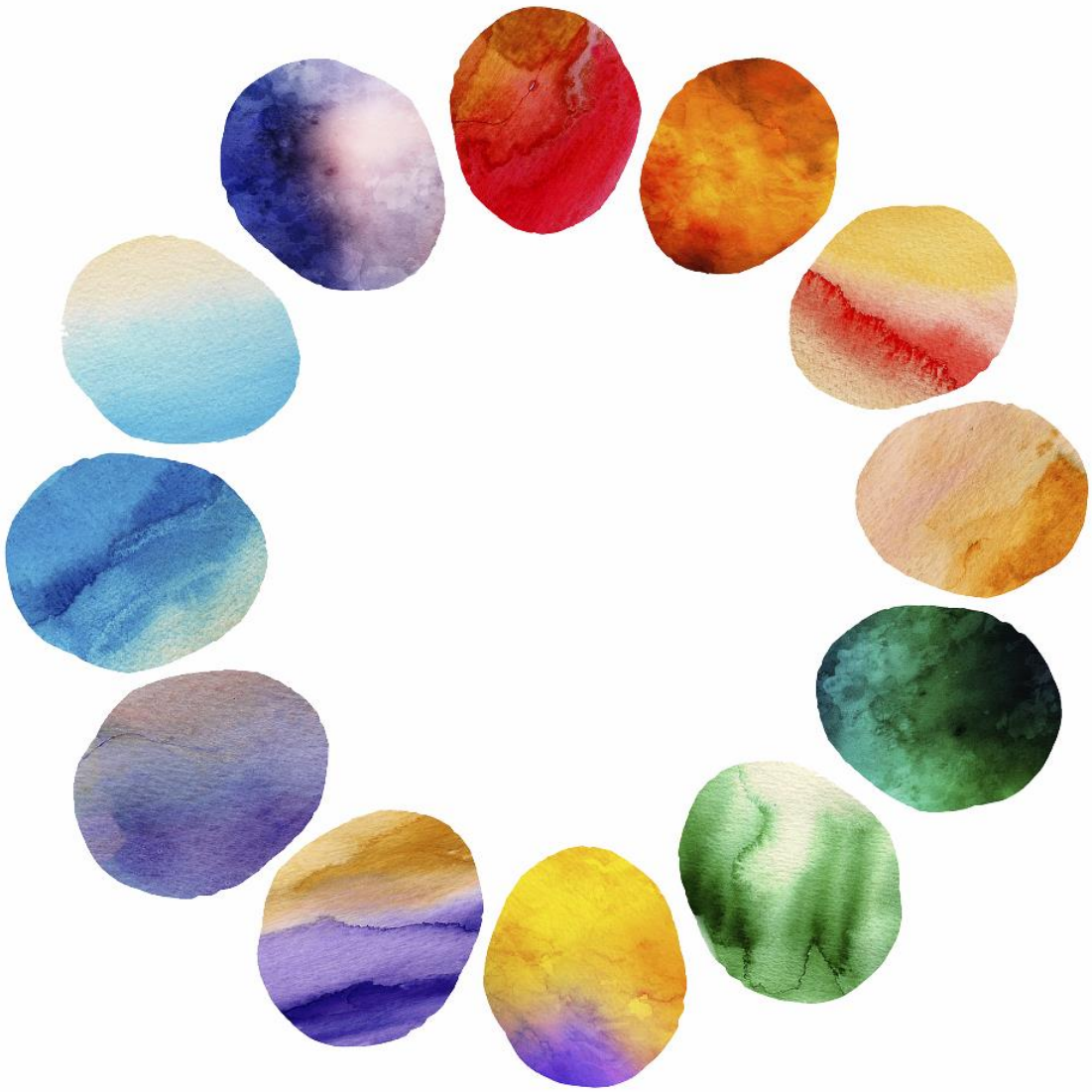
Deloitte.



Evaluation of the Latrobe Health Innovation Zone, Latrobe Health Assembly and Latrobe Health Advocate

Final report

June 2020

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Glossary

Acronym	Full name
ABC	Adolescents Building Connections
CEO	Chief Executive Officer
CEU	Federation University Australia Collaborative Evaluation Unit
CMY	Centre for Multicultural Youth
DHHS	Department of Health and Human Services
DoH	Federal Department of Health
GP	General Practitioner
GPHN	Gippsland Primary Health Network
LCHS	Latrobe Community Health Service
LGA	Local Government Area
LRH	Latrobe Regional Hospital
NAIDOC	National Aborigines and Islanders Day Observance Committee
OECD	Organisation for Economic Co-operation and Development
PHN	Primary Heath Network
SEIFA	Socio-Economic Indexes for Areas
TACSI	The Australian Centre for Social Innovation
WHO	World Health Organisation

Snapshot

2016

The Latrobe Health Innovation Zone, Latrobe Health Assembly and Latrobe Health Advocate ('the initiatives') were established to **improve health and wellbeing** in the Latrobe Valley.

2017

Deloitte was engaged by DHHS to undertake a **developmental evaluation** of the initiatives.

The evaluation explored the **impact and outcomes** achieved by the initiatives.

Many good things are happening in Latrobe Valley as a result of the initiatives. There is **enthusiasm** and a **desire to learn**.

2020

Some **important decisions must be made** to strengthen the impact of the initiatives.

Key insights

The effectiveness of the initiatives is building

There is little evidence of change in population health and wellbeing in the Latrobe Valley. However, there are many examples of the initiatives making a positive contribution through a range of beneficial, and sometimes high-profile, activities. There are signs of positive change in community attitudes to health and wellbeing, a strong sense of community pride, and a desire to build on community strengths to ensure a positive future for Latrobe.

Recently, Latrobe Valley community members reported:

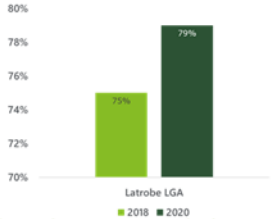
Excellent/very good or good health
(DHHS, 2019e)

Tried to improve health and wellbeing over the last 12 months
(Deloitte community survey, 2020 collection)

How they improved their health and wellbeing:

- 73% doing more exercise
- 74% improved their diet
- 6% quit smoking

(Deloitte community survey , 2020 collection)



'I have the power to make important decisions that change the course of my life'

It will be some time before tangible population health outcomes can be measured

The initiatives have been tasked with a complex and time-intensive undertaking, and those involved are committed to ongoing improvement based on the lessons learnt so far. To meaningfully consider the overall impact of the initiatives on health and wellbeing in the Latrobe Valley, a long-term perspective beyond the period of this evaluation is needed.

The **Zone** needs improved leadership, a clear direction and a sense of purpose.

The new **Assembly** model has the potential share decision-making on priority issues.

The **Advocate** has the potential to influence health system change with the right evidence.

Elements of the model could be adapted to other locations

The initiatives were established for the Latrobe Valley at a particular point in time. The application of this model elsewhere should consider the insights gained from this evaluation and local circumstances.

Recommendations

There is a continuing need to improve health and wellbeing in the Latrobe Valley. Should the initiatives continue or be adapted elsewhere, the following checklist can help the initiatives in the way they work and relate to each other.

It is recommended the initiatives:

- ❑ Develop a shared understanding of innovation and how to achieve this. This will ensure focus on evidence-based innovation in the Zone.

Zone

It is recommended the Zone partners:

- ❑ Agree on their purpose
- ❑ Agree on priorities and actions for the Zone
- ❑ Meet regularly
- ❑ Establish shared aspirations with the community
- ❑ Drive collaboration and change.

These actions will bring meaning, leadership and accountability to the Zone. This will ensure the Zone's success overtime.

Assembly

It is recommended the Assembly :

- ❑ Provide the Board with information to support effective and timely decision-making
- ❑ Invest in capacity building activities and resources
- ❑ Work with project partners to ensure continued funding and operational support is considered for current and future projects.

These activities can support efficiency and sustainability of the Assembly.

Advocate

It is recommended the Advocate:

- ❑ Ensure evidence in their publications is appropriate and visible.

This will provide government and other stakeholders with the evidence needed when considering change.

Executive summary

Introduction and methodology

Latrobe Health Initiatives

The Hazelwood Mine Fire Inquiry: Victorian Government Implementation Plan outlines the Victorian Government's response to recommendations made by the Hazelwood Mine Fire Inquiry Board. In line with their response, the Victorian Government has designated the Latrobe Health Innovation Zone (the 'Zone').[1,2,3]

Key components of the Zone include the Latrobe Health Assembly (the 'Assembly') and the Latrobe Health Advocate (the 'Advocate') – referred to collectively as the 'Latrobe Health Initiatives' or 'initiatives' (Figure 1.1).

Figure i Latrobe Health Initiatives

Source: Deloitte.

The overarching objective of these initiatives is to improve health and wellbeing in Latrobe Valley.

The Department's website also contains further information about the initiatives.[4]

Evaluation of the Latrobe Health Initiatives

Purpose

Deloitte was engaged by the Department of Health and Human Services (DHHS) to conduct a developmental evaluation of the Zone, Assembly and Advocate.

The purpose of the evaluation is to evaluate the impact and outcomes achieved through the establishment of the Assembly, the Advocate, and the designation of the Zone.

Approach

The evaluation has provided an avenue for ongoing community feedback to ensure the health and wellbeing needs of Latrobe Valley communities are met. To reflect this, our approach to designing the evaluation framework and conducting the evaluation was guided by the following principles.

- Being present in the Latrobe Valley and forming trusting relationships with Latrobe Valley communities.
- Listening to and ensuring Latrobe Valley communities have opportunities to influence the design and outcomes of these initiatives.
- Linking in with existing engagement opportunities and communicating through social media, such as Facebook and traditional media including local print and radio.

[1] Hazelwood Mine Fire Inquiry. (2014). Hazelwood Mine Fire Inquiry Report. Victorian Government. Retrieved from http://report.hazelwoodinquiry.vic.gov.au/wp-content/uploads/2014/08/Hazelwood_Mine_Inquiry_Report_Intro_PF.pdf
[2] Department of Premier and Cabinet. (2016). Hazelwood Mine Fire Inquiry: Victorian Government Implementation Plan. State of Victoria. Retrieved from https://www.vic.gov.au/hazelwood-mine-fire-inquiry-victorian-government-response-and-actions
[3] Hazelwood Mine Fire Inquiry. (2016). Hazelwood Mine Fire Inquiry Report 2015/2016 Volume III – Health Improvement. State of Victoria. Retrieved from http://hazelwoodinquiry.vic.gov.au/wp-content/uploads/2016/02/Hazelwood-Mine-Fire-Inquiry-2015-2016-Report-Volume-III-Health-Improvement.pdf
[4] Department of Health and Human Services. (n.d.). Evaluation. State of Victoria. Retrieved from https://www2.health.vic.gov.au/about/health-strategies/latrobe-health-innovation-zone/evaluation-framework

- Working with Latrobe Valley communities to ensure engagement is representative of the diversity within Latrobe Valley communities, including people who may not hear about the project through traditional channels, such as Aboriginal communities and migrant communities.
- Being flexible and adaptable in our approach to engaging with Latrobe Valley communities to ensure our approach best meets their needs.
- Being independent and robust in our evaluation methodology.
- Sharing transparent and timely feedback with Latrobe Valley communities.
- Recognising existing community strengths.
- Recognising that influencing health outcomes can take many years.

These principles were drafted following early insights obtained from preliminary stakeholder conversations at the start of the evaluation. The intent of these preliminary conversations was to inform our approach to designing the framework and conducting the evaluation.

The updated evaluation framework sets-out the evaluation methodology in detail.[5] While the evaluation has adopted a flexible approach, the methods of data collection have included:

- **Broad consultation** – including 594 responses to the community survey; 169 responses to a community pulse survey; 24 attendees over four workshops; and discussions with more than 25 community members over four community-based visits to libraries, supermarkets and the local university.
- **Direct consultation** – including approximately 54 semistructured interviews with key stakeholders – including the Advocate; Assembly Board members; Assembly members and other key stakeholders in the Zone; as well as an innovation expert, attending existing meetings and events and conducting observational ethnography of hard to reach groups, including the Centre for Multicultural Youth's (CMY) Youth Advisory Group, and community members attending National Aborigines and Islanders Day Observance Committee (NAIDOC) Week activities at The Gathering Place.
- **Targeted consultation** – including 163 responses to the organisation survey, 16 responses to the Assembly member survey.
- **Review** – of other qualitative data collected during the evaluation from May 2017 to March 2020 including initiative-generated documents and data, peer reviewed literature, publicly available population health and wellbeing data, and ad-hoc discussions while working from the Assembly and Advocate offices.

This report

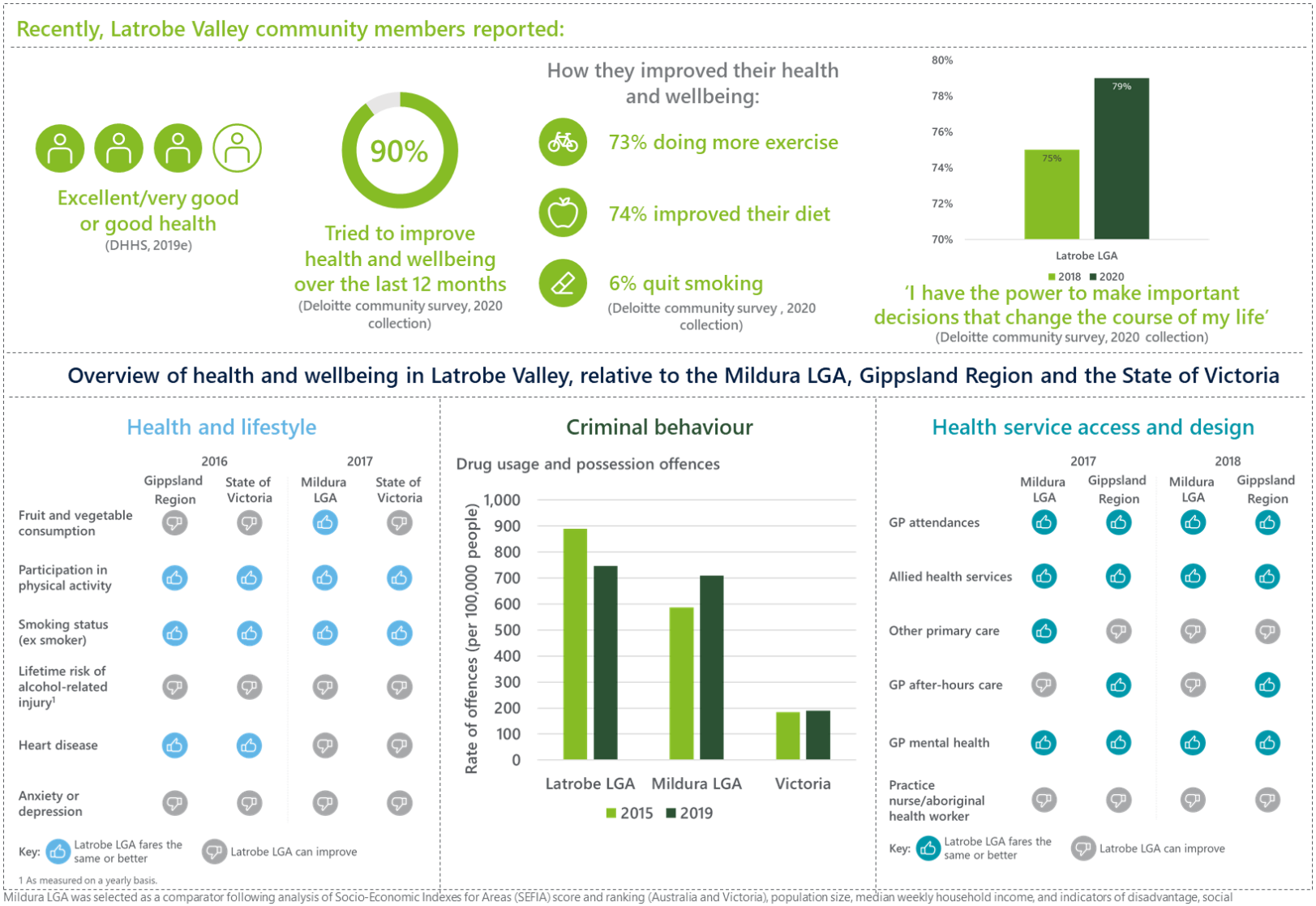
This final evaluation report considers the period from May 2017 to March 2020. The purpose of this report and the supporting database (please note, this is a separate document) is two-fold, to:

1. **Report key evaluation findings and recommendations for the initiatives** in response to the evaluation questions outlined in the updated evaluation framework.[6] The evaluation questions considered within this report can be grouped into the following three evaluation domains: appropriateness, effectiveness, and efficiency and sustainability and seven themes: justification, governance and working together, health and wellbeing, community capacity and empowerment, innovation and evidence, timeliness, and demand and transferability.
2. **Provide a comparative summary of health and wellbeing in the Latrobe Valley**. Where possible, data points have been collected for each measure to provide an indication of change in population health and wellbeing in the Latrobe Local Government Area (LGA) – relative to the Mildura LGA, Gippsland Region and State of Victoria – overtime.

[5] Ibid.
[6] Ibid.

