

## **Victorian Primary and Community Health Network Submission The National Preventative Health Taskforce's Discussion Paper**

The Victorian Primary and Community Health Network recognises the critical importance of a broad-based, but coordinated approach to achieving better health in communities. The Network provides a platform for member organisations to share information, broaden understanding, and develop joint approaches around primary health issues in Victoria.

The Network includes peak bodies for: community health centres, rural hospitals, general practitioners, local government, district nursing, women's health, and drug and alcohol services. Primary Care Partnerships and the Primary Health Branch of the Department of Human Services participate in monthly meetings and forums. The Network thus promotes and supports communication and coordination across funding and policy-making, planning and coordination and service delivery organisations.

Individual Network organisations will respond to the discussion paper from their perspective, addressing the specific questions. This response is confined to over-arching comments from the Network perspective.

In summary, the Network believes that:

- effective health promotion needs to address the broader social and economic factors impacting on health within a population. This requires:
- a coordinated and integrated approach at a local level across consumers, and a broad range of service providers and planners, within:
- a policy, funding and organisational context that actively supports and promotes improvements in population health

The Paper has much valuable information and cogently argues the need for a stronger preventative health agenda for Australia. The Network strongly endorses the recognition of the inequality in health status of indigenous people, those with lower incomes and education and rural people.

However, we are concerned that there is insufficient recognition of the causes of ill-health, and the impact of social and economic factors on health outcomes. The decision to limit consideration to three specific problems (tobacco, alcohol and obesity), turns the focus away from the comprehensive community development approach that is needed. Smoking, alcohol abuse and obesity cause much suffering and high costs at a personal and population level, however, they should be seen as symptoms of an unhealthy community, rather than as causes in themselves. Other issues, such as violence against women also cause great distress and poor health. Ill-health, and inequalities in health status, are not caused solely, or even largely, by failure of the health system, and cannot be cured by improvements within the health system alone.

The Network contends that Victoria's primary healthcare sector is stronger, more robust and more effective than that of most other states and territories. While much could improve, changes need to build on existing strengths and successful components. We urge the Taskforce to consider the differences between the jurisdictions, and their impact on service provision and health outcomes. Features of the Victorian system include:

- A statewide network of Primary Care Partnerships, with core state government funding, bringing together service providers across a geographical area to plan and coordinate activities, particularly around health promotion and chronic disease management.
- Statewide access to community health centres/health services under the governance of boards that engage with local communities to build supportive environments, and provide multidisciplinary care with an emphasis on prevention and early intervention.

- The Primary and Community Health Network to promote communication and cooperation across sectors

However, organisational arrangements can have limited impact without changes to the policy, funding and accountability at state/territory and national levels.

Areas for change identified by the Network include:

- Local health services/providers receiving public funding (including GPs) should be required to report on community health outcomes.
- A different funding model to encourage health promotion/disease prevention. A fee-for-service system rewards throughput at an individual level, not health promotion across the community.
- Workforce training eg. multidisciplinary teams and community settings.