (in relation to poor nutrition, physical inactivity, smoking, and excessive alcohol consumption), and social marketing, (aimed at reducing obesity and tobacco use).

The Victorian Policy Context

The Department of Health is developing a **Victorian Prevention System** during implementation of the NPAPH. A blueprint for this system is outlined in the **State Public Health and Wellbeing Plan 2011-15** (see below).

Victoria’s unique **Prevention Community Model (PCM)**, which delivers programs to high-needs communities, is also part of the NPAPH. The PCM aims to improve health and reduce disparities by targeting lifestyle behaviours related to chronic disease (DH, 2012). It has been rolled out to 12 communities across 14 local government areas. Local government are the lead agencies, working in partnership with community health services, local stakeholders and communities. More information about the PCM can be found on the [Department of Health website](#).

The Victorian Legislative Context

The following Victorian legislation is relevant to population health planning:

- The Victorian Public Health and Wellbeing Act. This act mandates the following plans
 - State Public Health and Wellbeing Plans
 - Municipal Public Health and Wellbeing Plans
- Health Service Act. This act mandates
 - Primary Care and Population Health Advisory Committee

The Victorian Public Health and Wellbeing Act

The [Victorian Public Health and Wellbeing Act \(2008\)](#) is the state's overarching legislation for public health. The Act mandates the development of a **state public health and wellbeing plan** every four years. These are whole-of-government plans that identify health priorities for improving health and wellbeing. The [Victorian Public Health and Wellbeing Plan 2011-15](#) is discussed in more detail below (see 'Victorian Planning frameworks').

The Act requires **local government** to "protect, improve and promote public health and wellbeing within the municipal district". Council functions outlined in the Act (section 24) include

1. creating an environment which supports the health of members of the local community and strengthens the capacity of the community and individuals to achieve better health;
2. initiating, supporting, and managing public health planning processes at the local government level;
3. developing and implementing public health policies and programs within the municipal district;
4. facilitating and supporting local agencies whose work has an impact on public health and wellbeing to improve public health and wellbeing in the local community;

To fulfil its functions, Councils must develop **Municipal Public Health and Wellbeing Plans (MPHPs)** every four years. Municipal plans consider population health data to identify local priorities, promote community participation and inter-sectoral collaboration, and have regard to the State Public Health and Wellbeing Plan.

The Department of Health recommends that councils apply the **Environments for Health Framework (2001)** which takes a social determinants approach. The framework considers the impact of the built, social, economic, and natural environments, and promotes partnerships and consultation with stakeholders during the development of MPHPs (DH website, 2012). The framework can be accessed at [Environments for Health Municipal Public Health Planning Framework \(2001\)](#).

Further information on legislation and regulations relevant to health planning is available from the [Department of Health website](#).

Victorian Health Service Act 1988

Victorian public health services operate under the authority of the *Health Services Act 1988*. This legislation requires the boards of public health services, (as defined in the Act), to appoint a **primary care and population health advisory committee**. According to Section 65ZA/C of the Act, these committees must include members who collectively possess expertise in:

- a) providing primary health services in the local area
- b) identifying local health issues and designing strategies to improve the health of the local population
- c) knowledge of the health services provided by local municipalities

The Act allows the secretary to publish guidelines on the committee's role and functions, which vary between services and may include:

- advising the board on strategic issues and population health approaches
- supporting health service engagement in population health initiatives

- identifying population health issues and considering these in service planning and delivery
- preparing an annual primary care and population health work plan

Planning Frameworks

The Victorian Planning Context

Several Victorian health plans support a population health approach.

[Victorian Health Priorities Framework 2012-2022](#) guides improvements to the state healthcare system, and includes the Metropolitan Health Plan (DH 2011), the Rural and Regional Health Plan (DH 2011), and the Health Capital and Resources Plan (to be released). The framework and its associated plans recognise health disparities and support the targeting of vulnerable population groups, as well as whole population approaches.

The ***Victorian Public Health and Wellbeing Plan 2011–2015*** is the government's first plan developed under the Public Health and Wellbeing Act 2008. It is a companion document to the Victorian Health Priorities Framework. The Plan provides a good overview of the current prevention system and identifies potential partners. It can be accessed at [Victorian Public Health and Wellbeing Plan 2011-2015](#).

This plan, as required under section 49 of the *Public Health and Wellbeing Act*, identifies public health and wellbeing priority issues and actions for improving health and wellbeing. Priority actions are aimed at

1. health protection (eg, environmental health and communicable disease control)
2. health promotion/prevention (eg, smoking, diet, and oral health)
3. strengthening preventative healthcare (including cancer screening, health checks, early detection and early intervention, counselling, and lifestyle advice).

