

EVALUATION REPORT

Help to Health Project Clarence City Council

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Executive summary

The Help to Health Project (H2H) has established the Clarence City Council (the Council) as a leader in Tasmania in community health engagement. There is now an opportunity to build on the foundations with a more strategic, place based, community-led response to health and wellbeing.

Through H2H, Clarence residents are better able to find out what health services and supports are available and are more confident in navigating the health system. Organisations are more understanding of the needs of community members and are better equipped to pass on information. They are also forging connections with each other and are sharing information and collaborating to achieve better health outcomes.

Each of the initiatives has a role to play in helping people take control of their health needs:

1. The Right Place (TRP) is a community-based program that trains front-line staff and volunteers to build a customer service culture that is friendly, caring and helpful in different organisations. During the funding period five TRP sessions were held with 34 people participating. The training is highly valued by participants who wish to see it expanded across the municipality.
2. It's Ok to Ask (IOTA) is a health literacy community education program that helps people in the community have more power when asking questions to health care professionals. Two training sessions were held in this funding period with participants becoming more confident in their communication and wanting to see the resources promoted more widely.
3. Clarence Talks is a series of health and wellbeing information sessions held in different locations with topics chosen by the community. Around 100 participants attended 19 Talks across the community. Through H2H organisations have had help to organise their own sessions and are seeking more regular talks with follow up information and support.
4. Help to Health Friends (H2H Friends) is a network of interested community members who have committed to being health literacy advocates among their friends, family and broader community. The participants in H2H Friends value the connections they are making and would like it to be less formal and the membership more diverse in future.
5. Health Connection is a new role in this Project that has focused on connecting health and community service organisations to each other. Participants have valued

having a trusted central contact as a source of information and connections. It is important to balance the connection role with continuing the initiatives.

Across the H2H initiatives the key learnings were around the importance of working with people in their own space, and the need to expand the reach of the work beyond those who are already engaged in their own health and wellbeing.

The partnerships are a high valued part of the H2H Project. Having people in the same room has created opportunities, but there have been challenges in engaging General Practitioners (GPs). The relationships that have been built between organisations and across the community are a solid foundation for progress but they are unlikely to continue without a central connector.

Achieving long-term improvements in health outcomes is hampered by short-term funding. The time constraints imposed by the funding had implications for retaining staff, building long-term relationships and planning for sustainability. Collecting better data and integrating the H2H Project better within Council were two of the key things participants would have done differently. The main criticism of the H2H initiatives is that they are not held often enough and not reaching far enough across the population.

Decisions by state and federal governments to prioritise acute care is leaving a gap in community-based preventative health care. There is pressure on local government to fill this gap and there is a legislative requirement for local government to 'provide for the health, safety and welfare of the community'.

H2H has shown that Council has an opportunity to influence change at each level in the system. At the individual level it can inform and train members of the community. At the organisational level it can facilitate connections between organisations and lift their health literacy. At the community level it can facilitate information sharing, raise awareness, and implement changes that have direct health benefits.

The opportunity for Council is to have a permanent health connector role and to integrate health and wellbeing across the organisation. In partnership with other organisations, and in collaboration with state and federal governments, Council could facilitate a strategic, place based, community-led response on health and wellbeing for the Clarence community.

Recommendations summary

Help to Health is making a difference to the lives of the people of Clarence. There is now an opportunity to build on the foundations and improve the health and wellbeing of the community into the future.

- Establish a permanent health connector role within Council. The role would balance the connection role with continuing and expanding the H2H initiatives and be responsive to community needs. It is also a priority to engage GPs and pharmacists.
- Establish a place based, community-led model of health and wellbeing for Clarence. If it is a collective impact approach, then Council could be the backbone organisation within a network of partnerships.
- Establish a reference group within Council that includes the health connector role and would be responsible for facilitating the strategic, community-led, place based response.
- Organisational changes that put the health and wellbeing needs of citizens at the centre of decision making with better integration of services and collaboration across Council within the broader health and wellbeing strategy.
- Council to extend its leadership role as an advocate for changes to the health system to remove barriers and make it easier for citizens to take control of their own health.
- Continue and expand the H2H initiatives:
 - The Right Place can extend into local businesses and non-health organisations.
 - The It's Ok to Ask resources could be promoted more widely.
 - Clarence Talks can be held more often in response to the requests and needs of community members, with follow up information and support.
 - Help to Health Friends can be expanded with a more diverse membership and less formal approach.
- Collaborate with state and federal governments on a strategic approach to health and wellbeing activities and functions, and identify sustainable resourcing.

Background and introduction

The Evaluation Report on the Help to Health Project (the Report) was commissioned by the Community Planning and Development Officer of Clarence City Council. The aim of the Report is to capture what has been learned during the Help to Health Project (the Project), to review elements that still need attention, and to consider how Help to Health may be supported into the longer term.

In more detail, the aim of the evaluation is to:

1. Capture our learnings and share with key stakeholders:
 - Project initiative achievements, strengths and challenges
 - Lessons around short-term funding
 - Benefits and challenges of working in partnership
 - Challenges and opportunities around working in health (how distant policies and decisions made by Federal and State Governments impact locally)
 - What have been the benefits to Clarence and others?
 - What should we have done differently? (Is there any restoration work that is needed?)
2. Provide an objective review of the health literacy and health connecting/navigating elements that still need attention and action.
3. Consider how Help to Health might be embedded/resourced/supported into the longer term.

