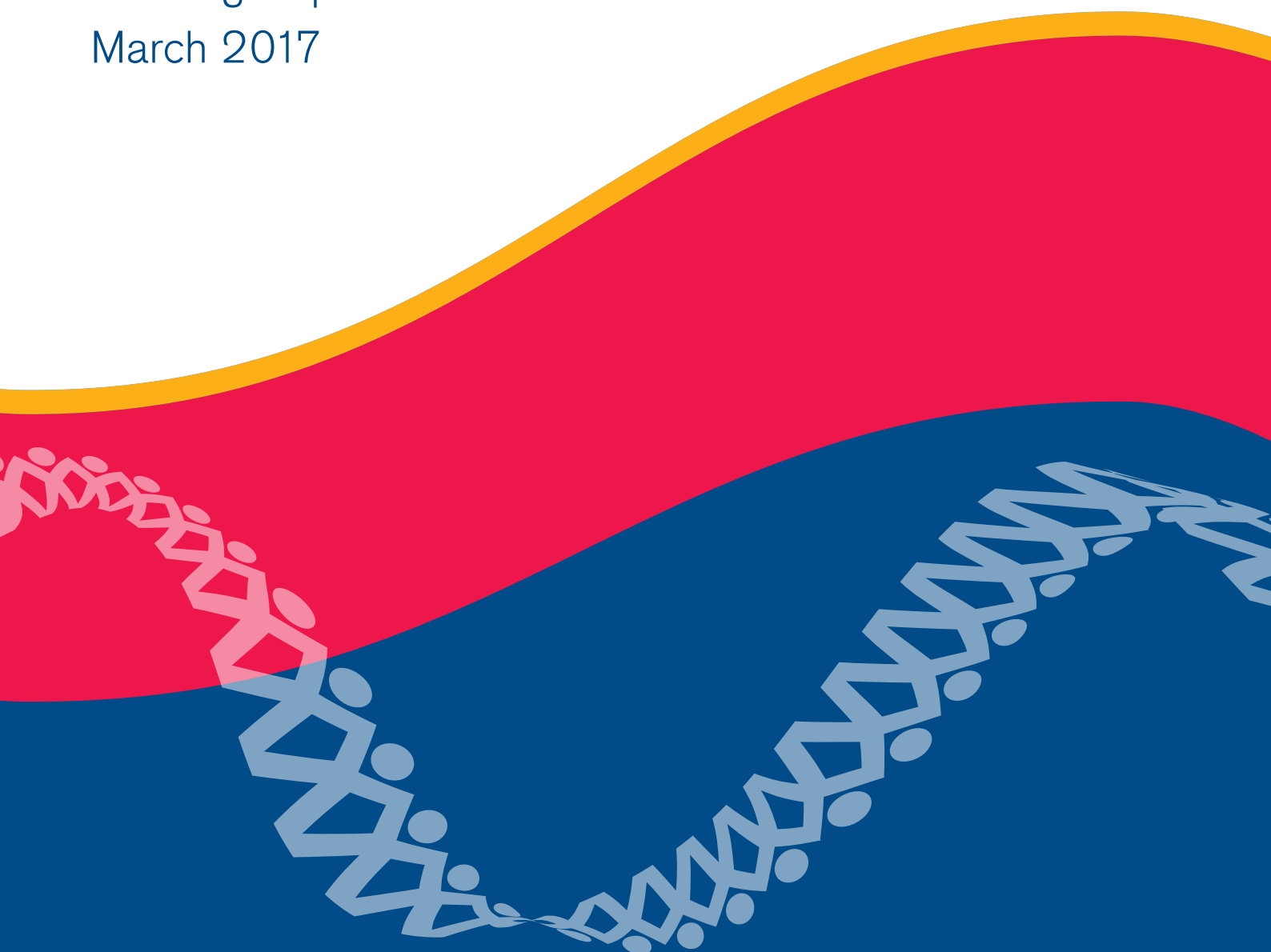


# How the governance and practice of Health in All Policies has changed over time in South Australia:

Exploring the evolution 2007-2017

Working Paper

March 2017



Government  
of South Australia

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Health in All Policies in South Australia over the past 10 years has been supported by a dedicated team at the management and officer level. Importantly, the initiative has been valued at the senior executive levels within the Department of the Premier and Cabinet, the Department for Health and Ageing and in other state government agencies. Key advisors and individuals with expertise from within and outside of South Australia have also contributed to Health in All Policies practice in South Australia. Many individuals have contributed their knowledge, expertise and time to the implementation of Health in All Policies in South Australia. This input has guided the evolution of Health in All Policies practice and is greatly appreciated by the South Australian Health in All Policies community.

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## Introduction

The South Australian Health in All Policies (HiAP) initiative is an approach to working across government to better achieve public policy outcomes and simultaneously improve population health and wellbeing. 2017 marks the 10 year anniversary of South Australia's HiAP approach. This milestone recognises the commitment of senior decision makers and policy officers across government in supporting collaboration for policy making and delivery in ways where mutually beneficial outcomes are achieved. This effort has taken time and a cultural shift in the way we think and work across policy settings.

HiAP practice in South Australia has undergone a number of transitional phases since its modest beginnings. Following a recommendation by Professor Ilona Kickbusch in her role as the 2007 Adelaide Thinker in Residence, South Australia adopted a HiAP approach, which was applied to the government's strategic priorities and policy imperatives. Since this time, the implementation of HiAP in South Australia has been supported by a high level mandate from central government, an overarching framework which is supportive of a diverse program of work, a commitment to work collaboratively and in partnership across agencies, and a strong evaluation process. The adaptive nature of HiAP practice in South Australia has enabled its sustainability in changing contexts.

