

WA Local Government Public Health Planning



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A series of case studies from WA Local
Governments

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Western Australian Local Government Public Health Planning Case Studies

A number of Western Australian local governments have developed Public Health Plans prior to the proclamation of the Public Health Bill. These innovative Councils are showcased in this document.

Being a novel, and somewhat unfamiliar planning process at the local government level, many different models have been used to develop these Plans. In general, all of the Councils were guided by the existing resource titled “Public Health Planning- A guide for WA Local Governments”¹, yet many have integrated locally acceptable planning strategies to ensure their Plan meets community and stakeholder needs.

One aim of this project was to work with the participating Councils to test the general framework for public health planning to see if it was applicable to a variety of Councils across WA. This project has proven that the guidelines are applicable to many local government settings.

When developing these case studies, the majority of Public Health Plans were yet to be completed. To cater for this yet still provide descriptive planning processes, this report has attempted to describe strategies implemented by a number of WA local governments under each of the proposed clauses in the current Public Health Bill that relate to Public Health Planning. It is anticipated that this report will enable other local governments to consider how best to prepare their Public Health Plan by learning from, and building on past achievements.

The Councils that are showcased in this report include:

- City of Perth
- City of Vincent
- Shire of Kalamunda
- City of Mandurah
- Shire of Manjimup
- City of Greater Geraldton

¹ Stoneham M, Robinson M & Daube M (2010) Public health planning – a guide for WA local governments. Available at www.phaiwa.org.au

1.0 An Overview of Public Health Planning

Public Health Plans (PHP) are auspiced by local governments and are determined by local public health needs, and directed at achieving local public health outcomes.

Public health planning is a comprehensive process that addresses broad determinants of health and wellbeing. The integration of environmental and social factors that affect health and wellbeing, such as access to education, employment status, age, gender and heredity factors all need to be considered. Public Health Plans should therefore aim to promote equality of opportunity for all members of the community, regardless of gender, age, race, cultural background, ability or location.

The Public Health Bill in WA has acknowledged local government as an important level of governments and in the objectives discusses the need to form formal partnerships with local governments to achieve public health outcomes at the community level. Local governments are well positioned to promote community health and wellbeing across their jurisdiction and the recognition of this leadership role is well overdue.

In broad terms, the Public Health Bill in WA has been developed to:

- Provide autonomy to local government;
- Allow risk based strategies to be adopted;
- Broaden the scope of the definition of public health;
- Set broad principles and objectives;
- Reduce the number of plans in local government;
- Reduce reporting and auditing of Local Government by the Department of Health;
- Address local risks, and
- Establish relationships with Public Health Units and other partners such as NGOs.

The Bill states that a Public Health Plan must be part of the overall strategic and corporate planning and reporting framework, and may be prepared in conjunction with a Plan for the Future of the local government district prepared under the *Local Government Act 1995*. In addition, it must be consistent with the State Public Health Plan; however this Plan is yet to be developed.

Specifically, the Bill states:

A local public health plan is to —

- 1) *identify the public health needs*
- 2) *include examination of data relating to health status and health determinants*
- 3) *establish objectives and policy priorities for —*
 - a) *the promotion and protection of public health; and*
 - b) *the development and delivery of public health services;*

- 4) identify how, based on available evidence the objectives and policy priorities are proposed to be achieved; and describe how the local government proposes to work with the CEO and other bodies undertaking public health initiatives, projects and programs to achieve the objectives and policy priorities;
- 5) a strategic framework for the identification, evaluation and management of public health risks and any other matters relating to public health risks
 - a) that the LG considers it appropriate to include in the plan; or
 - b) that are required to be included in the plan by the CEO, a public health policy or the regulations; and
- 6) include a report, in accordance with any relevant public health policy, on the performance by the local government of its functions under this Act.

Following this description of the process, the model as shown in Figure 1 was developed to guide local governments in preparing their Public Health Plans.