The Report covers the period of the Help to Health Project that commenced in July 2018 as part of the Anticipatory Care Project. The previous period prior where H2H was funded by Primary Health Tasmania (PHT) was evaluated by the Tasmanian Council of Social Service (TasCOSS) in a report submitted in August 2018. This Report evaluates the role and activities undertaken through the Project. It does not evaluate the University of Tasmania (UTas) action research project but does consider the impact of the relationship on the work of the Council.

Anticipatory Care Project

The Anticipatory Care Project is a collaboration between the Department of Health (DoH), the University of Tasmania (UTas) and four lead organisations. Clarence City Council was selected because of its chronic health and preventable hospitalisations profile. It is an action research project funded by the Australian Government to better understand and learn from communities about different ways anticipatory care happens and what works well and why.¹

¹ Anticipatory Care, Project Guidelines 2018

The role of Clarence City Council in the Anticipatory Care Project as a Community Lead Organisation is to hold the DoH funds, provide local project management and project support functions. This was done through the project support officer who worked with the community and with UTAs and liaised with the Help to Health Leadership Group. A map of roles and responsibilities is at Attachment 1.

Help to Health

The aim of the Help to Health Project is to make positive changes to the health of Clarence community members by:

- Giving the community more power and control of their own health care needs;
- Increasing community and organisation knowledge and awareness of available services in and to people in the Clarence area;
- Helping health and community services connect with one another; and
- Encouraging and moving toward a preventative model of care.

The Project has done this in inter-related ways through five initiatives:

1. The Right Place (TRP) - Training front-line staff and volunteers in different organisations in Clarence to build a customer service culture that is friendly, caring and helpful;
2. It's Ok to Ask (IOTA) – Working with people in the community to have more power and control when asking questions to health care professionals and to fully understand health information, and working with health care professionals to support this approach;
3. Clarence Talks - Organising and providing health and wellbeing information sessions for the community;
4. Help to Health Friends (H2H Friends) - Learning from, training and supporting local members of the community to be advocates; and
5. Health Connection - Building better connected health and community services in Clarence.

During this funding period the initiatives have been tested and refined, and the health connector role has grown. Council has had a project officer and project support officer working on the Project. In October 2019 the project officer moved on to other employment, and in January 2020 the project support officer left the State.

Approach

The Report includes insights and suggestions from interviews conducted with 19 participants between 20 January and 20 February 2020. The Report also incorporates data collected by the project officers as part of H2H activities and workshops.

The confidential interviews and focus groups were conducted in a semi-structured format. Six individual interviews were conducted in person and one by phone. Two interviews were held with pairs of participants, and two focus groups were conducted with seven participants each. Some of those who participated in the individual interviews were also part of the focus group conducted with the Project's Leadership Group.

Participants were asked a series of questions about the strengths and challenges of the Project, including funding, working in partnership and working in the health system. They were also asked about the benefits for Clarence and what could have been done differently. Suggestions were sought about the future direction of H2H, in particular what still needed action, and how the work of the Project could be supported into the future. A full list of interview questions and participants is at Attachment 2.

Themes were identified by reading transcripts of the interviews. The five initiatives of the Project were evaluated using the Results Based Accountability (RBA) questions: *How much did we do?; How well did we do it?; and Is anyone better off?* Anonymous quotes are included from the interviews.

The findings are captured in this Report in two parts as Learnings and Future Direction. The insights and suggestions from participants informed the development of recommendations.

FINDINGS

Part 1: Learnings

Help to Health is building the reputation of Council as a leader in community health engagement. H2H is helping people find out what health services and supports are available in the Clarence municipality. It is forging connections and partnerships that enable organisations collaborate to achieve better health outcomes. It is stimulating conversations about health and wellbeing, and helping individuals feel more confident in navigating the system. The challenges of short-term funding and time constraints have placed limitations on what can be achieved, especially in the population reach and sustainability of the Project.

1.1 Project initiative achievements, strengths and challenges

Through its initiatives H2H is lifting the confidence and capacity among members of the community by providing easily accessible health information, training front-line staff and volunteers to help, and teaching people how to ask questions of health professionals. While the testing and refining of these initiatives has continued, the focus of this funding period has been on connecting people with each other and with information.

Overall project strengths

Participants in H2H place a high value on the connections they have made with people in other organisations within the Clarence municipality and beyond. These include health and service providers, state and federal government agencies and the University. As a result of the relationships that have been built, participants have a greater awareness of what work is being undertaken in other organisations. They also have more knowledge about what services are available and have better access to a range of information relating to helping people in the community. Information sharing has improved and there is better coordination between services.

“There is now a sense that you will get a useful answer when you ask a question.”

Specific mention was made of the value of contacts made in organisations external to Council such as the Tasmanian Health Service (THS), Health Promotions South. Libraries Tasmania was seen as a very supportive organisation with its literacy services aligning closely with the objectives of H2H. Training conducted with library staff enabled them to better help members of the public. One example cited was of a man recently released from prison who had signed up for literacy support but did not have the required identification. A library staff member was able to support this person to get help from

Service Tasmania. Talking about the importance of libraries as a place for people to get information and help, one participant said, 'People don't feel judged at libraries'.

The relationships built through H2H also allowed for greater advocacy on health issues, for example, the closure of the Risdon Vale Medical Centre. Meetings were held at the time involving community members and members of the H2H Leadership Group and this led to the opening of opportunities for another company to take over the practice.

Overall project challenges

Close working relationships have been built between members of the Project team over the course of the Project, but there was some confusion in the transition of H2H from a PHT funded project to the Anticipatory Care Project.