The [Health promotion priorities for Victoria 2007–2012](#) report identifies seven health promotion priorities:

1. Promoting physical activity and active communities
2. Promoting accessible and nutritious food
3. Promoting mental health and wellbeing
4. Reducing tobacco-related harm
5. Reducing and minimising harm from alcohol and other drugs
6. Safe environments to prevent unintentional injury
7. Sexual and reproductive health

The *Victorian Public Health and Wellbeing Plan 2011-2015* recognises these seven health promotion priorities and also includes oral health and preventing skin cancer.

The [Environments for Health Municipal Public Health Planning Framework \(2001\)](#) (previously discussed) is a resource developed for local government which has relevance for all organisations addressing determinants of health.

Other program specific plans

Plans from sectors outside the health service sector, (potential population health planning partners), often suggest programs that are likely to be funded or have political interest. These include, but are not limited to:

National Plans

- [Council of Australian Governments \(COAGs\) Closing the Gap initiative](#)
- [Protecting Children is Everyone's Business: National Framework for Protecting Australia's Children 2009-2020](#)
- [Fourth National Mental Health Plan 2009-14](#). This plan explicitly and intentionally applies a population health approach.
- [Healthy Cities Movement](#)- three Australian pilot cities
- [National Disability Insurance Scheme \(NDIS\)](#)
- [Health Workforce Australia](#)
- [A Better Place: Victorian Homelessness 2020 Strategy](#)
- [Metropolitan Planning Strategy and Regional Growth Plans](#) The Victorian government's planning strategy currently being developed (Department of Planning and Community)
- [Addressing Violence against Women and their Children Action Plan](#) (Department of Human Services, Victoria. Consultation framework currently available)
- [Because Mental Health Matters 2009-2019](#) (Department of Human Services, Victoria)
- [Life is health is life: Taking action to close the gap](#) (VicHealth 2011)

Partners in Planning

Victoria has established mechanisms that support collaborative local, regional, and state-wide planning and coordination, (refer to the [Victorian Public Health and Wellbeing Plan](#), page 29, for an overview). At a local level, there are a number of organisations who have a remit for health planning, as per their funding agreements. These provide an opportunity for leadership and partnerships based on synergies between organisations to lead and integrate population health planning processes.

The many non-government (charitable or not-for-profit) organisations working on social determinants of health in Victoria are listed as potential partners in this Department of Human Services resource: [State-wide Health Promotion Organisations: A Partnerships Resource for Local Agencies](#)

Organisations currently involved in health planning which have potential synergies with population health planning include:

Local Government (LG)	<ul style="list-style-type: none"> ▪ Mandated to develop Municipal Public Health and Wellbeing Plans (MPHPs) every four years ▪ Municipal plans apply the <i>Environments for Health Municipal Public Health Planning Framework</i> (currently under revision). This framework incorporates a social determinants approach and is a useful tool to support population health planning.
Health Services	<ul style="list-style-type: none"> ▪ Health service plans (strategic plans) produced periodically by public health service boards (for agencies under the Health Service Act). ▪ Community and women's health services receive funding for health promotion and develop agency health promotion plans that align with the four-year municipal planning cycle.
Hospital Networks	<ul style="list-style-type: none"> ▪ Public health services boards are mandated under the Health Service Act 1988 to appoint primary care and population health committees ▪ Local Hospital Networks will undertake health planning.
Medicare Locals	<ul style="list-style-type: none"> ▪ Medicare Locals are funded to undertake health needs assessments and planning, and some are involved in developing data warehouses to support population health planning.
Primary Care Partnerships	<ul style="list-style-type: none"> ▪ Produce integrated health promotion and strategic plans every four years. PCP planning cycles align with local government. ▪ PCPs are funded to build a catchment's capacity to undertake integrated health promotion, integrated chronic disease management, and service

	<ul style="list-style-type: none"> coordination. PCPs advocate and support a population health planning approach.
State Government Departments	<ul style="list-style-type: none"> Regional management forums involve regional directors of government departments and local council CEOs, and provide an opportunity for inter-sectoral population health planning and action on issues. The Prevention and Population Health Advisory Board provides an opportunity for the development of coordinated approaches across a number of portfolios with the Municipal Association of Victoria (MAV), VicHealth, and some of the leading health NGOs.

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