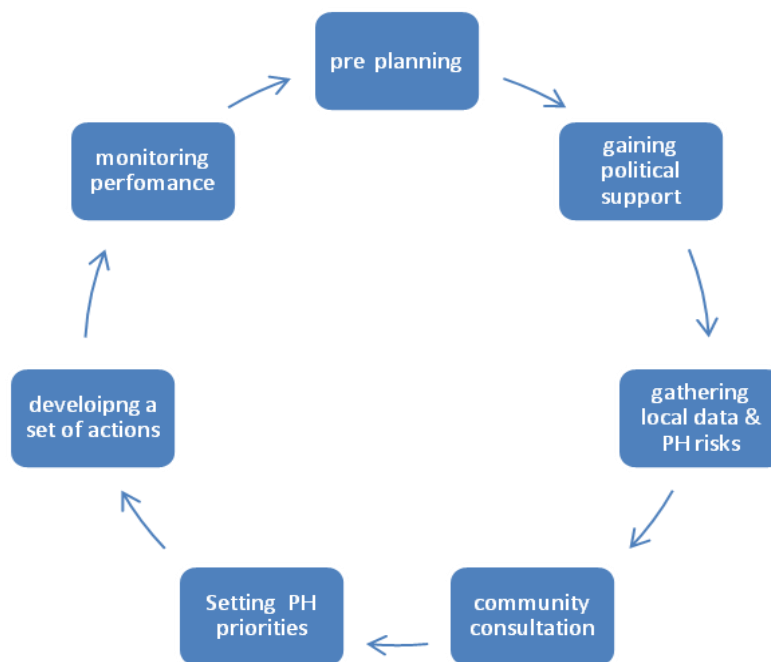


Figure 1 – Public health planning process

2.0 Where to Start?

“The greatest amount of wasted time is the time not getting started.”

Dawson Trotman

Often knowing where to start or how to get started on a Public Health Plan is a significant challenge. It generally starts with a local government champion – someone who either is committed to making a difference to their local community, or more commonly, an Officer who feels strongly that the role of Public Health Planning sits within their current duties.

All of the Councils in this report had a local champion. Their role was to foster support for the Plan and to actually get the project started. There is considerable evidence from multiple disciplines pointing to the importance of champions for moving new innovations through the phases of initiation, development, and implementation (Howell & Shea, 2006; Markham & Griffin, 1998; Van de Ven, Polley et al., 1999; Dougherty & Hardy 1996).

At the **City of Perth**, the champion was the Principal Environmental Health Officer (PEHO), whose strategic outlook included the development of community health strategies within their current role.

Very little persuasion was needed to start the process with the City of Perth. One of the reasons for this was the development of an Environmental Health Priority Plan, five years prior, that included for the first time, strategies to address issues such as physical inactivity and unhealthy foods. In addition, grant money to develop a Physical Activity Plan (received from the Premier's Physical Activity Taskforce) instigated a broader agenda within the Council and resulted in:

- A full time Physical Activity Officer (whose role has now changed to reflect broader public health and prevention issues);
- Physical Activity Plan 2008-2011; Physical Activity Plan 2011-2014;
- An independence evaluation of the Physical Activity Plan 2008-2011;
- The initiation of the Public Health Plan.

The successful development, implementation and adoption of all of these plans and projects were instrumental in ensuring the political environment within the City was conducive to the development of a Public Health Plan.

It is acknowledged that the City of Perth is a well-resourced Council and this foundation cannot be replicated, nor is it feasible, in all WA Councils.

At **Manjimup**, the initial champion was the Environmental Health Officer, who attended a professional development opportunity focusing on Public Health Planning and was inspired to commence the process. Following a number of conversations, a formal presentation to the Elected Members by an external agency², was organised. At this meeting, the Council passed a motion to commence the process of developing the Shire's Public Health Plan.

Having a supportive colleague such as the Director of Community Services was a success factor, as was the internal advocacy for the development of a Public Health Plan prior to the formal Council presentation. These two Officers are now co-champions for the Public Health Plan.

² Melissa Stoneham from PHAIWA presented to the Council. There was no charge for this activity.

As often is the case, the Council was concerned about the funds needed to develop a Public Health Plan. One potential option available to Councils is the Healthy Local Government Grants offered by Healthway, which can allocate up to \$50 000 over a 2 year period. Manjimup decided to pursue this option.