Health and wellbeing in Latrobe Valley

Figure ii Overview of health and wellbeing in Latrobe Valley



Mildura LGA was selected as a comparator following analysis of Socio-Economic Indexes for Areas (SEFIA) score and ranking (Australia and Victoria), population size, median weekly household income, and indicators of disadvantage, social engagement, health status and service utilisation. It is, however, important to note that there are also differences between the Mildura and Latrobe LGAs. These differences include proximity to Melbourne and economic base.

Source: (Deloitte community survey, 2019 and 2020 collection; DHHS, 2018; DHHS, 2019e; DoH, 2018; DoH, 2019).

When compared to the Mildura LGA[7], Gippsland Region and the State of Victoria, secondary data analysis found the Latrobe LGA demonstrates some positive health outcomes and behaviours, including a:

- High proportion of community members meeting exercise guidelines
- Moderate level of perceived health and wellbeing
- High proportion of residents accessing and utilising General Practitioner (GP) services.

However, there are some health outcomes and behaviours in Latrobe LGA that are concerning, including a relatively:

- High increased risk (lifetime) of alcohol-related injury and long-term harm.
- High prevalence of stroke, anxiety, depression and psychological distress.
- High total offence and drug usage and possession offence rate.

This means that the Latrobe LGA has strengths to build on, and some areas where attitudes to health and wellbeing can be improved. As such, it is reasonable to conclude that a response to the entrenched disadvantage and poor population health outcomes in the Latrobe Valley was needed, and that there remain sufficient grounds for programs with a focus on improving health and wellbeing in the Latrobe Valley. The Latrobe Health Initiatives are an example of such programs.

Evaluation findings and recommendations

The initiatives have been tasked with a complex and time-intensive undertaking. To meaningfully consider the overall impact of the initiatives on health and wellbeing in Latrobe, a long-term perspective beyond the period of this evaluation is needed.

To this point, the effectiveness of the initiatives is somewhat mixed. At a population level, there is minimal evidence of change in the health and wellbeing of the Latrobe Valley community. However, this must be balanced with the many discrete examples of the initiatives making a positive contribution through a range of activities, including a number of beneficial and high-profile projects including the Advocate and Assembly's contributions to the Royal Commission Inquiry into Mental Health, and the 'Hello' campaign.

Looking forward, there are several positive signs. The initiatives are committed to ongoing improvement based on the lessons learnt so far. There are also signs of positive change in community attitudes to health and wellbeing. There is a strong sense of community pride and a desire to build on existing community strengths in ensuring a positive future for Latrobe.

While the initiatives were established for the Latrobe Valley at a particular point in time, it is reasonable to consider if this experiment could provide a model for other regions of Victoria. Overall, it does appear that elements of the model could be adapted to other locations, provided the insights gained from this evaluation are considered, and any application elsewhere is appropriately designed and contextualised for local circumstances.

The Latrobe Health Initiatives were experimental from the outset. The evaluation recognises this and understands that it means that some of what the initiatives try will work, while other attempts will be less successful. It is also important to recognise that the initiatives have been tasked with a complex and time-intensive undertaking. This means that a long-term view is needed, as tangible outcomes can be expected to take some time.

Many good things are happening as a result of the initiatives; there is an observed increase in community connectedness, resilience and pride associated with campaigns like 'We Are Latrobe' and opportunities to have a voice with the Advocate (see 3.2 Effectiveness for more detail). Furthermore, there is some evidence to suggest that community members have felt engaged and empowered to create solutions to local health and wellbeing issues through initiative activities. This is an important finding; it suggests a growing sense of

[7] Mildura LGA was selected as a comparator following analysis of Socio-Economic Indexes for Areas (SEIFA) score and ranking (Australia and Victoria), population size, median weekly household income, and indicators of disadvantage, social engagement, health status and service utilisation. It is; however, important to note that there are also differences between the Mildura and Latrobe LGAs. These differences include proximity to Melbourne and economic base.

ownership for health and wellbeing in the Latrobe Valley among a targeted proportion of the community. Ideally, community members who are engaged in, and empowered by, the initiatives will, over time, have the capacity to contribute to how health problems are identified, prioritised and addressed in the Latrobe Valley.

The evaluation recognises the enthusiasm, goodwill and desire to learn among those involved. However, the initiatives are at a critical juncture. This means that some enhancements are required now to provide the initiatives with the impetus for ongoing success.

The evolving changes that the evaluation has been informed of recently – like adapting design processes and engagement strategies to reflect what is working in the Latrobe Valley - represent positive steps in the right direction. The findings and recommendations detailed in this report and summarised below are intended to further assist the initiatives in making the changes required.

Latrobe Health Innovation Zone
The Zone is a designation – not an entity – without dedicated resources and a leader. As such the Zone was a difficult concept for community members and other key stakeholders to grasp. Furthermore, designating the Zone was ambitious in a community that had faced significant challenges over an extended period of time.

The Zone could have gained wider recognition faster if government invested in specific activities to drive health-related improvements. However, given the context and history of widespread mistrust of government in the Latrobe Valley, this approach would have been problematic. For this reason, it was appropriate for government to allow other key stakeholders to take ownership of the Zone. However, in practice, this has contributed to a lack of momentum and ongoing uncertainty about how the Zone can be seen as meaningful and given agency. Despite this, there are some promising signs including a realisation of the need for ongoing collaboration through the Zone partners group.

This presents government with two options. The first option is to discontinue the Zone, which, in practical terms, could mean allowing the concept of the Zone to fade. The second option involves giving the Zone meaning and agency by allowing the Zone partners group to operate as a governance forum for the Zone where decisions can be made, and accountability designated. Overall, the evaluation considers that it would be premature to conclude the Zone. The Zone should be given more time but with some changes to provide it with a clearer direction and sense of purpose.

Table ii and Table iii list the findings and recommendations for the Zone.

Latrobe Health Assembly
The Assembly has funded a number of interesting projects and some have reportedly had positive impacts. These include, but are not limited to:

- **Garmins in schools** has reportedly increased student activity and overall fitness levels; 'the Garmin encourages more physical behaviour' and 'I have started to get out of the house more often…I have started to become a more active person' (students, Garmin project; see 3.2.1.3 Latrobe Health Assembly for more detail).
- The **'Hello' campaign** has reportedly raised awareness about how social connection can improve mental health. Latrobe Valley communities felt encouraged to discuss mental health and say 'hello' when in public (see 3.2.1.2 Latrobe Health Innovation Zone for more detail).
- The **Hopeful Institute seminars** had a reported impact on student behaviour; guidance helped students to feel happy and motivated to attend school. Learnings have informed discussions on growth and mindsets in schools.

The model shows potential for impact as a place-based initiative over a longer time frame. However, the Assembly has continued to face challenges pertaining to uncertainties regarding the Assembly's funding model and budget position, and role in supporting information sharing and collaboration. These can often be traced back to weaknesses during the Assembly's establishment phase and, despite the many positive aspects of the Assembly's newly revised operating model, these challenges will require further work to resolve.

This presents government with two options. The first option is to roll the various roles of the Assembly into other organisations. Alternatively, the Assembly could be continued with a clearly defined level of autonomy that is understood by all stakeholders and an accompanying governance model and set of supporting capabilities that allow this to be realised. These changes are not of themselves dramatically different from

what was envisaged when the Assembly was established. However, for various reasons, some of which relate to lingering misunderstanding or differing expectations of the Assembly's role and impact, there have been difficulties until now in placing the Assembly on a clear path with the requisite supporting capabilities.

The Assembly model refresh highlights how the Assembly is looking forward and addressing areas for improvement. The new model (implemented in early 2020) represents a more defined approach to engaging experienced individuals in purposeful decision-making processes. If the model can also ensure the Assembly has adequate leadership, governance and support, the Assembly has the potential to be a successful and sustainable model of inclusive participation and codesign in local health promotion. For this reason, the evaluation considers that the Assembly should continue. There is potential for the Assembly model or a variation of it to be adapted in other regions if the lessons from Latrobe Valley are acknowledged and learned from. This includes ensuring that stakeholders understand that the model requires a longer time frame to achieve impact, and appreciate that the model is experimental, meaning it is natural to test and learn.

Table ii and Table iii list the findings and recommendations for the Assembly.

Latrobe Health Advocate
Despite the time taken to appoint the Advocate, there is evidence to suggest that this model can be successful when established to support a community whom are suffering from entrenched social disempowerment and voicelessness.

The effectiveness of this model has been supported by the recruitment and retainment of an Advocate and team with the appropriate capabilities and who have been effective in determining how they would operate. This has included a proactive and visible engagement and communications strategy. However, it is important to recognise that the swift implementation and uptake of the Advocate was supported by a recruitment process that required a plan for how they would work with the community. There is a need for the Advocate to consider the balance between leading on issues with a highly visible approach versus being responsive to discrete community concerns. An adequate evidence base – one that is transparent and draws data from a range of reputable sources – is required where the Advocate is going to take a strong public stance, particularly if the Advocate is purporting to represent community views and/or, is making recommendations for consideration by government and other stakeholders.

The Advocate model should continue for at least the medium term.

In addition, this model has the potential to be replicated in other regions with similar levels of entrenched disadvantage and social disempowerment. However, this would need to be done selectively and on a time-limited basis.

Table ii and Table iii list the findings and recommendations for the Advocate.

Table ii Summary of findings by evaluation theme

Evaluation theme	Findings
Appropriateness	
Justification	F1. Responding to the entrenched disadvantage and poor population health outcomes in the Latrobe Valley was necessary. F2. Peer-reviewed literature regarding the effectiveness of approaches similar to the Zone for improving health and wellbeing is varied. F3. Alternative models (which the Assembly could use) may be more effective in driving timely and specific outcomes through a deeper focus on a narrower range of issues. F4. Peer-reviewed literature suggests that advocacy approaches can be effective in promoting collaboration to enhance health outcomes.
Governance and working together	F5. The Zone, Assembly and Advocate have taken time to clarify their roles and responsibilities, including how they interact with each other and with other stakeholders in the Latrobe Valley. F6. The Charter provides a mission statement for the Zone; however, a more detailed governance model and strategy for change are needed to operationalise the Zone concept. F7. The newly revised Assembly operating model provides opportunities for increased focus and community engagement. This revised model shows promise despite being in its infancy. F8. The Assembly has experienced challenges since its inception. These challenges pertain to internal uncertainties regarding the Assembly's funding model and budget position, and their role in supporting information sharing and collaboration. These challenges will require further work to resolve. F9. Assembly Board members have been disinclined to prioritise coordination and collaboration with partners in the Zone. This stems from historic funding allocation and competing priorities. F10. The Advocate governance model provides significant discretion and autonomy to the Advocate.
Effectiveness	
Health and wellbeing	F11. The initiatives have not had a measurable impact on population health outcomes at this time. However, it is important to note the long time frame required for the population health change and there is some evidence that the initiatives have had a targeted impact on precursors to measurable improvements in health and wellbeing. F12. There are some signs of attitudinal and behavioural change within the Zone. F13. The Assembly has funded and implemented a number of interesting projects, some of which have had positive, targeted impacts. The model shows potential for impact as a place-based population health initiative over a longer time frame. F14. There are some positive signs that the Advocate is influencing health system change.

Evaluation theme	Findings
Community capacity and empowerment	F15. Latrobe Valley community members who have been engaged in initiative activities or projects have contributed to improving their capacity to address local health and wellbeing concerns, to varying degrees. F16. The Zone has not influenced whether Latrobe Valley community members feel empowered to effect change. F17. The new Assembly operating model has the potential to provide increased opportunities for Latrobe Valley communities to engage with the Assembly. F18. The Advocate's community engagement model supports understanding community member perspectives on local health and wellbeing issues.
Innovation and evidence	F19. The initiatives represent an innovative approach in the context of Latrobe Valley. This means that some of the initiatives tried will succeed, while the other attempts will fail. These learnings should help the future attempts. F20. The initiatives have not developed a shared understanding of innovation. However, over time, the initiatives have become more attuned to the fact that innovation needs to be considered to a greater depth. F21. The initiatives' approach to collecting and reviewing evidence is evolving in-line with a maturing understanding of the nature of innovation and its reliance on evidence. F22. The learnings and tools gained through the States of Change[8] program could support the Zone partners in facilitating and embedding evidence-based innovation within the Zone. F23. Some of the Assembly's projects have been innovative. F24. The newly revised Assembly operating model suggests that the Assembly is taking steps to increase their focus on innovation and evidence. F25. The Advocate is not required to have a significant focus on innovation; however, some of the Advocate's engagement methods could be considered innovative. F26. The Advocate's priority areas and publications are informed by evidence drawn from a range of sources. The balance of evidence considered is informed by the intended purpose and audience of the resulting findings and recommendations. However, there is a need to ensure that recommendations with a health service focus are supported by the type and quality of evidence expected by stakeholders operating in these environments.
Efficiency and sustainability	
Timeliness	F27. It is reasonable to expect that the initiatives would have achieved more by now. However, it is important to note the experimental nature of the initiatives and the complexity of their task. F28. The Zone's meaning and how it interrelates with the other initiatives and key stakeholders has remained unclear to the community since the Zone's designation in 2016. F29. The Assembly would have ideally generated greater momentum by this time. This may partly be attributed to well-intended decisions when establishing the initial model in 2016-17. F30. The Advocate has shown an ability to work quickly. However, this model has also had the advantage of being easier to implement and more intuitive for people to understand.

[8] 'States of Change is a collective that exists to support the growing global movement of government teams pioneering new ways to solve our biggest challenges.' States of Change (2019). About us. Retrieved from: https://states-of-change.org/about.

Evaluation theme	Findings
Demand and transferability	F31. There is sufficient ground for the initiatives to form part of the government's ongoing approach to improve health and wellbeing in the Latrobe Valley provided targeted improvements are made. This could be on a temporary or more permanent basis. F32. The initiatives could be selectively adapted, individually, to a small number of other regions if the lessons from Latrobe Valley are acknowledged and learned from. F33. The Zone should only continue if it is given meaning and agency led by the Zone partners, and with support of other key organisations and stakeholders. F34. The Zone model should only be replicated in an area where there is sufficient support and capacity for the concept; both at an organisation and community levels. This would also require a shared understanding of what success would look like at specified timepoints, with a clear plan on how to achieve this. F35. The Assembly model shows potential for impact over a longer time frame. However, challenges experienced by the Assembly since its inception require further work to resolve, including the process for ensuring the sustainability of projects. The new Assembly model represents a more defined approach to engaging experienced individuals in purposeful decision-making processes. F36. The Assembly should continue in its revised form, noting the related improvements recommended by the evaluation. F37. The Assembly model could only be adapted to other regions provided it is established to focus on a narrow issue (or set of issues) within a specified time period, and with clearly defined expectations and funding arrangements. F38. The Advocate should continue for at least the medium term. F39. The Advocate model has potential to be replicated in other regions with similar levels of entrenched disadvantage and social disempowerment. However, there may be declining marginal benefits to adding more Advocates into the system.

Source: Deloitte analysis.

Table iii Summary of recommendations for each initiative

Initiative	It is recommended that:
Overarching	R3. More meaningful and concerted focus be placed on enabling evidence-based innovation in the Zone. To support this, the initiatives need to develop a shared understanding of innovation and how to achieve this, as well as developing a deeper understanding of the complementary relationship between innovation and evidence. Once these foundational components are established, evidence-based innovation in the Zone can be enabled by: • Reviewing evidence pertaining to the health and wellbeing outcomes of Latrobe Valley to identify the highest priority issues • Conducting root cause analysis to identify the origin of the identified issues • Reviewing public health literature of approaches that have been tried before to identify opportunities for innovation • Prototyping and piloting new approaches supported by the design thinking tools developed through the States of Change program • Implementing the best candidate approaches supported by appropriate planning and objectives mapping (including a theory of change). R6. The opportunities for improvement identified in this report be implemented to ensure the success of the initiatives, including how they work together, and whether they should be tried elsewhere.
Zone	R1. The Zone partners group develop a clear purpose and provide effective governance over agreed priorities and actions. Other stakeholders can be involved in this group on a regular basis or as required to strengthen the group's decisions and accountability. R7. The Zone partners group assume responsibility for giving meaning and agency to the Zone. This includes driving collaboration and change through the establishing shared aspirations that the community is committed to. This can be supported by identifying the health and wellbeing aspirations already defined in the Latrobe Valley (such as those outlined in the Charter, Assembly strategy and/or Municipal Public Health and Wellbeing Plan) and determining those that the Zone is going to commit to achieving or contributing to.
Assembly	R2. The Board develop a strong discretionary funding investment strategy for discretionary funding. This can be supported by providing regular financial and performance information to enable the Board to make effective and timely decisions. R4. The Assembly invest in innovation and evidence-related capacity building support for Assembly members and backbone staff. These activities and resources will ensure Assembly members and backbone staff are equipped to capitalise on the opportunities presented by the model refresh and reinvigorate the Assembly's momentum and profile. R8. The Assembly and Assembly Board work with their project partners (including auspicing agencies) to ensure continued funding, and operational support has been considered for all Assembly projects. This process can be embedded in the design and implementation of all future Assembly projects and is important for ensuring the sustainability of the Assembly's impact.
Advocate	R5. The Advocate ensure that the range of evidence considered is fit-for-purpose and sufficiently visible in publications. This is particularly important when making recommendations to stakeholders in more clinical environments in which the evidence relied upon is typically higher up on the hierarchy of evidence than in other settings. This evidence includes peer-reviewed journal articles of systematic reviews, pragmatic clinical trials and relevant observational studies.