In the project establishment phase there was a lack of clarity around roles and responsibilities, especially with the University. The roles and responsibilities of the two Clarence project officers were also unclear for a period. The research role for the new project support officer created an additional line of reporting to UTas, in effect keeping this part of the Project separate from the Council's Community Planning and Development Officer. The requirement to record activities and interactions increased the workload for the project support officer and there was a sense that 'she was pulled in many different directions'.

The placement of the project support officer at the Clarence Integrated Care Centre (CICC) made it difficult to build relationships and establish the Project within Council. There is a view that there was a missed opportunity to embed the H2H work across other Council program areas during the funding period.

In this Project Clarence City Council is highly regarded for being able to deliver improved outcomes within funding and time constraints. Ideally participants would like to have seen greater sustainability being built into the Project. Due to limitations of time it was not possible to identify alternative sources of funding and build the necessary strategic relationships within and outside the Council in order to ensure the work was sustainable. As a time-intensive project it was not possible for the project officers to achieve everything that they set out to, such as the collection of stories from members of the community.

There was a view that the approach to the H2H initiatives was 'a bit programmatic'. It was suggested that the Project should have been more flexible, responsive and community-driven. There is an alternative view that the four initiatives were able to be adapted to the needs of the community, with Clarence Talks in particular being driven by requests from community members. The health connection role has responded to

needs identified in the community. For example, the Project was expanded to the outlying community of South Arm which, although it is not a low socio-economic status suburb, faces the challenges of an ageing population and a lack of transport options.

Ideally, participants would have liked more time in the establishment phase to build relationships, and more time throughout the Project to test different approaches and reach different demographics.

The Initiatives: Strengths and challenges

With limited resources and time constraints it is recognised that it was difficult to do everything. While activities continued as part of the four initiatives, especially the Clarence Talks, there was not as much training delivered as the previous funding period. Aspects of the initiatives have been reviewed, such as how to effectively use the It's Ok to Ask resources and how the H2H Friends can operate with limited resourcing. Scoping has also been done on how best to inform the Project through the establishment of a GP Reference Group. Key learnings across the initiatives are the importance of working with people in their own space, the need for a connector and the need to expand reach of the initiatives beyond those who are already engaged.

1. The Right Place (TRP)

How much did we do? (activities, outputs)

The Right Place training was conducted with 34 people in five sessions between November and December 2019. Participants came from a range of organisations including the Clarence City Council, Risdon Vale and Lindisfarne Pharmacies, Clarendon Vale Neighbourhood Centre, Department of Health, and Department of Education (Libraries Tasmania).

How well did we do it? (what worked, what didn't)

Project survey responses showed that participants consider the training informative and engaging with discussions and activities seen as stimulating and relevant. Materials are considered helpful and participants enjoy the opportunity to connect with people from other organisations. Participants feel confident that they can support community members to access the services they need.

Those who were interviewed value gaining knowledge about where they can go for information. They particularly value the TasCOSS-managed *findhelptas* website as a source of information, and would appreciate more localised information to be made available. It was noted that the printed version of the services guide gets out of date quickly, and as such is not as useful as a website.

Is anyone better off? (impact, benefits)

Participants in the TRP training are more confident in helping people, especially those who are not 'computer savvy'. This is especially true for volunteers in neighbourhood houses who have gained confidence by having another set of skills and knowledge that others in their organisation may not have. They enjoy being able to pass on the information more broadly within their local communities. Interviewees talked about being able to pick up on what help people need; one said, 'People don't walk through the door and share anything'. They are now able to show them the apps and recommend the best place to get help. They also share information within their organisations; one person said, 'If they know you have knowledge of something they'll come and ask you'.

There is a strong view that TRP needs to continue and become commonplace in the Clarence municipality and that it needs to be expanded to other services and businesses such as hairdressers. It is particularly valuable for certain circumstances, for example where reception staff can refer people to crisis accommodation. For this to be most useful it is vital that the information is correct and up to date.

There is concern that the management of TRP 'won't be as hands on' now that it is transferring to Public Health Services within DoH. It is seen as important that a local person in key communities is the connector and trainer, and that the training is opportunistic and responsive.

2. It's Ok to Ask (IOTA)

How much did we do? (activities, outputs)

In the second half of 2019 there was one training session held at the CICC with 15 participants from the Live Well, Live Long program. IOTA was promoted at the meetings of local organisations including the Pensioners Union. During this period IOTA evolved from a training program to a series of tools with a focus on empowering people and getting the message out more broadly. The delivery of the training changed to be more of a conversational style so that it was more easily accessible for participants.

How well did we do it? (what worked, what didn't)

Participants valued the training for helping them deal with common challenges of being rushed in health care appointments, not understanding the words being used by health professionals, forgetting the questions they had to ask, and understanding the information given to them. They particularly appreciated the advice on preparing lists of questions beforehand and accessing information on the Australian Government's healthdirect website. There is a sense that the participants in IOTA are more likely to be people who are already competent in the health system and that there is more work to do to reach people who do not feel confident in interacting with health professionals.

Is anyone better off? (impact, benefits)

Participants said they had shared the information with others. Some also wrote lists for their health appointments and felt more confident in asking about other issues during their visits. There is a view that IOTA has been successful in engaging GPs and pharmacies and that it is beneficial for these health professionals to learn how to be more approachable. There is a desire for resources to be promoted through more avenues of Council as part of building a culture of community empowerment where community members can shape the type of services that are provided.