This process of gaining political commitment to pursue the development of a Public Health Plan, prior to the commencement of the process is considered a critical success factor.

In **Geraldton**, the champion was once again the PEHO. A number of projects occurring in the Geraldton region predated the preparation of the Public Health Plan. These focused on prevention and extended the traditional role of the EHOs. The PEHO's public health planning experience originated from working in the Northern Territory Health Services where environmental health is set within the population health model. This is especially true when referring to service provision in remote places such as Alice Springs and Tenant Creek and vast land masses where the focus was contemporary surveillance of roadhouses and resorts as well as addressing environmental health issues in Aboriginal communities. In this framework the PEHO was also exposed to and worked with health professionals on community health, health promotion, family and children services, and nutrition. Since return from working in South-east Asia, the PEHO has used the combination of team planning approaches performed by NT Health Services and the implementation plan template suggested by enHealth Council, with the thinking that local government strategies should flow from the national environmental health Strategy.

The City first employed a Health Promotion Officer in lieu of an EHO in 2009. This new position role helped to develop the City's Physical Activity and Healthy Eating Plan and together with the new Environmental Sustainability program and other healthy behaviour programs. Since 2004, and largely due to this change in focus, the **City of Greater Geraldton** has been successful in receiving environmental health capacity building and service delivery funding to deliver programs to local and remote Aboriginal communities.

The culmination of these shifts enabled the Officers to develop a positive argument to continue on with this broader approach and develop a Public Health Plan. The activities occurring in Geraldton included:

- Ratification of a City of Greater Geraldton Physical Activity and Healthy Eating Plan;
- Integration of Sustainability into the Environmental Health Directorate;
- Establishing the Towards Sustainability Framework Policy which includes social, cultural, environmental, governance functional health outcomes;
- Development of the Integrated Community Plan for the City, and
- Development and funding of a Commonwealth Healthy Communities Initiative project.

Occurring simultaneously was the reorientation of the PEHO to fully embrace these broader roles and the acknowledgement that health and wellbeing were influenced by the environments in which people live and work. This resulted from a personal commitment to change but also from an acknowledgement that for environmental health to grow and thrive, a cultural shift in that Department and the broader Council was required. Many of the staff members were participating in compliance only roles and were presented with few opportunities to provide meaningful contributions to setting goals and priorities (apart from six to 12 month team plan reviews and ongoing performance reviews). As a result, there was no organisational leverage and it was clear something needed to change.

In addition, the Geraldton PEHO was a strong advocate for the Public Health Bill, which was another success factor.

In **Kalamunda**, the development the Shire's Health Promotion Strategy increased awareness of the need to develop a comprehensive Public Health Plan. The responsibility for developing this Plan rested with the Health Services and had been identified as a required action in our annual business plan since 2011/2012. The consultation to inform the Public Health plan was funded as one component of the Commonwealth Government's Healthy Communities Initiative in the "policy development" category and was offered to the Health Services to follow through.

The **City of Mandurah** has had a Public Health Plan for a number of years. The impetus for this Plan came from the PEHO who negotiated with the local Public Health Unit who then provided a small amount of funding to have some of their staff compile some health data undertake interviews with key sections of the City.

3.0 Gaining Political Commitment

Each Council undertook processes to gain political commitment. The majority of Councils gained this political commitment prior to commencing the process of planning. If the Public Health Plan is not accepted and backed by local politicians and management, there is a risk that the completed Plan will sit on a shelf and never be implemented. Political commitment should be seen as a driving force that stimulates the management cycle, making it critical to have at the very beginning of the process, when the idea of implementation is in its infancy.

Involving Elected Members and senior staff in the concept phase of Public Health Planning is a strength, and these participatory approaches have shown to generate political commitment, build ownership and create champions, ensuring that the issues raised are considered from multiple perspectives (WHO, 2011).

Some examples of how this commitment was gained are showcased below.

