RESPONSE TO SUPPLEMENTARY QUESTIONS – DR MATT FISHER

Inquiry into a framework for performance reporting and driving wellbeing outcomes in NSW

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1. **How would you improve the performance indicators included in NSW Treasury's Consultation Paper, including to ensure:**
   a) **The right number of indicators are included to capture a holistic, integrated set of outcomes?**
   b) **Both lead and lag indicators are included, and that there is an appropriate balance between the two?**

Defining Lead and Lag indicators

Dyreborg (1) defines **lag** performance indicators as 'retrospective measures based on incidents that are determined as unwanted *outcomes'* while **lead** performance indicators are defined as 'prospective in nature and indicate the performance of the key *work processes*, culture and behaviour' (emphasis added). Lead indicators are also described as predictive (2) insofar as positive change in work processes are predicted to improve outcomes (i.e. increase desired outcomes and/or reduce unwanted outcomes).

Thus, in the context of the **Consultation Paper** and draft **NSW Performance and Wellbeing Framework** ('the Framework') I suggest that lag and lead indicators can be usefully defined as follows:

- **'Lag'** performance indicators are retrospective, quantitative measures of outcomes seen to be directly related to the intended 'ultimate' outcomes for wellbeing. I will refer to these as '**Outcome Indicators**'.
- **'Lead'** performance indicators are either:
  a) Quantified targets set for future performance based on an Outcome Indicator. I will refer to these as '**Target Indicators**'.
  b) Measures or assessments of public policy activities or processes seen to predict (i.e. contribute to) positive change in Outcome Indictors or Target Indicators. I will refer to these as '**Activity Indicators**'.

For example, if, within the Framework, government set a **goal** to improve population health outcomes:

- A salient lag **Outcome Indicator** could be a measure of prevalence rates of common chronic diseases.
- A salient lead **Activity Indicator** might be an increase in preventive health strategies to reduce risk factors for chronic disease.
- A lead **Target Indicator** might be to reduce smoking rates to 5% of the adult population.

As I read it, the draft Framework includes Outcome Indicators and some Activity Indicators, but no Target Indicators. Below, I will comment on the value or drawbacks of Target Indicators.

Setting indicators to 'capture a holistic, integrated set of outcomes'

The question of how to select an 'integrated' set of Outcome, Activity or Target Indicators, and the number of Indicators required for this purpose, cannot be resolved in the abstract. The challenge of 'integration' lies in selecting a set of indicators that will 'work together' to motivate effective actions *for wellbeing.* I propose this challenge can be tackled in the following ways.

Outcome Indicators: Outcome Indicators will best support effective, holistic action for wellbeing when they come as close as possible to being proxy measures of:

a) Intended outcomes for wellbeing itself, or…
b) Population exposure/access* to well-known social determinants of health and wellbeing (SDHW) (3, 4), or…
c) Inequalities in exposure/access* to SDHW between population groups

[* When harmful determinants are the focus, 'exposure' is the better term. When determinants supporting positive health/wellbeing are the focus, 'access' is the better term.]

In my original submission I proposed a number of possible Outcomes Indicators which together follow this approach. They included, for example:

- Prevalence of mental health disorders per 12-month period (a)
- Prevalence of psychological wellbeing (a)
- Prevalence of child exposure to abusive or neglectful conditions (b)
- Proportion of people reporting moderate to high levels of social connectedness (b)
- Inequalities in all/any of the above indicators by socioeconomic status, or between Indigenous and non-Indigenous populations, or by urban/regional/rural/remote location (c)

The Outcome Indicators proposed in my submission would, I believe, all fit readily under the Framework's eight Wellbeing Themes, including the Theme statements defining intended outcomes for wellbeing. Some of the Indicators proposed in the draft Framework are consistent with my proposed approach, others are not so.

A holistic and integrated set of Outcome Indicators will aim to combine indicators assessing access to positive (i.e. health/wellbeing promoting) determinants (to be increased over time) with indicators assessing exposure to harmful determinants such as rates of housing stress or exposure to discrimination (to be reduced).