3. Clarence Talks

How much did we do? (activities, outputs)

The health information sessions, Clarence Talks, are considered by some to be the most successful part of Help to Health. They reached over 100 people across the community during the funding period with 19 talks held in a number of locations on a range of topics. Local residents attended talks at neighbourhood houses in Risdon Vale, Warrane/Mornington, Rokeby and Clarendon Vale, as well as the South Arm community centre and Howrah Men's Shed. Talks were also held at the Child and Family Centre, Rosny Library, CICC and Salvation Army. Topics covered arthritis, financial management, dying, improving mobility, health care for new arrivals, smoking, dementia, incontinence and healthy ageing. The sessions were delivered by a range of organisations including Arthritis and Osteoporosis Tasmania, Salvation Army, Palliative Care Tasmania, THS Health Promotions South, the Water Well Project and Quit Tasmania.

How well did we do it? (what worked, what didn't)

Overall there has been positive feedback about Clarence Talks. Participants found the sessions helpful for themselves and for learning how to help others, and they value being able to listen to each other. There is a recognition that while the Talks may only reach small numbers the impact ripples out through conversations among community members. Participants value the group discussions and say that they feel empowered to ask questions. Interviewees at neighbourhood houses acknowledge the power of hearing about other people's experiences. They feel that when they are aware of what is going on they can spread the word.

It is seen as very important that the Talks are held in places where people feel comfortable and do not have to travel. There is a recognition that some people tend to stay in their communities and avoid going to places where they may feel intimidated.

'Any process where you have to come to a meeting at Council or the library people won't do it'.

There were times where community members wanted to go to talks outside their community, but there was a lack of support and encouragement to get there. There was

a suggestion that some work could be done to identify what barriers are in the way for people attending activities like the Talks. There could be targeted support for staff and volunteers at neighbourhood houses to attend each other's events.

It is also considered important to be responsive to local community needs by asking residents directly what they want to hear about. The Quit Tasmania talk was successful at showing participants how they could save money by giving up smoking as well as the health benefits. Participants like the 'freebies' like pens and drink bottles. Host organisations value the fact that Council was 'not harassing you to get involved, but if you want a talk they'll help, they work around my times not theirs'.

Community organisations are frustrated that they are not able to access Council grants to host their own ongoing talks because it is seen as too similar to H2H and needs to be a different approach in order to qualify for funding.

Is anyone better off? (impact, benefits)

There have been some direct benefits from the Clarence Talks. After the Quit Tasmania talk at Risdon Vale the neighbourhood house changed the location of its smoking area from the front to the back of the building. Quit Tasmania committed to do more training with staff, and staff and volunteers are having conversations with community members about the cost of smoking and how they might give up. Neighbourhood houses are organising their own talks on topics like dementia and diabetes. They have had help finding contacts to deliver the talks through the H2H project officers. While the talks are valued there is frustration that there are no resources for follow up support and information for community members. For example, more diabetes education is needed to address the problem that 'people still eat the wrong stuff', and need help preparing healthy meals so that the change can be sustainable.

It is acknowledged that Clarence Talks are a good model but that they take time and resources to organise. There is a view that they are not happening often enough in order to have an impact on more members of the community.

4. Help to Health Friends (H2H Friends)

How much did we do? (activities, outputs)

H2H Friends was a new aspect of H2H and there is a recognition that it needs more focus in order to build up membership. Twenty-two people have signed up to be involved and there were four formal meetings recorded between September 2018 and May 2019. At the meetings participants talked about needs within the community such as information on how to use the My Aged Care website. They also talked about issues like the lack of mental health services for young people, and the difficulties in finding the correct information about available services.

How well did we do it? (what worked, what didn't)

A key value of H2H Friends is that non-medical experts have the correct information and are able to share it with their networks. H2H Friends act as intermediaries when members of the community have health worries and need some help. The power of the approach was recognised by one participant who said, 'people listen to their friends'.

Participants find the sessions valuable and enjoyable. They value gaining knowledge about what information to pass on, for example information on flu vaccinations. They also value personal stories and sharing information about experiences that are similar so they can learn from each other. It was acknowledged that the meetings tend to fall down their list of priorities when members have other things on. It is easier for people to attend when the meetings are held in their own neighbourhood.

There was a concern that H2H Friends was too formalised and too centralised in requiring people to turn up for meetings. One alternative suggestion was to hold a more casual morning tea. Participants acknowledged that word of mouth is a much more successful way of sharing information than fliers or pamphlets. There was a suggestion that existing newsletters are a useful communication tool and that there could be value in hosting a Facebook page for H2H members. The membership of H2H Friends is seen by some as too narrow and would be more valuable if it was more diverse.

Is anyone better off? (impact, benefits)

H2H Friends is seen as an initiative that has the potential to 'spread informed gossip' relatively cheaply. There is a view that the concept has not been fully tested yet, and that it is an opportunity to skill up community members in navigating the health system. It is acknowledged that it takes time to build the relationships but that there is value in spending that time in neighbourhoods trying to understand what people do not know and need to know, and develop localised, tailored strategies.

5. Health Connection

How much did we do? (activities, outputs)

The role of health connection emerged more recently during the Anticipatory Care Project. The project support officer set out to improve connections by spending time in the community with organisations such as neighbourhood houses. She played a role in helping community members work out what they needed in order to connect to health services. She used local knowledge to facilitate access to information and also ensured that health providers were able to visit communities so as to improve accessibility for local people.