Shire of Manjimup – A formal presentation on the process and benefits of Public Health Planning was provided to the Council by an external agent. This consolidated the political commitment and also indirectly informed and involved the key decision-makers in the Shire. The outcome was a motion to commence the planning process immediately following the presentation.

City of Vincent – Formal approval from the Council through the Council meeting processes sought and gained prior to the City advertising the contract to develop the Plan.

4.0 Looking at the Policy Fit

Public Health Plans need to align with local political priorities and commitments. The role of a Public Health Plan is often to inform other planning processes effectively and prevent duplication of planning efforts at a local level.

Aligning with state and national policies is another important area for review. Such alignment helps to bring a consistent approach to common issues such as priority environmental and public health issues and can lead to higher level political commitment and in some cases, joint funding arrangements. It also assists local government to identify and address areas of overlap, duplication or missed opportunities.

To ensure this policy fit, a number of the local governments conducted a compatibility policy appraisal.

The **City of Vincent** started this process by confirming their local demographic statistics (2011 Census survey data) to reconfirm the vulnerable groups, plot changes in age brackets and identify priority suburbs.

The next step was to review existing policies to identify links between existing policies and the proposed Public Health Plan. This strategy ensured there was a line of sight between operational and strategic public health issues from a whole of local government context.

The types of linkages identified included:

- Alignment with the City of Vincent Strategic Plan for the Future 2011-2021;
- City of Vincent Policy 3.8.9 – Healthy Vincent;
- City of Vincent Alcohol Management Plan 2010-2015;
- City of Vincent Policy 3.8.11 – Shade and Sunsmart;
- City of Vincent Noise Management Strategy 2010-2013;
- Physical Activity Strategic Plan 2009-2013, and
- Safer Vincent Community Safety and Crime Prevention Plan 2011-2014.

The **City of Greater Geraldton** had previously conducted a policy analysis for the development of their Physical Activity and Healthy Eating Plan. One component of this

analysis was the identification of “*priority suburbs*” based on ABS Census data. The criteria for selection of priority suburbs included:

- Income;
- Cultural and ethnic background;
- Age (focus on vulnerability), and
- Employment status.

This data informed process enabled the Council to make informed decisions about where best to target specific public health strategies, and was one of the sources of evidence used to inform the Public Health Planning process.

In addition, the policy analysis investigated how the Public Health Plan would fit with the Sustainable Future City project and identified links with the enHealth Strategy, the COAG Healthy Communities Initiative and the Australian National Preventive Health Agency priorities were identified.

The **City of Greater Geraldton’s** Public Health Planning process was to be integrated into the Community Strategic Plan as mandated by the Local Government Department’s Integrated Planning Framework. To facilitate this, the draft Community Strategic Plan 2011 – 2021 which integrated the Plan for the Future document adopted by the former City of Geraldton-Greenough and Shire of Mullewa Councils was reviewed to identify potential integration strategies.

The **City of Perth’s** Public Health Plan was always intended to focus on how best to consolidate and coordinate existing services that influence health and wellbeing of residents, visitors and inner city workers. As the capital city, the City of Perth is well-resourced and deals with a diverse range of non-legislated issues impacting on human health. Examples of issues currently dealt with by the City that are not compliance based include addressing homelessness and improving physical activity opportunities.

The policy analysis for the City of Perth was therefore a critical step to ensure existing services that influenced all elements of health and wellbeing were identified.

5.0 Gathering Local Data and Risks

Gathering local data is a significant challenge for WA local governments.

In Victoria, VicHealth has invested in the development of LGA Profiles for each of their 79 Councils to specifically assist local government in developing their Municipal Public Health and Wellbeing Plans. These profiles provide a snapshot of wellbeing indicators for each local government area in Victoria. All indicators are taken from the VicHealth Indicators Survey 2011.

As WA does not have a comprehensive Indicator Survey, local governments must look elsewhere for comprehensive datasets. Four drivers to successfully locating data include:

- the capability of local people to gather data in rigorous, consistent ways;
- national, state and regional engagement with local people;
- the knowledge that local people have of their local areas; and
- access to databases held by various agencies (Wild River, undated).

