Melbourne's North and West Metropolitan Regional Management Forum: Building community capacity through the Regional Health and Wellbeing Implementation Strategy

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Abstract:

At SOAC 2011, the Victorian Department of Health North and West Metropolitan Region (DH) outlined its Regional Health and Wellbeing Implementation Strategy (Butterworth, 2011). This Strategy aims to implement the Victorian Public Health and Wellbeing Plan by harnessing the capability of the North and West Metropolitan Regional Management Forum (RMF). Members of the RMF include regional Directors of all state government departments and CEOs of 14 municipal Councils. Chaired by a Departmental Secretary, the RMF's structure and function matches closely the intersectoral governance approach promoted through the World Health Organisation's 'Healthy Cities' framework. DH has based its engagement with the RMF on the Healthy Cities approach.

Using a Community Capacity Framework, this paper will outline the initiatives implemented and resulting changes to community capacity at the individual, civic engagement, organisational, inter-organisational and community-levels of analysis. Critical success factors include the systematic utilisation of the Healthy Cities approach; catalytic leadership; engagement of RMF members; and a champion in the RMF Chair. Critically, by linking the RMF with the University of Melbourne, key outcomes have included: a Place, Health and Liveability research program focusing on the region; leveraging $600,000 to build an RMF Integrated Data Platform and Portal; development of Liveability Indicators; and the University's recent successful bid for $2.5M in funding to lead a new Centre of Research Excellence in Healthy, Liveable and Equitable Communities. Challenges addressed include: substantial changes in senior personnel; shrinkage of the public sector; and restructuring of government departments. Future directions and opportunities are outlined.

List of Acronyms

ANDS .... Australian National Data Service
AURIN .... Australian Urban Research Infrastructure Network
DH .... Victorian Department of Health (North and West Metropolitan Region)
DTPLI .... Victorian Department of Transport, Planning and Local Infrastructure
NWMR .... North and West Metropolitan Region of Melbourne
RMF .... North and West Metropolitan Regional Management Forum
RWHIS .... Regional Health and Wellbeing Implementation Strategy

Introduction

As documented comprehensively by the World Health Organisation, most of the factors that affect people's health and wellbeing – and the resources make long-term improvements – are determined by policy and investments outside the health sector (Wilkinson & Marmot, 2003). DH exists to protect and improve the health and wellbeing of the whole population of people who live, work and play in the North and West Metropolitan Region of Melbourne (NWMR). The department achieves this by using two quite different imperatives. Firstly, it uses its strategic influence to strengthen the health service system by harnessing state-wide health reform processes. Secondly, it engages stakeholders across and outside the health sector to improve the many factors that affect people's lives but which lie outside the direct control of the health sector (Department of Health, 2013a). These social determinants include transport, affordable housing, education and local employment (Gebel et al, 2005). Through the Regional Health and Wellbeing Implementation Strategy (RWHIS), DH aims to help influence these determinants of health and wellbeing. The Strategy has three broad aims: (i) promote integrated planning; (ii) provide RMF members with useful tools; and (iii) support existing policies across NWMR.

The Public Health and Wellbeing Act (2008) requires that a Victorian Public Health and Wellbeing Plan be developed every four years. This Plan aims to improve the health and wellbeing of all Victorians by engaging communities in prevention, and by strengthening systems for health protection, health promotion and preventive healthcare across all sectors and all levels of government (Department of Health, 2011). In implementing the Victorian Public Health and Wellbeing Plan with its regional partners, DH has embraced a 'population health approach' wherever possible by:

(i)   Focusing on the health of populations;
(ii)   Addressing the determinants of health and their interactions;
(iii)   Basing decisions on evidence;
(iv)   Increasing upstream investments;
(v)   Applying multiple strategies;
(vi)   Collaborating across sectors and levels;
(vii)   Employing mechanisms for public involvement; and
(viii) Demonstrating accountability for health outcomes (Poore, cited in Neuwelt et. al., 2009).

The methodological approach employed is based on the Healthy Cities framework.

As outlined in Butterworth (2011), NWMR covers the northern and western suburbs of Melbourne, is the most populous and diverse region, and is expected to grow by over 23% to 2.16 million by 2021 (DPCD, 2012). In response to the Region's size and complexity, DH has established three interdisciplinary, area-based teams consisting of staff members that work across the traditional – and often siloed – jurisdictions of public health, primary care and aged services portfolios. These three teams engage with stakeholders across the Western, Inner North-West and Northern areas of NWMR. These areas also align with the geographical boundaries of alliances of primary care services known as Primary Care Partnerships (see Figure 1).

Figure 1 Three Areas of NWMR
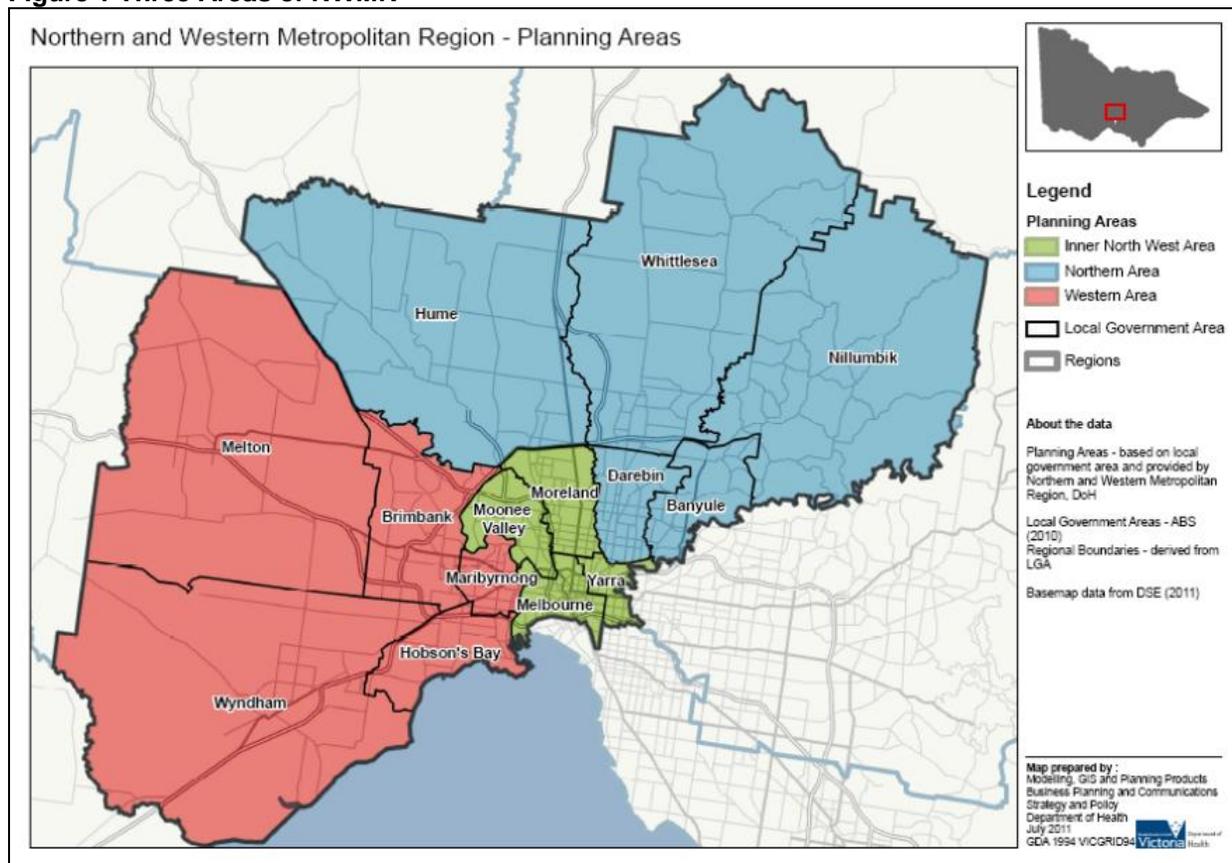
(Department of Health, 2011b)

