

Victorian Healthcare Association

Population Health Planning Framework

STEP 5: TAKING ACTION

This section outlines how partnerships can effectively implement agreed priority population health actions. It is envisaged that key population health planning partners and key stakeholders will incorporate specific population health issues, objectives, and actions from the area-based plan within their resourced organisational plans. A commitment to do this is obtained at the start of the planning process (see Step 1 ‘Create a leadership team’, and ‘Building capacity’ sections).

The elements to consider in translating an area-based action plan, (ie, priority issues and actions), into organisational planning include:

- identifying roles and responsibilities for implementing actions
- clarifying organisational governance and accountability for allocated actions
- communicating with the leadership group and stakeholders
- resource management
- reviewing, monitoring and evaluating progress and outcomes
- risk management

Identifying roles

“Experience indicates that the likelihood of effective cross-agency implementation is greater when there is an overarching, high-level implementation plan that is coordinated by a nominated lead agency [or agencies], and has clearly defined critical cross-agency dependencies and responsibilities.” (ANAO, 2006, p 26)

Responsibility must be allocated for each action identified in Step 4. Delegated roles and responsibilities should be clear and commonly understood. They may include resource management, decision-making, risk management, quality assurance, fidelity, and shared funding arrangements. Allocation of responsibility must occur at the area planning level, and in the translation of that plan to organisational strategic objectives and operational plans. The planning group and relevant stakeholders need to identify which actions they can participate in, based on the alignment with an organisation’s remit/core business and capacity to contribute.

Organisations with the necessary expertise, vested interest, and jurisdiction are required to implement population health actions. Depending on the priority actions selected, this may involve recruiting additional local community organisations and groups.

Health organisations are typically funded to provide midstream and downstream services, limiting their capacity to participate in upstream actions. Despite this, health services still have a role in supporting action on the determinants of health through advocacy, awareness raising, and inter-sectoral partnerships, (for more information refer to the 'Valuing equity' section). Health services also have a clear role in promoting equity by ensuring equitable access to high quality health services through addressing, geographical, economic, waiting lists, and cultural barriers (Marmot, 2012; WHO 2012).

Governance and accountability

Once roles and responsibilities are agreed individual organisations can then develop internal governance and accountability systems for overseeing progress towards agreed area-based actions via internal planning processes. In addition, individual organisations remain externally accountable for actions to the population health planning governing body.

The complexity and inter-sectoral nature of actions may require shared implementation by a partnership of organisations. Governance arrangements must be agreed, clearly articulated, and documented, especially for collaborative activity involving shared resources (Australian National Audit Office, 2006).

For more information on establishing a clear and effective governance structure, see [Guide to Preparing Implementation Plans \(2011:7\)](#)

Stakeholder engagement and communication

Ongoing communication with planning partners and organisations and groups implementing actions is essential for effective implementation, particularly when different actions aim to achieve a common objective. Communication systems between organisations responsible for implementing actions should be based on agreed expectations and communication strategies (Public Health Agency of Canada, 2001). The development of stakeholder engagement and communication plans can be beneficial.

For more information on stakeholder engagement and communication plans, see Australian Government [Guide to Preparing Implementation Plans \(2011:19\)](#), Department of the Prime Minister and Cabinet 2011:17

Resource Management

A population health planning approach requires organisations to work in partnership to get the best return on investment. This involves a willingness to make a proportion of internal resources, (personnel, finances, material goods, expertise), available to support collaborative work (Public Health Agency of Canada, 2001).

Governance agreements should articulate partners' resource contributions, and robust financial tracking and reporting arrangements. Adequate planning is also needed to enable realistic forecasting of the resources required for implementation.

Organisations will need to assess whether current resources, (eg, staffing, skills, technology, equipment), are adequate for delivering planned actions. If resources are

insufficient, the gap needs to be addressed and budgeted for. This may include workforce development or employment of external expertise.

Monitoring and risk management

Once an activity is established, structures and mechanisms should be introduced to monitor fidelity and measure progress towards health outcomes. This will help ensure that interventions are delivered with maximum effectiveness, and will allow for necessary adjustments and early mitigation of risks.

Impacts of activities on disparities between subpopulations should also be measured, especially for new initiatives, a new context or a new population group. Implementation processes should be documented and shared to support evaluation (see Step 6) and to add to the evidence base.

During implementation, monitoring mechanisms should be established for the identification and reporting of risks that may jeopardise achieving the desired health outcomes, or effective implementation. Risks may arise as a consequence of:

- changing circumstances and new developments
- further refinement of intervention planning
- changes to the scope of the intervention
- discussions/negotiations with stakeholders, including the community

• For further information on risk management, see Australian Government [Guide to Preparing Implementation Plans \(2011:16\)](#), Department of the Prime Minister and Cabinet 2011:17

Resources

Implementation guides and frameworks

The following guides from the Australian Government Department of the Prime Minister and Cabinet are applicable to upstream interventions and to different population groups and settings:

- [Implementation of Programme and Policy Initiatives – Making implementation matter \(2006\)](#)
- [Guide to Preparing Implementation Plans \(2011\)](#)

These documents from the US Centers for Disease Control and Prevention (CDC) may also be helpful:

- [Replicating Effective Programs \(REP\)](#). This framework has been shown to maximise fidelity while allowing opportunities for flexibility and transferability ([Kilbourne et al. 2007](#)).
- [The Community Health Promotion Handbook: Action Guides to Improve Community Health](#)

Project Management

Planning and managing implementation of actions requires additional skills and experience beyond the subject matter of the policy area concerned, (eg, social inclusion). It requires expertise in program and project management methods, resource planning, (financial and non-financial), and risk management (Department of the Prime Minister and Cabinet, 2011).

[Australian Institute of Project Management](#)- This website provides links to a selection of Project Management sites and resources.

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Further reading

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Further Information

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