The collation of local data to inform the Public Health Plans varied in each local government. In **Geraldton, Vincent and Kalamunda**, an existing local government health profile had been prepared to accompany these Council's Healthy Community Initiative funding submissions. This profile was developed by the WA Health Department and based on the WA Health and Wellbeing Surveillance System. They outlined data relating to:

- self-reported risk factors, and
- leading causes of mortality and morbidity.

Although a good start, these data were insufficient to inform the planning process and needed to be supplemented with additional local data.

The **Shire of Manjimup** which is located within the South West Region (WACHS), had access to the South West Health Profile (available at http://www.wacountry.health.wa.gov.au/fileadmin/sections/publications/South_West_Health_Care_Profile_FINAL_27_April_2012.pdf). This document included a variety of information relevant to that region of WA. However, even this Health Profile, which is a very useful planning resource, was unable to identify specific issues relating to the Manjimup community, as the data lens did not go down to the local government level. As a result, only statements about the South West Region were able to inform the development of the Public Health Plan.

All Councils accessed ABS statistics to provide basic demographic and socio-economic data for their local communities. The ABS QuickStats website was used in all cases to allow local government specific data to be accessed. At all Councils, comparisons with state averages were included to highlight specific areas of need. For example, in **Geraldton**, it was identified that this Council had higher than the national average for people who identified as being Aboriginal or Torres Strait Islanders.

Another source of data was the Australian Health Survey which was released in late 2012. This survey provided information on risk factors such as obesity and overweight, smoking and physical activity rates. Soon after the release of the national data, the PHAIWA

developed a fact sheet on the WA trends. These types of resources are extremely beneficial in identifying state-wide risks³.

Identifying the critical issues and challenges facing local government in undertaking their public health regulatory activities as well as documenting emerging risks is critical to the process of developing a Public Health Plan. The identification, assessment and control of public health risks are an important informing strategy for the successful development of Public Health Plan. Some risks may have been identified when you reviewed the local data.

The identification of environmental health risks is discussed in Section 7, many can be identified through the local implementation of public health legislation, which were largely introduced in response to significant public health crisis and have evolved over time as responses to emerging public health risks have been required.

6.0 Community Consultation

Effective consultation is a key part of engaging communities in local decision-making processes and in improving governance standards in the local government sector.

For Public Health Plans, consultation can inform which issues are included in the Plan as they reflect community priorities.

For all but one Council, the consultation was a time consuming and resource intensive process. The one Council that did not invest in community consultation during the development of the Public Health Plan was the **Shire of Manjimup**. The primary reason the consultation did not occur was in recognition of a considerable amount of consultation that had occurred within the Shire within the previous 12-18 months. Manjimup is one of nine "SuperTowns" chosen by the State Government that will offer more choices for people wanting to live in regional areas and provide an attractive alternative to living in the metropolitan area. Manjimup will have access to additional funding to help it take advantage of the opportunities created by the predicted doubling of WA's population. The Shire of Manjimup established a local SuperTown Project Team, based in Manjimup and comprised of a range of Shire staff and external stakeholders. An important part of the SuperTowns initiative was to ensure that the community was actively involved with the development of making Manjimup a SuperTown. Since the announcement of SuperTowns a large community engagement process has been undertaken. Engagement has included a wide range of opportunities for the community and stakeholders to provide input into the planning process of the SuperTown Growth Plan and informing the development of the Business Cases. Due to this extensive process and the ability to access relevant components

³ This fact sheet for WA is available at <http://www.phaiwa.org.au/latest-news/398-2011-health-survey-what-does-it-mean-for-wa>

of the consultation process that related to broad health and wellbeing issues, no additional consultation was deemed necessary.

The **City of Perth** and **City of Vincent** undertook their own community consultation processes. One of the advantages of consulting is the ability to tailor the consultation tools and questions to meet the needs of the Council. For example, the **City of Perth** targeted inner city workers and residents. This related to the fact that almost 125 000 workers travel to the City each work day. The resident population of the City is quite modest with only approximately 18 400 people.

The **City of Vincent** targeted residents but included some specific questions relating to the confidence of parents to supervise their children's play patterns and included a ranked scale to indicate their satisfaction levels with certain Council services.