## Purpose

This document describes the transition of South Australia's Health in All Policies approach from inception to 2017. Much of this paper is drawn from existing documents which ably describe the past and present. The paper aims to explore the evolution of South Australia's HiAP approach, reflecting on the changing context and factors that have shaped the methodology and model over time.

## Phases of Health in All Policies practice in South Australia

From its inception in 2007 until present time - 2017 - South Australia's Health in All Policies approach has evolved in response to a variety of challenges and opportunities, which in turn informed the HiAP model and practice, shaping it over time. These changes have occurred in five distinct phases or transitions:

- Proof of concept and practice (2007-2008)
- Establish and apply method (2008-2009)
- Consolidate and grow (2009-2013)
- Adapt and renew (2014)
- Strengthen and systematise (2015-2016).

Each new phase has been informed by the lessons of the previous transitional stages, and a more detailed understanding of the needs for HiAP practice applied as a result. These transitions have been 'fluid' to optimise the strategic opportunities, whilst navigating the challenges. In this context, changing structures and processes have emerged as part of a continuous development cycle – never static, responding to the political and policy-making environments, and seizing windows of opportunity.

Reflecting on HiAP practice in South Australia over the last 10 years has enabled policy makers involved with the initiative to take stock of its evolution and share this experience with the wider HiAP community. This paper aims to present these experiences and explore the key features of each of the transitions, including the distinguishing elements.

## Proof of concept and practice (2007-2008)

Key features of this phase included: Developing the concept of HiAP and introducing it to South Australian government decision makers; beginning to document the evidence linking health with other government policy priorities; identifying early adopters/ interested policy officers across government and gaining a mandate from the Premier to apply HiAP to the targets within the South Australian Strategic Plan.

As is the case for many other countries and jurisdictions, the South Australian health system is struggling with escalating health care costs, the growing burden of an ageing population and an increasing incidence of chronic disease. Addressing the unsustainable growth of the health budget was (and still is) one of the pressing issues faced by the Government of South Australia. Leaders realised that new approaches were required. With an understanding that health and wellbeing is influenced by a range of social, economic, and environmental factors, known as the social determinants of health, key decision makers were open to new approaches such as Health in All Policies. There was a clear need to do more, recognising that the determinants of health often sit outside the direct influence of the health sector and that actions to address complex, multi-faceted 'wicked problems' such as preventable chronic disease and health care expenditure require joined-up policy responses.

In 2004, South Australia's Strategic Plan was introduced as a whole-of-government framework designed to enhance the state's prosperity, sustainability and quality of life for its citizens through action on a comprehensive range of targets. The plan and its targets were updated in 2007 and 2011 in response to the changing needs of the state. When HiAP was established, the 2007 plan was described as a blueprint for action on the social determinants of health. The plan recognised the need for concerted and cooperative action across multiple sectors of South Australian society to achieve the targets.

It was within this context that Professor Ilona Kickbusch, in her role as the 2007 Adelaide Thinker in Residence, proposed that South Australia adopt a HiAP approach and that this approach be applied to the government's strategic priorities and policy imperatives. Further, Professor Ilona Kickbusch proposed that South Australia could develop and implement a Health in All Policies approach that would complement the government's organisational structure, so that HiAP worked within the policy development process of different agencies. The focus was always on improving population health and wellbeing outcomes through action on the policies of other sectors that impact on the social determinants of health, rather than starting from a health policy focus; delivering a win-win outcome.

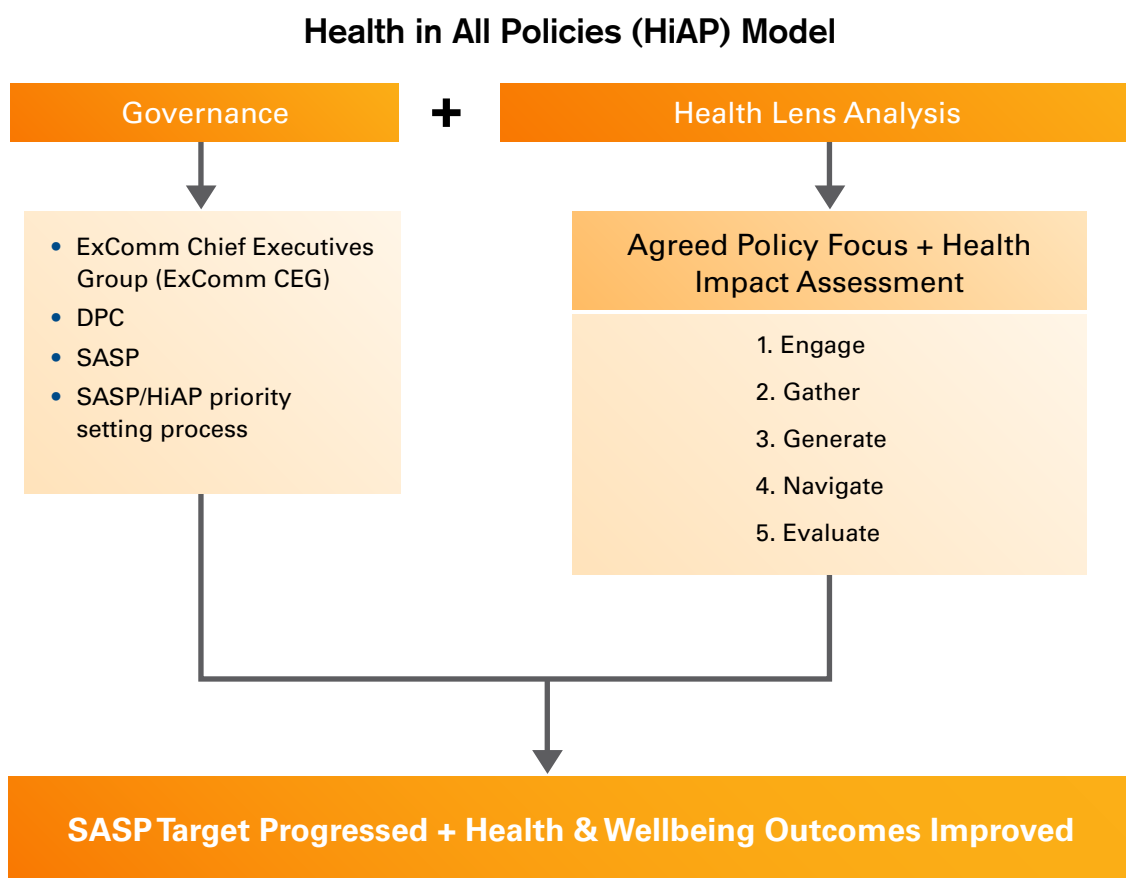
In addition to the political environment and the role of Professor Kickbusch as a catalyst for change, the establishment of HiAP in South Australia benefited from the state's strong history of social innovation and a network of skilled, committed health policy practitioners and academics. This network acted as a driver to bring Professor Kickbusch to Adelaide as a Thinker in Residence and had a critical role in pursuing the opportunities presented by, and the recommendations arising out of, the residency.