Next steps

This final evaluation report represents the conclusion of the Deloitte evaluation of the Zone, Assembly and Advocate. The evaluation understands that this report will inform the ongoing work of the initiatives in improving health and wellbeing in the Latrobe Valley, and the government decisions regarding whether to implement similar initiatives in other regional areas in the future.

Deloitte

1 Introduction and methodology

Deloitte was engaged by the Department of Health and Human Services (the 'Department') to conduct an evaluation of the Latrobe Health Innovation Zone, Latrobe Health Assembly and Latrobe Health Advocate.

The Hazelwood Mine Fire Inquiry: Victorian Government Implementation Plan (the 'implementation plan') outlines the Victorian Government's response to recommendations made by the Hazelwood Mine Fire Inquiry Board. In line with their response, the Victorian Government has designated the Latrobe Health Innovation Zone (the 'Zone').[9,10]

Key components of the Zone include the Latrobe Health Assembly (the 'Assembly') and the Latrobe Health Advocate (the 'Advocate') – referred to collectively as the 'Latrobe Health Initiatives' or 'initiatives' (Figure 1.1).[11]

Please refer to Appendix A for further detail regarding the government actions arising from the implementation plan and the corresponding recommendations that informed these actions, as they relate to the initiatives.

Figure 1.1 Latrobe Health Initiatives

Source: Deloitte.

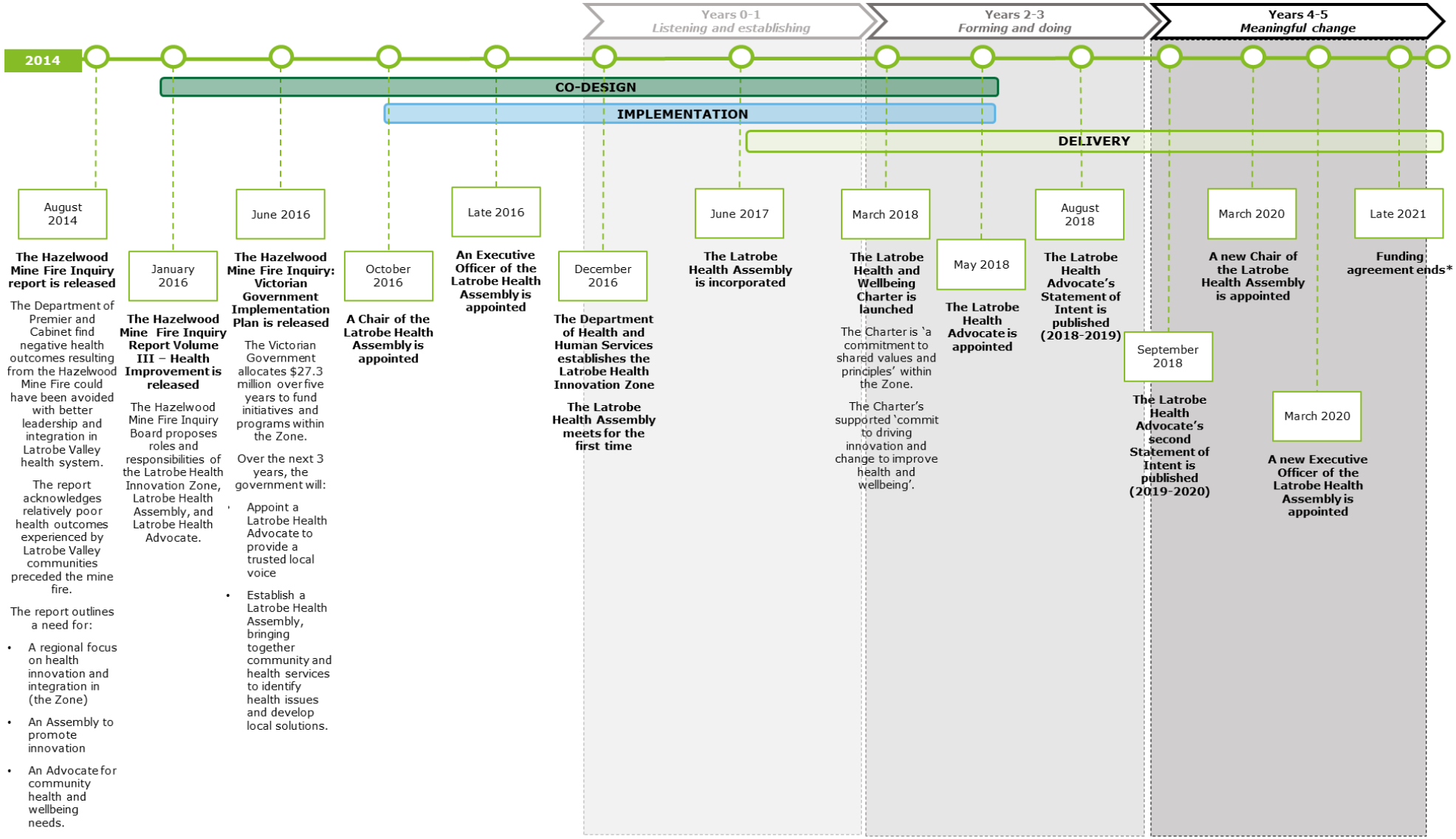
1.2 Latrobe Health Initiatives

The overarching objective of these initiatives is to improve health and wellbeing in the Latrobe Valley. Further detail regarding the individual objectives of the Zone, Assembly and Advocate is provided in the following subsections. Figure 3.1 outlines the timeline of the design, delivery and implementation of the initiatives.

The Department's website also contains further information about the initiatives.[12]

[9] Hazelwood Mine Fire Inquiry. (2014). Hazelwood Mine Fire Inquiry Report. Victorian Government. Retrieved from http://report.hazelwoodinquiry.vic.gov.au/wp-content/uploads/2014/08/Hazelwood_Mine_Inquiry_Report_Intro_PF.pdf
[10] Department of Premier and Cabinet. (2016). Hazelwood Mine Fire Inquiry: Victorian Government Implementation Plan. State of Victoria. Retrieved from https://www.vic.gov.au/hazelwood-mine-fire-inquiry-victorian-government-response-and-actions
[11] Ibid.
[12] Department of Health and Human Services. (n.d.). Evaluation. State of Victoria. Retrieved from https://www2.health.vic.gov.au/about/health-strategies/latrobe-health-innovation-zone/evaluation-framework

Figure 1.2 Timeline of the design, delivery, and implementation of the initiatives



*The Department announced they would fund the initiatives for a period of five years.

Source: Deloitte.

1.2.2 Latrobe Health Innovation Zone

The Zone is a geographical designation, aligned with the Latrobe City Council and Latrobe LGA boundaries.[13] The Zone's designation was announced in April 2016.[14]

The Zone's designation is intended to drive innovation in the development and delivery of health services and health improvement programs (supported by the Assembly) and result in changes to the pattern of investment in health services in the Latrobe Valley (see the supporting database).[15] Furthermore, the role of the Zone is to give voice to community aspirations in the planning and delivery of better health and wellbeing outcomes. It represents a commitment to new ways of working between individuals and organisations.[16] The vision and objectives for the Zone are further described in the Latrobe Health and Wellbeing Charter, as outlined in Section 1.2.2.1 below.

The Assembly, Advocate and other key stakeholders all operate 'within the Zone.' Other key stakeholders within the Zone include Latrobe Valley communities; the Department; the Gippsland Primary Health Network; the Latrobe City Council; the Latrobe Community Health Service (LCHS); the Latrobe Regional Hospital; the Latrobe Valley Authority; health and wellbeing service providers; and organisations that influence health and wellbeing, such as education providers, sport and recreation clubs and facilities, and other local businesses.

The Zone is not an entity.[17] How the Zone materialises is dependent on the actions of key stakeholders within the Zone, including Latrobe Valley communities, the Assembly, the Advocate, the Department, and key health and wellbeing related organisations in Latrobe, many of whom are on the Board of the Assembly. This is further articulated by the Latrobe Health and Wellbeing Charter, described below.

Further detail regarding the Zone actions arising from the implementation plan is provided in the supporting database.

1.2.2.1 Latrobe Health and Wellbeing Charter

Federation University was engaged by the Department in 2017 to work with Latrobe Valley communities to develop a Charter for the Zone. The Latrobe Health and Wellbeing Charter (the 'Charter') describes Latrobe Valley communities' aspirations for the Zone. It was also informed by the Ottawa Charter, which is a foundational document that underpins a number of major health promotion interventions around the world.

The Charter was codesigned with Latrobe Valley communities through a series of community and stakeholder workshops, surveys, and collaborative discussions. The Charter was publicly launched on 18 March 2018. It is 'a commitment to shared values and principles. Its supporters commit to driving innovation and change to improve health and wellbeing.'[18]

1.2.3 Latrobe Health Assembly

The establishment of the Assembly was announced by the Victorian Minister for Health on 4 October 2016.[19] The Assembly was incorporated on 26 June 2017.

The Assembly was established to work with Latrobe City Council, local agencies, business leaders, community members, and Government to identify local health priorities and implement health programs.[20] The role of the Assembly is to provide input and direction for health initiatives within the Zone. It is also the responsibility of the Assembly to facilitate new ways of working between Latrobe Valley communities, local and state-wide agencies and government.[21] As such, the Assembly was designed to promote inclusive participation, social accountability, transparency, and trust in a disengaged community experiencing poor health outcomes. This

[13] Ibid.
[14] Premier Daniel Andrews. (2016). You Were Right: Inquiry Vindicates Latrobe Valley Locals. State of Victoria. Retrieved from https://www.premier.vic.gov.au/you-were-right-inquiry-vindicates-latrobe-valley-locals/
[15] Ibid.
[16] Department of Health and Human Services (n.d). Latrobe Health and Wellbeing Charter. State of Victoria. Retrieved from https://www2.health.vic.gov.au/about/health-strategies/latrobe-health-innovation-zone/supporters-of-the-latrobe-wealth-and-wellbeing-charter
[17] Although a Social Marketing Team Coordinator and Social Marketing Production Officer for the Zone were appointed in 2018 and are co-located with the Assembly backbone.
[18] Ibid.
[19] The Hon. Jill Hennessy MP. (2016). Putting the health of the Latrobe Valley first. State of Victoria. Retrieved from https://www.premier.vic.gov.au/wp-content/uploads/2016/10/161004-Putting-The-Health-Of-The-Latrobe-Valley-First.pdf
[20] Ibid.
[21] Latrobe Health Assembly. (n.d.). We are Shaping The Valley. Latrobe Health Assembly. Retrieved from https://healthassembly.org.au/

means the Assembly is intended to allow community members to have a say in decision-making. Specifically, the Assembly was established to involve members of Latrobe Valley communities in decisions regarding their own health and wellbeing.[22] This is important because participatory democracy can enhance social capital[23]. Higher rates of social capital are associated numerous desirable public health outcomes, such as higher self-rated health and mental health, and lower child mortality rates and neighbourhood deaths.[24] Further detail regarding the Assembly actions arising from the implementation plan is provided in the supporting database.

In recognition of this broad remit, the Assembly's strategy states that their dream is to improve the health and wellbeing of 10,000 people in 10 years.[25] Please refer to the supporting database for further detail regarding the Assembly's high-level strategy and priority areas.

The Assembly consists of 38 members.[26] Their first meeting was held on 19 December 2016. Assembly members volunteer their time to represent community member interests[27]. At the time of writing this report, the Assembly was undergoing a refresh of its organisational structure and processes. Hence, further detail regarding the Assembly's areas of focus and frequency of meetings is not provided.

The Assembly is overseen by a 10-member Board, chaired by Tanya Rong.[28] The Board is composed of the Chief Executive Officers (CEOs) from the Gippsland Primary Health Network, Latrobe City Council, LCHS, and Latrobe Regional Hospital. A representative from the Department and four community member representatives also sit on the Board. The Victorian Minister for Health formally approved these Board members in November 2017. The first official Board meeting was held in December 2017[29]. Most Board members had been involved in the Assembly since its inception.

The Assembly is supported by a backbone staff composed of an Executive Officer[30], Projects Coordinator, Engagement and Communications Coordinator, Planning and Research Officer, and other supporting roles.

The Assembly is delivering a number of projects, some of which are now complete. Please refer to Appendix B for further detail regarding Assembly projects.

1.2.4 Latrobe Health Advocate

The Advocate model was announced on 13 February 2017.[31] The appointment of the Advocate,[32] Jane Anderson, was announced by the Victorian Minister for Health on 3 May 2018. The Advocate commenced in this role on 1 June 2018.[33] The Advocate is supported by two staffs: a Senior Advisor and an Office Coordinator.

In the Advocate model approved by the Minister for Health, the objective of the Advocate, as described by the Department, is to provide independent advice to the Victorian Government on behalf of Latrobe Valley communities on system and policy issues affecting their health and wellbeing. The Advocate is also intended to provide community-wide leadership for the Zone by enabling, mediating, and advocating for health improvements through health and broader system improvements and change. The Advocate reports to the Victorian Minister for Health. No actions for the Advocate arose from the implementation plan.

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[22] Ibid.
[23] Social capital is defined by the Organisation for Economic Co-operation and Development (OECD) as 'networks together with shared norms, values and understandings that facilitate co-operation within or among groups' Keeley, B. (2007). Human Capital: How what you know shapes your life. OECD Publishing. Retrieved from https://www.oecd-ilibrary.org/education/human-capital_9789264029095-en
[24] Beaudoin, C. (2009). Bonding and bridging neighbourliness: An individual-level study in the context of health. Social Science & Medicine, 68, 2129-2136.
[25] Latrobe Health Assembly. (2018). Our Dream, Our Plan. Latrobe Health Assembly.
[26] Latrobe Health Assembly. (n.d.). Assembly members. Retrieved from https://healthassembly.org.au/assembly-members/
[27] Some Assembly members have been selected because it is considered important that their organisation is involved in the Assembly.
[28] Tanya was appointed in early 2020. This role was previously held by John Catford.
[29] The first official meeting of the Board was the first meeting after incorporation i.e. the July meeting. The full Board came together for the first time in December, after the community board members were endorsed by the Minister in November 2017.
[30] At the time of writing this report, Ellen-Jane Brown was appointed the Executive Officer (May 2020). This role was previously held by Tanya Rong (acting Executive Officer), and Ian Needham.
[31] The Hon. Jill Hennessy MP. (2018). A Healthier Latrobe Valley Thanks To Health Study. State of Victoria. Retrieved from https://www.premier.vic.gov.au/a-healthier-latrobe-valley-thanks-to-health-study/
[32] The World Health Organisation (WHO) defines health advocacy as a 'combination of individual and social actions designed to gain political commitment, policy support, social acceptance and systems support for a particular health goal or programme' World Health Organization (WHO). 1995. Advocacy Strategies for Health and Development: Development Communication in Action. Geneva: WHO.
[33] The Hon. Jill Hennessy MP. (2018). New voice for the Latrobe Valley appointed. State of Victoria. Retrieved from https://www.premier.vic.gov.au/wp-content/uploads/2018/05/180504-New-Voice-For-The-Latrobe-Valley-Appointed.pdf.

The Advocate was appointed to support Latrobe Valley communities in identifying local health and wellbeing needs and raising these perspectives to the Minister for Health to drive policy change. This is important because citizen engagement approaches that lack strong links with the public sector or key decision makers remain isolated and have little impact.[34] In addition to a community engagement function, leaders of community participation initiatives must also have the capacity and ability to translate publicly generated ideas into sustained action.[35]

The Advocate set out her priorities for the role in an updated 'Statement of Intent' delivered to the Victorian Minister for Health in 2019. This statement indicates that she will focus on the following areas:

1. Maintain and build on the established profile of the Advocate
2. Elevate the voice of communities
3. Health is everyone's business
4. Community priority campaigns:
   a) A healthy life in Latrobe
   b) Human connections in Latrobe
   c) Access to services in Latrobe.[36]

Please refer to the supporting database for further detail regarding the Advocate's priorities for 2019/20.

1.3 Evaluation of the Latrobe Health Initiatives

1.3.1 Purpose

Deloitte was engaged by the Department to conduct an evaluation of the Zone, Assembly and Advocate. The purpose of the evaluation is to evaluate the impact and outcomes achieved through the establishment of the Assembly, Advocate and Zone.