Healthy Cities Approach

Used by thousands of cities and municipalities around the world, the World Health Organisation's 'Healthy Cities' approach is characterised by:

(i)   broad-based, intersectoral political commitment to health and well-being in its deepest ecological sense;
(ii)   commitment to innovation;
(iii)   democratic, meaningful community participation; and
(iv)   resultant healthy public policy.

Healthy Cities initiatives typically involve establishing peak intersectoral alliances comprising senior stakeholders from key organisations across the political, economic, cultural and intellectual spectrum of the city or community. Project staff members work to support the leadership by conducting community diagnoses; encouraging participating agencies to engage in action that strengthens population health; helping to generate public debate and policy action; developing targeted health promotion interventions; and evaluating their impacts. They work across sectors to break down the barriers between them and develop better linkages (Ashton, 1992; WHO, 1997). Integral to the approach is working with a unified vision and strategic plan for promoting the health and well-being of that city or community.

Universities are core to Healthy Cities initiatives: not only by participating in their governance, but also for the assistance that academics and students can provide in collecting data, evaluation, and providing education and training (Ashton, 1992; Tsouros, Dowding, Thompson & Dooris, 1998; WHO, 1997). An 'engaged' university is "committed to direct interaction with external constituencies and communities through the mutually beneficial exchange, exploration and application of knowledge, expertise and information" (Holland, 2001, p.7). An 'engaged' university-community partnership will build on the strength and competencies of all parties, and will enable each party to further their own objectives a well as their shared agenda (Ramaley, 2005). The DH's formal partnership with the University of Melbourne has been critical to the methodological approach taken through the RHWIS, and the milestones achieved.

Catalytic leadership and social entrepreneurship

To act as catalysts for change, Healthy Cities organisers work to focus public attention by elevating a healthy cities issue to the public and policy agendas. Second, they engage people in the effort by convening the diverse set of individuals, agencies and interests needed to address the issue. One outcome of this activity is that catalytic leaders can then work to form new, non-traditional partnerships between and across organisations. Engaging diverse stakeholders presents leaders with an opportunity to stimulate multiple strategies and options for action. Finally, catalytic leaders work to maintain the momentum they have helped generate, by managing the interconnections through appropriate institutionalisation and rapid information sharing and feedback (Duhl & Sanchez, 1999; Korosec & Berman, 2006).

'Social entrepreneurship' is another term used that encapsulates the qualities of catalytic leadership. Social entrepreneurs are seen to act as agents of innovative organisational change to connect the streams of policy, problem solving, and politics inherent in all organisations (Catford, 1997). They work to create empowering organisational settings in which stakeholders internally and externally can work together to identify innovative solutions to long-standing problems, develop opportunities for leadership, and build on organisational capacity to foster reflective action, or praxis (Zimmerman, 1995; Kemmis & McTaggart, 1988). Social entrepreneurs work systematically to analyse, envision, communicate, empathize, mediate, enable and empower across individuals and organisations. They also seize opportunities to broker more effective political relations. Importantly, they act as 'boundary spanners' by bridging the conceptual, cultural and ideological gaps between disciplines and sectors. In performing all these functions, social entrepreneurs help ensure innovative policy (Catford, 1997; Duhl, 2000). In implementing the RHWIS, DH has embraced university engagement, catalytic leadership and social entrepreneurship as core features of its methodological approach.

Methodological approach

Engaging the RMF

The RMF was approached in March 2011 with a brief presentation to outline DH's population health framework and how the RMF had the potential to provide regional leadership to a NWMR Healthy Cities approach. The department was invited to present a more detailed proposal to the June RMF meeting.

Engaging the University of Melbourne

DH initially engaged the University of Melbourne to assist the RMF to achieve better access to integrated data. At the RMF meeting held in March 2011, members identified the need for access to integrated data. DH offered to assist, realising that this could be core platform of the RHWIS. The North and West Metropolitan RMF Integrated Data Working Group formed to: (i) develop an integrated data platform for the North and West Metropolitan Region; and (ii) provide a mechanism for feeding information about integrated data into the RMF. In 2012, this collaboration resulted in a $600,000 grant to develop an RMF Integrated Data Platform and Portal, for which six Departmental Secretaries agreed to share their data. Funds were sources from the Australian Urban Research Infrastructure Network (AURIN) and the Australian National Data Service (ANDS) (University of Melbourne 2013 a, b).

Following on from the momentum generated by this initial engagement, the University was then invited to consult RMF members to identify the key factors that impacted on people's access to opportunities to experience health and wellbeing. Professor Billie Giles-Corti, Director of the McCaughey VicHealth Centre for Community Wellbeing, led interviews (Giles-Corti & Whitzman, 2012). The four interlinked priorities agreed by RMF members were: creation of local jobs; better public transport; education and training; and secure and affordable housing. These themes formed the basis of a wide-reaching collaborative research program on place, Health and Liveability, forged between DH, RMF members, health sector partners and the University. Figure 2 below shows how these determinants interact to influence poor health across NWMR (Giles-Corti & Whitzman, 2011).