Both Councils developed an online survey tool which included questions relating to:

- individual demographics and place of residence;
- a range of self-reported health behaviours;
- health and wellbeing priorities for the Council, and
- ideas for future activities or strategies.

Wherever possible, validated questions were integrated in the survey. This allowed comparability with state and national statistics. The majority of the questionnaire was closed questions to ensure ease of analysis however a number of open questions were included.

A range of online databases were identified and residents were forwarded an invitation to complete and a link to the online survey.

The **City of Perth** decided to specifically disseminate a hard copy of the survey to residents and contacted Australia Post to complete this task.

Both Councils offered incentives to complete and varied from a fresh fruit hamper, 12 months membership at the local Recreation Centre and vouchers for a major Department Store.

Response rates varied between Councils and were dependant on the robustness of online databases and the ability of the Council to promote the survey to residents. The survey was included on both Councils websites. The decision to post surveys to residents in the City of Perth increased the response rate considerably.

The **Shire of Kalamunda** opted for a similar process, however the online survey was supplemented with local discussion groups. An early analysis of the online responses from

the Shire residents identified that there was an over-representation of older people. To counter this, a range of discussion groups were held with:

- Young mothers group;
- Local parents, and
- Members of the Scouts (under 18 years).

In addition to this community consultation, the Shire also surveyed the Elected Members and organised a face to face interview with the Directors.

Another online survey was developed to assess the staff's perceptions of the local health and wellbeing issues. This survey which was completed by 30 staff members from all Directorates, ensured that local public and environmental health issues which are dealt with on a day to day basis were identified and included as evidence on which to base the Plan.

All Councils that undertook community consultation also interviewed a range of external partners to assess their ideas on the local health priorities. These external agencies varied depending on local needs and services however in all cases the following organisations were contacted:

- Local Public Health Unit;
- WALGA;
- Heart Foundation;
- Diabetes WA, and
- Cancer Council WA.

The **City of Greater Geraldton** took a different approach to consultation and decided to focus specifically on stakeholders, as a conduit to local community members. A key reason for targeting stakeholders, was that the development of the 2011-2021 Community Strategic Plan involved extensive and relatively recent community engagement processes. All consultation data was reviewed, along with the community data collected when developing the Physical Activity and Healthy Eating Plan and key trends identified.

This process of involving key stakeholders from both within and external to the Council identified and accessed a broad range of existing community groups and NGOs within the Geraldton region and initially surveyed them to identify:

- key services provided to maintain or improve the community's health and wellbeing;
- perceived priority ranking for a list of existing environmental and public health work conducted by the Council as outlined in their current Business Plan;
- key health issues or concerns within the City of Greater Geraldton, and
- priority ranking for a list of future or proposed environmental and public health work the Council could undertake to improve health and wellbeing.

Following analysis of the survey, a workshop was organised and used the survey results as the platform on which to commence open discussion amongst the stakeholders at the workshop.

The survey asked questions about the perceived value of existing public and environmental health activities conducted at the City and also asked respondents to identify areas for future consideration. Background reading included a précis of previous community consultation conducted during the development of the Healthy Eating and Physical Activity Plan and the Community Strategic Plan was included together with a list of priority suburbs.

The workshop ran for half a day and was attended by over 25 stakeholders. A list of potential public health and wellbeing actions and linkages were outcomes from the workshop.

In all cases, all the consultation data was gathered, analysed and documented in a report to Council. The format of reports varied however, in all cases, the reports identified the alignments and differences in opinion amongst the different groups consulted. An example of this is illustrated as Table 2.

Issue	Identified by community	Identified by staff	Identified by Elected Members	Identified by stakeholders
Issue A	✓		✓	✓
Issue B	✓	✓		
Issue C	✓			✓

Table 2 – Example of consultation alignment in final report to Councils

7.0 Identification of local Public Health and Environmental Health Risks

Prior to establishing the public health priorities to be included in a Public Health Plan, it is important to identify the local environmental health and public health risks for individual communities. The Public Health Bill states this specifically and states that such a Plan should include:

“a strategic framework for the identification, evaluation and management of public health risks and any other matters relating to public health risks

- a) that the LG considers it appropriate to include in the plan; or*
- b) that are required to be included in the plan by the CEO, a public health policy or the regulations.*

Although the consultation will identify community and stakeholder based needs, it is critical to analyse local risks from a Council perspective. This enables local governments to

internally align the risks they often deal with on a daily or regular basis with available resources and with current and future organisational priorities.

