Strategic priority:
Building local networks and place-based leadership

What do we mean?

Place-based leadership brings together local networks to focus on local priorities. A place-based approach builds on local strengths: it is about using existing infrastructure, networks and resources more effectively to build long term improvement in health and other outcomes. Place-based leadership is often used to tackle the wicked problems that existing approaches cannot resolve, creating unique solutions that respond to local conditions.

Why is this a priority?

Critical functions for PHNs are to understand the health needs of their local communities and to help consumers receive the right care at the right time in the right place. While a whole-of-region perspective is important, the improvements that consumers notice most are those that make a difference locally.

Our region-wide analysis shows there are significant differences in health needs, issues, experiences and outcomes between the different places in our region. Building strong local networks that can help identify local priorities and bring together the right people and services to respond in places most in need will be fundamental to achieving more equitable health outcomes across our region.

What does the evidence say?

Place has a significant impact on health outcomes. The social and physical environments of a place can either create opportunities for good health, or result in poor outcomes and harm. For some communities, such as Aboriginal and Torres Strait Islander people, place has an even greater cultural significance and link to health and wellbeing.

A place-based approach to improving health outcomes is based on partnerships. There is evidence that good partnerships can have positive impacts on consumers (delivering the right care, at the right time, in the right place), on providers (greater satisfaction) and agencies involved (greater efficiency).

What have our stakeholders told us?

- place is the right level for bringing together consumers, health and other service providers to develop shared solutions
- it is important to work with existing local networks and agencies, such as local councils
- efforts need to be matched to available resources, so starting with a realistic, practical approach will be critical
- local leaders will need support to develop their approach and maintain a long term commitment
- availability of local data (both health status and service utilisation) will be key
- think beyond face-to-face meetings: place-based collaboration can take different forms

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What is our approach?

This work is developmental for our organisation. Around the world, GP Clusters have been used to facilitate greater collaboration between member practices in the provision of services to their local communities and in addressing particular health issues. We have supported 12 local GP Clusters across the region as a starting point in building local networks and place-based leadership.

Our aspiration for this strategic priority is that local clinical leaders and consumers are empowered to develop a coordinated response to shared challenges.

Acknowledging our developmental stage, we will:

- support **GP Clusters** to grow and develop their role in place-based leadership

- increase the availability of **local data** and enable analysis and interpretation through GP Clusters and other local networks

- link with **existing local networks and agencies,** such as local councils, to better understand local strengths and needs as well as potential to co-design responses

- explore how to develop place-based **consumer leadership and other networks,** aligned with our GP Clusters

- contribute to relevant **local placed-based approaches** such as the Illawarra Shoalhaven Suicide Prevention Collaborative

- build local data into our **commissioning approaches** so that services are locally relevant and co-designed with providers and local consumers

- facilitate development of **localised models of care,** involving consumers, carers and health service providers and linking health services with social and community networks

- support **collaboration and cross-referral** at a local level between different types of providers, such as general practice, allied health, Aboriginal Medical Services

- investigate the development of **health care neighbourhoods,** initially trialling the approach in a small number of clusters