I proposed 40 Outcome Indicators in my submission, plus related Indicators on Inequalities. I suggest that something around this number is sufficient for the Framework (if my proposed approach were adopted). Public agencies may want to (or be required to) set and report on additional, subsidiary indicators seen as especially relevant to making progress on the Framework's Outcome Indicators. However, I would propose that trying to predetermine these and include them in the Framework is unnecessary (agencies may monitor them anyway) and possibly counter-productive (by being too prescriptive or resulting in inclusion of too many indicators).

Activity Indicators: 'Integration' in policy for wellbeing is also a challenge for policy design, implementation and governance. As acknowledged in the Consultation Paper, different public agencies working on different Outcome Indicators without reference to a more holistic perspective is likely to fail the Framework's intent. The tendencies of 'siloed' government agencies to focus only on their own separate policy processes and indicators of 'success' are well known (5). This is where Activity Indicators have a crucial role to play, in four ways.

First, Activity Indicators can be used to set expectations for *systemic approaches* to wellbeing promotion. For example, well developed and tested systemic approaches such as 'Healthy and Sustainable Cities' (6) can be taken up and applied, demanding integrative approaches across policy areas such as housing, urban planning, and infrastructure. As I argued in my submission, place-based policy for 'Wellbeing communities' is another integrative approach, which already has some currency in public policy (7-9). In either a Healthy Cities or a Wellbeing Communities approach, multiple SDHW can be addressed in a holistic and integrated manner.

Second, Activity Indicators can be used to drive governance processes able to lead and mandate a whole-of-government approach to wellbeing under the Framework. Research on 'Health in All Policies' strategies in South Australia (10) showed that Department of Premier and Cabinet leadership and clear expectations on all agencies to participate supported successful implementation. Some integrative Activity Indicators which might be considered for the NSW Framework are as follows:

- Dept of Premier and Cabinet establishes mechanisms to oversee and monitor implementation of the Framework and mandate public agencies to participate.
- Government legislates to create a statutory health and wellbeing promotion authority (similar to VicHealth in Victoria)
- The Premier reports annually on wellbeing outcomes to the NSW Parliament (as per Closing the Gap Policy)

- Public agencies establish mechanisms to collaborate on synergistic approaches to wellbeing promotion applying concepts such Healthy and Sustainable Cities (6) or Wellbeing Communities (11).
- Public agencies establish mechanisms to collaborate on integrative approaches to positive parenting and early child development from conception to commencement of primary school.
- Public agencies collaborate with NSW Local Governments to implement place-based approaches to wellbeing promotion, including community engagement in decision making (9, 12).

(Some such activities may already be planned or already be in place to some extent.)

Third, individual public agencies may want to (or be required to) set Activity Indicators for their own internal wellbeing-related work but, again, I would suggest these are probably better left out of the Framework itself, or included only when seen as essential, to limit the number of Indicators.

Fourth, Activity Indicators could be used to operationalise and implement the commitment expressed in the Consultation Paper that 'Aboriginal voices are heard at the centre of government'.

Target Indicators: The Consultation Paper and draft Framework does not include Target Indicators as defined above. In my research on Closing the Gap policy, some stakeholders saw setting and reporting of targets to be useful, others felt they created unhelpful and inaccurate perceptions of policy failure, when not fully met (13). At this point, I would not recommend inclusion of Target Indicators.

In this above discussion, I have addressed the question of an 'appropriate balance' between lead and lag indicators by articulating views on the appropriate *roles* of Outcome and Activity Indicators.

2. How would you structure the indicators and/or metrics in a hierarchy to effectively measure wellbeing in NSW?

Program logic models are recognised as a useful way to translate theory and evidence on health or wellbeing goals into policy and practice (14). While a program logic approach does not necessarily structure indicators or metrics in a hierarchy of measurement, it does position them within a structured logic of implementation, where success can be evaluated at several stages 'across' the model (15).

Figure 1 below shows a basic form of Program Logic Model developed from the Consultation Paper and the discussion above. The roles of Outcome Indicators and Activity Indicators as shown.

