Delivering quality care more efficiently

A national framework to support government investment in prevention

Interim Report submission

At Injury Matters, we innovate and deliver injury prevention and recovery programs and solutions that empower people, organisations, and policymakers across WA to make informed, safer choices. Our programs keep people safer and healthier at home, work, and on the go. We provide support that reduces the widespread physical, emotional, and financial impact of injuries and trauma.

There is an urgent need to significantly increase investment in prevention initiatives in Australia. Implementing a National Prevention Investment Framework would be an important step towards achieving this goal, improving the health and well-being of the community and reducing future demand on the already strained healthcare system. Investing in prevention is a fiscally responsible and sustainable approach.

Injury Matters acknowledges the current barriers to investing in prevention highlighted in the interim report, including the siloes within government, the short-term budgets, the election cycles, and the limited evaluations of prevention initiatives. However, these should not be viewed as excuses, as the proposed recommendations within the interim report reinforce that there are feasible avenues to mitigate these barriers.

Overall, Injury Matters supports the interim report's recommendations and congratulates the Commission on its ongoing acknowledgement of the need for the proposed Framework to include inter-sectoral and inter-governmental actions.

Outlined below are responses to the questions raised within Section 3.1 and 3.2 of the interim report. If you would like any clarification on the points raised, please do not hesitate to contact [redacted].

www.injurymatters.org.au | 08 6166 7688 | info@injurymatters.org.au
PO Box 208, Leederville WA 6903 | ABN 16 423 380 886

Information request 3.1

1. **When prioritising different proposals, how should factors such as overall net benefits, net fiscal effects, cost-effectiveness, equity, ease of implementation, timescale and the value of future benefits and costs be weighted? Are there existing frameworks that do this well?**

   To our knowledge, no suitable framework is currently available to guide the prioritisation of different prevention proposals. However, numerous federal and state government frameworks currently assess the value of various initiatives, which could be modified to create a fit-for-purpose mechanism to inform the prioritisation of prevention initiatives.

   Injury Matters supports the need for all the factors outlined in this question to be factored into decisions made regarding the allocation of prevention funding. In particular, the recognition of the need to factor in equity and future benefits is to be congratulated, as these should weigh heavily into decisions regarding the allocation of prevention funding.

   The interim report suggests that the "assessment process could include consideration of secondary factors like implementation feasibility and distributional and equality impacts". Injury Matters strongly conveys the need for these secondary factors to be integral to the decision-making process, not just considered. In addition to the factors posed within this question, we support the need for decisions to also factor in the strength of the initiative's evidence base, the acceptability of the initiative (to the community, government and industry) and its sustainability.

2. **Should there be minimum cost-effectiveness and/or cost-benefit ratios and how should they be set?**

   Injury Matters does not have access to health economists to advise on allocating cost-effectiveness and/or cost-benefit ratios for the funded prevention initiatives.

   However, due to the diversity of initiatives that could be funded via the proposed Framework, it is not recommended that a minimum cost-effectiveness and/or cost-benefit ratio be set. The enforcement of a minimum ratio would negatively impact the ability of the assessors to factor in other influential factors, such as the emerging incidence of the health issue being targeted, the severity of the injury/disease, the existence of other initiatives targeting the health issue in focus and the ability of the initiative to improve equity outcomes. There are longstanding independent committees that oversee the distribution of significant funds that do not have fixed ratios, including the PBAC and MSAC, therefore, it is possible to conduct the assessment process without minimum ratios.

   If minimum ratios were determined to be required, they must align with the variety of thresholds used across different portfolios and higher thresholds should be set for those initiatives working to improve the health of priority population groups.

3. **How should decision makers balance the need to assess early effectiveness of programs with the need to maintain consistent long-term funding for programs with long-term benefits?**

   Injury Matters strongly supports the need for all funded initiatives to develop and implement a detailed program logic and evaluation plan that includes both short-and long-term outcome measures. We recognise that the diversity of initiatives funded via the Framework would result in the need for different evaluation tools and metrics to be applied to each funded initiative. To support this, we agree that there needs to be a proportion of all funding allocated to sufficiently resource evaluation activities.

   Additional consideration is required, and guiding procedures would need to be developed if the suggestion that the independent Prevention Framework Advisory Board will "evaluate ongoing prevention programs and recommend whether programs should continue to be funded" were to be implemented. As inferred within Question 3, there needs to be a balance in the measurement of the funded initiatives' early and long-term effectiveness in order to inform the allocation of limited financial resources.

   Injury Matters supports the need for the ongoing assessment of the initiative's progress to identify opportunities for improvement. However, if the initiative is not yet achieving its short-term objectives, it does not mean that its funding should be removed. The suggestion that less effective programs may be withdrawn "in favour of better value alternatives" does not align with the ethos of this Framework and has the potential to remove resourcing from initiatives that would have successfully achieved their long-term objectives.

