Policy Brief:

Funding Models for Preventive Health

ANTICIPATORY CARE PROJECT

UNIVERSITY of TASMANIA

SaxInstitute

The Australian Prevention Partnership Centre
Systems and solutions for better health

Tasmanian Government

The Anticipatory Care Action Learning Project research team acknowledges the palawa people of lutruwita upon whose lands we have conducted our research.

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The research reported here was produced by a collaboration between the lead organisations and communities of the four project sites, the Tasmanian Government Department of Health, the University of Tasmania, and the Australian Prevention Partnership Centre. The report was prepared by the University of Tasmania Anticipatory Care research team: Dr Susan Banks, Dr Robin Krabbe, Ms Miriam Vandenberg and Ms Thérèse Murray. We wish to thank Professor Richard Eccleston, Dr Therese Riley, Ms Flora Dean, and Ms Sarah Hyslop for their insights and support throughout the project.

The Challenge: funding community level anticipatory care to improve health

Funding community-level Anticipatory Care

Anticipatory care connects those at risk of chronic disease to health and wellbeing services and community support networks. The Tasmanian Anticipatory Care Project (ACP) adds to the growing body of evidence that a systems based and citizen focused approach to connecting those at risk of chronic disease to health and wellbeing services and community support networks has the potential to:

- reduce the incidence of chronic disease over the medium to long term
- reduce costs over the longer term by addressing health and wellbeing problems before more expensive health services are required.

Despite these benefits, it is widely recognised that traditional, often siloed, program-based funding models present a significant barrier to long term, community based preventive health initiatives such as anticipatory care. There is consensus that a place or community based investment approach to funding will be required to implement AC more broadly.[1]

Place or community based funding models:

- set medium to long term population level goals, alongside community defined measures of success
- develop holistic place based strategies to achieve desired outcomes and, where possible, pool resources and develop integrated programs
- develop innovative approaches to funding
- promote collaboration and co-design with communities, NGOs and government
- promote action research and continuous learning and evaluation.

The Tasmanian Anticipatory Care Project is showing that flexible place-based funding models are promising for the delivery of a more effective and equitable anticipatory care system.

The challenge of funding chronic disease prevention initiatives

In Australia, only 1.34% of health spending is on prevention.[2] Most analysts agree that this is not enough to reduce the incidence of ill-health generally and chronic disease specifically. The central challenge is that our health system is reactive and designed to treat acute illness rather than addressing the structural causes of chronic disease. Traditional forms of contracting and top down service delivery are not providing the health outcomes governments and communities want. In fact, traditional ways of funding community-based initiatives can, and often do, impede localised collaboration, relationship building and innovation via inflexible funding agreements, rigid performance measures, and centralised decision making.[4] [5] These funding models are often based on competition rather than collaboration.

Improving the efficiency of health systems, while important, will do little to address this structural challenge; new approaches to preventive health and funding models are required.

Reflecting this challenge, the question of how funds are spent in health and social services, and the nature of funding agreements is being re-examined around the world,[3] including in Australia.[4]

New models of funding, such as community based commissioning where communities have control over how funds are spent and success is determined, are more likely to deliver the kinds of outcomes governments and communities want. Here funders (government), community organisations, and the community work together and in ways that promote decentralised decision making, flexibility and learning and the building and nurturing of relationships based on trust.[4] By working together on shared goals the full suite of community-based resources (skills, knowledge, networks)[5] [6] and government funding can align to achieve mutually agreed outcomes. In other words, more can be achieved working together (combining resources) than working alone.

> *"Funders that relinquish control over site-level goals, outcome indicators, or mandated progress demonstrate trust in the expertise and ability of sites to use resources wisely. The same can be said for powerful site-level actors (e.g., government officials) who join an initiative and use their position to elevate community voices and interests"*[7]

But what are the benefits and challenges of this way of funding prevention efforts and could they be applied across Tasmania to improve long term health and wellbeing outcomes?

The Anticipatory Care Action Learning Project

Chronic disease is a major cause of ill-health and avoidable hospitalisations in Tasmania, and this burden is not equitably distributed.[8] Chronic disease is linked with the social determinants of health: risk is reduced when people have reliable access to economic resources, secure and good quality housing, good diet, hygiene, health services, social networks and education. We need to reduce the risks for chronic illness and find better ways to manage existing conditions to keep people well.

Anticipatory care is an approach that identifies who is at risk of developing an illness and works to improve their current and future health. An effective anticipatory care system relies on a combination of accessible, locally-appropriate services and facilities, and collaborative, trusting relationships between services and between services and citizens.[9] Effective anticipatory care may reduce the use of expensive health and social services.[10 11] The Anticipatory Care (ACP) Action Learning Project (2018–2020) used a Systems Thinking approach to explore whether building a more effective local anticipatory care system could start to address this problem, in four Tasmanian sites.