Although risk assessment is a task that is conducted on a regular basis as part of the many environmental health duties, a number of practitioners expressed concern about the best way to identify public health risks in a more strategic manner and as a means of evidence for the planning process. A fact sheet on how to identify public health risks was developed to guide a number of local governments during this stage of the Plan development.

The identification of some environmental health risks can be identified through the local implementation of public health legislation, which were largely introduced in response to significant public health crisis and have evolved over time as responses to emerging public health risks have been required. Yet these compliance based risks need to be supplemented with other perspectives.

The **Shire of Kalamunda** and the **City of Vincent** developed a short online survey for all local government staff to complete to ascertain their perceived public health risks. These data were used as one component of identifying risks and supplemented evidence from local statistics, the analysis of internal policies, the review of statewide priorities and the perceived needs and priorities of the community. These short surveys included questions relating to:

- ranking of public health risks as perceived by the individual Officer from a pre-determined list of risks relevant to the local government area;
- what informed the ranking of risks, and
- selecting strategies on how the local government could develop neighbourhoods and environments that promote health.

The pre-determined list of risks was generated through discussions with the local PEHO and their staff, local data and state public health priorities.

In Kalamunda, 67 staff members completed the survey with 30 completing at Vincent. These types of short online surveys are useful for obtaining ideas from a wide range of Council officers who deal with community members and stakeholders on a broad range of issues that affect health. The **Shire of Kalamunda** offered an incentive prize for a random staff member who completed the survey.

A report with key findings was produced to provide another piece of evidence to inform the Public Health Planning process.

In **Vincent**, a similar rapid needs assessment was conducted to identify the local public health risks was facilitated. This involved talking with key stakeholders and a detailed

interview with the PEHO. A brief review of literature and data was then undertaken to support the top four identified risks.

In the **City of Perth**, the risk identification process commenced with a review of the complaint register, as one informing strategy to inform the identification of local public risks. Many risks had also previously been identified and flagged when the local health data was reviewed. The **City of Perth** then proceeded to develop a risk matrix. This matrix was formulated on an excel spreadsheet and covered 4 priority areas, which were informed by the community consultation and the policy analysis. These included:

- environment and health;
- healthy lifestyle;
- social health, and
- emergency management.

Each category was then further broken down into core functions. For example the environment and health area included the core functions of:

- Food safety
- Disease prevention
 - hairdressers and kin penetration
 - infectious diseases investigations
 - pest control
- Built environment
 - public building management
 - public events management
- Noise
- Water quality
 - sampling
- Waste management
- Air quality
- Contaminated land

In other categories, less compliance related or more discretionary issues were covered such as homelessness, social connectedness and physical activity.

A set of criteria/questions was developed to complete the identification of the risks and included:

- Is it of significant public health importance?
- What is the local magnitude of risk?
- What is the likelihood that the City can influence change?
- Is the issue locally relevant?

- Is the issue already being addressed in the community?
- Is the issue being addressed at National/State level?
- Does it require immediate or long term action?
- Issue within organisational context?
- Does the issue have the ability to fit into the overall direction of the City?
- If left unattended, will the issue go away?
- Can the issue be addressed within the timeframe of the Plan?
- Who is the responsible Unit?

Sources of evidence were identified and information and/data added alongside each issue. These assisted in answering the above questions in a more robust manner. For example, in the category of environment and health the following sources of evidence informed the risk matrix:

- Existing records - complaints data/investigations
- 2012/13 EH Business Plan
- Data from community consultation
- Resource allocation within EH - core duties of Officers
- Legislative requirement
- Responsibilities of reporting to DOH and DEC
- Issues identified during the community consultation

Where possible, a simple 'yes' or 'no' was inserted into the excel table in answer to the above questions. It was simply a matter of adding up the number of positive responses to them provide an idea of the magnitude of each public health risk within the City of Perth.