## Establish and apply method (2008-2009)

The second phase of South Australia's HiAP approach trialled and tested the Health Lens Analysis (HLA) methodology; formalised the relationship with central government (Department of the Premier and Cabinet) through a Memorandum of Understanding; established governance structures and supportive processes across government and within the Health Department; created a dedicated HiAP function in the Department for Health and Ageing (DHA); established strong relationships with a small number of policy officers across government; began to apply and evaluate the HLA process across a range of policy areas; started to document South Australia's HiAP process and developed the first HiAP model.

The South Australian HiAP model sought to build strong inter-sectoral relationships across government and help to develop policy that delivered co-benefits to the health sector and the partnering sector. It was never just a win for the health sector. When HiAP first started, the initiative reported to the formal governance structure established to oversee the implementation of South Australia's Strategic Plan (SASP). This early formal governance structure of senior executives across different government agencies (ExComm Chief Executives Group) set the scene for how HiAP would work with, and support, existing structures and decision makers, rather than add a new structure or inadvertently undermine the existing vertical decision making structures of government. A complementary early support was the first Memorandum of Understanding (formalised agreement) with the Department of the Premier and Cabinet (DPC). This relationship between HiAP and Cabinet Office in the DPC has endured throughout and underpinned the success of HiAP.

A strong feature of South Australia's HiAP is the clarity of description regarding implementation. During the *Establish and apply method (2008-2009)* phase, a model of Health in All Policies implementation was developed, which was designed to capture the two key elements underpinning the approach at that time: governance and the Health Lens Analysis methodology (Figure 1).



**Figure 1: The first South Australian HiAP model developed in 2008-2009**

A key method in the 2008-2009 HiAP model was the 'Health Lens Analysis', where similar goals and relationships between the policy outcomes and health outcomes (and vice versa) were identified. The Health Lens Analysis used a range of tools and methods to develop evidence-based recommendations for the policy area under consideration. The tools and methods which were applied were based on what each of the partner agencies needed to know and do to resolve the policy problem, and so the methodology was flexible, fit for purpose, and achieved the needs of the partner agencies, whilst supporting health and wellbeing objectives. Some of these tools and methods included: literature reviews/scans, pathway analysis, stakeholder mapping, qualitative and quantitative research, and economic modelling.

## Consolidate and grow (2009-2013)

The Consolidate and grow phase began to embed the HiAP approach within government policy making processes. This phase saw the HiAP Unit grow to a small sustainable team; the HLA process was applied to multiple policy issues and the methods expanded to provide increased flexibility; HiAP policy champions begin to emerge across government forming a growing community of practice; a team of academic experts secured a prestigious five year grant to evaluate South Australia's HiAP approach; the early success of the approach was shared through the Adelaide International Meeting in 2010 and the first HiAP Summer School in 2011. This phase also saw the development of the Adelaide Statement on Health in All Policies, which documented current understanding of applying HiAP drawing upon the experience of South Australia and other international examples.

The South Australian HiAP model was applied to a range of policy areas of importance to South Australia including: water security, regional migrant settlement, broadband access and use, active transport, urban planning, determinants of obesity, education, sustainable regional development, and mobility (drivers' licensing). In each of these situations the relationship between the policy (a social determinant of health) and health outcomes was mapped to detail interactions and synergies. Such pathway analysis helped explain to decision makers why partner agencies were working together, and helped to maintain a focus on the co-benefits. Successes were celebrated, and senior decision makers and policy officers were recognised for their collaborative achievements.

The Government of South Australia began to play a leading role in promoting knowledge and exchange on HiAP in Australia and internationally. A supportive relationship with the World Health Organization continued to grow and was demonstrated through the partnering on the 2010 International Meeting on Health in All Policies in Adelaide. A key outcome of this International Meeting was the Adelaide Statement on Health in All Policies, 2010.

