Wellbeing SA Discussion Paper Submission
Health.WellbeingSA@sa.gov.au

29 March 2019

To Whom It May Concern.

RE: Wellbeing SA Discussion Paper for Consultation

As a consortium of leading public health expert organisations in South Australia, we welcome the opportunity to provide feedback on the Wellbeing SA Discussion Paper for Consultation. All partners of the consortium have a long-standing interest in promoting health in our South Australian community. We share a vision for a healthy, flourishing South Australia, where everyone has the opportunity to live well and engage in community life.

Introduction

In recent years, we have been gravely concerned by the reduction in the public health workforce capacity in SA, both centrally and in the broader health and community services sector. This has led to both a lack of focus on, and a lack of capacity to address the non-communicable disease-related preventable causes of death and disability at the population level, as outlined in AIHW data. As a consortium, we emphasise the importance of developing healthy policies, investing in health promotion and ensuring that preventative services and programs are accessible to those who need them most at very early stages, rather than simply treating people after they get sick.

We believe that Wellbeing SA has great potential to begin to address the deficit in preventive measures and is an opportunity to develop a strategic, coordinated and integrated public health agency, underpinned by an evidence-based social determinants and equity framework. It will also provide the vehicle to synthesise evidence-based policy such as:

- the Public Health Association of Australia and Australian Health Promotion Association’s recently released Joint Policy Statement on Health Promotion and Illness Prevention. The policy statement was developed in consultation with experts in health promotion and public health policy and planning and is based on the latest national and international evidence available https://www.phaa.net.au/documents/item/2880
- the Global Charter for the Public’s Health, which identifies the three fundamental services as protection, prevention, and health promotion, and four specific enablers as good
Feedback regarding the proposed vision for Wellbeing SA

The consortium supports a long-term vision for Wellbeing SA with bipartisan support. We are encouraged to see that the overall vision focuses on improved health and quality of life for South Australians. We are also pleased to see the principles of partnership, equity, co-design and sustainability reflected in the vision.

However, we believe that this should be included in the overarching vision statement. For example:

“Wellbeing SA will lead innovative system change, by embedding a social determinants approach to reduce the preventable burden of disease and support health and wellbeing across the South Australian community. This approach will enable more equitable health and wellbeing outcomes for South Australians by;

a. Collaborating with others to address the social determinants of health
b. Promoting wellbeing and enabling healthy choices
c. Enabling better management of risk factors to prevent disease
d. Reorienting Primary Health Care services to enable better management of risk factors and provide early intervention to prevent disease progression.”

In paragraph 4 Wellbeing SA is put forward as a leader in a number of areas. Health promotion should also be included here.

Feedback on the rationale for Wellbeing SA

The principal rationale for Wellbeing SA has a clinical, hospital avoidance, and a cost-savings focus. A well-functioning preventative health system aimed at advancing well-being should include strong primary prevention as well as secondary prevention.

Wellbeing SA should be grounded in a multifaceted approach with strong leadership, coordination and partnerships as outlined in PHAA and AHPA’s Background Paper on the Joint Policy Statement on Health Promotion and Illness Prevention. This paper discusses considerable evidence on the social determinants of health, the impact of the health equity gradient and the importance of healthy public policy via a whole of systems approach. According to the paper, economic projections indicate that if health gaps along the healthy equity gradient were closed in Australia, 500,000 people could avoid suffering a chronic illness; 170 additional Australians could enter the workforce, and annual savings of $4 billion in welfare support payments could be made. This is an incredible social and economic dividend which will go unrealised without immediate reinvestment in targeted well-coordinated partnerships that extend well beyond the tertiary health system.

The background statement states that Wellbeing SA will include a health promotion branch and fund health promotion activities, however this is not well explained in the document nor in Appendix 2 (Concept Plan), and nor is there any indication of the levels of funding that will be made available to undertake these activities.
We are encouraged to see that priority groups are mentioned in the discussion paper but we seek clarification around the support that will be provided for vulnerable groups such as Aboriginal and Torres Strait Islander Australians.

We strongly recommend that hospital avoidance is discussed in the context of the Ottawa Charter’s action areas of ‘developing personal skills’ and ‘reorienting health services’, which moves beyond a responsibility for simply providing clinical and curative services. We also seek clarification as to how cost savings from hospital avoidance will be directed into community care/home services and how long it is likely to be before such savings will be realised? We recommend an investment of 5% of the total health budget be directed towards prevention through health promotion and illness prevention initiatives. Additional funding through cost savings would be a great bonus and allow for an expansion of evidence-based programs to keep the community well.

Feedback on the proposed principles underpinning Wellbeing SA

We support the key principles identified in the document and look forward to further clarification as to how these principles will be enacted through the work of Wellbeing SA. We are encouraged to see the emphasis on priority populations in this section, with a commitment to working with those who are most at risk. Health problems that stem from underlying social determinants of health are preventable and require a commitment to sustained funding for long-term, multifaceted responses. This includes leveraging relationships to ensure other areas of government activities are taking actions that prevent the development of health issues (e.g. building housing that is energy efficient, ensuring planning laws provide for easily accessible green spaces, etc.) We seek clarification about how Wellbeing SA will work with other agencies to hold them accountable for their responsibilities in delivering services to these priority populations.