How well did we do it? – what worked, what didn't

Both H2H project officers were considered approachable, helpful and important connectors in communities. Participants valued having one central contact at Council

who could help them with contacts and information. They felt comfortable calling up and asking for information and advice. For example, a knitting group at Rokeby wanted to learn about wills and funerals and the H2H project officer was able to arrange a visit from Palliative Care Tasmania. It is seen as important by local residents that there is a trusted source of information about the most appropriate organisations and individuals to do the talks.

“We need someone who knows who’s good and what’s good.”

There is a view that the health connector role became the most important part of the H2H project, sometimes to the detriment of other initiatives moving forward, and that there needs to be a balance between functions.

Is anyone better off? (impact, benefits)

Health connection is seen as a vital role for addressing gaps in the system where people are unaware of what services are available and how to find them. The H2H Project is recognised in this period as reaching members of the community who had not previously been engaged, such as South Arm residents and the Howrah Men’s Shed. It is recognised that relationships take time to develop and need constant presence and connection. The perceived long-term benefit of local health connection activity is that it keeps people out of hospital. This provides a benefit to both state and federal governments as costs to the acute care system are reduced.

1.2 Lessons around short-term funding

As part of the Anticipatory Care Project Clarence City Council initially received \$250,000 for 18 months from July 2018 to fund a project officer, project support officer and related initiatives. The value of the funding opportunity was that it allowed for action research to be conducted and the importance of the health connector role to be fully understood.

There is a view that the participation of Council in the Anticipatory Care Project was opportunistic in that it was trying to keep H2H going when the PHT funding ended. The short-term nature of the funding was seen as a challenge to the stability and continuity of H2H and there is a view that not enough work was done to sure up the Project’s sustainability.

In the context of the Help to Health Project short-term funding has been described as ‘really problematic’ and ‘a disaster’. The impacts have been felt in the sustainability of change, retention of staff and disruption to relationships. Other challenges were experienced by participants around the lack of flexibility in the funding contract.

Sustainable change

The H2H project is seeking to improve health outcomes for people experiencing very poor and chronic conditions that are generational. There is a view that these issues cannot be fixed with short-term funding and that it requires a long-term commitment. Participants 'lose heart' when they can see the potential for change and the funding comes to an end.

"GPs are frustrated by short-term funding because changes are made and then it disappears."

Short-term funding limits the ability to explore new ideas and trial innovative solutions, such as more community-driven change, and communicating with GP practices through technology. The GP Reference Group is considered to be a 'great idea that is ready to go' but there has not been adequate time to implement it. Exploratory projects need more time and the ability to extend for longer periods if the change is seen to be working. Valuable time and money is spent on evaluations to set out the case for future investment in the Project, rather than on creating sustainable change in the community.

Staff retention

Another consequence of short-term funding is that staff seek other employment due to the insecurity of short-term contracts. Participants expressed regret that Clarence City Council lost two high quality project officers during this period. They note that this loss resulted in difficulties in completing the Project. The time limitations are considered to inhibit the work being undertaken with priority given to what can be completed within the timeframe rather than what would have the greatest impact on health outcomes for the community.

Relationships

Some participants say that people are used to the short-term nature of social health projects. Others say that short-term funding creates a lack of program continuity and causes trust to be broken. Participants agreed that the project officers were successful in building trusting relationships throughout the community. As a consequence, expectations have been raised that are not able to be met as the Project comes to an end, especially as those individuals have left the employment of Council. Service providers may be reluctant to get involved due to the lack of continuity. There is a view that short-term funding 'treats people like guinea pigs' and 'it feels like you're using them'. Building trust is considered key to long-term significant improvements in health outcomes and this takes time.

Flexibility

There is a view that the funding contract was less flexible than if it had been managed entirely by Council. While the need for accountability is understood, managing the funding and reporting requirements added to the workload in the Project. Some contractual requirements were considered to be unclear and this resulted in increased workload. Due to the limited funding available for community health initiatives, organisations tend to adapt their objectives to fit funding requirements. The H2H Project was adapted in order to meet the criteria for the Anticipatory Care Project by adding the action research function. The intention was to enhance what was already happening and to find new ways to help make the anticipatory care system stronger. Ideally, participants would prefer the flexibility to strengthen and expand successful parts of the Project and explore innovation without the need for onerous reporting requirements and tight timeframes.

1.3 Benefits and challenges of working in partnership

Clarence City Council worked successfully in partnerships with other organisations in the Help to Health Project. Members of the H2H Leadership Group included representatives of Council, UTas, THS (Integrated Care Centre, Health Promotion, GP Liaison), DoH (Public Health Services), PHT and The Link Health Service.

Participants highly valued the partnerships that were forged through the Project. The extent of the partnerships was seen as significant for a community as diverse and extensive as Clarence. The perceived risk is that with a dispersed population over a broad geographic area it may be difficult to maintain these partnerships without additional funding and central coordination.

Participants have valued the links that they have helped to create and sustain. While not a H2H initiative, the Live Well Live Long program is cited as an example of 'creating great connections with the THS' where end users have benefited from education and advocacy. Building up a network of individuals and organisations working together is considered vital for the sustainability of change in health.

"Being able to get people in the same room from organisations like NGOs, pharmacies, doctors, and public health is very important."

The medical centre at Risdon Vale is an example of how the partnerships created value. The Leadership Group came together to solve the problem and use their influence. It is

seen as essential to be able to have conversations at the local level rather than make assumptions about what might be happening.