**Figure 2 Preliminary potential pathways of social determinants of health**
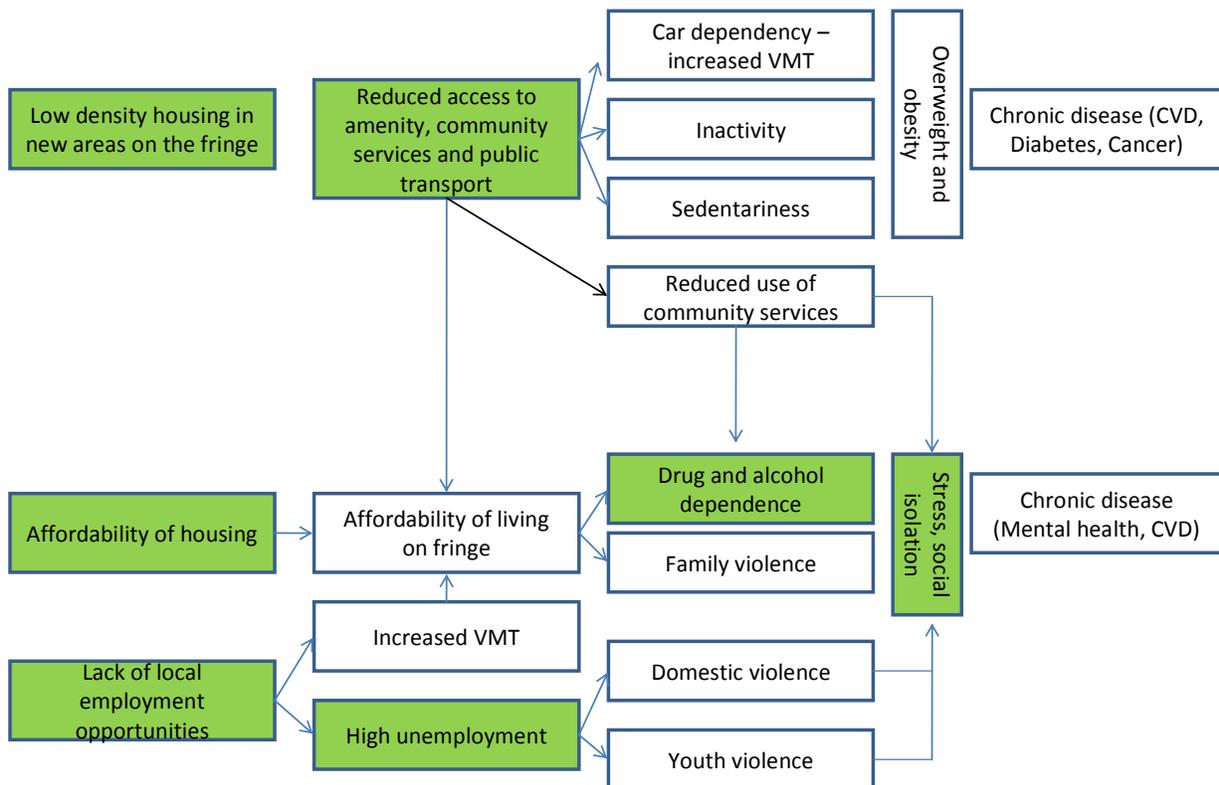
Establishing a governance structure

A broad-based Healthy Cities approach typically involves the establishment of a peak intersectoral working group comprising senior personnel from key organisations. A project team assists the working group by providing secretarial support, as well as: conducting community diagnosis; developing strong links with education bodies at all levels, assisting participating agencies to examine ways of engaging in a population health approach; helping to generate public debate, with a view towards fostering city-level health advocacy; developing and evaluating targeted health promotion interventions (WHO, 1997).

In late 2011, DH secured RMF endorsement to establish a peak Regional Health and Wellbeing Advisory Group. This commenced in 2012. Membership comprises senior personnel from RMF member organisations, representatives from the health sector and the University of Melbourne. In line with Hancock's (1993) view that the Health sector needs to take a supporting (but not dominant) role in Healthy Cities partnerships, the Advisory Group has been co-chaired by the Department of Justice and the Department of Health. This was in recognition that both departments were using a 'determinants of wellbeing' focus in their engagement across the Region, and that the departments shared common objectives to improve the life chances of some of the most economically, socially and spatially disadvantaged people across the NWMR. To support the Advisory Group, DH established an internal project team in 2012. The purpose of the project team was to implement the RHWIS methodology that the Advisory Group endorsed, and also to implement actions arising from Advisory Group meetings.

The RHWIS governance structure is depicted in Figure 3. This diagram shows how the regional work is anchored in the Victorian Public Health and Wellbeing Plan, and is supported and resourced through the Partnership with the University of Melbourne. Members of the DH Project Team are drawn from across the Western, Inner North-West and Northern Area groups. (The Victorian Public Health and Wellbeing Plan itself is supported by the Victorian Prevention and Population Health Advisory Board. Chaired by the Secretary of the Department of Health, the Advisory Board comprises departmental Secretaries, leading academics and CEOs of key NGOs.)