To achieve this aim, the evaluation has pursued two main lines of inquiry:

1. How the different ways of working being pursued contribute to innovation, integration, and community engagement in the Zone.
2. The relationship between the new ways of working and net impact on population health and wellbeing.[37]

1.3.2 Timeline

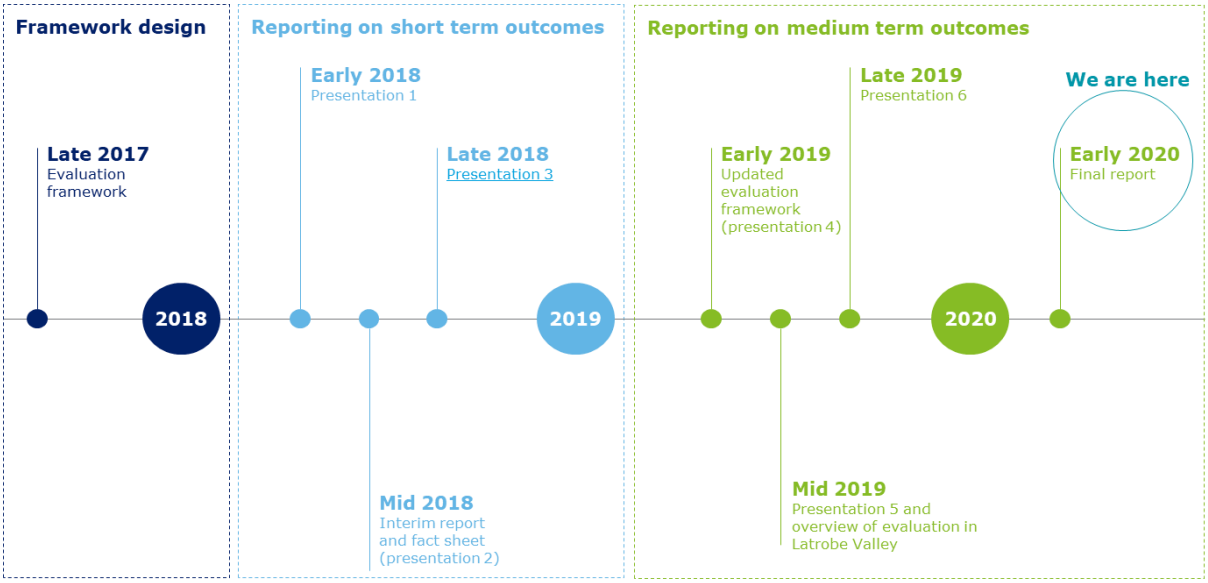
The evaluation commenced in the second half of 2017. A series of short reports known as presentations have been developed along with a substantive interim report in 2018. These presentations have:

- Provided feedback about the early progress of the Zone, Assembly and Advocate in achieving the short-term outcomes identified by Latrobe Valley communities and outlined in the evaluation framework (**presentation 1**).
- Provided findings and improvement opportunities for the Latrobe Health Initiatives. This report also brought together a range of publicly available health and wellbeing information to provide an evidence-led and comparative picture of health and wellbeing in the Latrobe Valley (**interim report and fact sheet [presentation 2]**).
- Built on findings from the interim report by focusing on innovation and the pathway to community empowerment, to provide specific actions for the initiatives in the form of 'to-do' lists (**presentation 3**).
- Detailed an updated version of the evaluation framework to reflect significant developments that occurred during the 12 months since the delivery of the initial evaluation framework in late 2017 (**updated evaluation framework [presentation 4]**).
- Provided DHHS, the Assembly and Assembly Board, the Advocate and other key stakeholders in the Zone with a tool by which to monitor the initiatives' performance (**presentation 5**).
- Complemented the overarching thematic evaluation approach by 'deep diving' into the impact, targeted findings and improvement opportunities of a sample of projects (**presentation 6**).

[34] Ibid.
[35] Ibid.
[36] Latrobe Health Advocate. (2019). Publications. Retrieved from https://www.lhadvocate.vic.gov.au/publications/
[37] Department of Health and Human Services (DHHS). Request for Proposal (Quote). PAS CAFCAS CA1 C5700.

The timing of deliverables is shown in Figure 1.3. The Department's website also contains further information about the initiatives, including links to all previous evaluation reports.[38]

Figure 1.3 Evaluation reporting timeline



Source: Deloitte.

1.4 This report

This final evaluation report considers the period from May 2017 to March 2020.

The purpose of this report and the supporting database (please note, this is a separate document) is two-fold, to:

1. **Report key evaluation findings and recommendations for the initiatives** in response to the evaluation questions outlined in the updated evaluation framework.[39] The evaluation questions considered within this report can be grouped into the following three evaluation domains: appropriateness; effectiveness; and efficiency and sustainability, and seven themes: justification; governance and working together; health and wellbeing; community capacity and empowerment; innovation and evidence; timeliness; and demand and transferability (Table 1.1).
2. **Provide a comparative summary of health and wellbeing in the Latrobe Valley**. Where possible, data points have been collected for each measure to provide an indication of change in population health and wellbeing in the Latrobe LGA – relative to the Mildura LGA, Gippsland Region and the State of Victoria – overtime.

[38] Department of Health and Human Services. (n.d.). Evaluation. State of Victoria. Retrieved from https://www2.health.vic.gov.au/about/health-strategies/latrobe-health-innovation-zone/evaluation-framework
[39] Ibid.

Table 1.1 Evaluation domains and themes considered in this final evaluation report

Type	Domain	Themes
Process	Appropriateness	• Justification • Governance and working together
Outcome	Effectiveness	• Health and wellbeing • Community capacity and empowerment • Innovation and evidence
	Efficiency and sustainability	• Timeliness • Demand and transferability

Source: Updated evaluation framework (Deloitte, 2019).

The remainder of this report is set-out as follows:

- Section 2: Methodology
- Section 3: Evaluation findings
  - Section 3.1: Appropriateness
  - Section 3.2: Effectiveness
  - Section 3.3: Efficiency and sustainability
- Conclusions
- Appendices

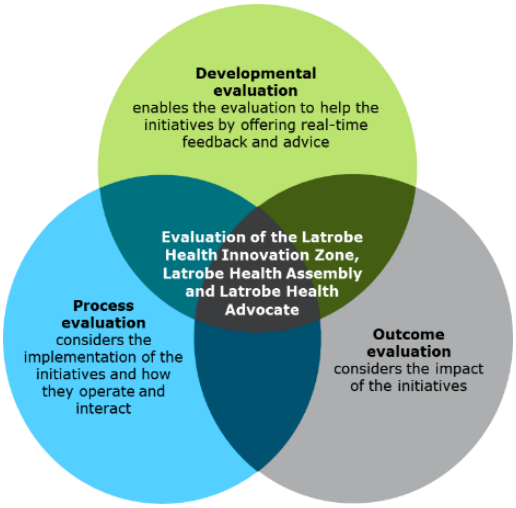
2 Methodology

This section describes the evaluation methodology.

2.1 Summary of approach

The evaluation was originally developmental but overtime the methodology and approach has evolved to have a greater emphasis on process and outcome evaluation, as depicted in Figure 2.1.

Figure 2.1 Evaluation approach



Source: Deloitte.

The evaluation has provided an avenue for ongoing community feedback to ensure the health and wellbeing needs of Latrobe Valley communities are met. To reflect this, our approach to designing the evaluation framework and conducting the evaluation was guided by the following principles:

- Being present in the Latrobe Valley and forming trusting relationships with Latrobe Valley communities.
- Listening to and ensuring Latrobe Valley communities have opportunities to influence the design and outcomes of these initiatives.
- Linking in with existing engagement opportunities and communicating through social media, such as Facebook and traditional media including local print and radio.
- Working with Latrobe Valley communities to ensure engagement is representative of the diversity within Latrobe Valley communities, including people who may not hear about the project through traditional channels, such as Aboriginal communities and migrant communities.
- Being flexible and adaptable in our approach to engaging with Latrobe Valley communities to ensure our approach best meets their needs.
- Being independent and robust in our evaluation methodology.
- Sharing transparent and timely feedback with Latrobe Valley communities.
- Recognising existing community strengths.
- Recognising that influencing health outcomes can take many years.

These principles were drafted following early insights obtained from preliminary stakeholder conversations at the start of the evaluation. The intent of these preliminary conversations was to inform our approach to designing the framework and conducting the evaluation.

The updated evaluation framework sets-out the evaluation methodology in detail.[40] While the evaluation has adopted a flexible approach, the methods of data collection have included:

- **Broad consultation** – including 594 responses to the community survey; 169 responses to a community pulse survey; 24 attendees over four workshops; and discussions with more than 25 community members over four community-based visits to libraries, supermarkets and the local university.
- **Direct consultation** – including approximately 54 semistructured interviews with key stakeholders – including the Advocate; Assembly Board members; Assembly members and other key stakeholders in the Zone; as well as an innovation expert, attending existing meetings and events and conducting observational ethnography of hard to reach groups, including the CMY's Youth Advisory Group, and community members attending NAIDOC Week activities at The Gathering Place.
- **Targeted consultation** – including 163 responses to the organisation survey, 16 responses to the Assembly member survey.
- **Review** – of other qualitative data collected during the evaluation from May 2017 to March 2020 including initiative-generated documents and data, peer reviewed literature, publicly available population health and wellbeing data, and ad-hoc discussions while working from the Assembly and Advocate offices.

Furthermore, an extensive process was undertaken to advertise opportunities for Latrobe Valley communities and organisations to provide feedback and input to the evaluation including:

- More than 77,000 people reached through 109 Facebook posts
- More than 3,500 postcards handed out to businesses in the Latrobe Valley or sent to their address, and placed on seats of the morning train departing Traralgon
- More than 2,000 emails sent to community members, community groups and organisations in the Latrobe Valley
- 594 letters sent to community groups and organisations in the Latrobe Valley
- 279 Facebook messages sent to Facebook pages in the Latrobe Valley
- 200 posters handed out to businesses in the Latrobe Valley
- 122 phone calls to community groups in the Latrobe Valley
- 4 Latrobe Valley Express newspaper advertisements
- 2 media interviews with Latrobe Valley Express and 9 News Gippsland.

Please refer to the supporting database for further detail.

2.1.2 Limitations

A range of primary data collection methods, such as semistructured interviews and surveying, to support the triangulation of insights drawn from a number of data sources. It is important to note that the data collected may have been subject to various sources of bias and confounding; the effects of which cannot be quantified.

One potential source of confounding is the COVID-19 pandemic that arose in March 2020 when the evaluation was concluding its data collection efforts. As such, care should be taken when interpreting the evaluation findings and recommendations presented in this report.

[40] Ibid.

3 Evaluation findings

This section describes the key findings and recommendations for the Latrobe Health Initiatives under the evaluation domains of 'appropriateness,' 'effectiveness,' and 'efficiency and sustainability.'

A detailed evaluation framework was developed at the outset of the evaluation in 2017 and was revised in 2019 in-line with the strategic focus of each of the initiatives. The purpose of the evaluation framework is to inform the areas of evaluation and to focus the analysis relative to an agreed framework. The framework includes three domains and 13 themes that have been consolidated for the purposes of this report. The evaluation domains outlined in the following section include 'appropriateness,' 'effectiveness,' and 'efficiency and sustainability.' The analysis contained in this section draws on several datasets and triangulates findings under these three domains.

3.1 Appropriateness

This section considers the 'appropriateness' evaluation domain, considering the justification for the initiatives, as well as their design. This includes consideration of the governance structures put in place to support each initiative, as well as the mechanisms to support governance across the initiatives.

3.1.1 Justification

Justification refers to the appropriateness of establishing the initiatives. The evaluation has considered the extent to which the initiatives are justified. These questions have been considered by reflecting on academic and 'grey' literature supporting these initiatives and exploring examples of where similar models have been tried before.

3.1.1.1 Overarching

Finding 1. Responding to the entrenched disadvantage and poor population health outcomes in the Latrobe Valley was necessary.

It is clear that there was a need to establish a program to address poor levels of health in the Latrobe Valley. The Hazelwood Mine Fire Inquiry (the inquiry) found that 'there is a strong case for the health of the population of the Latrobe Valley to be substantially improved.'[41] The inquiry also found that 'the population of the Latrobe Valley already has significant health challenges and does not enjoy the levels of health and social wellbeing of most other Victorians.'[42] This is further confirmed by the overview of health and wellbeing in the Latrobe LGA, relative to the Mildura LGA, Gippsland Region and the State of Victoria detailed in the supporting database. As such, the inquiry concluded that 'system-wide improvements are needed, such as strengthening community capacity and resilience, tackling the social determinants of health, and providing hope and optimism for the community.'[43] The Latrobe Health Initiatives were established to address the recommendations of the inquiry.

There is limited peer-reviewed literature regarding the potential impact and key success factors of the initiatives. Journal articles that were identified and are considered to be most relevant are discussed in this section, with relevant references included throughout the remainder of the report.

[41] Ibid.
[42] Ibid.
[43] Ibid.

3.1.1.2 Latrobe Health Innovation Zone

Finding 2. Peer-reviewed literature regarding the effectiveness of approaches similar to the Zone for improving health and wellbeing is varied.

The Ottawa Charter is a foundational document which underpins a number of significant health promotion interventions around the world that bear similarities to, and informed the development of, the Zone and the Charter. These interventions include the Health Action Zones and Healthy Cities.[44,45] However, evidence regarding the effectiveness of these approaches is varied.[46,47]

Evaluations of the Health Action Zones have uncovered the following factors which are considered important for influencing positive outcomes:

- An overall vision statement or clear plan, including a logical pathway from vision to themes, objectives and targets.
- Clear statements of what success would look like at specified points in the future.
- Detailed descriptions of projects with defined short-, medium- and long-term outcomes.[48,49,50]

Many of these factors, with the exception of an overall vision statement, have not been established in relation to the Zone.

3.1.1.3 Latrobe Health Assembly

Finding 3. Alternative models (which the Assembly could use) may be more effective in driving timely and specific outcomes through a deeper focus on a narrower range of issues.

The Assembly represents a 'citizen participation' mechanism. Citizen participation is an umbrella term referring to a range of methods with varying suitability and effectiveness depending on the context.[51]

A key feature of the Assembly is its backbone support, making it closely aligned to a 'collective impact' model of citizen participation.[52] Collective impact models are most effective when partners are working towards a single, specific and shared goal.[53] As such, the Assembly's strategy (see the supporting database) may lack the specificity required to effect change.

Alternative models of citizen participation may be more effective in driving more timely outcomes. However, it is important to acknowledge that these models could be used to support the Assembly, as opposed to replacing it. For example, citizen juries are designed to generate community-based recommendations in response to a specific question or issue in an efficient manner.[54] Further detail regarding alternative models that the Assembly could learn from are summarised below.

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[44] World Health Organization (WHO). (1986). The Ottawa Charter for Health Promotion. Retrieved from http://www.who.int/healthpromotion/conferences/previous/ottawa/en/
[45] The Ottawa Charter states that 'the prerequisites and prospects for health cannot be ensured by the health sector alone,' requiring 'coordinated action by all concerned: by governments, by health and other social and economic sectors, by nongovernmental and voluntary organizations, by local authorities, by industry and by the media.'
[46] Judge, K. et al. (1999). National Evaluation of Health Action Zones. Retrieved from https://www.pssru.ac.uk/pub/dp1546.pdf
[47] World Health Organisation (WHO) Regional Office for Europe. (2014). Healthy cities. Promoting health and equity – evidence for local policy and practice. Summary evaluation of Phase V of the WHO European Healthy Cities Network. Retrieved from http://www.euro.who.int/en/publications/abstracts/healthy-cities.-promoting-health-and-equity-evidence-for-local-policy-and-practice.-summary-evaluation-of-phase-v-of-the-who-european-healthy-cities-network
[48] Ibid.
[49] Ibid.
[50] de Leeuw, E. Do Healthy Cities Work? A Logic of Method for Assessing Impact and Outcome of Healthy Cities. J Urban Health 89, 217–231 (2012).
[51] Lewis, JM, McGann, M & Blomkamp, E 2020, 'When design meets power: design thinking, public sector innovation and the politics of policymaking,' Policy & Politics, vol. 48, no. 1, pp. 111-130.
[52] Collective impact models seek to remove siloed efforts across a range of actors, following the logic that cross-sector coordination will drive better outcomes than isolated individual interventions. Kania, J & Kramer, M 2011, 'Collective Impact,' Stanford Social Innovation Review, [unknown] pp. 35 – 41.
[53] Fawley, E 2018, 'Leading in Public Health through Collective Impact in Leadership and Healthcare and Public Health,' in H, Huber, L, Breitenstine, L, Schreiber, K, Budzik, T, Moffitt & J, Pearsol (eds.), Leadership in Healthcare and Public Health, Pressbooks, Ohio.
[54] Breckon, J, Hopkins, A & Rickey, B 2019, 'Evidence vs democracy: how 'mini-publics can traverse the gap between citizens, experts, and evidence,' Alliance for Useful Evidence. Available at: https://www.oidp.net/docs/repo/doc580.pdf.

Box 3.1 Case studies: Alternative models that the Assembly could learn from

Alternative models that the Assembly could learn from

1. Citizens juries

The Citizens Jury in Geelong, Australia involved a randomly selected group of 100 City of Greater Geelong residents. These residents came together over four months to consider how to redefine local council processes. The group drew from information provided by leading thinkers they had chosen to hear from. The successful outcome of this deliberative process was that the Victorian Legislative Council passed the City of Greater Geelong Amendment Bill 2017 on 8 June 2016. This new legislation led to the implementation of new Mayoral and Councillor structures, as recommended by the Citizens' Jury.[55]

2. Community forums

The Patient and Public Involvement Forums in the United Kingdom encourage local residents to become members on the premise that the forums are proactive and able to influence the monitoring and review of existing or planned health services. These forums seek the views and experiences of patients. The intention is that this information positively influences future health service planning.[56]

3. Health councils

The Municipal Health Councils in Brazil build on the principle of 'empowered participatory governance.' These councils are enshrined in law and are able to approve budgets, accounts and spending plans. They are known as 'conselhos deliberativos' — which translates to 'deliberative councils.'[57]

3.1.1.4 Latrobe Health Advocate

Finding 4. Peer-reviewed literature suggests that advocacy approaches can be effective in promoting collaboration to enhance health outcomes.