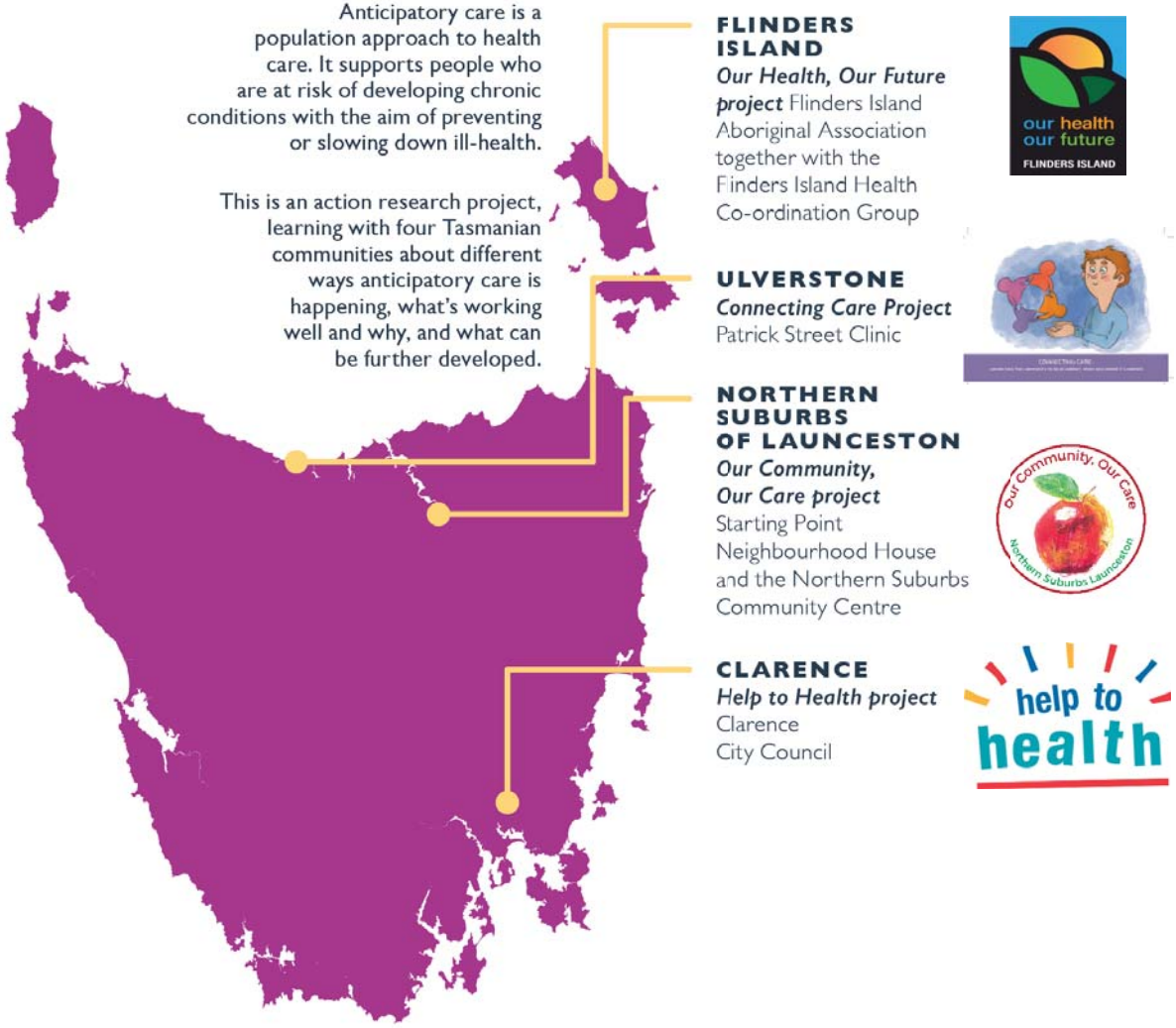

Figure 1: Map illustrating the four Anticipatory Care Project sites

Research findings and insights

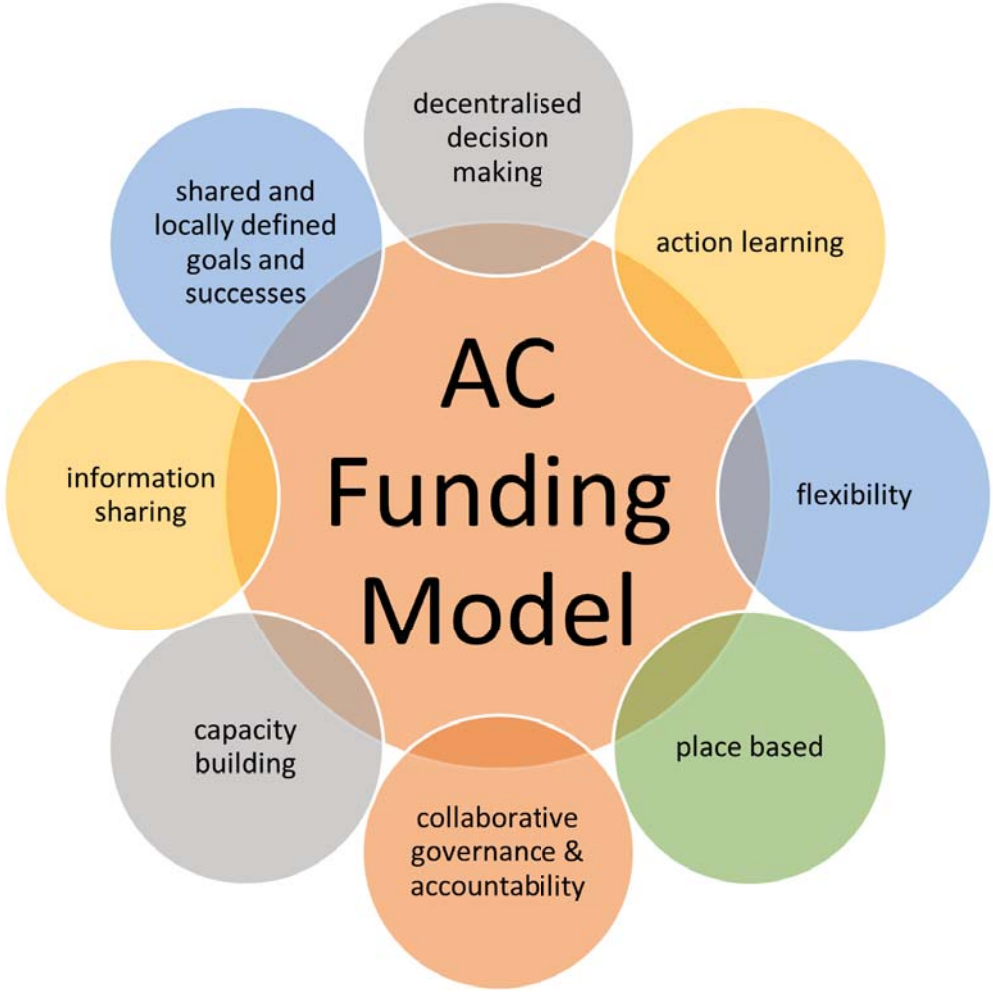

Figure 2: The Anticipatory Care funding model

Characteristics of the anticipatory care funding model

The anticipatory care funding model had the following characteristics (Figure 2).

Action Learning

Learning together through experimenting, acting and reflecting enabled new information and knowledge to feed back into the design and implementation of further actions. This approach (outlined in the funding agreement) enabled communities to learn and adapt their activities to changing circumstances, including the impacts of COVID-19 over the course of 2020.

> *I guess through the project and research component part of, it's about finding out what's happening in that space. And then being able to identify those key areas that we could respond to through the action learning, and then the project itself is through go and respond to that.* (PSO)

Note: Project support officers (PSOs) worked in the local lead organisation and with UTAS researchers to conduct research and implement actions.

Decentralised decision making

The funding agreement supported local lead agencies to determine what actions or activities they would design and implement to strengthen the local system. This approach to decision making is consistent with new trends in commissioning. Decentralised decision making requires good lines of communication to maintain governance and monitor action.

> *Yes, it is important to have local people make the decisions, however, through my experiences in the AC project this year I have become aware that talking about a thing is different to looking at or experiencing a thing. … This is a realisation that has come through physically engaging with community issues to understand the intricacies rather than merely believing in them* (PSO)

Shared and locally defined goals and success

The locally defined goals and successes reflected the priorities of each community. The focus was on impacts in the local community rather than on the performance of any one organisation. Success was defined in terms of new or strengtheneed relationships, better insights and understandings about AC at the local level, opportunities to build and embed collaborative ways of working, and the opportunity to tackle locally defined problems.