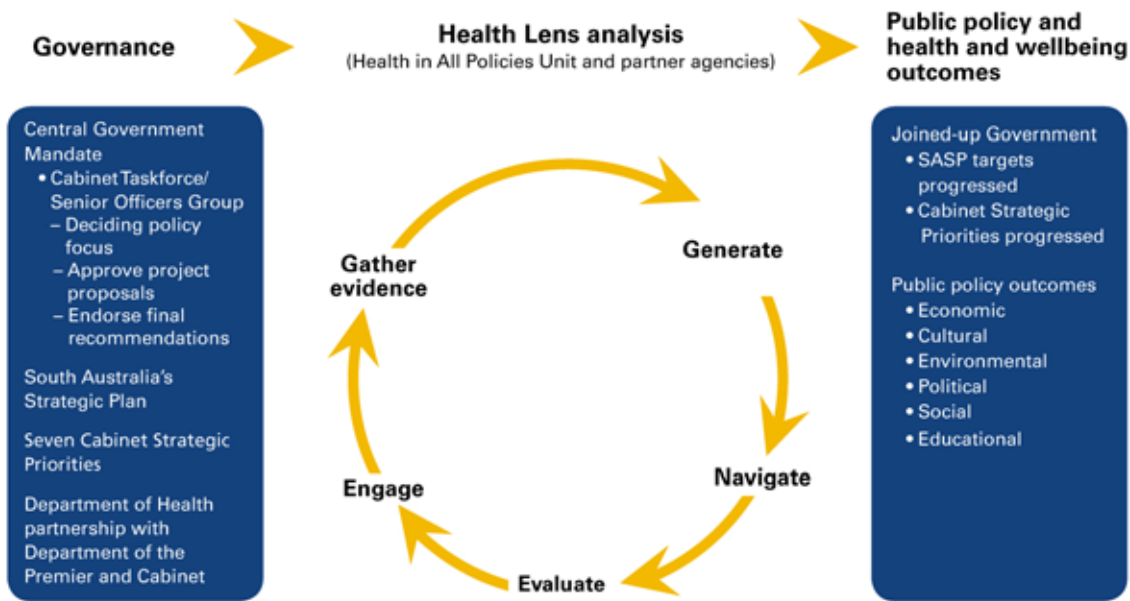
The monitoring and evaluation of Health Lens Analysis projects was built into the South Australian HiAP model. Each Health Lens Analysis project included an evaluation component. These process and impact evaluations were undertaken by the Southgate Institute, Flinders University of South Australia, and demonstrated the value of the approach to partners and early policy impact. In 2012, a five year National Health and Medical Research Council (NH&MRC) funded grant to evaluate the effectiveness of South Australia's HiAP approach began. It was the first grant focussed on evaluating action to address the social determinants of health to be won through the NH&MRC.

Change is constant within a dynamic political environment and the HiAP approach continued to adapt and move with changing state government priorities. In 2012, the Government of South Australia released the *Seven Strategic Priorities* which identified new areas of focus for the state and complemented the targets contained in South Australia's Strategic Plan. As a consequence, governance for HiAP shifted to operate through the *Seven Strategic Priorities* for relevant matters or through the Senior Management Council (SMC), a group comprised of the Chief Executives of all government departments, and finally Cabinet itself. Each of the seven strategic priorities was overseen by a Cabinet Task Force and a Senior Officers Group to progress action.

The HiAP unit undertook a Health Lens Analysis across the seven strategic priorities to identify the health and wellbeing connections to each of the priority areas. Through this process, opportunities for new collaborations were identified, and relationships between the HiAP team and senior government decision makers were expanded.

To reflect the changing context in which HiAP was operating and the growing recognition that the process was very interactive, the HiAP Model was updated in 2011 and then again in 2012 (Figure 2), to better capture the dynamic and fluid nature of the approach. In particular the updated HiAP model highlighted the flexible and interactive character of each of the five HLA processes and reflected the changing governance arrangements.

Figure 2: The South Australian Health in All Policies model updated in 2012

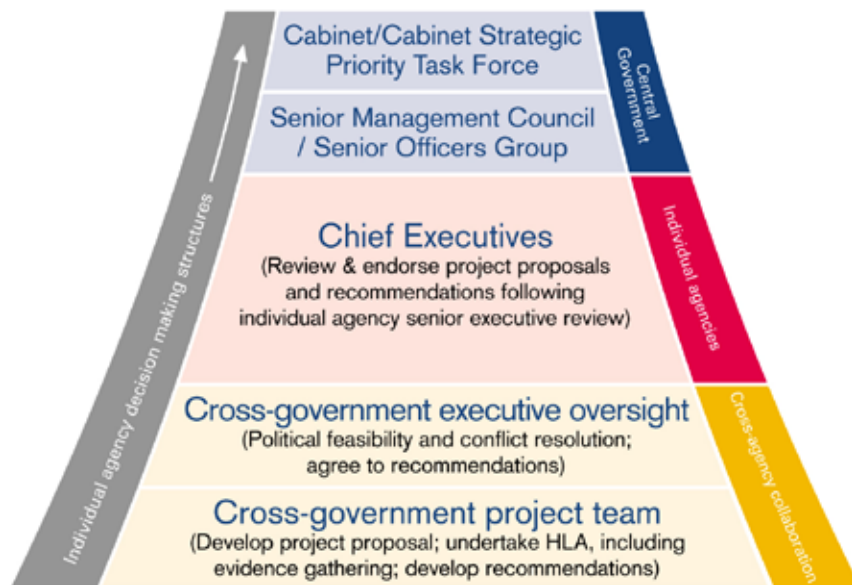


The South Australian HiAP approach recognised early on the importance of building horizontal governance structures, and supporting and working with the existing vertical structures in project approval processes. With the government focus moving to the seven strategic priorities, the vertical and horizontal structures were strengthened. Vertical governance structures have been an important part of the governance process for the South Australian HiAP approach, as they have maintained the authority and policy responsibility of individual department Chief Executives and executive leadership teams. The structures have ensured that when policy recommendations have been made, there is high level understanding and commitment to their implementation. They have also tied HiAP to central government commitments.

Using the governance arrangements established in the *Consolidate and grow* phase as an example, Figure 3 shows how the vertical and horizontal structures intersect in HiAP processes and outlines how the HiAP team navigates recommendations through these multiple decision making processes.

Figure 3. Health in All Policies horizontal and vertical governance

### Health in All Policies Horizontal and Vertical Governance





At every adaptation of the HiAP approach, consideration has always been given to how to maintain or re-form the horizontal and vertical governance structures - be they across the whole HiAP approach, individual programs of work, or on a project by project basis.