The Advocate was appointed in recognition of several Hazelwood Mine Fire Inquiry findings, including:

- Entrenched disadvantage and poor population health outcomes (see Section 3.1.1.1)
- A lack of local health leadership
- Historic distrust of Melbourne-based government agencies within the Latrobe Valley, meaning that traditional models of representative government may not be adequate.[58,59]

As such, it was determined that an independent Health Advocate be appointed to enable, mediate and advocate for the health of Latrobe Valley communities.[60]

Advocacy efforts can be effective in identifying a set of common values and principles that unite community members.[61] In doing so, an Advocate should have strong interpersonal skills and insight, allowing them to navigate challenges, foster partnerships and build capacity.[62,63,64] Furthermore, responsibility should be shared between an Advocate and their community. This is important for establishing a shared vision and maximising

[55] NewDemocracy. (2017). Geelong Citizens' Jury Final Report. NewDemocracy. Retrieved from https://www.newdemocracy.com.au/docs/activeprojects/geelong2016/GeelongCitizensJuryFinalReport_21Jan17.pdf
[56] Milewa, T. (2004). Local Participatory Democracy in Britain's Health Service: Innovation or Fragmentation of a Universal Citizenship? Social Policy and Administration, 38(3), 240-252.
[57] Cornwall, A. (2008). Deliberating Democracy: Scenes from a Brazilian Municipal Health Council Politics & Society, 36(4), 508-531.
[58] Hazelwood Mine Fire Inquiry. (2014). Hazelwood Mine Fire Inquiry Report. Victorian Government. Retrieved from http://report.hazelwoodinquiry.vic.gov.au/wp-content/uploads/2014/08/Hazelwood_Mine_Inquiry_Report_Part04_PF.pdf
[59] Cornwall, A. (2008). Deliberating Democracy: Scenes from a Brazilian Municipal Health Council Politics & Society, 36(4), 508-531.
[60] Ibid.
[61] Fawley, E 2018, 'Leading in Public Health through Collective Impact in Leadership and Healthcare and Public Health,' in H, Huber, L, Breitenstine, L, Schreiber, K, Budzik, T, Moffitt & J, Pearsol (eds.), Leadership in Healthcare and Public Health, Pressbooks, Ohio.
[62] Gilson, L. (2016). Everyday Politics and the Leadership of Health Policy Implementation. Health Systems & Reform, 2(3), 187-193. doi: 10.1080/23288604/2016.1217367.
[63] Koh, H.K, McCormack, M. (2006). Public health leadership in the 21st Century. In B. Kellerman (ed.), Working Papers of the Centre for Public Leadership (pp.101-116). Cambridge, MA: Harvard University Kennedy School of Government.
[64] Reddy, K.S., Mathur, M.R, Negi S., & Krishna, B. (2017). Redefining public health leadership in the sustainable development goal era. Health Policy and Planning, 32, 757-759.

participation.[65,66,67,68] This means the Advocate should continue to engage with Latrobe Valley communities to understand their health needs and concerns. This understanding should continue to inform how the Advocate leverages their relationships to advocate for local opportunities and services.[69,70,71]

3.1.2 Governance and working together

The evaluation has considered the extent to which the governance and working together arrangements of the initiatives individually and collectively are appropriate within the Latrobe Valley context. Governance encompasses the systems by which an organisation is controlled and operates and the mechanisms by which it and its people are held to account. Ethics, risk management, compliance and administration are all elements of governance.[72] Working together refers to how the initiatives collaborate to achieve shared goals.

3.1.2.1 Overarching

Finding 5. The Zone, Assembly and Advocate have taken time to clarify their roles and responsibilities, including how they interact with each other and with other stakeholders in the Latrobe Valley.

The inquiry and implementation plan outline why the three initiatives were needed and how they would interact. This would ideally be formally recognised by the initiatives. However, this was complicated by the fact that the Zone was a difficult concept for community members and other key stakeholders to understand. This is because the Zone is a designation – not an entity – without dedicated resources and a leader. As such, the Zone's mechanism of action was challenging for people to grasp.

More recently, there has been greater recognition among the initiatives of the need to ensure their role, responsibilities and overall relationship are clear, as reflected by the establishment of the Zone partners group and the States of Change team. This is explored further below.

3.1.2.2 Latrobe Health Innovation Zone

Finding 6. The Charter provides a mission statement for the Zone; however, a more detailed governance model and strategy for change are needed to operationalise the Zone concept.

The development of the Charter was appropriate; it clearly defined the outcome and vision for the Zone. However, a more specific plan to enable change was not developed. In recognition of this, the Zone partners group was established to meet on a regular basis to share information and ensure alignment among the key stakeholders within the Zone, including the Advocate, the Assembly Chair and Executive Officer, and representatives from DHHS including the Inner Gippsland Area Director; Manager of the Hazelwood Mine Fire Inquiry; and Manager of Place Based Programs. More recently, representatives from the Department, the Executive Officer of the Assembly, an Assembly member and community representative on the Assembly Board and the Advocate joined together to participate in the States of Change program (see Box 3.2).[73] Through this program, the participants sought to define the remit and interaction of the initiatives and how they can integrate their activities with Latrobe Valley organisations.

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[65] Dupre, M.E., Moody, J., Nelson, A., Willis, J.M., Fuller, L., Smart, A.J., Easterling, D., & Silberberg, M. (2016). Place-based Initiatives to Improve Health in Disadvantaged Communities: Cross-Sector Characteristics and Networks of Local Actors in North Carolina. American Journal of Public Health, 106, 1548-1555. doi: 10.2105/AJPH.2016.303265.
[66] Stone, J.D., Belcher, H.M.E., Attoh, P., D'Abundo, M., & Gong. T. (2017). Association of health professional leadership behaviours on health promotion practice beliefs. Disability and Health Journal, 10, 320-325.
[67] Franke, F., Felfe, J.. & Pundt, A. (2014). The impact of health-oriented leadership on follower health: Development and test of a new instrument measuring health-promoting leadership. German Journal of Research in Human Resource Management, 28(1-2), 139-161. doi: 10.1688/ZfP-2014-01-Franke.
[68] Kimberly, J.R. (2011). Preparing Leaders in Public Health for Success in a Flatter, More Distributed and Collaborative World. Public Health Reviews, 33, 289-299.
[69] Koh, H.K, & Jacobson, M. (2009). Fostering public health leadership. Journal of Public Health, 31(2), 199-201.
[70] Frenk, J., Chen, L., Bhutta, Z.A., et al. (2010). Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. Lancet, 376, 1923-1958.
[71] Catford, J. (1998). Social entrepreneurs are vital for health promotion-but they need supportive environments too. Health Promotion International, 13(2), 95-97.
[72] Governance Institute of Australia (2020). What is governance? Retrieved from https://www.governanceinstitute.com.au/resources/what-is-governance/
[73] 'States of Change is a collective that exists to support the growing global movement of government teams pioneering new ways to solve our biggest challenges.' States of Change (2019). About us. Retrieved from: https://states-of-change.org/about

The works of the Zone partners group and the States of Change team represent positive foundational steps toward operationalising the Zone concept. However, further work that builds on these positive steps is required to derive the intended benefit from the Zone.

Recommendation 1. **It is recommended that the Zone partners group develop a clear purpose and provide effective governance over agreed priorities and actions. Other stakeholders can be involved in this group on a regular basis or as required to strengthen the group's decisions and accountability.**

Box 3.2 Zone project deep dive: States of Change program

States of Change program

Purpose

'States of Change is a collective that exists to support the growing global movement of government teams pioneering new ways to solve our biggest challenges.'[74] In 2019, the 'Zone team'[75] applied to participate in the second round of States of Change; they had been operating in the Zone for a couple of years and needed assistance in how to 'break down barriers to create a successful and sustainable Health Innovation Zone in the Latrobe Valley.'

Expected outcomes/benefits

The key questions the team sought to address were as follows:

1. How can we be less government and make our processes more flexible and amenable to communities' needs?
2. How do we provide expert knowledge and evidence without communities perceiving government as trying to lead?
3. How does government let go and allow the community to lead?
4. How do we ensure all people are given the opportunity to influence decisions that affect them?

Observed results

The program supported the team to realise they each held **different perspectives** of the key problem they were collectively trying to solve. The team **developed a shared language** and **priorities** and learned about different ways of doing things, including how to **delve into the root cause** of an issue and **prototype solutions**. The team members developed a **greater appreciation for visibility** and **storytelling** as tools to assist them in taking people along the journey with them. The team developed two **prototypes**: an 'open ground' model for the Assembly and a position description for a 'community champion' of the Zone.

How has the States of Change program advanced the overarching objectives of the Latrobe Health Initiatives?

The program has allowed the team to develop a greater appreciation of each person's perspective, their preferred working style and the ecosystem within which they all operate. This has improved the relationship dynamic between representatives of the initiatives and their ability to collaborate.

Meeting frequently to apply the frameworks and techniques to current and anticipated issues has prompted the team to explore current processes for identifying opportunities for change. So far, the team has explored the Assembly project initiation process and meeting structure, as well as government processes. This has enhanced understanding of the unchangeable requirements and may generate buy-in regarding how best to operate within these constraints.

Should the two prototypes be piloted, it is expected that they will contribute to supporting community connectedness and participation.

Source: Documents provided by the initiatives and consultation with States of Change participants and facilitators.

[74] States of Change (2019). About us. Retrieved from: https://states-of-change.org/about

[75] Representatives from DHHS (Ellen-Jane Browne, Karen Russell and Deanne Bird), the Executive Officer of the Latrobe Health Assembly (Ian Needham), an Assembly member and community representative on the Assembly Board (Tanya Rong), and the Latrobe Health Advocate (Jane Anderson) joined together to participate in the States of Change program.

3.1.2.3 Latrobe Health Assembly

Finding 7. **The newly revised Assembly operating model provides opportunities for increased focus and community engagement. This revised model shows promise despite being in its infancy.**

Finding 8. **The Assembly has experienced challenges since its inception. These challenges pertain to uncertainties regarding the Assembly's funding model and budget position, and their role in supporting information sharing and collaboration. These challenges will require further work to resolve.**

Finding 9. **Assembly Board members have been disinclined to prioritise coordination and collaboration with partners in the Zone. This stems from historic funding allocation and competing priorities.**

The States of Change program and recent change in Assembly leadership have prompted a refresh of the Assembly model.[76] The new model appears to:

- Provide a more targeted approach to identifying health issues and prioritising and planning Assembly responses
- Support greater community participation by opening the doors to Assembly decision-making processes more consistently

Assembly Board members reported that the model clarifies the Assembly's key areas of focus and process for involving community members beyond the Assembly membership. Other key stakeholders within the Zone have also expressed optimism about the Assembly's new model.

Positive signs of Assembly collaboration within the Zone and with the Advocate are also emerging. For example, the Assembly auspices the Social Marketing team, a Department-funded initiative of the Zone, and has supported the colocation of projects auspiced through the Assembly. Furthermore, Assembly engagement data indicates that the Assembly has sought to collaborate with, and support, the Advocate, for example, by:

- Inviting the Advocate to attend and present at Board meetings twice per year.[77]
- Extending a standing invitation to the Advocate to contribute to Assembly meetings.[78]
- Working with the Advocate and community representatives to raise community perspectives regarding mental health in the Latrobe Valley.
- Discussing approaches to chronic health in the Latrobe Valley.
- Participating in States of Change.

Despite these positive steps, the Assembly's funding model and budget position have continued to present challenges for Assembly Board members. Specifically, Board members reported that their lack of oversight and direct control of Assembly funds has affected the efficiency of decision-making and has challenged their understanding of the Assembly as an innovative and incorporated organisation. This means there are opportunities for the Department and the Latrobe Regional Hospital to improve the quality and detail of financial information shared with Assembly Board members.[79] However, as with any publicly funded organisation, the Assembly must also determine how best to operate within the accountability requirements of spending public monies.

Assembly Board and backbone members would also benefit from further clarity regarding their roles in supporting information sharing and collaboration within the Assembly and the Zone more broadly. Stakeholders reported that barriers pertaining to historic funding allocation and competing priorities mean that collaboration and coordination among Assembly Board members and other stakeholders within the Zone could

[76] The new Assembly model was in development at the time of writing this report.
[77] The Advocate has attended two Board meetings. In these meetings, the Advocate and the Board discussed how the initiatives could work together more closely, the Advocate's community engagement model including opportunities for alignment, how the Assembly could leverage findings emerging from the Advocate's work including engagement strategies, the key health and wellbeing issues as identified through the Advocate's work with Latrobe Valley communities.
[78] The Advocate has attended five Assembly meetings.
[79] At the time of writing this report, a financial officer from Latrobe Regional Hospital had been co-located with the Assembly backbone to improve the quality of financial reporting.

be further enhanced. This has been further impacted by challenges with the timeliness and openness of information shared with the Board and Assembly members by the backbone.

Recommendation 2. **It is recommended that the Board develop a strong discretionary funding investment strategy for discretionary funding. This can be supported by providing regular financial and performance information to enable the Board to make effective and timely decisions.**

3.1.2.4 Latrobe Health Advocate

Finding 10. **The Advocate governance model provides significant discretion and autonomy to the Advocate.**

The Advocate provides independent advice to the Victorian government and reports directly to the Victorian Minister for Health. This means that the Advocate has a significant level of discretion and autonomy. The Advocate provides quarterly reports to the Minister that outline engagement with Latrobe Valley communities and organisations, and thematic findings from these engagements.

As described in Section 3.1.2.3 above, positive signs of collaboration among the Advocate and Assembly are emerging. The Advocate has actively sought to engage with the Assembly Board and the Assembly more broadly to share the findings and to discuss and address health and wellbeing challenges in the Latrobe Valley. It is expected that the recent changes in the Assembly leadership will result in further opportunities for collaboration between the Advocate and Assembly.

3.2 Effectiveness

This section considers the extent to which the initiatives have been effective in achieving their intended purpose. This includes consideration of the extent to which the initiatives have improved health and wellbeing and community capacity in the Latrobe Valley, and the method by which the initiatives are using the existing evidence base to inform innovative approaches.

Please refer to the supporting final report database for further information regarding the initiatives' progress against expected medium-term outcomes.

3.2.1 Health and wellbeing

This final evaluation report considers the extent to which the initiatives are improving health and wellbeing in the medium term.

3.2.1.1 Overarching

Finding 11. **The initiatives have not had a measurable impact on population health outcomes at this time. However, it is important to note the long time frame required for population health change, and there is some evidence that the initiatives have had a targeted impact on precursors to measurable improvements in health and wellbeing.**

It is acknowledged that shifts in population health will always occur over lengthy time frames and are influenced by many variables outside the influence of the three initiatives. As such, the evaluation has considered the change that has occurred in key health and wellbeing indicators and has combined this information with qualitative and quantitative data obtained through evaluation activities, such as surveys, semistructured interviews and document review.

The initiatives have been tasked with a complex and time-intensive undertaking. Although there is limited evidence to suggest that the initiatives had a measurable impact on population health outcomes at this time, there is some evidence to suggest that the initiatives have effected targeted changes in community attitudes and behaviours. For example, there are signs of attitudinal and behavioural change and positive responses to health promotion activities. These changes are precursors to measurable improvements in health outcomes, as outlined in the updated evaluation framework.[80]

[80] Ibid.

The supplementary database provides an indication of change in population health and wellbeing in the Latrobe LGA – relative to the Mildura LGA,[81] Gippsland Region and the State of Victoria – over time. As identified in the interim evaluation report in 2018, the available data demonstrates that the Latrobe LGA has strengths to build on. Equally, there continue to be areas where health and wellbeing can be improved.

Specifically, when compared to the Mildura LGA[82], Gippsland Region and the State of Victoria, secondary data analysis highlights that the Latrobe LGA demonstrates some positive health outcomes and behaviours, including a:

- High proportion of community members meeting exercise guidelines.
- Moderate level of perceived health and wellbeing.
- High proportion of residents accessing and utilising GP services (please see the final report database for more detail).

However, there are some health outcomes and behaviours in the Latrobe LGA that are concerning, including a relatively:

- High increased risk (lifetime) of alcohol-related injury and long-term harm.
- High prevalence of stroke, anxiety, depression and psychological distress.
- High total offence and drug usage and possession offence rate (please see the final report database for more detail).

3.2.1.2 Latrobe Health Innovation Zone

Finding 12. There are some signs of attitudinal and behavioural change within the Zone.

Deloitte survey results indicate that there remains a consistent level of optimism regarding the Zone's potential to improve health and wellbeing in the Latrobe Valley, with the proportion of Latrobe Valley community members and organisations who think the Zone can improve health and wellbeing in the Latrobe Valley having remained relatively constant since the Zone was established (see the supporting database).

