

Public Health Partner Authorities Frequently Asked Questions

Introduction

The *South Australian Public Health Act 2011* (the Act) and State Public Health Plan introduce the concept of Public Health Partner Authorities (PHPAs). Their development and formalisation is recognised as an **opportunity for collaborative action to improve public health**. This document aims to describe the emerging process and purpose of PHPAs, and the preliminary understanding about how they are likely to contribute to public health outcomes.

FAQ #1: Why are partnerships important for health and wellbeing?

The health of individuals and populations is shaped by broad factors, including the social, economic and physical environment in which people carry out their lives, as well as individual behaviours and characteristics. The mandate, ability and expertise required to address these factors do not sit in any one sector. Therefore **partnerships across sectors** and involving **different levels of government** are required to create the physical and social environments which support a healthy, thriving population.

FAQ #2: What are Public Health Partner Authorities?

Entities (which could include agencies, organisations, or departments) enter into a negotiation process with the Department for Health and Ageing (DHA) to become a PHPA on a **voluntary basis**. The Act does not define the criteria or process for PHPA development but the partnership principle provides the defining context for their formation. PHPAs will be developed with the intention that these entities make a **tangible contribution to population health and wellbeing**. As the relationship is voluntary, the decision to become a PHPA is built upon the identification and alignment of common agendas between potential PHPAs' core business and public health outcomes.

FAQ #3: Why might agencies choose to become a PHPA?

A healthy population contributes to the political, social, economic and cultural goals of the community. Health is now often described as both a goal and an outcome for a society, as well as an indicator of how well a society is doing. In recent years there has been increasing acknowledgement by governments of the reciprocal relationship between population health and the goals of other sectors, and the need for partnerships to achieve this has become increasingly evident.

Partnership arrangements between PHPAs and DHA aim to produce benefits for both the entity and the broader health of South Australians. These benefits are included in the negotiation and development of an agreement between DHA and the partnering entity and may include, for example:

- Formal acknowledgement of the contribution the entity has to health and wellbeing
- Clear identification of co-benefits – contributing to improved public health outcomes can also contribute to achieving the goals of the PHPA
- Sharing “in kind” resources in times of economic constraint
- Access to (health) knowledge, expertise and information
- Joint identification of strategic policy opportunities.



FAQ #4: What does the South Australian Public Health Act 2011 say about partnerships?

The *South Australian Public Health Act 2011* acknowledges the critical role of partnerships through the **Partnership Principle**:

Section 12: Partnership Principle

(1) The protection and promotion of public health requires collaboration and, in many cases, joint action across various sectors and levels of government and the community.

(2) People acting in the administration of this Act should seek ways to develop and strengthen partnerships aimed at achieving identified public health goals consistent with the objects of this Act.

The Partnership Principle, in conjunction with the other principles contained within the Act, is designed to guide the interpretation and effective implementation of the Act, including informing the conceptual development of PHPAs.

FAQ #5: How will Public Health Partner Authorities support existing relationships?

Not all partnerships need to be formalised through the Public Health Partner Authority process. It is recognised that local government, state government and NGOs have well established expertise and experience in working in partnership. Partnerships, including those at a local level, play a valuable role in creating community wellbeing. It is expected that these partnerships will continue as part of the development and implementation of regional public health plans, and do not necessarily need to be formalised through a PHPA process.

Under some circumstances, however, it is necessary to pursue partnerships beyond the scope of local action. PHPAs are a specific type of partnership which is formalised through an agreement between the DHA and the participating entity. The establishment of PHPAs aims to **support and build on the partnerships which already exist**, rather than to replace or duplicate them.

In negotiation with the DHA, PHPAs will agree to take action towards improved health and wellbeing outcomes for South Australians through **collaborative action on public health priorities that align with the State Public Health Plan**. In most instances this agreement will both acknowledge existing action and seek agreement for entities to stretch beyond their current actions to improve public health and wellbeing, although not in all cases.