## Adapt and renew (2014)

There were significant political and organisational changes during the Adapt and renew phase which presented both challenges and opportunities for South Australia's HiAP approach. Implementation of the *South Australian Public Health Act 2011* saw an increased focus on local government and public health planning; merging of the HiAP Unit into the newly established Public Health Partnerships Branch as the Strategic Partnerships team; conceptualising the new Public Health Partner Authorities mechanism within the Public Health Act; renewing the HiAP Memorandum of Understanding between DPC and DHA to 'Systematise HiAP principles, processes, and practices across government'; identifying health diplomacy as a critical skill for inter-sectoral work and ongoing support of HiAP policy champions seeking HiAP input into policy development activities.

The Public Health Act (2011) came into force in 2013 and along with other changes in the administrative and political environment, a new model for HiAP implementation was required.

The new South Australian Public Health Act provided an opportunity to strengthen HiAP as it had an expanded focus - on illness prevention and health promotion - as well as the more traditional focus of health protection. Importantly, the 2011 Act recognises the determinants of health as the underlying causes of health and wellbeing and includes principles and mechanisms designed to increase partnerships and strengthen action on the determinants.

A State Public Health Plan, "South Australia: A better place to live" was developed to guide the implementation of the Act. The Plan identifies HiAP as an important driver in the development of systems that build partnerships across and between state and local government. The Act provides (among many other functions) the following mechanisms:

- A. Section 17, which involves the Minister for Health's role in providing expert advice to the South Australian Government on matters which may impact public health. This is being implemented through the systematisation of the principles, practices and processes that underpin South Australia's HiAP approach.
- B. Section 51, which involves the establishment of Public Health Partner Authorities. Agreements are negotiated between the Department for Health and Ageing and other state government agencies and the non-government sector, which set out how the organisations will work together to achieve mutually beneficial outcomes. They are developed with the intention of improving population health and wellbeing through action on the social determinants of health, whilst achieving the goals of the partnering organisation.

While the Public Health Act provided a good opportunity for HiAP to adapt and renew, changes underway within the prevention and health promotion functions across South Australia presented significant challenges. At this time, South Australia was in the midst of an economic transition, with health care costs continuing to escalate and creating pressure for the health system to deliver major budget savings. This fiscal pressure led to a number of organisational re-alignments to ensure prevention efforts were optimised through the new mechanisms provided by the Public Health Act 2011.

The HiAP Unit, renamed the Strategic Partnerships Team, took time to reflect upon these changes and identify how best to continue to build action to address the determinants of health in the new contextual and legislative environment. In recognition of the changing context and the significant opportunity provided through the Public Health Act 2011, the Memorandum of Understanding between the Department of the Premier and Cabinet and the Department for Health and Ageing was renewed, confirming the commitment of central government to South Australia's HiAP approach. The Memorandum of Understanding sets out how the Department of the Premier and Cabinet will play an on-going role in supporting the Department for Health and Ageing to establish across government partnerships and governance arrangements to support HiAP and action on the determinants of health.

## Strengthen and systematise (2015-2016)

The Strengthen and systemise phase saw the governance mechanism underpinning the HiAP approach diversify and consolidate; testing the new Public Health Partner Authority mechanism with government and non-government sectors; expanding and strengthening the relationship with Central government; trialling new methods such as 90 day projects; adapting the HiAP co-design methodology to be relevant to all public policy makers through the “Working Together” Strategy (part of the government’s Public Sector Reform agenda); supporting the Researchers as they finalise the evaluation of South Australia’s HiAP approach; and celebrating HiAP and its ability to remain relevant in a changing and dynamic climate.

In the latest HiAP model, governance is now underpinned by the *South Australian Public Health Act 2011*, and by an updated Memorandum of Understanding with the Department of the Premier and Cabinet. Together, these overarching mechanisms allow horizontal and vertical structures of governance to be considered for each partner agency and each project. In the case of Public Health Partner Authorities, each partner agency also gets its own formalised agreement and in many cases a governance structure to support the areas of mutual interest. For the 90 day projects, the project Partnership Plans are endorsed by Ministers and Cabinet and supported by the Government’s Office for the Public Sector through the Change@ South Australia program. After 10 years of implementing HiAP in South Australia, working together under such governance arrangements has built considerable trust and respect between staff and agencies.

Continuity of staff should not be underestimated in the success story of HiAP over the past decade. The trust that has been built allows the HiAP team to ‘hook onto’ emerging policy agendas, while long serving staff in other agencies can speak about the benefits of HiAP as a ‘working together’ tool. Indeed staff in other agencies often approach the HiAP team (Strategic Partnerships), as they are recognised as a resource with content expertise and experience in collaborative processes. The continuity of staff within the HiAP team itself at a management and officer level has been critical, but equally important at the senior executive levels within the Department for Health and Ageing and in other government agencies. Continuity of connection with advisors and key individuals with expertise from within and outside South Australia has allowed the HiAP work to be showcased at an international level, while also contributing to reflection and change of HiAP practice in South Australia.

The next iteration of the HiAP model began to emerge towards the end of the *Strengthen and systematise* phase. An audit of the structures and processes for HiAP over the past 10 years was undertaken to help inform the new model.