The H2H Project has experienced challenges in engaging and forming partnerships with GPs. GPs are time poor and are overloaded with email and information. They are very selective about what they learn and will only participate in activities that require minimal time and are relevant for their patients. There is a view that the planned GP Reference Group may work best as a closed Facebook group, but only after the relationships have been built otherwise GPs may be cautious about how they participate.

1.4 Benefits to Clarence and others

The H2H Project is bringing benefits to the Clarence municipality and beyond by creating connections between people and information, and empowering people to participate in the health system. H2H is seen as bringing a more holistic community development approach and a health literacy approach to Clarence.

“Clarence is becoming a more inter-connected community.”

Participants reported an increase in health seeking behaviours with community members talking more about their health. More people are aware of supports like the healthdirect website and the Diabetes Tasmania telephone health coaching program. One example is of young mothers in Risdon Vale sharing on Facebook the message about not having the flu injection too early in the season.

Having a regular presence in communities within Clarence has opened other opportunities to improve health outcomes. For example, young boys in Clarendon Vale wanted to do more cooking and through the H2H Project they were able to get access to a safe food handling specialist. Staff and volunteers at neighbourhood houses have noticed local people are eating less unhealthy food as a result of the health information sessions.

The Project has brought benefits to a range of community members. Older residents of Clarence have benefited from the Talks as they are less likely to have access to and knowledge of the Internet. There was some outreach at schools, but participants would like to see greater engagement of young people. There is acknowledgment that H2H has not been able to reach everyone who needs help, but there is evidence that the message is starting to reach people who are not linked to any services, largely through neighbourhood houses.

H2H is helping local residents feel more comfortable in the premises of health services. Previously the services may have been unfriendly and 'told people they can't help, or provide information that's not useful or say just call this number'. Now the Project is influencing changes in practice so that service providers are more 'warm and welcoming'.

The expansion of H2H to the South Arm community has provided a benefit to Council. The presence of the project support officer there has shown the local residents that Council has a value as 'a unifier rather than just the rubbish collector'. The issues they raise, such as planning, are passed on to other areas of Council.

"Community members have a better view of Council because of workers being there and listening to them."

Participants recognise that improving the health literacy of residents leads to stronger neighbourhood resilience. Increasing awareness of health and wellbeing benefits everyone; as one participant said, 'when people are healthier, happier and more engaged then the whole community is safer'. It is acknowledged that changes in health seeking behaviours take time. There is a desire to find ways to engage more local people by designing information and services around their literacy, language and location needs.

1.5 Challenges and opportunities around working in health

Help to Health has provided insights into how distant policies and decisions made by state and federal governments have an impact locally. The complexity of the health system, the lack of access to GPs, and national reforms have an impact on the way community members manage their health. Action taken on health prevention at the local level has benefits for the acute care system by relieving pressure on hospitals. There are advantages for working at local government level and there are opportunities to work differently in order to improve health outcomes. The role of Council needs some clarity as does the placement of health and wellbeing within the functions of Council.

State and Federal policy impacts

Residents of Clarence experience the impacts of decisions taken by state and federal governments. Access to GPs remains a challenge for community members. The low priority given to preventative health together with national system reforms are creating challenges in an already complex system.

The H2H Project originated from the GP Access Project in 2017 when the issue of a lack of access to GPs was emerging in Clarence. The reduction in bulk billing services that resulted from the freeze on the Medicare rebate has had a significant impact on local residents. The cost of a visit to the doctor is prohibitive for many people on low incomes. Examples from H2H participants include people with mental health issues not taking their medication as they cannot afford the full consultation fee when they need to get a repeat prescription. In other cases, unwell parents are prioritising doctor's visits for their children above themselves.

"People can't afford to go to a doctor and doctors don't have time within their 15 minutes to do preventative work."

The ability of GPs to undertake preventative work in the limited time they have available with patients is also constrained by the funding model. As contractors GPs do not receive payment outside of consultations. This means that those more community-minded GPs who want to address the systems barriers and participate on working groups must do so in their own time. National system level changes are required so that GPs are rewarded for managing complex conditions and can spend more time with patients.

Participants in the H2H Project say the complexity in the relationships between the three levels of government leaves no clear line of responsibility for funding preventative health. There is a view that there has been an 'erosion of good primary health care' at both state and federal levels. Participants acknowledge that the State Government is more focused on acute care and that it has shifted priorities and funding away from the social determinants of health. It is also seen as retreating from a primary health perspective in areas like social work where workers are being instructed to focus clinically.

National reforms like the National Disability Insurance Scheme (NDIS) and My Aged Care are creating additional barriers for people trying to understand and navigate the health system. The complexity and lack of focus on preventative health by state and federal governments is creating a gap in the system at a local level.

Role of Council

Tasmanian legislation sets out the function of local councils to 'provide for the health, safety and welfare of the community'.² Promoting health is also a goal of the Clarence City Council Strategic Plan 2016-26.

² *Local Government Act, s20*

Participants in the H2H Project see a valuable role for Council in connecting people and services within parts of health system. Because councils are not involved in clinical service delivery they are able to maintain a holistic community focus and broader social health perspective. This approach leads to understanding the root causes and gives people greater ownership of their own health.

“Council is seen as a place to build a community.”

Local councils are seen as stable institutions in a community and a trusted source of information. Councils have better local knowledge and key personnel seem to stay longer in local government. This brings benefits for building trusting relationships with the community. They host community places and provide venues for social services. It is considered easy for residents to call in to get information, especially for older people.

Councils are seen to know what services are available across the community. They are also seen as builders of local relationships, can reach a broad range of people, and tailor responses to local needs. Councils are sources of local feedback and grassroots information, and Councillors themselves are seen as more approachable and available than other levels of government.