(*See next page*)

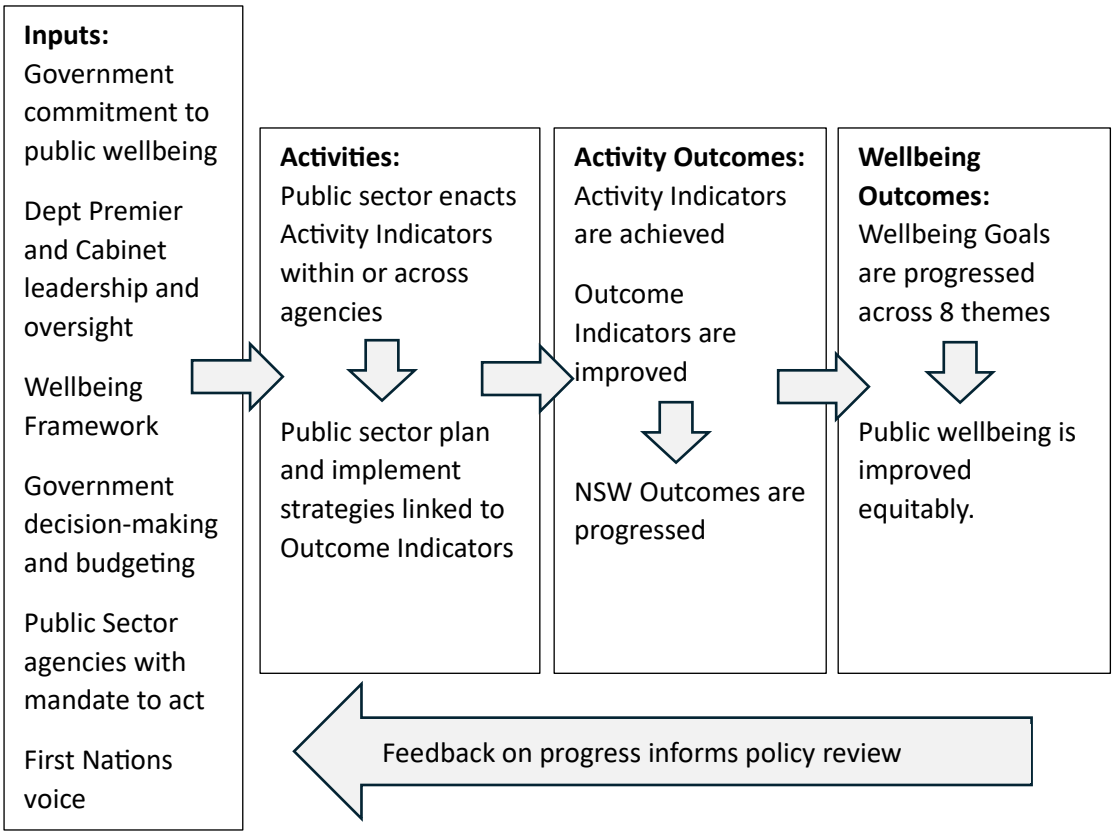

Figure 1: Program logic model of Performance and Wellbeing Framework implementation

3. **What should the NSW Government do to ensure that there is appropriate consultation and continuous feedback on the themes, indicators and outcomes in the Consultation Paper?**
   There are several ways in which the NSW Government might act to ensure consultation and continuous feedback on the themes, indicators and outcomes in the Consultation Paper.
   - Use the Framework as an opportunity to build public sector knowledge on wellbeing and determinants of wellbeing, through a 'learning communities' approach
   - Monitoring performance on Framework indicators and reviewing strategies or indicators accordingly
   - On-going consultation with public agencies about how well they understand and are able to implement their expected role/s within the Framework, or how the Framework affects their existing policies
   - Consultation with First Nations in NSW to support community-led approaches to wellbeing
   - Consultation with CALD groups, LGBTIQA+ groups, disability groups or others, to consider targeted approaches to wellbeing under the Framework themes
   - Commissioning qualitative research on aspects of the Framework not covered by quantitative indicators, such as community attitudes to the Framework, or examples of community-led good practice.