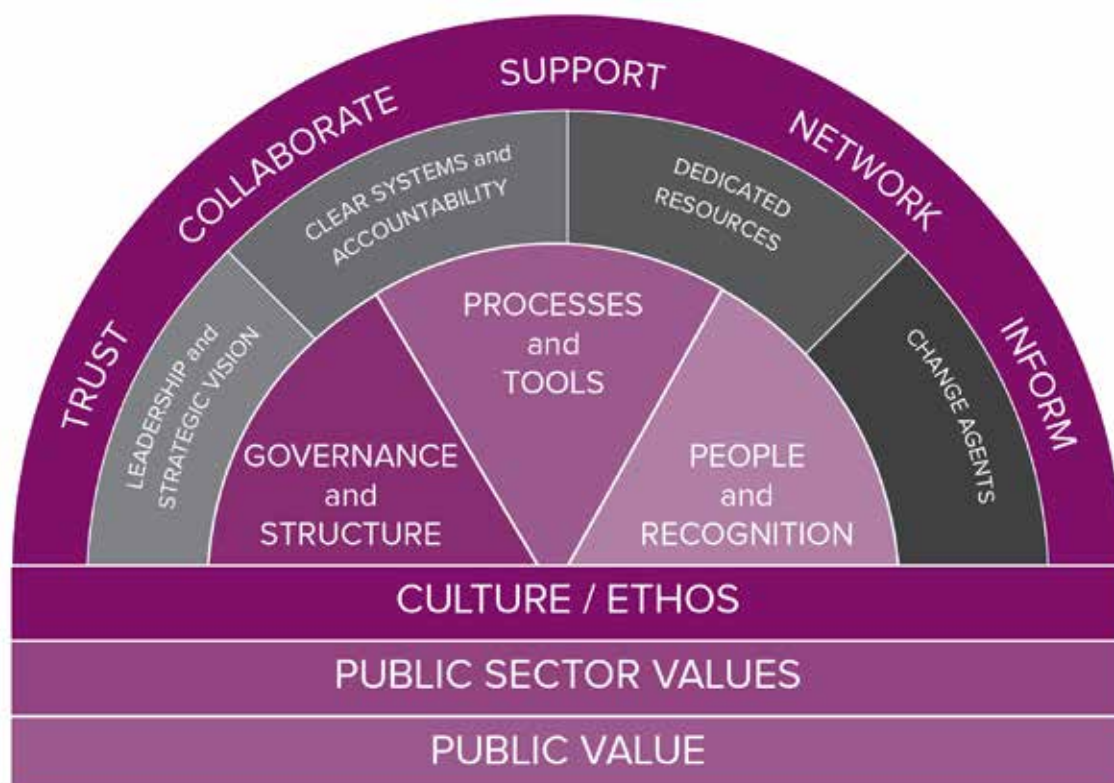
## HiAP as a Catalyst for Cultural Change across Public Sector Policy Processes 2017 and Beyond

The health system is not the only government agency that struggles to address complex policy issues. Indeed, all government agencies have complex multi-faceted problems that require collaborative approaches and processes. The structural and cultural barriers to cross agency collaboration are a significant challenge for government in delivery on many of its policy imperatives. The barriers also limit the potential impact of South Australia's HiAP approach on delivering population health and wellbeing improvements. Given the positive disposition towards HiAP among many executive and senior officers across government, the HiAP team was supported to explore mechanisms and processes that would strengthen cross government collaboration and joined-up policy processes for the whole public sector through the Working Together for Joined-up Policy Delivery project (the Working Together project).

In August 2016, the Government of South Australia released the *Working Together for Joined-Up Policy Delivery Report*. The Report summarises the evidence describing the barriers that make working together difficult and outlines the strategies that will be required to influence and shape the policy development culture within the public sector. These changes include governance and structural supports; new processes and tools; and identification and support for Joined-up Policy Champions.

The Report recognises HiAP as an existing practical example of how to achieve joined-up policy development. The lessons of governance and a focus on people and relationships, including co-design and co-benefits that are explicit in South Australia's HiAP approach have been embedded in the Working Together strategy and model (Figure 4). The Working Together project, a partnership between central government and the Department for Health and Ageing, is attempting to change the culture of government agencies to collaborate more often, and hence deliver greater public value. In effect, the project supports HiAP in the short and long term by promoting partnerships. Since working together is how HiAP is practised, HiAP also supports the underlying goal of the project. The two approaches are mutually beneficial. The project solidifies the HiAP governance by linking HiAP to this emergent and central policy agenda.

Figure 4. The joined-up policy system diagram



## Features of the current Health in All Policies model

The current HiAP model is presented in Figure 5. It includes two key elements of central governance and accountability, and practices and processes which are applied to a range of HiAP methods.