Figure 3 Governance Structure: Regional Health and Wellbeing Implementation Strategy
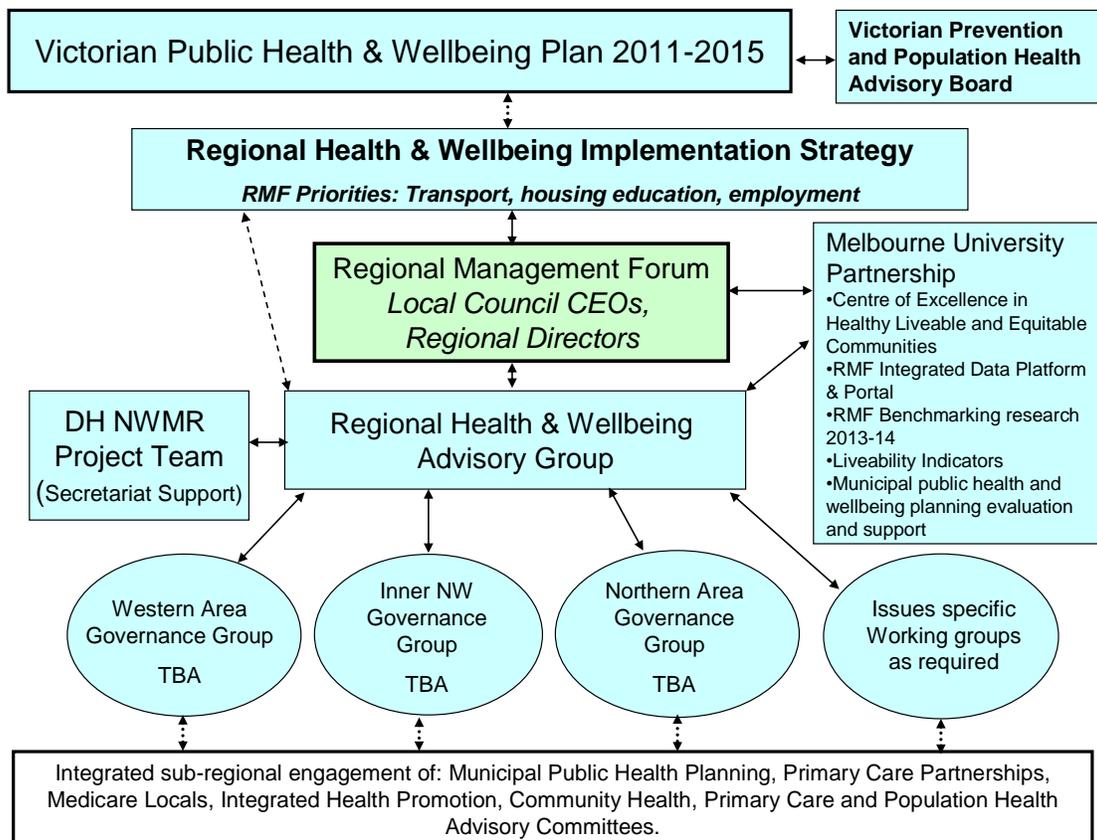
A major thrust of the Project Team and Area Groups for 2013-14 is to build up the capability of area-based governance structures to encourage 'one-catchment, one approach' to vertically- and horizontally-integrated planning across NWMR. The intention has been to assist stakeholders across the three Areas either to consolidate their many governance networks (which often involve the same people attending a suite of steering groups and advisory committees that have similar aims), or to establish one overarching governance structure to drive integrated planning.

The department's aim has been to support over-committed colleagues across the Region to consolidate their efforts. However, this is an evolving discussion, and one that requires mapping the many and varied networks and decision-making groups led by various sectors and levels of government across the Region. In line with the Ottawa Charter for Health Promotion (WHO, 1986) and the Healthy Cities approach, the process of engaging stakeholders in collaborative discussions and efforts to enhance population health are as important as any outcomes (Duhl & Sanchez, 1999).

> The healthy city concept means process, not just outcome. A healthy city is not necessarily one that has achieved a particular health status. It is conscious of health as an urban issue and is striving to improve it. Any city can be a healthy city if it is committed to health and has a structure and process to work for its improvement (WHO, 1997, p. 7).

Engaging regional stakeholders

During 2011 and 2012, four major regional events were held to build understanding of, and commitment to, the integrated local area planning approach and population health principles embodied in the RHWIS. Integrated Planning Conferences were held in December 2011 and October 2012, and Area-based Forums held in May and August 2012 (Department of Health, 2013b). The then Secretary of Department of Transport and RMF Chair, Jim Betts, opened each Conference for each of which some 250 delegates registered.

Both conferences focused on generating ideas for integrated action across the three sub-regional Areas, as well as across the region as a whole. RMF members gave presentations and chaired sessions. Area-based forums were held to progress the ideas emerging from the first Conference, and to help shape the agenda for the second Conference. Building on the achievements of the first conference, the second Integrated Planning Conference was championed by the RMF as an RMF event, and secured financial contributions from 14 RMF member organisations. As a result of this endorsement, the second Conference attracted more delegates from outside the health sector (DH, 2013).

Other forms of engagement have included a series of Integrated Planning Bulletins, regular email communication, and a strong web presence on the DH regional website which contains all key presentations, documentation and records of actions arising from conferences and regional forums.

Population Health Short Courses

Commencing in 2010, DH and the University of Melbourne have conducted four population health short courses. The purpose of the short course has been to help build the understanding and capability of health sector stakeholders not only to understand population health principles, but also to engage meaningfully on policy issues managed outside the health sector that impact on health (e.g., transport). Some 120 people have participated in the short courses, which have been evaluated each year. The 2013 short course specifically targeted CEOs and senior managers from across local government and peak health sector agencies. Increasingly, the courses have included content and presenters representing the work of the RMF and the RHWIS. In this way, DH has attempted to create a conceptual 'bridge' between the health sector and other sectors.

Documenting efforts and outcomes using Community Capacity Framework

As part of its regional population health initiative, DH has aimed towards influencing a corresponding shift in community capacity. This is defined as community's ability to mobilise, identify and solve community problems (Kegler, Norton & Aronson, 2003). Community capacity includes: measures of civic participation; mechanisms for community input and for the distribution of community power; skills and access to

resources; sense of community and social capital/trust; social and inter-organizational networks; community values and history; and capacity for reflection and learning. Kegler et al's evaluation of the Californian Healthy Cities and Communities initiative utilised the framework shown in Figure 4 to document changes in community capacity. Their schema includes five interrelated levels of analysis: from the level of individuals, through to measures of civic participation and changes at the organisational, inter-organisational and community levels of analysis. This framework will be used to summarise the key actions initiated through the RHWIS and the outcomes of those actions.

In documenting their systematic analysis of the changes to community capacity over a five-year period across 35 Californian Healthy Cities and Communities initiatives, Kegler et. al. (2003) employed a multiple case study with cross-case comparisons. Their data collection methods included: a review of program documentation; participant surveys; in-depth interviews with coordinators, community leaders, sponsoring organisation directors and staff; and focus groups.

Figure 4 Community Capacity Framework

(Kegler et al, 2003, p. 17)

Table 1 below summarizes the breadth of actions taken against the community capacity-building goals of the RHWIS, and the milestones achieved to date.