There is some evidence that foundational changes in attitudes and behaviours among Latrobe Valley communities have occurred. These changes align with areas in which projects and activities delivered in collaboration by the Zone and Assembly have targeted the 'Hello' campaign, the 'Screen for Me' campaign and the 'Smoking Cessation' program. Specifically, the following changes have been observed:

- Reduction in stigma associated with mental health.
- Increase in perceived belonging and social connectedness.
- Increase in rates of screening for cancer.
- Decrease in smoking.[83]

These results are encouraging and suggest that the Zone and efforts within the Zone may be having a targeted impact on health and wellbeing. For example, the proportion of community survey respondents reporting that they have tried to improve their health and wellbeing in the last year remains high (90%, 2020 collection). These respondents reported that they had tried to improve their health and wellbeing by doing more exercise (73%), improving their diet (74%), stopping smoking (6%) or by other means (40%) (2020 collection).

[81] Mildura LGA was selected as a comparator following analysis of SEIFA score and ranking (Australia and Victoria), population size, median weekly household income, and indicators of disadvantage, social engagement, health status and service utilisation. It is; however, important to note that there are also differences between the Mildura and Latrobe LGAs. These differences include proximity to Melbourne and economic base.
[82] Mildura LGA was selected as a comparator following analysis of SEIFA score and ranking (Australia and Victoria), population size, median weekly household income, and indicators of disadvantage, social engagement, health status and service utilisation. It is; however, important to note that there are also differences between the Mildura and Latrobe LGAs. These differences include proximity to Melbourne and economic base.
[83] Supported by Deloitte community survey data, and data and documents provided by the Assembly.

Box 3.3 Zone and Assembly project highlight: 'Hello' campaign

'Hello' campaign

Purpose
The 'Hello' campaign was designed in response to high rates of poor mental health in the Latrobe Valley. As a number of priority and hard to reach groups were identified as experiencing poor mental health, the Assembly backbone and the Zone's Social Marketing team developed a multipronged engagement strategy. This composed of a social media campaign, website and face-to-face community engagement via 12 pop-up cafes.

Expected outcomes/benefits
1. Increased community mental health awareness
2. Increased the community's knowledge and capacity in delivering effective community-based interventions and support for people experiencing mental wellbeing difficulties
3. Increased responsiveness of the community to mental health issues
4. Increased mental health improvement seeking behaviour across the community
5. Enhanced mental health wellbeing in at-risk population

Observed results
The 'Hello' campaign engaged 318 Latrobe Valley community members through their baseline survey on mental health in the Latrobe Valley and 670 Latrobe Valley community members through events, including pop-up cafes.[84]
Latrobe Valley community members reported feeling more connected to others, being more aware that social connection can improve mental health, feeling encouraged to discuss mental health with others and saying 'hello' to others when out in public.

Source: Documents provided by the Assembly.

3.2.1.3 Latrobe Health Assembly

Finding 13. The Assembly has funded and implemented a number of interesting projects, some of which have had positive and targeted impacts. The model shows potential for impact as a place-based population health initiative over a longer time frame.

Almost half (41%) of all Assembly projects have focussed on enhancing the accessibility and appropriateness of health and health-adjacent services in the Latrobe Valley. Specifically, of the 44 projects delivered or supported by the Assembly, 18 projects have worked to enhance the scope and availability of:

- Primary and preventive health care and initiatives
- Support for mental health and trauma
- Chronic illness support
- Acute health needs, like asthma (see Box 3.5) and dental work
- Aged care support
- Gainful employment opportunities

End of project reports indicate that participants have responded positively to health promotion initiatives, as well as projects focused on physical activity (see Box 3.4), social isolation and mental health in schools. Please refer to Appendix B for further detail regarding Assembly projects.

[84] Federation University. (2019). Federation University Gippsland Collaborative Evaluation Unit Project Evaluation Report Mental Health Awareness Campaign
Lifeline 2018 / 2019. Federation University School of Nursing and Healthcare Professionals.

Box 3.4 Assembly project highlight: Garmins in schools

Garmins in schools

Purpose
Garmin watches were provided to 30 Year 7, 8 and 9 students across eight schools in the Latrobe Valley to incentivise physical activity in high school students.

Expected outcomes/benefits
Enhanced awareness of, and participation in, physical activity.

Observed results
Students and teachers noted that wearing the device increased student activity and overall fitness levels. This includes reporting:

'I have started to get out of the house more often, as simple as going for a walk or even playing cricket. I have started to become a more active person' – School student

'I have noticed that I am fitter, probably because of footy and sports, but the Garmin encourages more physical behaviour' – School student

Source: Documents provided by the Assembly.

These results are encouraging and suggest that the Assembly may be having a targeted impact on health and wellbeing. Furthermore, secondary data sources indicate a 3% increase in the proportion of Latrobe LGA residents meeting exercise guidelines between 2016 and 2017.[85,86] This means more than half (55%) of Latrobe LGA residents are meeting exercise guidelines, which is greater than the state average (50.9%).[87]

[85] Department of Health and Human Services (DHHS). (2018). Victorian Population Health Survey 2016; Selected survey findings. State of Victoria, Melbourne. Retrieved from https://www2.health.vic.gov.au/public-health/population-health-systems/health-status-ofvictorians/survey-data-and-reports/victorian-population-health-survey/victorian-populationhealth-survey-2016
[86] Department of Health and Human Services (DHHS). (2019). Victorian Population Health Survey 2017: Victorian Population Health Survey 2017 dashboard. State of Victoria. Retrieved from https://www2.health.vic.gov.au/public-health/population-health-systems/health-status-of-victorians/survey-data-and-reports/victorian-population-health-survey/victorian-population-health-survey-2017
[87] Ibid.

Box 3.5 Assembly project deep dive: Asthma Awareness Campaign

Asthma Awareness Campaign

Purpose
The Asthma Awareness Campaign (the campaign) was conducted in partnership with the LCHS, Gippsland Primary Health Network (GPHN), Latrobe Regional Hospital (LRH) and several local medical centres. The campaign ran from June 2018 to May 2019. The objective of the action plan was to raise awareness of the causes, and primary and emergency management, of asthma among Latrobe Valley communities and clinicians.

Expected outcomes/benefits
Public engagement sessions were conducted to encourage community members with asthma to develop an asthma management plan. Participants who provided consent were followed up by a clinician to schedule an asthma management plan appointment with their GP.

Observed results
Of those Latrobe Valley community members who were contacted following the campaign, 47% had made a doctor's appointment to **develop an asthma management plan** (N=108). At the time of the data collection (August 2018), 61% of those who had an appointment with their GP had developed an asthma management plan (N=51). Almost all of these individuals (97%) were **confident in their plan** (N=31).

Three quarters (74%) of Latrobe Valley community members surveyed after the asthma education sessions had their **inhaler technique reviewed** by an LRH respiratory clinician (N=35).

All attendees of the GP asthma education session indicated that **intended learning outcomes were 'entirely met'** (N=41).

Monitoring and evaluation led by the Assembly backbone **supported community members in identifying and designing** ways to address mismanaged asthma. For example, survey responses following the asthma education suggested refining GP clinical skills diagnosis and treatment.

How has the Asthma Awareness Campaign contributed to the overarching objectives of the Latrobe Health Initiatives?
The campaign raised community and sector capacity **in the Latrobe Valley to prevent and respond to asthma mismanagement. It** facilitated knowledge transfer **between local health practitioners and community members on asthma management techniques and services that provide support to asthmatics. GPHN, LRH, LCHS, DHHS and the National Asthma Council Australia coordinated, delivered and evaluated the GP asthma education sessions for health practitioners. These sessions:**

- Highlighted local expertise **in respiratory and public health**
- **Reviewed** research, best practice **and** local service strengths
- Brought together a range of health practitioners to discuss a priority health issue for the Latrobe Valley. This included GPs, registrars, Aboriginal healthcare workers, nurses, paramedics and pharmacists.

Source: Documents provided by the Assembly.

3.2.1.4 Latrobe Health Advocate

Finding 14. There are some positive signs that the Advocate is influencing health system change.

There is evidence to suggest that Latrobe Valley communities and organisations are turning to the Advocate to voice and understand local health and wellbeing needs, and how they can work in new ways to support these. To date, the Advocate has engaged approximately 1,067 Latrobe Valley community members and groups to discuss mental health, access to services, social inclusion, alcohol and other drugs, and lifestyle choices. In addition, the Advocate has met with approximately 215 representatives from local health services and government to discuss how they might consider community aspirations and concerns when designing and delivering services.

In mid-2019, the Advocate reported a shift towards local organisations reaching out to the Advocate for advice on how they can work in new ways to support community needs, as opposed to the Advocate primarily seeking out these opportunities. This is further supported by the responses received to the Deloitte organisation survey which suggests that an increasing proportion of organisations think that the Advocate could improve health and wellbeing in the Latrobe Valley (see the supporting database). By comparison, the proportion of Latrobe Valley community members who think the Advocate can improve health and wellbeing in the Latrobe Valley has fluctuated over the course of the evaluation (2018, 2019 and 2020 collections). However, of the responses received to the community survey, almost half (47%) of respondents indicated that they feel the Advocate respects their perspective and contribution (2020 collection). This figure has increased from just under one-third (31%) in 2019.

Box 3.6 Advocate project deep dive: Submission to the Royal Commission into Victoria's Mental Health Public Hearings

Submission to the Royal Commission into Victoria's Mental Health Public Hearings

Purpose

The Royal Commission provided an opportunity for the Advocate to present their findings and recommendations in a high-profile situation. The Advocate's submission to the Royal Commission sits within their broader strategy to improve mental health, and the experience and delivery of mental healthcare, at a system level in the Latrobe Valley.

Expected outcomes/benefits

It is expected that the evidence provided in the Advocate's submission will inform recommendations for system-wide change, to be published by the Royal Commission.

Observed results

The Advocate leveraged evidence collected through community consultation and secondary data analysis to advocate for system change via the Royal Commission into Victoria's Mental Health. In preparing the submission to the Royal Commission, the Advocate drew on evidence provided to the Mental Health Productivity Commission (April 2019) and facilitated round tables to gather and share different perspectives and experiences of mental health in the Latrobe Valley. The Advocate engaged the Assembly and representatives from the Aboriginal and Torres Strait Islander community to join Commissioners Dr. Alex Cockram and Professor Bernadette McSherry in a round table consultation.

The Advocate made their case via a written submission (July 2019) and a public hearing (July 2019). Evidence provided by the Advocate outlined how Latrobe Valley communities experience mental health. In line with the Royal Commission's questions, the Advocate shared community perspective on stigma, discrimination, self-care, preventive healthcare, service accessibility, social determinants of health and system reform opportunities. The Advocate called for a reorientation of the mental health system and recommended a place-based approach where live experience and context are considered in designing mental healthcare. The Advocate shared their submission via media, social media, the Advocate's website, partner networks including the local primary care partnership, hard copies delivered to stakeholders and community groups and an email distribution list of 289 stakeholders. There were 7,100 engagements with this email. The Advocate also formally presented their Royal Commission submission at the opening of the Assembly mental health workshop in June-July 2019.

This work continues to inform local decision-making processes. For example, the Department-facilitated mental health forum, recommended by the Hazelwood Mine Fire Inquiry, is currently working with the Assembly to consider the concept of a Safe Haven Café in Latrobe, and social prescription is being considered by the Assembly and GPHN.

How has this project contributed to the overarching objectives of the Latrobe Health Initiatives?

- The Advocate forged relationships with the Royal Commissioners and local stakeholders to facilitate raising community voice at a round table discussion.
- The Advocate's submission presents community perceptions about local issues and opportunities, and reflects consultation with Latrobe Valley communities, including vulnerable and hard to reach groups.

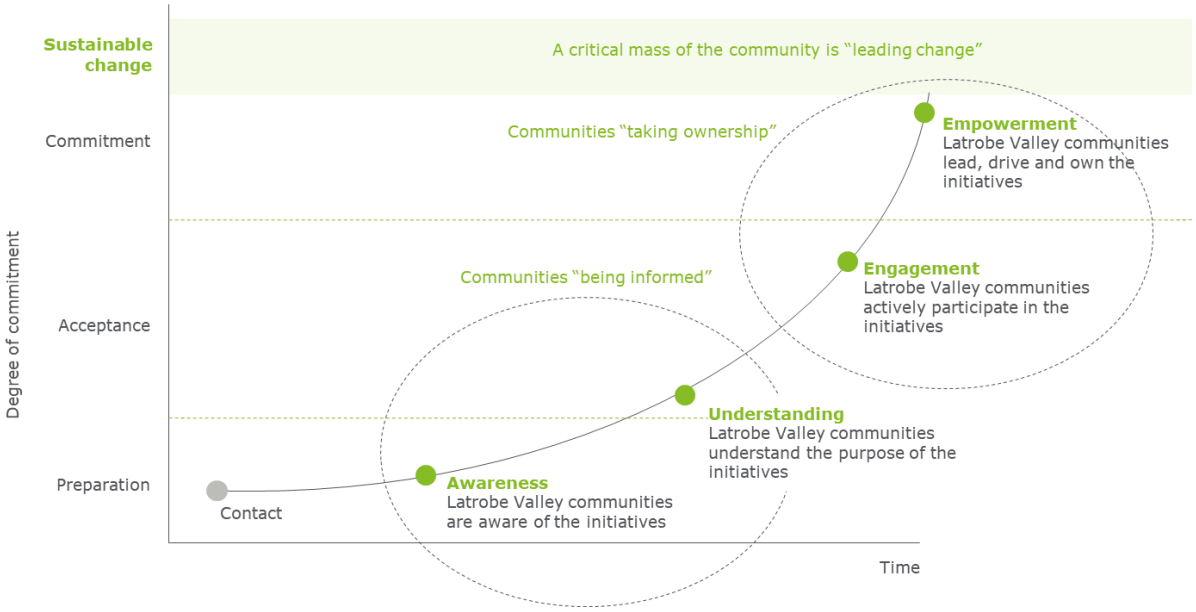
The invitation to provide evidence at a public hearing for the Royal Commission indicates that the Advocate is respected as a voice for Latrobe Valley communities.*'People in Latrobe have shown me that they want to have their voices heard. They are ready for change and want to participate in the design and delivery of a health system that meets their needs.'* – the Advocate.

Source: Documents provided by the Advocate.

3.2.2 Community capacity and empowerment

Community capacity refers to the 'process of enabling those living in poverty to develop skills, competencies, knowledge, structures and strengths, so as to become more strongly involved in community, as well as wider societal life, and to take greater control of their own lives and that of their communities.'[88] Figure 3.1 (below) outlines the pathway to community capacity and empowerment. Becoming aware of the initiatives is the first step. Understanding the purpose of the initiatives is the next step. Once there is community understanding, the opportunity for change represented by the initiatives can be realised through engagement and empowerment. This process takes time and requires trust and buy-in.

Figure 3.1 Pathway to community capacity and empowerment



Source: Presentation 3 (Deloitte, 2019).

3.2.2.2 Overarching

Finding 15. **Latrobe Valley community members who have been engaged in initiative activities or projects have contributed to improving their capacity to address local health and wellbeing concerns, to varying degrees.**

The initiatives are designed to be community-led. For this to be possible, Latrobe Valley communities must first be aware of the initiatives and understand their potential. However, awareness and understanding of the initiatives are lower than it ideally would be at this stage.

There is some evidence to suggest that community members have felt engaged and empowered to create solutions to local health and wellbeing issues through initiative activities. This is an important finding; it suggests a growing sense of ownership for health and wellbeing in the Latrobe Valley among a targeted proportion of the community. Ideally, community members who are engaged in, and empowered by, the initiatives will, over time, have the capacity to contribute to how health problems are identified, prioritised and addressed in the Latrobe Valley.

3.2.2.3 Latrobe Health Innovation Zone

Finding 16. **The Zone has not influenced whether community members have felt empowered to effect change.**

Deloitte survey results indicate a moderate increase in awareness of the Zone among Latrobe Valley community members and organisations (see the supporting database). However, these results also indicate a decline in the proportion of community members who understand the purpose of the Zone or feel that they

[88] Noya, A., Clarence, E., & Craig, G. (Eds) (2009). Community capacity-building: Creating a better future together. Paris: OECD Publishing.

have been involved in driving change within the Zone (see the supporting database). Despite this, there is some evidence to suggest that the proportion of local health and wellbeing service providers engaging with Latrobe Valley community groups to identify and address local health needs has increased (see the supporting database). These results suggest that although a targeted proportion of the community may be engaging with the Zone concept, most community members are not aware of the Zone and do not understand what it means.

There is some evidence of work underway to address these challenges. The Social Marketing team (a Zone initiative supported in kind by the Assembly) ran the 'We Are Latrobe' campaign in 2018 to foster a 'strong, resilient and connected community through positive health outcomes.'[89] The campaign drew on positive community stories to deliver key health and wellbeing messages to Latrobe Valley communities.

The Social Marketing team plans to expand the 'We Are' branding to encompass new campaigns focussed on building the strengths and potential of Latrobe Valley communities. For example, a campaign designed to increase physical activity in the Zone will be branded 'We Are Active.' The Social Marketing team anticipates that the 'We Are' branding will support consistency in branding across the initiatives and 'make it easier for the community to identify and recognise, in particular, its links to the Zone.'[90]

3.2.2.4 Latrobe Health Assembly

Finding 17. The new Assembly operating model has the potential to provide increased opportunities for Latrobe Valley communities to engage with the Assembly.