   Injury Matters strongly supports that "funding timeframes should be long enough to ensure that programs' benefits are realised. But to have confidence in this, rigorous and regular evaluations will be required." To achieve this, the decision makers would need to implement a scaled assessment process, improve integration with the Australian Centre for Evaluation, and increase non-researchers' access to the growing number of databases that have strict access requirements.

Information request 3.2

4. **How should a National Prevention Investment Framework be implemented? What is the best way to incentivise Australian, state and territory governments to invest in prevention to improve future outcomes and avoid future costs?**

   A planned and achievable implementation plan is required for the National Prevention Investment Framework.

   Despite being noted as "relatively effective," the 2009 National Partnership Agreement on Public Health ended in 2014 because it was seen as duplicating other work. Additionally, the current National Preventive Health Strategy is four years into its operation, yet it has limited funding and no detailed implementation plan, which is hindering its implementation.

   To ensure this framework does not face these barriers, Injury Matters supports the need to develop "agreements that establish the framework's roles, objectives and processes for the Australian, state and territory governments." It is vital that roles, responsibilities,

priorities, and predicted outcomes are clearly defined to ensure this Framework can reach its full potential.

To further support the implementation of the Framework, like the Victorian Government's Early Intervention Investment Framework, recipients of the funding should have to quantify their initiative's outcomes alignment with the overarching priorities of the Framework.

Additionally, if the PFAB was established as the decision-making body for the Framework it would need to consist of members with diverse experience, including community-based prevention, not just researchers and economists.

5. **What changes if any to the existing budget operational rules would be needed to support consideration of recommendations from the Prevention Framework Advisory Board?**

   There is no denying that a key challenge to the implementation of the proposed Framework is the obtainment, allocation and tracking of prevention funding across sector lines. If the Framework was to be implemented, its operationalisation may require some changes to current government processes, including the potential need to collate funds from various sectors in order for the funds to be reallocated to the agency that is best able to lead that initiative.

   Regardless of how the funds are obtained, they need to be in addition to what is currently allocated to prevention and what is allocated to that portfolio's normal business operation. The 2009 National Partnership Agreement ended prematurely, and the National Prevention Health Strategy has no detailed implementation plan. These examples highlight the risk of a prevention policy without secure and transparent investment mechanisms. To avoid repeating these issues, the Framework should be underpinned by dedicated, quarantined prevention funding with medium to long-term cycles supported by cross-portfolio contributions that reflect the broad financial and wellbeing benefits of prevention.

6. **Should alternative approaches be considered for governance of the framework, including institutional setting, processes for arriving at co-funding arrangements, decisions and evidence requirements?**
   The governance and administration of the Framework will require additional staffing to lead or coordinate the funding of the prevention initiatives. Governance should be supported by an independent advisory body with diverse representation to ensure transparency and credibility.

   Any evidence requirements should be proportionate, allowing both high-level economic analysis and equitable consideration of community-based initiatives where traditional evidence is less established.

   Injury Matters acknowledges the various governance structures in existence across federal, state and territory governments and entrusts that these will be followed to ensure the fair allocation of the funding.

7. **What considerations would ensure that the framework works together with existing prevention programs funded by states and territories? How can the framework encourage governments to keep supporting existing effective prevention programs?**
   To support the integration of the proposed Framework with existing prevention initiatives funded by states and territories it is integral that the new Framework does not affect the allocation of funding to existing state and territory prevention initiatives. Likewise, it is important that the co-funded initiatives funded by the proposed Framework do not result in a reduction in state and territory-based funding, as states and territories will still have their own unique health priorities that will require dedicated funding.

   A thorough review of existing state and territory prevention frameworks/funded initiatives would be needed to identify how the Framework could support existing effective initiatives. It would also be imperative that the proposed Framework clearly defines national priorities to ensure its dedicated funding is efficiently allocated.

   Additionally, the proposed Framework should aim to work with different levels of government and across different roles in order for the Framework to be truly integrated. As specified in Question 4, clearly defined roles, responsibilities and an implementation plan would be required.

8. **Additional comments:**
   In addition to the above, Injury Matters notes the need for;
   1. The use of the term initiative or intervention instead of program, in order for the Framework to fund broader prevention initiatives that are not programs/projects.
   2. The framework's focus to be on primary and primordial prevention. Secondary and tertiary prevention and acute care are included within the interim report; however, they are not truly prevention-based activities, and they already have dedicated resourcing outlets.
   3. The sector's evaluation capacity must be increased, and evaluation activities must be conducted for smaller-scale projects to grow the evidence base around effective prevention initiatives.