Table 1 Summary of actions taken and milestones achieved against desired outcomes

Level of analysis	Desired change	Actions taken	Milestones
Individual	- Cement the understanding that population health is everyone's business - Identify and agree on key policy areas that impact on health and wellbeing - Identify champions within the RMF, across other departments and sectors - Build the capacity of champions and other stakeholders to implement a population health approach	- DH presentations given to RMF members, health sector representative and other stakeholders at RMF meetings and other events - Approximately 250 people attended each Integrated Planning Conference in 2011 & 2012. Conferences: (i) emphasised the importance of: 'health in all policies', evidence-based policy, policy-based evidence, (ii) the region's Place Health & Liveability research partnership with the University of Melbourne, (iii) brainstorming issues and opportunities for innovation and collaboration - Four Population Health Short Courses have engaged 120 state government, local government and health sector representatives in regional approach	- RMF consultation 2011 led by the University of Melbourne identified transportation, affordable housing, local employment and lifelong learning as key determinants of wellbeing across NWMR - RMF members gave presentations and convened sessions at the NWM RMF Integrated Planning Conferences and Workshops held in 2011 & 2012 - Local services and Councils showcased local exemplars of best-practice integrated planning and collaboration - Each Conference was officially opened by RMF Chair, the then Secretary of the Department of Transport 2012 Conference was sponsored by the NWM RMF.
Civic Participation	- RMF meetings become more participatory - Health sector representatives build their engagement with the RMF - DH staff become actively involved in the the RHWIS via their area-based groups	- Development of Regional Health and Wellbeing Strategy involved working closely with RMF Chair, Regional Strategy Coordinator within Department of State Development, Business and Innovation, and colleagues at DH central office. - Internal DH Project Team established that engages staff and builds up their ownership and leadership skills	- Regional Health and Wellbeing Advisory Group established in 2012, comprising RMF members, health sector stakeholders and the University of Melbourne. Co-haired by Department of Health and Department of Justice. - Intersectoral working groups held at the NWM RMF Integrated Planning Conferences in 2011 & 2012 identified potential regional and sub-regional initiatives. These were discussed with RMF chair.
Organisational	- Build the capacity of the NWM RMF to lead a population health approach - Consideration for health and wellbeing is embedded throughout the RMF planning and evaluation cycles	- DH convened the NWM RMF Integrated Data Working Group in May 2011. - DH presented proposal for Regional Health and Wellbeing Strategy to RMF in June 2011	- RMF endorsed the development of a Regional Health and Wellbeing Strategy in June 2011. - At its meeting in December 2012, the RMF endorsed for action the key strategies identified at the NWM RMF Integrated Planning Conference. - Draft RMF Work Plan 2013-14 includes a Health and Wellbeing strategy, with key lead and support roles played by the RMF.
Inter-organisational	- RMF member organisations consider health and wellbeing are embedded throughout their planning and evaluation cycles - Collaboration is strengthened between NWM RMF, its members, health sector and	- NWM RMF Integrated Data Working Group comprised organisational representatives from across RMF and University of Melbourne. - Sub-group established of RMF State Government departmental directors and University of Melbourne representative to consider ways to build collaboration between state and local government	Integrated Data Working Group's collaboration with the University of Melbourne led to successful bid in March 2012 for $600k to establish integrated data platform and portal. Specific focus on obtaining integrated data on key determinants of wellbeing across NWMR: transportation, affordable housing, local employment, access to health services and access to amenities. Initiative has been funded

Level of analysis	Desired change	Actions taken	Milestones
	universities. • NWMR approach is adapted for use by other regions • Vertical alignment of priorities, plans, and strategies across state, regional, sub-regional and local levels of government and/or governance. • Horizontal alignment of plans and efforts across sectors within catchments		until 2014. Both RMF members and health sector representatives have participated in the Integrated Data Project and the Place, Health and Liveability research program • Six departmental Secretaries agreed to share their departments' data with the RMF Integrated Data Platform. 100+ data sets have been integrated to date • Integrated Data Project funding extended until 2014, with the possibility of further extension. • Second Integrated Planning Conference was championed by the RMF as an RMF event and secured financial and in-kind contributions from 14 RMF member organisations. • DH NWMR commissioned University of Melbourne to lead RMF benchmarking research initiative that will track the vertical and horizontal alignment of priorities, plans, and strategies across state, RMF, sub-regional and local levels of government and/or governance. Commences late 2013
Community	• Consideration for health and wellbeing is built into public policies and plans across NWMR at all levels of governance • Changes to urban development, infrastructure planning and the physical environment are influenced as a result of the Regional Health and Wellbeing Implementation Strategy.	• Regional Health and Wellbeing Implementation Strategy clearly identified as a key NWM Regional vehicle to: (i) Deliver the Victorian Public Health and Wellbeing Plan 2011-2015; (ii) Embed 'determinants of health' focus • Comprehensive 'Place, Health and Liveability' (PHL) policy research program established in 2011 between University of Melbourne, DH NWM and RMF. PHL. Liveability Indicators initiative established with input from RMF members. Four PhD research projects will investigate policy issues with RMF and regional partners. • During 2011-12, DH NWMR invested $112,000 in the Place, Health and Liveability' research program. This provided seeding grants for policy research and helps to fund Strategic Australian Postgraduate Awards for three PhD research students.	• Some local Councils and Primary Care Partnerships have identified the four RMF priority determinants in their plans • Some local Councils and Primary Care Partnerships have identified 'Health in all Policies' in their plans • Evidence that health agencies increasingly are adopting a place-based approach to their work. • Liveability Indicators report, "Liveable, Healthy, Sustainable: What Are the Key Indicators for Melbourne Neighbourhoods?" released June 2013 • University of Melbourne bid successfully for $2.5M national Centre for Research Excellence (CRE) for Healthy, Liveable and Equitable Communities. Grant was developed in partnership with DH NWMR and other stakeholders. CRE will involve DH NWMR as an industry partner

Discussion

Table 1 has shown, in broad strokes, the regional return on investment that the RHWIS has made to community capacity. Notable milestones include: the broad adoption by the RMF of the RHWIS and its commitment to the social determinants of health; and the active engagement of the RMF member agencies and their staff in the research partnership with the University of Melbourne. Importantly, as the result of the leadership shown by the RMF Chair, six Departmental secretaries agreed to share their data to support the development of the Integrated Data Platform and Portal. This was instrumental in securing $600,000 for the Integrated Data project. Because Integrated Data Demonstrator Projects include RMF priorities of Walkability/transport, Housing affordability, employment, access to health services and access to amenities, RMF members can see an immediate relevance of the Integrated Data Project to their integrated data needs and policy challenges. Likewise, the draft Liveability Indicators set developed with participation of RMF members and regional stakeholders is of relevance not only to the Region, but to Victoria. Because of its national significance, the Integrated Data Project funding has been extended until 2014, with the possibility of further extension.