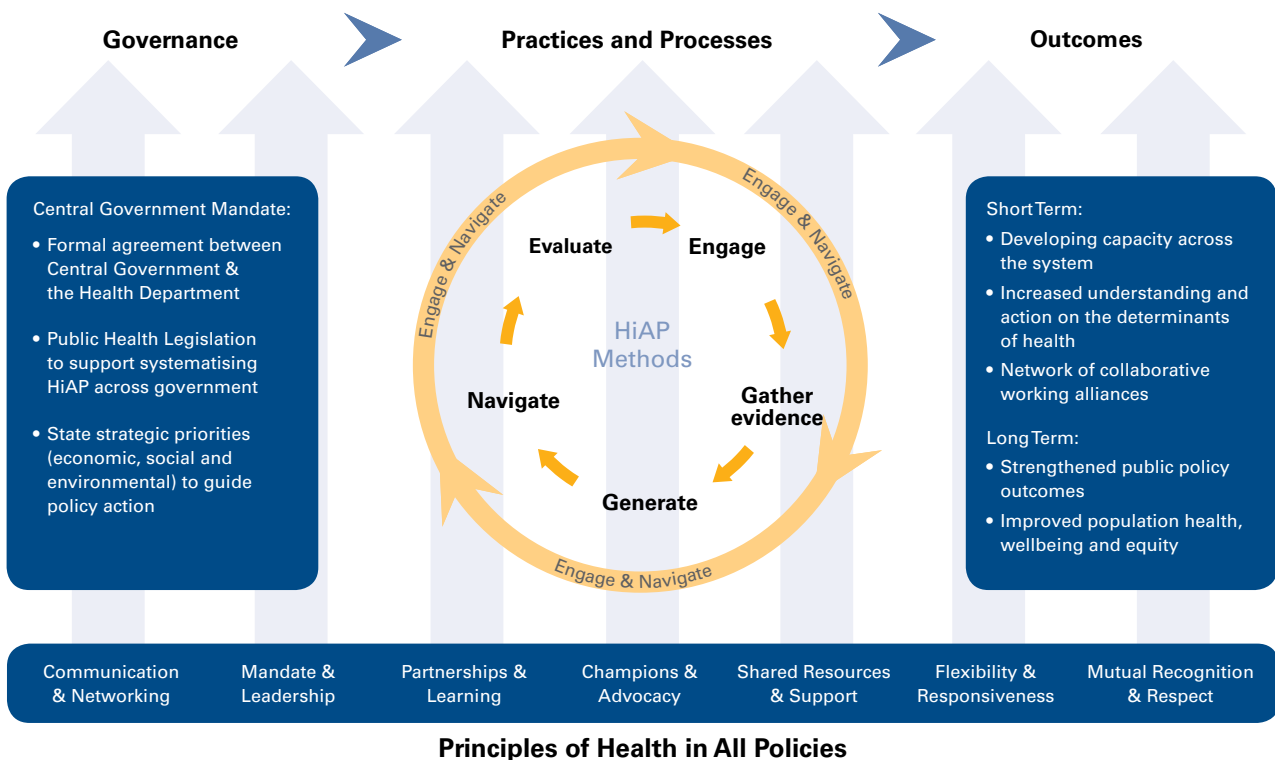


Figure 5: The current South Australian Health in All Policies model, 2017.

### Governance

As the concept of HiAP first emerged, the support of formalised central governance structures was crucial - they provided HiAP with legitimacy, accountability and an impetus for action. As the approach has evolved over the past 10 years, and many policy officers and senior decision makers across government have been exposed to the approach, HiAP has become widely known and valued. HiAP in South Australia has been at the forefront of a culture shift in the public sector, where co-design and co-benefit approaches are considered to be the preferred way to work, and the history of HiAP provides a tangible, practical example of how to work collaboratively; with citizens and across government.

This cultural shift, trust built across the public sector and increasingly flexible methods of the HiAP approach has led to it being widely accepted as a useful and helpful practice, with HiAP being called into policy issues as they emerge from varied sectors and levels. The Working Together project demonstrates this impact.

When HiAP first started, the initiative reported to the formal governance structure established to oversee the implementation of South Australia's Strategic Plan. As government priorities changed, so did the governance and reporting structures for HiAP. At the present time the central mandate and governance is provided through the implementation of the Memorandum of Understanding between DPC and DHA, with further legitimacy and accountability provided through the legislative framework of the *South Australian Public Health Act 2011*. These mechanisms provide the foundation to address the strategic policy imperatives of government and support policy action on the determinants of health. Importantly, neither of these mechanisms is time limited and so provide enduring overarching governance and reporting structures for HiAP.

## Practices and Processes

Partnerships and collaboration to address the determinants of health are the hallmarks of South Australia's HiAP approach and so the practices and processes that underpin the approach not surprisingly have a strong focus on building and sustaining relationships, placing them at the centre of action. Practices and processes such as co-design and co-benefit direct effort towards establishing trust, a shared understanding and common purpose amongst partners. Engage, gather evidence, generate, navigate and evaluate continue to form the cornerstone of our practice. These five stages guide the co-design process and focus on delivering shared outcomes or co-benefits. Each stage includes particular features which are briefly summarised below.

The **Engage** stage begins the process and continues throughout the life of the partnership. This stage develops relationships, clarifies contextual issues, and establishes a shared work plan and processes.

**Gather evidence** is the next stage in South Australia's HiAP process and is an essential feature of the approach. It includes both quantitative and qualitative data and methods and an important aspect of this stage is ensuring the evidence is inclusive of all perspectives, while maintaining rigor.

Identifying solutions and developing shared recommendations for action forms the basis of the **Generate** stage. This stage includes documenting both the processes used to gather the evidence and the findings arising from the evidence. In most situations the co-design process used during the two previous stages results in the partners comfortably arriving at agreed solutions.

Guiding the recommended solutions through the decision making processes of partner agencies forms the **Navigate** stage. This stage needs to account for any strategic and/or political imperatives that may compromise or confirm the decision to endorse and action the solutions. The navigate stage influences the collaboration throughout the life of the partnership, in much the same manner as the engage stage.

Accountability and recognition are important drivers of long term initiatives and the **Evaluate** stage enables the South Australian HiAP approach to demonstrate its impact and ultimately its value to the public sector and the wider South Australian community.

Unlike the earlier HiAP model where these five activities were applied specifically to Health Lens Analysis, in the latest model the five activities are applied to many different ways of working.

## Methods

The practices and processes are applied to policy issues using a range of key methods. The methods have expanded in response to feedback, legislative and strategic opportunities and direct requests for evidence from partner agencies. The four primary methods are briefly summarised below.

### Desktop analysis

The policy process does not always allow time for issues to be considered using a comprehensive and deliberative method. However, reviewing and analysing existing evidence and sharing that with partners can be done rapidly when required. As the HiAP approach gained a reputation for consistently using evidence to inform the policy process, requests began to arrive for the team to undertake rapid desktop analyses. This approach is only applied when time constraints do not permit more robust methods.