Deloitte survey results indicate that the new Assembly model provides increased opportunities to engage with Latrobe Valley communities and would have ideally been established sooner. Assembly members reported that previous Assembly models provided limited scope to engage with community members and build community capacity to influence how local health and wellbeing issues are addressed. Past Assembly members commented:

- 'Latrobe Valley had a great opportunity to do something differently. There was a reason we were elected in. No one wanted to listen to our voices that's (sic) why so many of us left.'
- 'I found being part of the Assembly quite fruitless and not the best way to use my time. Ended up resigning as not seeing value for the time commitment. I met some good people who were trying hard to get action happening.'
- 'It has minimal impact so far and has been more of a small grants program rather than anything more.'

Deloitte community survey results indicate that less than half of Latrobe Valley community survey respondents understand the role of the Assembly, and the proportion of Latrobe Valley community members who know something about what the Assembly is doing has decreased since the Assembly was established, with less than half of these respondents (41%) reporting that, from what they know, the Assembly is doing some good things (see the supporting database). This represents a missed opportunity, as it is clear the Assembly is doing a number of good things.

[89] Latrobe Social Marketing Team. (2018). We Are Latrobe: Health Social Marketing Strategy 2018-2020. Latrobe Social Marketing Team.
[90] Ibid.

Box 3.7 Assembly project deep dive: Adolescents Building Connections – Family Violence project

Adolescents Building Connections – Family Violence project

Purpose

Assembly funding provided the opportunity to expand the reach of the Adolescents Building Connections (ABC) program delivered by Quantum Support Services. Prior to 2019, program participation was limited to young people referred through the youth justice system for their aggression, violence or bullying behaviours. Funding from the Positive Culture funding has enabled the program to be extended for young people in Latrobe Valley communities referred by L17, Youth Justice and Youth Funded Programs and Services, and Secondary School Welfare Officers.

Note: The Assembly Board approved funding for a 12-month pilot of the program to be delivered between 1 January 2019 to 31 December 2019. Due to delays in program implementation, the project is still being delivered. COVID-19 has further delayed the planned delivery of schools-based sessions in Terms 1 and 2.

Expected outcomes/benefits

Designed for young people aged 12-17, the 10-session program provides targeted behavioural intervention activities on building emotion regulation, emotional intelligence, respectful interactions and healthy relationships. Focussing on individual journeys, sessions challenge old ways of thinking, encourage young people to accept responsibility for their actions and promote strategies for self-control and conflict resolution. The program is being delivered in Newborough, Moe, Morwell and Traralgon.

Observed results

To date, the program has been delivered to 62 young people across Traralgon, Moe and Newborough. Quantum collaborated with Berry Street School, Traralgon College and Lowana College to deliver community- and school-based programs. While uptake by young females has been limited, the program has been well attended by young males at all delivery sites.

The ABC program has contracted an external evaluator to develop an evaluation program logic.

How has this project contributed to the overarching objectives of the Latrobe Health Initiatives?

The program responds to an identified health and wellbeing issue in the Latrobe Valley – family violence – in an evidence-based way. That is, the design of the program is informed by evidence of what works to address aggressive, violent and bullying behaviours in young people in the Latrobe Valley, and has been tailored to suit identified need in the Latrobe Valley.

The Assembly is working with Quantum Support Services and a contracted evaluation expert to monitor and evaluate program inputs, activities, outputs and outcomes. This aligns with the objective of building monitoring and evaluation capacity in the Latrobe Valley. These activities will support the Assembly and program facilitators in understanding and demonstrating what works and does not work to support anticipated program outcomes and whether there is scope for ongoing delivery and funding.

Source: Documents provided by the Assembly

3.2.2.5 Latrobe Health Advocate

Finding 18. The Advocate's community engagement model supports understanding community member perspectives on local health and wellbeing issues.

Together with The Australian Centre for Social Innovation (TACSI), the Advocate's office developed a community engagement model that involves going to where community members are and inviting community members to safe spaces for discussion. This model leverages elements of four diverse engagement models (Table 3.10).

In designing this model, the Advocate and TACSI worked with Latrobe Valley community members to codetermine the goals and objectives of the Advocate's engagement model, and codesign strategies for engaging marginalised groups in solving local health and wellbeing problems. There is some evidence to suggest that this process supported improved community capacity in this area for those involved.

Table 3.1 Engagement models that have informed the Advocate's community engagement model

Model	Description
Deliberative democracy	• **Promotes citizen judgements** on local issues • Focuses on **inclusive and evolving discussions** • Supports **political legitimacy of community decisions**
Participatory design	• Focuses on innovation • **Codesign** principles are leveraged to: – Understand community needs – Define opportunities – Detail service responses
Coproduction	• Focuses on **integrating community members** in **developing and delivering solutions** to local issues • This includes designing, planning and commissioning services and other responses
Kafka field lab	• Captures service **user perspective to promote change** in public services • Leverages elements of advocacy and systems thinking

Source: (TACSI, 2019).

This model assists the Advocate in providing opportunities for community members to voice their perspectives on local health and wellbeing issues and using these to inform recommendations to local and regional agencies. The Advocate's work and publications have modelled how, collectively, individuals have the ability to promote change.

Interestingly, there has been a decline in the proportion of Latrobe Valley community respondents who feel that government representatives take their concerns and people like them into account when making policy decisions (see the supporting database). This suggests that there is scope for the Advocate to increase the transparency of their communication with local and state government and to report back to Latrobe Valley communities on the changes implemented as a result of their participation.

Box 3.8 Assembly project deep dive: Social Prescribing project – Stage one

Social Prescribing project – Stage I

Purpose

The Assembly commissioned Larter Consulting to codesign a model of social prescribing for the Latrobe Valley. As part of the project, Larter consulting will:

- Conduct a feasibility study to determine the value of a prescribing model by which primary healthcare professionals (GPs, nurses and allied health professionals) in the Latrobe Valley can refer patients to participate in nonmedical interventions that address social determinants of health
- Provide recommendations on the design and implementation of a social prescribing model in the Latrobe Valley

Expected outcomes/benefits

Larter Consulting will provide the Assembly with their insights of what a fit-for-purpose model of the Latrobe Valley would look like. Findings from Phase I will inform the design and implementation of the social prescribing model.

It is expected that the social prescribing model will identify and provide pathways to appropriate community supports for individuals whose health (including mental health) is influenced by social determinants, including, but not limited to, housing or financial stress, low health literacy or social exclusion. It is anticipated that community supports will be provided by community and volunteer organisations and will comprise activities including arts activities, group learning, gardening, cooking and healthy eating classes, lunch clubs, reading clubs, housing support, employment services, debt and legal advice, exercise programs and volunteer work.

Observed results

Larter Consulting engaged 130 Latrobe Valley community members identified as experiencing vulnerability, isolation or complex disadvantage; Larter Consulting and the Assembly identified these as being 'likely to benefit from social prescriptions.' To do this, Larter Consulting has gone out to where Latrobe Valley communities spend time; they held conversations in libraries, community centres, shopping centres and multicultural groups; at food relief centres, opportunity shops, general practice and community health waiting rooms; those accessing District Nursing services or government income support; and individuals in the criminal justice system.

How has this project contributed to the overarching objectives of the Latrobe Health Initiatives?

The project demonstrates the Assembly is considering how health is shaped in the Latrobe Valley, and is engaging Latrobe Valley communities and professionals in developing new ways of facilitating a 'no wrong door' approach to healthcare. That is, the project will support Latrobe Valley communities in accessing the right services at the right time, regardless of which health or wellbeing service they present.

The process of collecting and using evidence to inform the design and implementation of the model signifies a growing understanding in the Assembly of the need for evidence to inform innovation. The codesign focus represents the Assembly's priority of engaging Latrobe Valley communities in identifying and addressing health and wellbeing needs in the Latrobe Valley.

Source: Documents provided by the Assembly.

3.2.3 Innovation and evidence

Innovation and evidence are complementary concepts. Evidence can help to identify the greatest health and wellbeing issues and approaches that have – or have not – been successful in addressing these issues in the past. This evidence provides the platform on which the initiatives stand to innovate. As such, the evaluation is considering the extent to which the Latrobe Health Initiatives are innovative and informed by evidence. This includes reflecting on whether the initiatives have a focus on new and creative approaches for improving health and wellbeing, and how evidence is collected, and used, by the initiatives.

Box 3.9 Definition: Innovation

Innovation

Innovation in the context of what the Latrobe Health Initiatives have been asked to achieve is best described as 'social innovation.' There are many different definitions of social innovation. Some of these are listed below.

'Social innovation is the process of developing and deploying effective solutions to challenging and often systemic social and environmental issues in support of social progress. Social innovation is not the prerogative or privilege of any organizational form or legal structure. Solutions often require the active collaboration of constituents across government, business and the nonprofit world.' – Soule, Malhotra, Clavier; Stanford Graduate School of Business[91]

'Social innovation means developing new ideas, services and models to better address social issues. It invites input from public and private actors, including civil society, to improve social services.' – European Commission[92]

'Social innovations are new solutions (products, services, models, markets, processes etc.) that simultaneously meet a social need (more effectively than existing solutions) and lead to new or improved capabilities and relationships and better use of assets and resources. In other words, social innovations are both good for society and enhance society's capacity to act.' – The Young Foundation[93]

3.2.3.1 Overarching

Finding 19. **The initiatives represent an innovative approach in the context of Latrobe Valley. This means that some of what the initiatives try will succeed, while other attempts will fail. These learnings should inform future attempts.**

Finding 20. **The initiatives have not developed a shared understanding of innovation. However, over time, the initiatives have become more attuned to the fact that innovation needs to be considered to a greater depth.**

Finding 21. **The initiatives' approach to collect and review evidence is evolving in line with a mature understanding of the nature of innovation and its reliance on evidence.**

Developing innovative approaches in a social context is difficult, and it is acknowledged that the initiatives have been given a challenging and experimental task. This means that some of what the initiatives try will work, while other attempts will fail. Trying new things at the risk of failing is essential to the innovation process. The important thing is to test new ideas, then learn from the resulting successes or failures. This process takes time; however, this can be managed by reviewing the evidence of what has been tried before to identify potential gaps for future innovations.

[91] Soule, Malhotra, Clavier. (n.d.). Center for Social Innovation. Stanford Graduate School of Business. Retrieved from https://www.gsb.stanford.edu/faculty-research/centers-initiatives/csi/defining-social-innovation

[92] European Commission. (n.d.). Social Innovation. Retrieved from: https://ec.europa.eu/social/main.jsp?catId=1022&langId=en

[93] Social Innovation Community. (2016). Defining Social Innovation: A 2012 report by TEPSIE. Retrieved from https://www.siceurope.eu/about-sic/what-social-innovation/defining-social-innovation-2012-report-tepsie

The initiatives initially did not sufficiently appreciate how evidence could provide the foundations for innovation. Furthermore, the initiatives did not have a shared understanding[94] of what innovation was in the context of the Latrobe Valley or how to bring this about. However, the initiatives' approach towards innovation and evidence has matured over time, with the initiatives now acknowledging that these concepts need to be further considered.

Recommendation 3. **It is recommended that more meaningful and concerted focus be placed on enabling evidence-based innovation in the Zone. To support this, the initiatives need to develop a shared understanding of innovation and how to achieve this, as well as developing a deeper understanding of the complementary relationship between innovation and evidence. Once these foundational components are established, evidence-based innovation in the Zone can be enabled by:**

i. **Reviewing evidence pertaining to the health and wellbeing outcomes of the Latrobe Valley to identify the highest priority issues**

ii. **Conducting root cause analysis to identify the origin of the identified issues**

iii. **Reviewing public health literature of approaches that have been tried before to identify opportunities for innovation**

iv. **Prototyping and piloting new approaches supported by the design thinking tools developed through the States of Change program**

v. **Implementing the best candidate approaches supported by appropriate planning and objectives mapping (including a theory of change).**

3.2.3.2 Latrobe Health Innovation Zone

Finding 22. **The learnings and tools gained through the States of Change program could support the Zone partners in facilitating and embedding evidence-based innovation within the Zone.**

As described in Section 3.2.3.1, there are opportunities to enhance the use of evidence-based innovation in the Zone. This was recognised by the States of Change team[95] which sought to understand how to support evidence-based and community-led innovation in the Latrobe Valley. The tools developed through this program have been successfully tested in discrete settings during and following the program. Members of the States of Change team reported that these tools have the potential to engage community members in problem-solving processes within the Zone. As such, the Zone partners group and the States of Change team could be jointly tasked with this responsibility.

The Assembly and Advocate should share emerging evidence on community health needs, identified service gaps and innovative responses with the Zone partners. This information can assist the Zone partners to establish an agenda for addressing priority issues in the Zone.

[94] The Latrobe Health and Wellbeing Charter lists innovation as one of its values and defines it as follows: 'Be prepared to take a chance, to try new and unusual solutions. If we make a mistake, we will learn from it. We need to do things differently – new thinking and new approaches will create new solutions, optimism and belief.' There is limited evidence to suggest that this definition has been meaningfully adopted by stakeholders within the Zone.

[95] 'States of Change is a collective that exists to support the growing global movement of government teams pioneering new ways to solve our biggest challenges.' States of Change (2019). About us. Retrieved from: https://states-of-change.org/about. Representatives from DHHS (Ellen-Jane Browne, Karen Russell and Deanne Bird), the Executive Officer of the Latrobe Health Assembly (Ian Needham), an Assembly member and community representative on the Assembly Board (Tanya Rong), and the Latrobe Health Advocate (Jane Anderson) joined together to participate in the States of Change program.

3.2.3.3 Latrobe Health Assembly

Finding 23. **Some of the Assembly's projects have been innovative.**

Finding 24. **The newly revised Assembly operating model suggests that the Assembly is taking steps to increase their focus on innovation and evidence.**

The Assembly's approach towards innovation and evidence is maturing. This is reflected by the newly revised operating model which provides opportunities for more targeted focus on a discrete, although still relatively broad, set of health and wellbeing topics, supported by defined points for reviewing evidence and gathering community input. The Assembly's increased focus on evidence review and generation is also demonstrated by the recent increased engagement between the Assembly backbone and the Federation University Australia Collaborative Evaluation Unit (CEU).[96]

To date, discrete projects established and supported by the Assembly reflect elements of innovative thinking, such as the Health Innovation Grants Program (see Box 3.10), Social Prescribing project (see Box 3.8) and Asthma Awareness Campaign (see Box 3.5). However, despite the Assembly's strategy stating that it will 'create and innovate,' the Assembly is yet to develop a shared understanding of what innovation is or how to facilitate innovation in practice among its members.

The Assembly's approach towards evidence and subject matter experts has evolved over time, with a level of reluctance to engage with external sources observed at the outset. Currently, the Assembly's primary engagement with evidence occurs when developing project initiation documents and business cases, supported by a Planning and Research Officer and a Codesign Facilitator, for the Board's review and approval. Projects are developed in alignment with 12 'action areas' identified by an independent consultant engaged by the Assembly and detailed in the Assembly's strategy. To support project development, Assembly members gather community perspectives of health and wellbeing issues in the Latrobe Valley by engaging their community and professional networks or by discussing health and wellbeing issues within their working groups (2020 Assembly member survey). At times, there has been a lack of evidence (particularly peer-reviewed population health and wellbeing literature, and local health and wellbeing plans) referenced in these documents, with just under half referencing secondary data in the justification of the need for the project or its design (see the supporting database). This means there is scope to improve the integration of evidence in the Assembly's operations.

Recommendation 4. **It is recommended that the Assembly invest in innovation and evidence-related capacity building support for Assembly members and backbone staff. These activities and resources will ensure Assembly members and backbone staff are equipped to capitalise on the opportunities presented by the model refresh and reinvigorate the Assembly's momentum and profile.**

[96] The Department engaged Federation University to establish the CEU and work with the initiatives to build monitoring and evaluation capacity, internally, and to evaluate discrete projects.

Box 3.10 Assembly project deep dive: Health Innovation Grants Program

Health Innovation Grants Program

Purpose
The Health Innovation Grants Program was designed to promote Latrobe Valley communities to identify and address health issues by developing innovative projects that aligned with at least one of the 12 Assembly action areas. Successful applicants were provided with grant funding of up to $10,000.

Expected outcomes/benefits
Grants program is an established method of empowering community to deliver projects they have identified as being important and impactful. Applicants were encouraged to present innovative and sustainable ideas and to collaborate with auspice organisations for support in project delivery. Recipients were awarded on the basis the project could:

- Increase **community connectedness** and **engagement**
- Build **confidence, esteem and celebration** in Latrobe Valley communities
- Build **support** within the Latrobe Valley community
- Enhance the **quality of natural and built environments**

Observed results
The Assembly provided $353,717.89 in funding through the Innovation Budget to support **42 individuals or groups** across two rounds (January 2018 and October 2018):

- Healthy Living: Physical Activity, Smoke Free, Healthy Food – 5 projects; $47,530.36
- Better Care: Chronic Health, Mental Health, Dental Health – 12 projects; $104,011.55
- Positive Culture: Social Inclusion, Safe Families, Drugs and Alcohol – 4 projects; $30,527.65
- Great Place: Resources, Jobs and Skills, Community Capital – 21 projects; $171,648.23

Grant projects **engaged between 3,339 and 5,734 Latrobe Valley community members**. Of those Health Innovation Grant recipients who responded to the Deloitte grant recipient survey, more than two-thirds (69%) delivered projects to **build capacity in community members** (n=13) (October 2019 collection). Almost all (85%) respondents identified the project is **achieving, or has achieved, its objectives**. The majority (64%) of respondents noted the project has been **expanded beyond program funding**.