Critical success factors

Critical to the success of this initiative have been: the systematic utilisation of the Healthy Cities approach; a suite of supporting resources and evidence developed in partnership with the University of Melbourne; engagement of RMF members; and a champion in the RMF Chair. It cannot be over-emphasised how important the engagement of the University of Melbourne has been to the outcomes achieved to date by the RHWIS. Involving the University has brought gravitas and an evidence base to DH, the RMF and the region, and helped to yield a dramatic return on investment. Involving stakeholders from all sectors and levels of seniority across the region in the University partnership has helped to build a culture of collaborative enquiry and knowledge translation that is not only core to the ethos of university-community engagement, but also builds a solid foundation of evidence-based policy and policy-based evidence. This is critical to the successful implementation of the RHWIS and securing healthy public policy. This kind of engagement is also a marker of community capacity.

As a result of its efforts to engage both the RMF and the University of Melbourne in the RHWIS, DH has been able to leverage a return to the Region of some $3.5M. Building on the impetus of its engagement with DH and the RMF, in August 2013 the University of Melbourne received notification that it will receive $2.5M in funding to lead a new National Health and Medical Research Council (NHMRC) Centre of Research Excellence in Healthy, Liveable and Equitable Communities (University of Melbourne, 2013). Professor Billie Giles-Corti will lead the national research team. Commencing in 2014, the Centre will bring together a team of international researchers to identify the most cost-effective improvements to the built environment to create healthy, liveable and more equitable communities in the context of rapid population growth. As an industry partner, DH will be in a strong position to support the University's engagement of RMF partners and health sector representatives across the region.

Challenges

Challenges experienced that have impacted on the initiative include substantial changes in senior personnel (including the RMF Chair and Regional Director of DH NWMR), and ongoing restructuring of state government departments. Like many other departments, DH's regional workforce has become a lot smaller since the RHWIS began. Other departing personnel include the Regional Director of the Department of Justice, who co-chaired the RHWIS Advisory Group. In addition, key Departments – Justice; Department of Education and Early Childhood Development; and Department of Human Services have completely restructured into Northern and Western entities. At a state level, the Department of Transport and Department of Planning and Community Development have merged into the Victorian Department of Transport, Planning and Local Infrastructure (DTPLI). Of the 19 original members that attended the first Advisory Group meeting in May 2012, nine had departed within a year.

All of these factors have affected the momentum of the initiative in 2013. Despite the challenges, DH has been able to maintain momentum through the continuity its core Project Team, ongoing collaboration with the RMF's Regional Strategy Coordinator, engagement with the University of Melbourne and ensuring sufficient program documentation to provide a record of previous discussions and decisions. With the

incoming RMF Chair, DTPLI Secretary Dean Yates, who convened his first RMF meeting in September, there is a solid body of RHWIS documentation on which to build the new work plan for the RMF.

Documenting community-level change

Community level outcomes refer to those changes at the highest levels of the community social ecology, including changes in public policy, changes in community norms and values, and physical changes in the environment" (Kegler. et al., 2003, p. 79). Because of the longer lead time between actions and outcomes, and because of the multiple influences on these outcomes, the 'community' layer of community capacity is perhaps the most challenging layer to document.

Kegler et al (2003) discovered that whilst changes to physical environment "was rarely the major aim of the Healthy Cities and Communities initiatives, changes in physical conditions in communities seemed to be an almost natural by-product of these efforts" (p. 84). In addition, stakeholders from across all of the 35 Californian initiatives were able to identify physical changes to their communities that in some way resulted from their efforts. Almost all participants were able to identify at least one change that resulted directly related to the efforts of their projects. These included neighbourhood and community beautification (the most frequently observed change); facilities construction, expansion and renovation (the second); public utilities and public safety (third); parks and recreation facilities – construction and renovation (fourth); and other environmental change efforts (fifth).

Only seven of the 35 Californian communities identifying policy change as explicit goal area. Only two of the communities (both rural) made public policy change the central focus of their activities Despite this, most initiatives reported at least one policy change arising from their efforts. Examples included promotion and financing of recreation opportunities, and policies on affordable housing. Furthermore, some initiatives identified that their efforts had impacted on public policy beyond the scope of the focus areas. On average, three community-level changes per community were recorded. This is an important finding, because it shows that with enough continuity of effort (five years for the case of the Californian initiatives), changes can be observed of the like aspired to by the RHWIS and the RMF.

Figure 5 below documents the various factors that facilitated and inhibited the achievement of community-level outcomes across the 35 Californian Healthy Cities and Communities sites. It can be seen that many of these resonate with the facilitating and inhibiting factors described above.

Figure 5 Factors affecting community-level outcomes in the Californian Healthy Cities and Communities Program.

Facilitating Factors	Inhibiting Factors
- Effective collaborative functioning and structure - Existing inter-organisational networks and relationships among community leaders - Political ties to policy makers - Staff and the funding to support staff	- Time constraints - Bureaucracy of local government and protracted time requirements of policy-making - Distance and lack of access to decision-makers - Characteristics of communities that inhibit communication and cohesion, including geographic dispersion, ethnic/linguistic diversity and transience - Community attitudes that are resistant to change and civic participation - Problems with staffing, especially turnover

(Kegler et al, 2003, p. 86)

Similar to Kegler et al's (2003) research, Butterworth (2011) also identified the many community characteristics of the NWMR that could facilitate as well as inhibit community capacity, including geographical, social and cultural diversity, range of hard and soft infrastructure, community leadership, inter-organisational networks and community governance arrangements. Further research could provide a more detailed analysis of how these factors may have impacted on the outcomes of the RHWIS, both

positively and negatively – indeed, how the RHWIS needs to be tailored further to deal specifically with these community-level factors.

Next steps

Emerging opportunity: Plan Melbourne – Draft Metropolitan Planning Strategy

Released for consultation in October 2013, the Victorian Government's metropolitan planning strategy Plan Melbourne provides a vision for Melbourne through to 2050. Plan Melbourne is a strategy to house, employ and move more people within the metropolitan area. Plan Melbourne is intended to provide a clear vision that responds to the pressures of population growth, driving economic prosperity and liveability while protecting our environment and heritage.

"For the first time a metropolitan planning strategy will properly address Melbourne's infrastructure, housing, employment, transport and environment challenges in an integrated approach to planning and development. This approach will bring together land use, transport and social and community infrastructure" (DTPLI, 2013)

Plan Melbourne's vision for Melbourne is underpinned through the seven outcomes:

1. Delivering jobs and investment: Create a city structure that drives productivity, supports investment through certainty and creates more jobs.
2. Housing choice and affordability: Provide a diversity of housing in defined locations that cater for different households and are close to jobs and services.
3. A more connected Melbourne: Provide an integrated transport system connecting people to jobs and services and goods to market.
4. Liveable communities and neighbourhoods: Create healthy and active neighbourhoods and maintain Melbourne's identity as one of the world's most liveable cities.
5. Environment and energy: Protect our natural assets and better plan our water, energy and waste management to create a sustainable city.
6. A state of cities: Maximise the growth potential of Victoria by developing a state of cities which delivers choice, opportunity and global competitiveness.
7. Implementation: Delivering better governance: Achieve clear results through better governance, planning, regulation and funding options.