FAQ #6: Are there criteria to determine which entities can become a Public Health Partner Authority?

As **the Act is silent on the criteria and process for formalising PHPAs**, the DHA has adopted an organic approach to identifying and developing agreements with entities. In the first instance, phase one PHPAs will be entities which:

- operate or impact at a state-wide or regional population level, and
- contribute directly to the key priority areas within the State Public Health Plan, and those emerging through thematic analysis of combined regional public health plans and/or
- are a key stakeholder for addressing significant public policy issues that impact on population level health and wellbeing.

Based on the description outlined above, phase one PHPAs could include:

- State Government agencies
- Peak Non-government organisations
- National health bodies
- Universities
- Primary Health Networks

It is anticipated that phase two PHPAs will be identified through a combination of:

- those criteria applied during phase one,
- results of a comprehensive analysis of regional public health plans, and
- other agreed means of identifying local and state government needs.

FAQ #7: How are PHPA relationships developed?

The decision for an entity to become a PHPA is completely voluntary; therefore entities agree to become a PHPA through a discussion and negotiation process with the DHA.

Currently a Memorandum of Understanding (MOU) is the vehicle for this partnership development process. The MOU describes the basis of the PHPA relationship and its connection to public health outcomes and the entities' core business and strategic directions as well as tangible outcomes that will be achieved through the agreement. The MOUs are time-limited and are expected to be for a minimum of two years in the first instance.

The development of a systematic process for engaging and establishing PHPAs will evolve through incremental action (a learning-by-doing approach) as agencies are identified, as agreements are negotiated, and PHPAs formally Gazetted, as per section 51(23) of the Act.

FAQ #8: What do PHPAs mean for local government and Regional Public Health planning?

PHPAs will make a contribution to the health and wellbeing of South Australians and Regional Public Health Plans by:

- Sharing responsibility for action under the key priority areas in the State Public Health Plan alongside DHA and local government
- Agreeing to undertake specific actions to contribute to improved health and wellbeing, in line with their core business, as outlined in the MOUs developed with the DHA
- Contributing to action addressing priority health issues emerging from the combined thematic analysis of Regional Public Health Plans (in phase two).

As part of becoming a PHPA, entities:

- Agree to commence an ongoing dialogue and planning process with DHA which leads to the development of a partnership MOU
- Are invited, by DHA, to participate in the development of future editions of the State Public Health Plan, as appropriate
- Are invited, at the discretion of local government, to participate in the development of Regional Public Health Plans.

The activities of Gazetted PHPAs will be reported in the Chief Public Health Officer's Report, which is produced every two years. Local government will be notified as PHPAs are formalised and Gazetted through the Local Government Association communiqué.

FAQ #9: What does the South Australian Public Health Act 2011 say about Public Health Partner Authorities?

Public Health Partner Authorities are briefly introduced under Regional Public Health Planning in section 51 of the Act, as follows:

Section 51(18)

A regional public health plan may, by agreement with the public health partner authority, provide for a public health partner authority to take responsibility for undertaking any strategy, or for attaining any priority or goal, under the plan.

Section 51(22)

A public health partner authority must, when performing a function that is relevant to the State Public Health Plan or a regional public health plan, insofar as is relevant and reasonable, have regard to the provision of the plans.

Section 51(23)

For the purposes of this section—

(a) the regulations may provide for an entity to be a public health partner authority for the purposes of this section; and South Australian Public Health Act 2011

(b) the Minister may, after consultation with the relevant entity, by notice in the Gazette, declare an entity to be a public health partner authority for the purposes of this section (and may, after consultation with the entity, revoke any such declaration by notice in the Gazette).

As outlined above, the Act makes provision for the development of regulations to provide for an entity to become a PHPA. However, as **regulations do not currently exist**, the development of phase one PHPAs is progressing through discussion and consultation with those entities with clear alignment between their core business and the key priority areas in the State Public Health Plan.