### 90 Day Projects

90 day projects are a part of the government's commitment to culture change across the public sector and its intention to deliver a public sector that is more responsive to the needs and desires of the South Australian community. The 90 day project methodology, led by the Office for the Public Sector, closely aligns with, and has been influenced by, the HiAP Health Lens Analysis methodology. It has strong governance and accountability structures and is supported by a dedicated team in central government to guide the change process. Each project has clear deliverables and benefits expected to be achieved during the 90 days, with other aspects of implementation continuing at the end of the 90 days. The 90 day project cross agency teams (partners) work through a co-design process and are expected to deliver co-benefits to the public sector and the community. Depending on the issue being addressed partners can include government agencies, the non-government sector, industry and community representation. The South Australian HiAP approach has been successfully applying the 90 day projects methodology to a range of complex policy issues. The dedicated time frame helps partners focus resources and reduces the risk of changing policy imperatives hindering the outcome.

### Public Health Partner Authorities

The establishment of Public Health Partner Authorities is a mechanism under the *South Australian Public Health Act 2011* (the Act) that provides for formalised partnerships between the Department for Health and Ageing and partnering agencies to enable joint action across sectors, levels of government and community. These partnerships are designed to achieve mutually beneficial outcomes, and protect and promote public health. Public Health Partner Authorities are formalised through an agreement between the Department for Health and Ageing and the Public Health Partner Authority, which outlines common goals to work together to achieve improved health and wellbeing outcomes. Public Health Partner Authorities are formally declared in the South Australian Government Gazette, as per Section 51(23)(b) of the Act.

### Health Lens Analysis

Health Lens Analysis (HLA) has been the primary method of South Australia's HiAP approach and continues to be applied to issues requiring more intensive analysis. It is an iterative process and uses flexible methodologies to ensure that the approach fits with the policy issues in question, the resources available and the local populations affected. HLA draws upon aspects of the more familiar health impact assessment methodology, but as it always starts with a collaborative co-design process, it examines issues from a positive rather than a deficit approach. HLA aims to identify and map detailed interactions and synergies between government policies and strategies, and the health and wellbeing of the population. Importantly, HLA provides the opportunity to identify knowledge and evidence gaps for a particular issue and then work systematically with partners to resolve these gaps, creating new evidence where required. Significantly, the emphasis is placed on both achieving the goals and objectives of the partner agencies and on improving health and wellbeing outcomes and reducing inequities.

The intensive nature of HLA means the approach can take time and requires partners to commit to collaboration for a reasonable period of time. In addition, the long term nature of HLA can result in changing imperatives and bureaucratic structures, which in turn can complicate the approach. However, and despite these challenges, HLA provides the best opportunity to create long term sustainable change as it increases knowledge and strengthens capacity for change across the system.

## Principles that have underpinned the transition and success of Health in All Policies

Ethics and values shape the culture of organisations and their interaction with individuals and community. It was considered imperative that the approach used to introduce and drive HiAP across government was underpinned by sound principles. As with other aspects to South Australia's approach the principles have strengthened over time. They can be grouped into three broad areas; building a supportive culture; developing respectful relationships and adapting to change.

The South Australian HiAP approach reflects health as a shared goal of all of government and society. The seven principles that underpin the collaborative work recognise and acknowledge that shared responsibility and sustainable mechanisms are critical for joined-up policy responses and addressing the determinants of health in a more systematic manner.

### *Underpinning principles*

- **Communication and networking:** highlights the need for open and transparent approaches to encourage a shared understanding of policy issues, and promote a network of collaborative alliances.
- **Mandate and leadership:** recognises that a new form of governance for health is needed where joined-up leadership enables policy action across all sectors and levels of government. An overarching mandate is required to build whole-of-government commitment, where the head of government, cabinet and administrative leadership provides the impetus to engage in joined-up policy making and delivery.
- **Partnerships and learning:** truly collaborative partnerships that recognise mutual interests and shared objectives are crucial to the success of Health in All Policies. Mutually beneficial, strong working relationships contribute to maintaining an environment for concerted and cooperative action. Learning from partners through knowledge sharing, building an evidence base, and taking a 'learning by doing approach' facilitates a culture of continuous improvement. This recognises the dynamic nature of HiAP practice.
- **Champions and advocacy:** acknowledges the role of HiAP champions in introducing, translating and implementing innovative ideas into practice. Drawing on a network of actors who can influence and motivate opens up avenues for exploring new models that integrate social, economic and environmental goals. Such champions are recognised for their ability to advocate for HiAP, scan for windows of opportunity, and bring about momentum for change.
- **Shared resources and support:** contributing resources and support equally (where possible) facilitates joint ownership by all partners and forms a solid foundation to support collaborative partnerships.
- **Flexibility and responsiveness:** recognises that partnerships need to be aware of, and actively respond to, partners' changing needs and political realities. Policy imperatives can change and being able to adapt to a new policy environment is critical for HiAP practice.
- **Mutual recognition and respect:** highlights the need to understand, acknowledge and respect the expertise of all sectors when working in partnership. This fosters collaborative relationships based on trust.

## Conclusion

The Government of South Australia's implementation of Health in All Policies has seen significant benefits in the applied use of research evidence on determinants of health. The success of the initiative has rested on a number of key drivers including:

- Partnering with government departments on their policy imperatives to support the development of healthy public policy
- High-level mandate from central government
- Leveraging from existing government decision making structures
- Jointly generating evidence based solutions with project partners
- Integrating qualitative and quantitative social science methodologies to identify solutions for complex, "wicked" policy issues
- Responding and adapting to changing political and policy-making environments.

The South Australian Health in All Policies initiative has demonstrated its value as an approach to collaborative policy development. HiAP also provides a framework for meeting the needs of sectors outside of health as well as long term population health and wellbeing goals, reflecting one of the key underpinning philosophies of the initiative, reciprocity. Cross sector collaboration and partnerships have been recognised as important system building strategies, and mechanisms to support and systematise these practices across state government will help to ensure the ongoing action on determinants of health and improve the health and wellbeing of the South Australian population.



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