It can be seen immediately that Plan Melbourne's Outcomes 1, 2, 3, 4 and 7 connect directly to the four goals identified by NWM RMF, as discussed above. As a result, it is anticipated that the Regional Health and Wellbeing Implementation Strategy can derive important leverage from Plan Melbourne by showing the clear linkages between Plan Melbourne, the Victorian Public Health and Wellbeing Plan, and the Regional Health and Wellbeing Implementation Strategy (see Figure 6 below).

Rethinking governance

As mentioned above, a major thrust of the initiative has been to build up the capability of area-based governance structures to encourage 'one-catchment, one approach', by consolidating existing, overlapping governance networks, or by establishing one overarching governance structure to drive integrated planning.

As a result of our collaborations throughout 2013, a third, complementary option is emerging. In this option, the DH regional team would provide liaison between key governance networks which variously focus on the 'upstream' determinants of health, the 'mid-stream' coordination of health services and 'downstream' provision of services. This approach is potentially less interventionist, and more respectful of local conditions. By reflecting the complexities of situations faced by organisers in everyday settings, this approach may offer a higher degree of ecological validity (Reppucci, 1990). This evolution in approaching area-based governance is also reflected in the mention of 'area governance arrangements' in Figure 6.
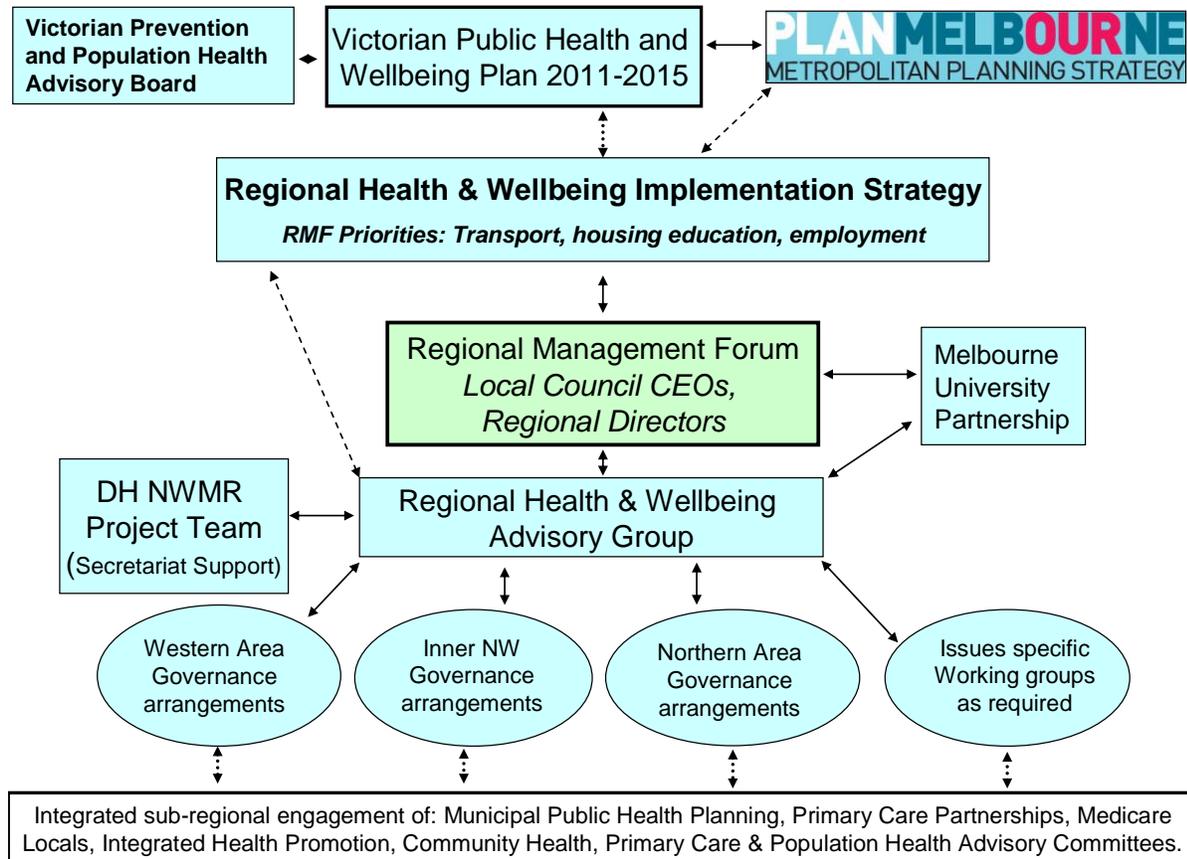
Figure 6 Emerging governance structure, Regional Health and Wellbeing Implementation Strategy

Conclusion

By and large, Kegler et al's (2003) community capacity framework has provided a useful, adaptable framework to document systemic change efforts and outcomes. Certainly, the framework provides a very useful structure in which to record the innumerable efforts that are made in a strategy of this complexity. However, identifying how to categorise and place evidence of change can be something of a creative exercise. This is because of the overlapping nature of the levels of analysis; the liminal periods between some actions and outcomes; and because interim actions are often milestones themselves. Documenting community level outcomes is perhaps the most significant challenge.

This paper has necessarily been restricted to a first-person narrative. Ideally, further investigation of the phenomena discussed here will be conducted by independent researchers with access to full documentation and the capacity to conduct interviews and focus groups with key stakeholders. A finer sifting of data will enable a more consummate taxonomy of actions and outcomes, and identification of the appropriate layer of analysis. Nevertheless, it is considered that the narrative outlined in this paper provides a persuasive argument for:

(i)   the need for systemic whole-of-government initiative such as the RHWIS;
(ii)   the need to document efforts and outcomes systematically; and
(iii)   the critical role that universities can play, not only in providing research support to these efforts, but also by being a catalyst for community capacity by engaging in the process of community governance itself.

It is anticipated that future papers will document the reach and impact of the RHWIS more systematically, ideally through the aegis of the new Centre of Research Excellence in Healthy, Liveable and Equitable

Communities. Future research can also explore the interconnections between the Regional Health and Wellbeing Implementation Strategy and the implementation and impact of Plan Melbourne.

References

Ashton, J. (Ed.) (1992). *Healthy cities.* (Milton Keynes, Open University Press).