> *The other thing is a kind of professional development from a community development point of view: seeing how productive a group of people with a single focus can be. And the value of creating those connections across areas that were probably isolated before—across health, across GPs, across police, across community centres.* (Advisory group member)

Sharing information

There was commitment to a continuous flow of information within and between communities, the University of Tasmania, and the Tasmanian Department of Health throughout the Anticipatory Care Project. State-wide forums, regular meetings, and a community of practice encouraged and enabled the free flow of information across the initiative.

> *Some members from different sites have also been visiting each other to share ideas; in this way, the state-wide meeting provided the chance for groups to develop relationships with communities facing similar problems and strengthen capacity to address shared challenges.* (Sax Institute AC Project Process Evaluation report, 2019)

Capacity Building

Capacity building of all partners was an important component of the Anticipatory Care funding model. Partnerships with other institutions and external experts, along with the incorporation of structures and processes, such as a Community of Practice, supported new ways to work across the project. It was important to recognise that partners needed different amounts of time or support to participate in the initiative.

> *I wouldn't have been able to [support our clients' health] without you guys, 'cause I honestly didn't know what was out there.* (Health service staff member)

Collaborative governance and accountability

Governing collaboratively with stakeholders from a range of sectors was central to ensuring each community was in the driver's seat. Funding and commissioning trends around the world acknowledge the importance of enabling communities to lead whilst fostering relationships and partnerships.[4] By adopting "relational contract management",[3] issues are more likely to be identified and worked through during the life of the initiative. Under these conditions, multiple forms of accountability can be attended to: accountability to the communities, to the organisations and to the public purse.

On balance, it was good for Council to be part of the AC project. … to further develop the program initiatives, test and try them, and shape new initiatives. The connections built between Council and community were strengthened and new relationships were formed. Some things, such as the Clarence Talks, have become embedded in the community. … (Clarence report to DoH)

Place based

The Anticipatory Care Project is place based with funding going out into communities, rather than to regional or state-wide agencies. A place-based approach has enabled the funding to build on local efforts, networks and know how. This is reflected in the range of actions and activities that have been funded on the basis of local priorities. While place was initially defined geographically, it also incorporates ideas of shared culture, sense of belonging, and community connection.

… the biggest one that comes to mind is that we're proud, even I'm proud to belong here. I love it. You know, most people love it. Yeah. Yeah, you know, and they're proud of being fifth generation. (Community member)

Flexibility

Overall, the funding model was flexible: communities determined the type of activities to be funded, and more broadly how the funds were to be spent. Flexibility was a 'working principle' that built trust in relationships but is not necessarily a comfortable or familiar way of working.

The interviewees felt that the energy, enthusiasm and expertise that the individual PSOs brought to the project has had an enormous impact on the progress of the project in each site, with the flexible project design allowing for the individual strengths of the PSOs to shine through. (Sax Institute AC Project Process Evaluation report, 2019)

Flexibility also reduced some of the problems inherent in short-term funding.

Policy implications

The Tasmanian Government is at the forefront of investing in new approaches for the prevention of chronic disease, informed by new research and translation methods developed with the University of Tasmania. Our analysis of international evidence and practice combined with the learnings from the ACP has provided a number of insights in relation to the funding and design of community based preventative initiatives which, if implemented, could improve health and well being outcomes and deliver long term health savings:

- Replace competitive funding models that reduce connection and collaboration between parts of the anticipatory care system and pool resources and develop models that promote and support collaboration between governments, NGOs and communities
- Funding models need to be flexible, long term and adaptable to meet community need. This is because communities have different strengths, gaps and priorities. Flexible funding enables local adaptation and application to suit community context. Some communities will require more resourcing than others. Proportionate universalism has been proposed as a suitable framework.[12] [13]
- Funders to set broad goal/s (e.g., "improve health in this community") and allow lead organisations, in consultation with their community, to determine what success looks like, how it will be measured, and how to allocate and manage the funding

Funders need to trust local communities to identify their own priorities and strategies to address those priorities

- Funders need to work as partners, providing:
  - guidance and monitoring of processes (e.g., community engagement, how resources are being utilised/targeted, without being prescriptive)
  - a conduit for knowledge, information, and evidence to support local activities, founded on principles of mutual learning and ongoing sharing of information.
- Relationships should be at the centre of any funding models, including "relational contract management", and time should be built into funding to develop and nurture a shared understanding of the community and the initiative.
- Funding should support collaborative governance arrangements in which government is a partner in the initiative rather than a top down driver of process and outcome. In this model, shared goals and outcomes can be worked on together.
- Build into funding models regular opportunities for all project partners to reflect on their assumptions, values and biases that could inhibit the development of trusting relationships.

Endnotes

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