# Delivering quality care more efficiently inquiry

Questionnaire response 44

**Name:** Municipal Association of Victoria

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## Participant background

1. For the purposes of this consultation, which of the following best describes you:

   I am an industry or advocacy organisation, professional association or peak body

2. Which of the following care sectors will your feedback relate to? Please select all that apply.

   Family violence prevention; Health

3. What kind of care supports, services and programs do you have experience with, and in what jurisdictions?

   The participant did not respond to this question.

## 1. Reform of quality and safety regulation to support a more cohesive care economy

1. To what extent do differences in quality and safety regulation make it costly or complex to provide or access care services?

   The participant did not respond to this question.

2. What are the reasons for your answer?

   The participant did not respond to this question.

3. To what extent should quality and safety regulations be more aligned across the different care service sectors and jurisdictions?

   The participant did not respond to this question.

4. What are the reasons for your answer?

   The participant did not respond to this question.

## 2. Embed collaborative commissioning to increase the integration of care services

1. What is your experience with collaborative commissioning

   The participant did not respond to this question.

2. What are the benefits of pursuing greater collaborative commissioning?

   The participant did not respond to this question.

3. What are the barriers to collaborative commissioning, and do you have any suggestions for solutions that would lead to better collaboration in the commissioning of care services?

   The participant did not respond to this question.

## 3. A national framework to support government investment in prevention

### 1. What are the main barriers to governments investing in evidence-based prevention programs across the care economy?

Lack of commitment to long term outcomes and funding programs
Short-term budgetary/parliamentary/cycles
Lack of bureaucratic 'ownership' and investment over the long term
Plans such as National Preventative Health Strategy 2021-2030 commits to low level increases to 5% of total health budget to be in prevention by 2030. (Is this on track?)
Lack of rigorous evaluation of previous government funded programs, or evaluations not being made publicly available.
What's known as commercial determinants- power of marketing/lobbying of products and services

### 2. What are some examples of successful prevention programs (this could include discontinued programs)?

Healthy Together Victoria:

Funded by Commonwealth and State Government under the National Partnership Agreement on Preventative Health (2009-2015), Healthy Together Victoria invested in local government and community health services with a model that addressed the systemic drivers of chronic disease in a concerted and coordinated manner. Around 170 staff were engaged in 13 Local Government areas across the state, building relationships to strengthen collective impact and collaboration. Activities related to settings such as workplaces, community settings for sport and recreation, early childhood, and education. The outcomes achieved related to the work that ranged from engaging councillors and community leaders in promotion through to programs that remain such as the Achievement Program administered through the Cancer Council.

The Partnership Agreement was terminated prematurely due to a change of government and the program in Victoria was wound up.

An article prepared by the Australian Prevention Partnership Centre and Menzies Centre for Health Policy (10 January 2018 outlines the loss of return on investment and opportunity for sustained evaluation results (despite promising positive returns) in the premature cessation of the Agreement.

Preventing Violence Against Women programs:

Rolling out state initiatives to other states and territories can build on program design already undertaken in one state and savings made for others (including the Commonwealth Government) from not starting from scratch each time.

For example a number of states are currently considering initiatives similar to the Victorian Government's Free from Violence Local Government program, which in turn supports achievement of the Commonwealth Government's National Plan to End Gender Based Violence. The Victorian local government prevention program is aimed at increasing awareness and understanding across Victorian councils of the drivers of family violence and all forms of violence against women, and how councils can provide local leadership to promote positive attitudes, behaviours and culture change in their

workplace and through the programs and services they deliver.

Drawing on local government's broad local reach, the multi-year funded prevention program has enabled detailed council programs to be examined for their impact on gender equality, and local initiatives implemented. The program is a co-contribution model, drawing in local funding contributions from the participating councils.

Program monitoring and evaluation and funding being provided to the MAV as the peak body for local government in Victoria has then enabled learnings to be shared across Victoria's 79 councils.
Initial evaluation results have showed that the program has aided faster progress towards primary prevention outcomes e.g. increased partnership in local networks, embedding gender primary prevention principles into council processes and policies, engagement of senior leaders and role modelling of positive behaviours.

## 3. How can governments better support investment in prevention activities that have broad and long-term benefits for the Australian community?

The National Preventative Health Strategy 2021-2030 requires a refresh to acknowledge the growth in understanding of the impact of violence against women and children on health and the economy. There also needs to be more emphasis of the growing understanding of social disconnection and loneliness leading to poor health outcomes. The strategy then needs to be enacted through resourcing and responsible government partnership.

Local Government is an ideal partner for responding to the social and environment dimensions as outlined in the strategy. Councils have influence in the built and natural places where people live work play and age. Victorian councils have a mandate to contribute to prevention activities through the Victorian Health and Wellbeing Act. Councils have statutory responsibilities in preventative health to prepare Municipal Public Health and Wellbeing Plans on a four-yearly cycle. To protect public health, promote healthy conditions, and reduce inequalities, councils put together municipal public health and wellbeing plans when a new council has been elected.

Actions in these plans are based on health data, local wellbeing indicators and state policy, and determined in consultation with community members and local partner organisations. Initiatives are diverse, such as the provision of quality open space encouraging walking and cycling, community-based programs to foster community connection and mental wellbeing, education, and food system changes to promote healthy eating, future planning to reduce the impacts of climate change on health, and initiatives that prevent family violence and create safer communities.
Councils can and do run or support many of the programs, offer many of the services, and provide the community infrastructure that is needed to promote social connection and wellbeing.

The National Plan to End Violence against Women and Children 2022-2032 is the overarching national policy framework that guides actions towards ending violence against women and children, however it is heavily focussed on responding to violence rather than prevention. Whilst the First Action Plan 2023–2027 recognises local government as large local employers, with reach into communities through delivery of universal and bespoke services, and being well placed to influence social change and

model gender equality through civic leadership, local government has not received funding through the National Plan to capitalise on their unrivalled potential for coordinated prevention efforts.