Butterworth, I. (2011, December). *A Regional Health and Wellbeing Implementation Strategy for Melbourne's North and West Metropolitan Region: Harnessing the capability of the Regional Management Forum.* Paper presented at the Fifth State of Australian Cities Conference, Melbourne. Available: http://soac.fbe.unsw.edu.au/2011/papers/Iain%20Butterworth%20SOAC%202011%20Paper%200189%20final%20draft.pdf

Catford, J. (1997). Social entrepreneurs are vital for health promotion - but they need supportive environments too. *Health Promotion International*, vol. 12, pp: 1-4.

Department of Health (2011a). *Victorian Public Health and Wellbeing Plan 2011-2015.* Available: http://www.health.vic.gov.au/prevention/vphwplan

Department of Health (2011b). *Northern and Western Metropolitan Region - Planning Areas.* Melbourne, Department of Health.

Department of Health (2013a). *What we do - North & West Metropolitan Region.* Available: http://www.health.vic.gov.au/regions/northwestern/whatwedo.htm

Department of Health (2013b). North and West Metropolitan Region Forums and Conferences website. Available: http://www.health.vic.gov.au/regions/northwestern/integrated-planning.htm

Department of Planning and Community Development (2012) *Victoria in Future 2012.* Available: http://www.dpcd.vic.gov.au/home/publications-and-research/urban-and-regional-research/census-2011/victoria-in-future-2012. Accessed 18 September 2013.

Department of Transport, Planning and Local Infrastructure (2013). Plan Melbourne: Melbourne's Future. Available: http://www.planmelbourne.vic.gov.au/__data/assets/pdf_file/0007/208942/Plan-Melbourne-Melbournes-Future-High-Res.pdf (p. 1)

Duhl, L. J. (2000). The Social Entrepreneurship of Change (2nd ed), (Putnam Valley, NY; Cogent Publishers).

Duhl, L.J., & Sanchez, A. K. (1999). *Healthy Cities and the city planning process: A background document on links between health and urban planning.* (Copenhagen, WHO Regional Office for Europe).

Gebel, K, King, L, Bauman, A, Vita, P, Gill, T, Rigby, A & Capon, A. (2005). *Creating Healthy Environments: A review of links between the physical environment, physical activity and obesity.* Sydney, NSW Health Department and NSW Centre for Overweight and Obesity. Available: http://www.coo.health.usyd.edu.au/pdf/2005_creating_healthy_environments.pdf

Hancock, T. (1993) The Evolution, Impact, and Significance of the Healthy Cities/Communities Movement, *Journal of Public Health Policy*, Spring, pp. 5-18.

Holland, B. (2001). 'Measuring the role of civic engagement in campus missions: Key concepts and challenges', Presented at the ASHE Symposium, "Broadening the Carnegie Classifications' Attention to Mission: Incorporating Public Service". Viewed 20 October 2008, http://66.102.1.104/scholar?hl=en&lr=&q=cache:8HeVuFS-u_sJ:apps.uws.edu.au/ord/events/Papers/BH_ASHE_Carnegie.pdf+Holland,+B.+(2001).+Measuring+the+role+of+civic+engagement+in+campus+missions.

Kegler, M. C., Norton, B.L., & Aronson, A. E. (2003), *Evaluation of the five-year expansion program of Californian Healthy Cities and Communities (1998-2003): Final report.* Available: http://www.civicpartnerships.org/docs/publications/TCEFinalReport9-2003.pdf

Kemmis, S., & McTaggart, R. (1988), Introduction: The nature of action research, in S. Kemmis & R. McTaggart (Eds), *The action research planner* (3rd ed.), (Geelong, Deakin University Press), pp. 5-28.

Korosec, R. L., & Berman, E. M. (2006). Municipal support for social entrepreneurship. *Public Administration Review*, May/ June, pp. 448-462.

Neuwelt et al (2009), Putting population health into practice through primary health care, *NZMJ*, Vol 122 No 1290, pp. 98-104.

Rajabifard, A., & Eagleson, S. (Eds). (2013). *Spatial Data Access and Integration to Support Livability: A Case Study in North West Melbourne.* (Melbourne, University of Melbourne). Available: http://www.csdila.unimelb.edu.au/publication/books/AurinAnds/NW_digital2.pdf

Reppucci, N. D. (1990). Ecological validity and the deritualization of process. In R. Tolan, C. Keys, F. Chertok, & L. Jason (Eds.), *Researching community psychology: Issues of theory and methods* (pp. 160-163). Washington DC: American Psychological Association.

Ramaley, J 2005, *Engagement and the Integration of Research and Education: A New Meaning of Quality.* Proceedings of the 2005 Australian Universities Quality Forum: Engaging Communities, Sydney, pp. 18-25.

Tsouros, A. D., Dowding, G., Thompson, G., & Dooris, M. (eds) (1998). *Health promoting universities: concept, experience and framework for action.* (Copenhagen, WHO Regional Office for Europe). WHO (1997). *Twenty steps for developing a healthy cities project (2nd ed).* (Copenhagen, World Health Organisation Regional Office for Europe).

University of Melbourne (2013a). NWM RMF Integrated Data Project blog site. Available: http://blogs.unimelb.edu.au/aurinands/

University of Melbourne (2013b, 22 August). University to lead research into the impact of urban development on human health. Available: http://newsroom.melbourne.edu/news/university-lead-research-impact-urban-development-human-health

Whitzman, C., & Giles-Corti, B. (2011, December). *Whole of government approach for planning for liveable and sustainable communities in urban growth corridors.* Paper presented at the NWMR Integrated Planning Conference, Melbourne. Available: http://docs.health.vic.gov.au/docs/doc/35C7680FB0CC70CECA257A7D0007BD2C/$FILE/25UOM%20-%20Carolyn%20Whitzman%20-%20Whole%20of%20Government%20approach.pdf

Wilkinson, R., & Marmot, M. (Eds) (2003). *Social Determinants of Health: The Solid Facts*, (2nd Ed), (Copenhagen, WHO Regional Office for Europe).

World Health Organisation (1986). *Ottawa Charter for Health Promotion.* Available: http://www.who.int/healthpromotion/conferences/previous/ottawa/en/. Accessed 18 September, 2013

World Health Organisation (1997). Twenty steps for developing a Healthy Cities project (3rd Edition). Copenhagen, WHO Europe).

Zimmerman, M. A. (1995). Psychological empowerment: Issues and illustrations, *American Journal of Community Psychology*, vol. 23, pp. 581-600.