Community empowerment and co-design should also be included as key principles of Wellbeing SA. The current wording around a “community driven” principle lacks important nuance. We assert the importance of adopting language that highlights that this principle is about building an active partnership with community members and stakeholders to ensure that they contribute to the decision-making processes, rather than merely collecting community-level epidemiological data. Co-design approaches deliver agency, empowerment and real world impact.

Finally, the Global Charter for the Public’s Health identifies three fundamental public health services: protection, prevention and health promotion, as well as specific enablers of public health, including good governance, accurate information, capacity building and advocacy. We suggest that these values are considered in closer detail in order to shape the proposed principles underpinning Wellbeing SA. Importantly, it is essential that strong frameworks are developed to measure and evaluate whether indeed the activities desired are in fact being enacted.

Feedback on the functions for inclusion in Wellbeing SA

Evidence driven and strategy support: We support this overarching function in principle, however emphasis is placed on disease and injury prevention, which does not account for underlying social determinants of health. As such, we would like to see the following frameworks added to the evidence list in Diagram 4 on page 10; WHO Social Determinants of Health, the Global Charter for Health, and the Ottawa Charter for Health Promotion.
**Disease and injury prevention:** This section should extend beyond SNAPS risk factors and disease screening programs. We suggest that it includes healthy settings approaches to establishing health promoting environments across the community. Health promotion must serve as a stand-alone function.

**Established and controlled disease management:**

There is no doubt that what is proposed here i.e. the creation of community hospital beds is a valuable and worthwhile initiative. However, we have some concern as to the appropriateness of this function belonging within Wellbeing SA, when it may be better provided alongside and integrated with our hospitals, the LHNs, Commission on Excellence and Innovation in Health, or investments in home based palliative care. There is a risk that placing this function within Wellbeing SA may detract from the agency’s primary vision regarding prevention. Furthermore, there is a very different skillset needed to manage/commission these types of services to those required for the other functions proposed for Wellbeing SA.

**Policy and partnerships:** Policy and partnerships should drive the framework under which programs and strategies are designed. Consequently, this point should be reordered ahead of disease prevention and controlled disease management strategies. In addition to the existing list in Diagram 4, we would like to see the following points added: “policies to support healthy communities and environments” and “public health and health promotion workforce skill development.” The latter could even be elevated to a function of Wellbeing SA in its own right. Equally, it is critical that this function be properly resourced, so as to ensure partners are resourced to undertake desirable work in advancing well-being and health objectives.

In the last 48 hours, the media has reported that the Government has supported a report recommendation from aspex consulting that advises the consolidation of the Mental Health Commission into the functions of Wellbeing SA. Currently there is no mention of this in the discussion paper and the issue was not canvassed at the consultation workshop we attended. This proposal needs broader consultation to understand the potential impact on the functions of Wellbeing SA and to determine the merit or otherwise of consolidating the Mental Health Commission in this way.

Furthermore, it is not clear where Communicable Disease and Environmental Health are to be situated. While not aware of all of the considerations in this regard, given that the Chief Public Health Officer is to be part of Wellbeing SA, the linkages between these functions and the statutory role of the CPHO would need some consideration.

**General comments on Wellbeing SA**

There is minimal detail included in the discussion paper regarding the governance of Wellbeing SA. Leadership, authority, independence and accountability are vital in ensuring the success of a new agency. We were very pleased with the commitment made by the Government to establish a stand-alone Chief Public Health Officer and we see the implementation of this commitment to be opportune inline with establishment of the new agency. A stand-alone Chief Public Health Officer should provide direction and focus in leading Wellbeing SA.

In order to ensure continued community participation in the agency, we strongly recommend establishing an expert Public Health and Health Promotion Strategic Advisory Committee to the Minister, Chief Public Health Officer and Wellbeing SA. This would support the principles of
improving inter-sectorial relationships, particularly within the NGO sector (e.g. members of this consortium) who work closely with South Australia’s most vulnerable groups and those at highest risk of poor health outcomes. The purpose of the committee would be to enable continued dialogue with the Minister and Chief Public Health Officer to provide expertise, guidance and strategic advice to the Department in relation to best practice public health planning.

In closing, we thank the Department for the opportunity to provide additional input into the design of Wellbeing SA. We look forward to continue working with the Department to ensure evidence-based strategies for prevention, protection and health promotion in South Australia.

Sincerely,

Kate Kameniar
President, Public Health Association of Australia SA Branch
P: 0431 976 104 | sapres@phaa.net.au

Ross Womersley
Chief Executive Officer, SACOSS
P: 0418 805 426 | Ross@sacoss.org.au

Dr Stefania Velardo
President, Australian Health Promotion Association SA Branch
P: 0422 213 348 | stefania.velardo@flinders.edu.au