4. **Do you have any other feedback or comments on the Consultation Paper?**
   The Consultation Paper and the draft Framework establish a structure whereby goals for wellbeing itself – so to speak – are stated as **Wellbeing Themes**, and these goals are then restated and somewhat revised as **NSW Outcomes**. Proposed performance indicators appear to stem from and be attached to NSW Outcomes. In some cases, the 'move' from Wellbeing Themes to NSW Outcomes to performance indicators appears to result in a significant diminution of the Thematic wellbeing goals. Under the 'Healthy' theme, for example, whereas the Thematic goals speak about healthy lives and equitable access to healthcare, the NSW Outcomes reduce these to 'timely' care and behaviourist concepts which place the onus on individuals to make healthy choices rather than addressing SDHW. This may be 'convenient' to standard *modus operandi* of Health

bureaucracies and services, but it results in indicators weighted toward remedial healthcare services and includes only one actual measure of health outcomes (Indigenous children born with healthy birthweight). I think it likely that many of those indicators would be monitored anyway, with or without the proposed Framework.

The Consultation Paper reiterates the long-held assumption that measuring a range of wellbeing outcomes (and going beyond GDP) will likely result in government action on those matters, of its own accord. I don't see any evidence of this truism actually playing out in reality. The question of what determines policy action is more complex, and commonly changes in ideas (such as with the Framework) must be accompanied by changes in institutionalised practices and willingness to challenge the influence of political or commercial interests on policy, or indeed the perceived interests of public agencies and their 'stakeholder' groups.

One of the most significant challenges for public policy for wellbeing is to shift policy action and resources somewhat away from remedial measures addressing various societal, family or individual symptoms of psychological distress or ill-health *after* they have occurred. Such remedial responses consume huge public resources in medical care, social services, policing, child protection, and justice and corrections policy, just to name a few. While these policies will continue in some form, the onus must fall on the Framework to look for and include planned Outcomes or Indicators for strategies serving to *prevent* harms and *promote* positive wellbeing. The current draft Framework does not always do this successfully. For example, under the 'Secure' theme and indicators related to criminal justice, it would be reasonable to include an Activity Indicator to increase delivery of Justice Reinvestment programs, which have potential to *prevent* incarceration or recidivism among young people (16); and yet these are not mentioned.

5. What indicators would you recommend using to measure how active a community is?

I referred to 'active communities' in my appearance before the Committee. However, in general, I believe the term '**Wellbeing Communities'** is more appropriate (11). Wellbeing Communities will be active communities *for wellbeing.*

There are some indicators which may be disaggregated by local government area or statistical local area (SLA), to provide a rough sense of the extent to which factors relevant to wellbeing are present or absent in those areas. These could include data on social connectedness, rates of volunteering, engagement in sporting activities, or engagement in land-care activities.

However, properly evaluating Wellbeing Communities will require a more localised approach looking at specific communities – defined by locality or identity – using both quantitative and qualitative methods. The most appropriate strategies to promote wellbeing may vary from one community to another. However, in terms of geographically defined communities – villages, towns, regional cities, suburban regions within major cities – the factors that I would be looking for to indicate community wellbeing (9, 11, 12) would include:

- Community members identify with and value their community
- Local government is actively focused on wellbeing promotion
- Community members have:
  - Access to forums for participation in local decision making
  - Access to education for life-long learning
  - Access to affordable comprehensive primary health care
  - Access to community facilities including quality green space
- Community members (possibly with support from local schools, healthcare providers or other services) are engaged in resourced wellbeing strategies in areas such as:
  - Parenting support and early child development
  - Care for and connection with nature
  - Access to healthy foods
  - Social connectedness and mutual support

- Sustaining local economies and small business
- Youth training, employment and transition from school to work
- Cultural or arts related events
- Healthy behaviours: physical exercise, reduced alcohol consumption

I would note the potential of some strategies to address multiple factors relevant to wellbeing. For example, a community garden can address early child development, connection with nature, healthy foods, local economies, and physical exercise. Many communities may already be taking action in one or several of the areas list above and the appropriate policy approach would be to recognise and support such initiatives.

Regards,

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Personal Website

Research profile

Forthcoming book

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