How has the Health Innovation Grants Program contributed to the overarching objectives of the Latrobe Health Initiatives?
The program enabled the Assembly to support Latrobe Valley communities to voice and solve priority issues. Almost half (43%) of grant recipient survey respondents indicated they would not have been able to undertake their project without funding provided through the program. The projects provided Latrobe Valley communities access to opportunities they would otherwise not have had access to. These include tools for making informed lifestyle choices, education sessions and evidence-based learning environments, and training and certification.

Source: Documents provided by the Assembly and a Deloitte survey of grant recipients.

3.2.3.4 Latrobe Health Advocate

Finding 25. **The Advocate is not required to have a significant focus on innovation; however, some of the Advocate's engagement methods could be considered innovative.**

Finding 26. **The Advocate's priority areas and publications are informed by evidence drawn from a range of sources. The balance of evidence considered is informed by the intended purpose and audience of the resulting findings and recommendations. However, there is a need to ensure that recommendations with a health service focus are supported by the type and quality of evidence expected by stakeholders operating in these environments.**

Although the position description for the Advocate does not specify the role as including a significant focus on innovation, the Advocate has demonstrated a commitment to employing community engagement strategies which are both informed by evidence and, in some cases, novel. The Advocate worked with TACSI to develop a community engagement strategy based on learnings from similar initiatives trialled elsewhere (see Section 3.2.2.5).

This approach has allowed the Advocate to connect with community members through a range of mediums, including existing meetings and community events, social media and more novel approaches such as the 'On the Buses' campaigns.[97] This has supported the Advocate in developing a trusted and reasonably well-known profile within a relatively short period of time.

The Advocate's priority areas and publications are informed by evidence drawn from community engagement; consultation with relevant stakeholders, including policy makers and clinicians; existing public health and policy frameworks; and desktop review. In making quite definitive recommendations on certain issues, there is a need to ensure that the evidence drawn upon is sufficiently robust to support those recommendations.

Recommendation 5. **It is recommended that the Advocate ensure that the range of evidence considered is fit for purpose and sufficiently visible in publications. This is particularly important when making recommendations to stakeholders in more clinical environments in which the evidence relied upon is typically higher up on the hierarchy of evidence than in other settings. This evidence includes peer-reviewed journal articles of systematic reviews, pragmatic clinical trials and relevant observational studies**

3.3 Efficiency and sustainability

This section explores the ability of the initiatives to be maintained over time. This includes whether the initiatives have acted in line with expected time frames, consideration of the extent to which there is ongoing demand for the initiatives and whether there is scope to transfer this model to another location such as another LGA within Victoria or Australia.

3.3.1 Timeliness

Timeliness refers to the extent to which the initiatives are making progress within expected time frames. The evaluation has considered the timeliness of the initiatives in the context of when they were established and/or appointed.

[97] The Latrobe Health Advocate. (n.d.). On the buses. Retrieved from: https://www.lhadvocate.vic.gov.au/publications/

3.3.1.1 Overarching

Finding 27. **It is reasonable to expect that the initiatives would have achieved more by now. However, it is important to note the experimental nature of the initiatives and the complexity of their task.**

Changes in population health outcomes can take years to occur.[98] This is because outcomes are the result of mechanisms (i.e. the initiatives) interacting with contextual factors (i.e. local capacity, resource allocation and historical relationships).[99] Before the initiatives can have a measurable impact on population health outcomes, they must first engage community members and build local capacity to overcome the historic sense of disengagement experienced by Latrobe Valley communities. This is a difficult process that takes time, as outlined in Section 3.2.2.

Although achieving this kind of change is an inherently long-term endeavour, there have been some challenges in terms of timeliness, which have affected the level of momentum generated by the initiatives. This is explored further below.

3.3.1.2 Latrobe Health Innovation Zone

Finding 28. **The Zone's meaning and how it interrelates with the other initiatives and key stakeholders have remained unclear to the community since the Zone's designation in 2016.**

Understanding whether the Zone has been given meaning in a timely manner is important for determining whether having a Zone in and of itself has assisted in generating a sense of purpose and impetus for improving health and wellbeing, within the time frame expected.

There is little evidence to suggest that the Zone's purpose and how it is intended to interrelate with the Assembly, Advocate and other key stakeholders are well defined or understood at this point in time. This means that both stakeholders who are expected to be more closely involved with the Zone and community members more generally are unclear regarding their roles and responsibilities for enabling the vision for the Zone as described in the Charter.

These challenges would have ideally been resolved by this time. As such, further work is required to define and establish what the Zone is, what it is intended to achieve and how. These concepts should be clarified as a matter of priority if the Zone is to continue in a meaningful fashion.

3.3.1.3 Latrobe Health Assembly

Finding 29. **The Assembly would have ideally generated greater momentum by this time. This may partly be attributed to well-intended decisions when establishing the initial model in 2016-17.**

If the Assembly does not increase its profile with some urgency, Latrobe Valley communities will not feel ownership for what the Assembly does. This needs to be addressed to support the Assembly's effectiveness and sustainability. The Assembly recognises this and has made some progress in this regard. For example, the newly revised Assembly model acknowledges the need to open the doors to the Assembly's decision-making processes more consistently. This will need to be further supported by Assembly members more actively reaching out to community groups and professional networks to increase the Assembly's profile and to gather and test ideas.

At this stage, there is limited evidence to suggest that a large proportion of community members have been involved in Assembly activities (see the supporting database). This is important because the Hazelwood Mine Fire Inquiry Board noted that the development of a strong community engagement process would be key to the success of the Assembly.[100] Specifically, in

[98] Ibid.
[99] Department of Health 1999, Health Action Zones: Learnings to Make a Difference, www.pssru.ac.uk/pdf/dp1546.pdf
[100] Ibid.

order for Latrobe Valley communities to support and get involved in Assembly activities, they would need to feel that 'people like them' had been included in the decision-making process.

This may partly be attributed to the Assembly's restrained approach to promoting its activities and profile in the short term (i.e. 2016-18). The Assembly did not want to actively raise community awareness and expectations until they had tangible achievements to point towards. This approach was intentional, and the evaluation accepts this may have been warranted initially. However, this approach was adopted for an extended period of time, even as the Assembly was beginning to develop and implement projects and activities in 2018. This means the Assembly is now faced with a greater task of building its profile and generating a sense of ownership among community members than it ideally would be in early-to-mid 2020.

3.3.1.4 Latrobe Health Advocate

Finding 30. **The Advocate has shown an ability to work quickly. However, this model has also had the advantage of being easier to implement and more intuitive for people to understand.**

It took some time to recruit and appoint the Advocate, with the model announced in February 2017 and the appointment announced in May 2018. This means that the Advocate has been in office for approximately two years, compared with the Zone which was announced in April 2016, and the Assembly which first met in December 2016 and was incorporated in June 2017.

Despite the time taken to appoint the Advocate, the Advocate and their office have been effective in determining how they will operate. This includes a proactive and visible approach to community engagement and communications. Furthermore, the Advocate and their office have been able to attract and retain a team with the appropriate capabilities. These factors have meant that the role of the Advocate is proving to be an effective mechanism to support inclusive participation in a timely manner.

3.3.2 Demand and transferability

Demand refers to the future need for the initiatives, whether they should continue and in what form. Transferability refers to whether there is scope to replicate the initiatives, or a version of the initiatives, in another location such as an LGA within Victoria or Australia. As such, the evaluation has considered the extent to which there is an ongoing need for the initiatives and whether the initiatives should be replicated in some form.

3.3.2.1 Overarching

Finding 31. **There is sufficient ground for the initiatives to form part of the government's ongoing approach to improve health and wellbeing in the Latrobe Valley, provided targeted improvements are made.**

Finding 32. **The initiatives could be selectively adapted, individually, to a small number of other regions if the lessons from the Latrobe Valley are acknowledged and learned.**

The available health and wellbeing data demonstrates that the Latrobe Valley has strengths to build on (see the supporting database). However, there are also areas where health and wellbeing can be improved. This demonstrates that there continues to be demand for programs and initiatives focused on improving health and wellbeing in the Latrobe Valley.

There is some value to the theory behind the initiatives, and some successes have been observed on a small scale. However, the recommendations made in the previous sections highlight that the model's design, implementation and support systems require further consideration. This includes how the initiatives relate to each other and to key organisations and stakeholders in the Latrobe Valley. What this means in the context of whether each initiative should continue is described in further detail in the following subsections.

This means that the model, as it stands, should not be replicated across the state without first acknowledging and implementing the opportunities for improvement detailed throughout this report. This is also explored further below.

Recommendation 6. **It is recommended that the opportunities for improvement identified in this report be implemented to ensure the success of the initiatives, including how they work together, and whether they should be tried elsewhere.**

3.3.2.2 Latrobe Health Innovation Zone

Finding 33. **The Zone should only continue if it is given meaning and agency, led by the Zone partners, and with support of other key organisations and stakeholders.**

Finding 34. **The Zone model should only be replicated in an area where there is sufficient support and capacity for the concept; both at an organisation level and a community level. This would also require a shared understanding of what success would look like at specified timepoints, with a clear plan on how to achieve this.**

The learnings from designating a Zone in the Latrobe Valley support the findings from similar, previous approaches (see Section 3.1.1) that stakeholder buy in, and a clear vision of what success looks like at specific timepoints – including detailed descriptions of expected outcomes – is required for this model to achieve a meaningful impact on health and wellbeing.

For the Zone to have greater meaning and agency in the Latrobe Valley, a stronger brand narrative and stakeholder buy-in strategy needs to be established. This means it is essential that the concept of the Zone and what it is intending to achieve is clearly defined and communicated to key stakeholders within the region, including, perhaps most importantly, community members. This is important for garnering support and accountability for the Zone, facilitating collaboration within the Zone and developing a shared acknowledgement of the time required to achieve impact.

This means that the Zone, or a model like this, could be implemented in other regions provided these essential success factors are incorporated when establishing the foundations for the Zone. These regions would need to be carefully selected, including consideration of the level of support for, and capacity to engage with, the concept of a Zone.

Recommendation 7. **It is recommended that the Zone partners group assume responsibility for giving meaning and agency to the Zone. This includes driving collaboration and change through the establishing shared aspirations that the community is committed to. This can be supported by identifying the health and wellbeing aspirations already defined in the Latrobe Valley (such as those outlined in the Charter, Assembly strategy and/or Municipal Public Health and Wellbeing Plan) and determining those that the Zone is going to commit to achieving or contributing.**

3.3.2.3 Latrobe Health Assembly

Finding 35. **The Assembly model shows potential for impact over a longer time frame. However, challenges experienced by the Assembly since its inception require further work to resolve, including the process for ensuring the sustainability of projects. The new Assembly model represents a more defined approach to engaging experienced individuals in purposeful decision-making processes.**

Finding 36. **The Assembly should continue, in its revised form, noting the related improvements recommended by the evaluation.**

Finding 37. **The Assembly model could only be adapted to other regions provided it is established to focus on a narrow issue (or set of issues) within a specified time period and with clearly defined expectations and funding arrangements.**

The Assembly has achieved some success on a project level. However, a number of challenges have prevented the Assembly from realising its true potential. These challenges must be resolved if the Assembly is to continue and include:

- Misaligned expectations among key stakeholders regarding the time required from establishment to achieve measurable impact.
- The lack of a clearly defined model for Assembly-funded projects, which has created a range of sustainability issues beyond the initial funding period.
- Capability and capacity issues within the Assembly backbone.
- Uncertainty regarding the Assembly's:
  - Funding model and budget position.
  - Operating model.
  - Strategy and priorities, including a very broad interpretation of the Assembly's own scope by its members.
  - Approach towards the use of evidence, including an insufficient appreciation of the complementary relationship between evidence and innovation.
  - Model for collecting data and monitoring performance.
  - Understanding of what innovation means in the Assembly context, how important this is, how to deliver this and how to measure it.

Furthermore, some of the projects funded by the Assembly were initially designed and implemented without a clear plan for their ongoing funding or continuation. This means that once the initial round of Assembly funding is expended, projects must either receive Board approval for a subsequent round of Assembly funding, to be taken up by a project partner or auspicing agency, or cease running. Clarifying the arrangements for the continuation of Assembly projects during their design and implementation is important for ensuring the sustainability of the Assembly's impact.

This means that the Assembly model, as it stands, would benefit from further consideration prior to implementing it in other regions. Furthermore, the success of this model requires community championing the model for themselves. Such a community-led endeavour requires a level of underlying social capital, capacity and will; whereby community members are agitating for change and wanting to be involved in the solution. This means that careful consideration must be given when selecting a region, or regions, where a model similar to the Assembly could be established.

Recommendation 8. **It is recommended that the Assembly and Assembly Board work with their project partners (including auspicing agencies) to ensure continued funding and operational support have been considered for all Assembly projects. This process can be embedded in the design and implementation of all future Assembly projects and is important for ensuring the sustainability of the Assembly's impact.**

3.3.2.4 Latrobe Health Advocate

Finding 38. **The Advocate should continue for at least the medium term.**

Finding 39. **The Advocate model has potential to be replicated in other regions with similar levels of entrenched disadvantage and social disempowerment. However, there may be declining marginal benefits to adding more Advocates into the system.**

There is a continued need in the Latrobe Valley for inclusive participation by government, services and community members to address several social and structural determinants of poor health. The Advocate has demonstrated that this model can be effective in addressing, or contributing to addressing, some of these factors. However, there is a general consensus among stakeholders consulted (including the Advocate) that the role of the Advocate should become obsolete over time.

The learnings from appointing an Advocate in the Latrobe Valley have indicated that this model can be successful when established to support a community that is suffering from entrenched social disempowerment and voicelessness. This means that the appointment of an Advocate within other regions – whether in Victoria or Australia more broadly – may support increased consideration of the needs of marginalised, regional communities. However, the likelihood of successfully replicating this model would be conditional on the specific issues of the region under consideration, as well as the skills and experience of the person appointed to be the Advocate.

It is also important to consider the expected marginal returns from introducing additional 'Advocates' into the system. This evaluation has found that the act of appointing an Advocate demonstrates to community members that they have a voice and that what they have to say is worth listening to. As such, one would expect to run the risk of incurring diminishing marginal returns should there be 'too many' Advocates, such that the appointment of an Advocate becomes commonplace rather than exceptional. How many Advocates is too many is an interesting question and one that is beyond the scope of this evaluation. However, in order to avoid a situation whereby the level of advocacy within a given system is saturated, each Advocate could be appointed for a time-limited period to ensure timeliness of outcomes and sufficient turnover.

Conclusions

Deloitte was engaged by the Department to conduct a developmental evaluation of the Zone, Assembly and Advocate.

The purpose of the evaluation is to evaluate the impact and outcomes achieved through the establishment of the Assembly, Advocate and Zone.

Evaluation findings and recommendations

This final evaluation report found that a response to the entrenched disadvantage and poor population health outcomes in the Latrobe Valley was needed. The Latrobe Health Initiatives, as described in the Hazelwood Mine Fire Inquiry Report 2015/2016 Volume III – Health Improvement and Hazelwood Mine Fire Inquiry: Victorian Government Implementation Plan, were an appropriate experimental response to this identified need.

However, it has taken time for the Zone, Assembly and Advocate to clarify their roles and responsibilities and how they interact with each other and with other stakeholders in the Latrobe Valley. The initiatives – particularly the Assembly – have also experienced other challenges that have impacted their effectiveness, including an insufficient appreciation of the complementary relationship between innovation and evidence and an underdeveloped approach to broader community involvement.

This means that despite the experimental nature of the initiatives and the complexity of their task, it is reasonable to expect that more would have been achieved through the establishment of the Zone and Assembly by now. Conversely, the Advocate has shown an ability to work quickly. However, this model has also had the advantage of being easier to implement and more intuitive for people to understand.

There is sufficient ground for the initiatives to form part of the government's ongoing approach to improving health and wellbeing in the Latrobe Valley provided the targeted improvements outlined in this report are made. The continuation of these initiatives could be on a temporary or more permanent basis.

Of the three models, the Advocate model shows the greatest potential for replication. However, this would need to be done selectively and on a time-limited basis. The Zone and Assembly models could be selectively adapted to a small number of other regions if the lessons from the Latrobe Valley are acknowledged and learned.

Next steps

This final evaluation report represents the conclusion of Deloitte's evaluation of the Zone, Assembly and Advocate. The evaluation understands that this report will inform the ongoing work of the initiatives in improving health and wellbeing in the Latrobe Valley and the government decisions regarding whether to implement similar initiatives in other regional areas in the future.

Limitation of our work

General use restriction

This report is prepared solely for the internal use of the DHHS, Victoria. This report is not intended to, and should not, be used or relied upon by anyone else, and we accept no duty of care to any other person or entity. This report has been prepared for the purpose set out in our engagement letter dated 2 May 2017. You should not refer to or use our name or the advice for any other purpose.

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