There is a view that Council’s role in health and wellbeing is a practical one of making sure, for example, they have bike tracks, walking tracks, health promotion, and healthy food outlets at festivals. Another key role is around communication, at grassroots level as well communicating with other councils and levels of governments to ensure information is seamless. It is acknowledged that Council has significant influence over the elements that impact on health but that they don’t necessarily recognise that role.

As an organisation that provides stability in the community Council can also be a powerful advocate. There is a view that Council has a role to play in pushing back on changes brought by state and federal governments that will have a detrimental impact on the community. One view is that local councils do not use this power enough to change policy and achieve improved outcomes over the long-term.

In the H2H Project, health has a broad definition that incorporates the social determinants of health. Some perceive that Council views health narrowly in a medical framework and therefore considers that health is not a core Council responsibility. It is acknowledged that councils do have responsibility for health matters such as immunisations and water quality, and that other functions such as planning and facilities management also impact on health.

Participants have a view that health is compartmentalised as a separate activity at Clarence City Council. The silos within Council are seen as a barrier to better integrated

health care. There is a desire for greater coordination of the functions within Council including community development, planning and positive ageing, child and family services and youth services. There are opportunities to work in a more integrated, strategic way at a local level within Council.

1.6 What should we have done differently?

There is acknowledgement that Clarence City Council has operated in a sophisticated way to address the challenges within the time constraints of the H2H Project. There is recognition that they have been realistic about what they could achieve with the funding and time available. With the benefit of hindsight participants would have done some things differently in H2H.

A key area for improvement is around building sustainability into the Project so the work is not as vulnerable to the withdrawal of funding. There is concern that the level of funding available may have generated a view in Council that it was not worth the effort. One suggestion to improve sustainability was to establish an internal working group within Council that is connected to the Project. Its role could include creating links and finding synergies across areas like Ageing, Access and Inclusion and the Youth Health Service.

For H2H to be successful there needs to be stronger leadership and internal ownership of the Project across the organisation. There is a view that more Council leaders need to be involved in the Project, that it is championed by Councillors and the executive, and that it needs to be embedded across Council. One suggestion is for Council meetings to include reports on the H2H Project.

One view is that the Project should have been established as a test of ideas and new approaches rather than setting up a long-term commitment. If the Project had been established with fewer constraints in the funding contract there could have been an opportunity to be more responsive to emerging needs, rather than be locked in to delivering training. It is seen as important to have collected more statistical information in order to demonstrate the impact of the Project and build its credibility with potential funders. A more streamlined process around receiving continuous feedback would have improved the data collection.

There is some restoration work to be done with the relationships that have been built over the life of the Project. It is seen as damaging to set up expectations and build trust, and then for the activity to come to an end. It is important to maintain connections with participants in the Project and identify ways to continue the work of H2H.

FINDINGS

Part 2: Future Direction

It is understood that plans are underway for the remainder of the funding period to continue with one staff member per week organising the Clarence Talks, the monthly H2H Newsletter, and meetings of H2H Friends. There are other health literacy, connecting and navigating elements of the Project that still attention and action. Participants were asked what action they thought was possible and attainable in a scenario where there is limited funding.

2.1 Elements that still need attention and action

There are opportunities to take action on elements of H2H and there is a willingness on the part of the partners to be involved, as well as a recognition within Council of the opportunities to integrate health and wellbeing within roles and functions.

There is a suggestion that neighbourhood social media groups can play an important role in health connecting and navigating. Some Clarence suburbs have their own social media group and for this role to continue a good moderator is needed who can resolve complex local issues.

Increased resourcing and capacity building in marketing and communications is seen as a way of improving health literacy, and for connecting and navigating. Digital multi-media resources, including videos, are seen as a useful way of communicating training information for initiatives like The Right Place. There is also a view that health literacy communication needs to use easy English and not just plain English. This includes the use of pictures and video for people with low levels of literacy.

Funding and support is also needed for smaller, locally generated initiatives like Clarendon Vale's Afternoon Delights talks. Funding can also be used to address smaller changes like change to a bus route or skilling up a target number of organisations through The Right Place with a suite of resources.

The GP Reference Group is seen as an important way of continuing to engage GPs and improve their connection with the community. A closed Facebook group is suggested as a self-sustaining model through which participants can pose questions and share information. Engagement with pharmacists is also seen as a way to reach people who may be marginalised in the community.

2.2 Supporting H2H into the longer term

There is a strong view among participants that a longer-term investment is needed to create sustainable change to health outcomes in Clarence. For the change to be embedded in the community there needs to be a partnership model with a central driver. This would take the form of a health connector role that could be hosted by Council and work across the Clarence municipality in partnership with other organisations. There are other suggestions for ways that the work of H2H can be resourced and supported into the future through a strategic approach, strong relationships and community-led change.

Health connector

A formalised future health connector role is described as: Facilitating greater connection between community and health and wellbeing organisations and businesses; improving navigation of the health system; spreading messages and awareness; improving information and support; and improving collaboration and knowledge.

To have an impact on improving health outcomes there is a view that the investment needs to be permanent and hosted by Council. An alternative host for the role could be in the CICC, funded by the State Government but with a remit to work with local government.

A focus of the role would be to maintain a supportive environment for partnerships to grow, to keep people informed, and ensure that health connection and health literacy is a key function of Council. The role would act as a pivotal point that connects people to health information, is a navigator of services, and helps the community shape what services and programs it needs. It is seen as important that the role is not a desk job but is out in the community.

The role would be focussed on prevention rather than a response to clinical issues, making a contribution to the aim of keeping people out of hospital. It is considered important that the health connector role is responsive to local needs in the context of the Council's broader health and wellbeing strategy.

There would need to be a balance between the health connection role and the delivery of the other initiatives. The initiatives are seen as important 'products' that give value and legitimacy to engaging with the community.

A health connector can also improve connections within Council. They can feed back what they hear in communities to staff across the organisation. A strategic approach would lead to more joined-up activities and less duplication with other programs. There

is a view that the role fits best with community development but that the health and wellbeing objectives also align with existing core roles and functions like community safety, facilities management and signage to improve access.

Strategic approach

Improving health outcomes requires a sustained investment and a strategic approach. Time is needed to build relationships and spread ownership of the solutions within the community. Finding a vehicle for keeping the partners together is seen as important. Without a project that gives focus for activities and a program of work it is unlikely the relationships will continue.

The H2H Leadership Group could continue but there is a view that the membership may need to broaden. There is an opportunity to have more representation from Council, as well as participation from local businesses. The Leadership Group could be a shared table where people present the work they are doing and seek support from each other. Without funding the connections could be maintained as a Facebook group.

There is an opportunity to embed the work of H2H by influencing long-term thinking on health within Council. One suggestion is to incorporate the UTas research from the Anticipatory Care Project into the broader health and wellbeing strategy. It is understood that this will happen as part of the review of the Health and Wellbeing Plan.

Strong relationships

The work of H2H can be embedded by strengthening key relationships within the Clarence municipality. Neighbourhood houses are able to reach people who are socially isolated, and there is a potential role for Council in connecting the houses with each other to share information and coordinate activities.

Pharmacists are seen as important connectors and navigators for community members, and pharmacies are considered to be good places to reach marginalised people. It is also possible to reach socially isolated people through their carers, especially those people who may not go to pharmacies and those with mental health issues.

Community-led

There is a view that power needs to shift to the community to decide on what action needs to be taken to prevent long-term health conditions. State and federal governments could support a shift to community-led solutions by providing sustainable funding and direction on the broad health outcomes to be sought. Depending on the

level of readiness in the community, funding may be directed at building relationships, determining needs and implementing actions.

Community-led approaches could include the building of community connections and 'local villages'. Opportunities could be created for people to connect face to face as well as use social media groups to share information and stories, and coordinate volunteers.

Recommendations

H2H is making a difference to the lives of individuals in the community. Through the initiatives participants are getting the information they need, and are gaining confidence in navigating the health system and asking questions of health professionals. The Project is making a difference to organisations in Clarence by facilitating connections that help them share information and collaborate to achieve better health outcomes.

The main criticism of the initiatives is that they are not held often enough and are not reaching far enough across the population. For H2H to make a long-term impact on the health and wellbeing of the citizens of Clarence the initiatives need to be continued and expanded. The Right Place can extend into local businesses and non-health organisations. The It's Ok to Ask resources could be promoted more widely. Clarence Talks can be held more often, with help for residents to attend and get follow up support. Help to Health Friends can be expanded with a more diverse membership and a less formal approach.

The relationships that have been built between organisations and across the community are a solid foundation for progress, but they are unlikely to continue without a central driver. Community members need one central point of contact and they trust Council to play that role. While the health system remains as complex and difficult for citizens and service providers to navigate, there needs to be a permanent role of health connector. It is important that there is a balance between connection, continuing the initiatives and being responsive to community needs. It is also a priority to build relationships with pharmacists and engage GPs through the establishment of the GP Reference Group.

While preventing long-term chronic conditions remains such a complex challenge there needs to be a strategic response. Embedding health seeking behaviours across the community is a transformational project. It requires all participants to work in a way that puts the health and wellbeing needs of citizens at the centre of decision making. This requires a reconsideration of health and wellbeing as a priority for Council with better integration of services and collaboration across the organisation.

Clarence is leading the way on a community based preventative health response. The next stage is to invest in a place-based health and wellbeing model that is owned and driven by the community. If this were a collective impact approach, then Council could be the backbone organisation. A reference group that includes the health connector role could be responsible for facilitating the strategic, community-led, place based response in a partnership model. Clarence City Council could advocate to state and federal governments for a more collaborative response to health and wellbeing. It is vital that all levels of government work together to remove the barriers in the system and make it easier for citizens to take control of their own health.

H2H Evaluation Interview questions

1. What have been H2H's most important achievements? What have you valued?
2. What are benefits for Clarence?
3. Who has/not benefitted?
4. What have been the main challenges?
5. Has the project caused any damage – any unintended consequences?
6. What impact has the funding model had on the work? (Lessons around short-term funding)
7. Why should local councils be involved in health?
8. What are the main advantages and disadvantages of local councils being involved? What do you see are the main challenges and opportunities of working in the health system - e.g. how distant policies and decisions made by Federal and State Governments impact locally?
9. What are the main benefits and challenges of working in partnership - with Council?
10. What key things would you do differently in the future?
11. What aspects of the project still need attention and action (health literacy and health connecting/navigating elements)? What is possible and attainable?
12. How could the work of Help to Health be embedded/resourced/supported into the longer term?
13. How important is a role of a 'Health Connector'?
14. What should role of Health Connector do?
15. How likely is it that you/your organisation will continue to be involved in H2H?
16. What needs to happen for you to continue?

H2H Evaluation Participants

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