Although time consuming this process was sound and based on evidence and proved extremely useful in many others areas of Council planning. The risk matrix was critical in completing the next phase of Public Health Planning which is the identification of public health priorities.

The **City of Greater Geraldton** asked for stakeholders to identify what they through the public health risks were during the workshop process. In addition, the City used the Public Health Priorities for WA Local Governments Report⁴ to further inform local and regional public health priorities.

8.0 Identifying Public Health Priorities for the Plan

At the time of developing this case study document, only three Councils had managed to get to the point of identifying their public health priorities for the Plan.

⁴ PHAIWA (2012). *Public health priorities for WA local governments*. Available at www.phaiwa.org.au

In both the **City of Greater Geraldton** and the **City of Perth's** cases, the identification of the public health priorities was achieved simply by analysing all data that had previously been collected including:

- Local, regional and national health statistics;
- Organisational priorities;
- Community priorities;
- Stakeholder priorities;
- Local government officer priorities, and
- Public health risks.

Once identified, the **City of Perth** discussed the priority list and the rationale for each selection with the internal working group which included representatives from a number of Council departments. The **City of Perth** then developed a set of strategies and actions under each priority and identified the key Council Units responsible for implementation.

The **City of Greater Geraldton** used all data collected from the planning strategies undertaken to identify their priorities. This identification process was driven by their key stakeholders rather than from within the Council. It involved developing a matrix of priorities identified from:

- The community;
- Analysis of the stakeholders online survey, and
- State health and wellbeing data.

A number of givens were included. A given was defined as a non-discretionary task (i.e. required by legislation) or an issue that was identified as being mission critical to the City. For Geraldton these issues included:

- Food safety/security;
- Safe buildings;
- Potable and safe water;
- Public health pests;
- Noise, and
- Health Impact Assessment.

These givens were clearly communicated to the stakeholders and the evidence for their inclusion was presented. Discussion was then able to flow freely about which discretionary issues should be included in the Public Health Plan.

The matrix identified the issues that had been identified as priorities by both the community and the stakeholders. These included:

- Indigenous health;

- Smoke free areas;
- Alcohol and drugs, and
- Education on and promotion of healthy eating and being active.

A reasonable amount of discussion about these issues occurred amongst the stakeholders however much it revolved around the scope of the issue rather than whether it should be a priority. The stakeholders agreed these issues should be included in the planning process.

The remaining issues included those which had been identified as a priority by only one source (i.e. the community OR the stakeholders OR the data). The remainder of the workshop then focused around these issues. A consensus priority strategy was used to reduce the number of remaining issues to be addressed to a manageable number. Once agreed, small groups spent some time identifying strategies on how best to address these issues, as well as identifying aligning priorities with external organisations and opportunities for resource sharing.

Following the workshop, the **City of Greater Geraldton** staff reviewed the workshop processes and issues.

The **City of Mandurah** convened a workshop to identify the priorities for the Plan. As with the other Councils, all key data collected and trends identified were presented to the group. Invitees included local Department Heads and key Officers, NGOs and local service providers. The workshop was opened by the Mayor.

A set of criteria to inform the decision making process was developed and included:

- Using a common and shared framework;
- Planning comprehensive approaches;
- Planning combined strategies;
- Ensuring a balance of short and long term wins;
- Planning a mix of community wide and targeted approaches;
- Developing place based strategies, and
- Ensuring the City of Mandurah leads by example.

The point of difference with the City of Mandurah's Plan was that for an issue to become a priority, a minimum of three Council Departments had to commit to implementing the actions under that issue. This strategy reinforced that the Public Health Plan was a whole of Council plan and although championed by the Principal Environmental Health Officer, was not his Directorates sole role to implement.

The four priority areas identified within the **City of Mandurah's** Health and wellbeing Plan were:

- Physical activity and healthy eating
- Reducing alcohol related harm
- Shade creation and the prevention of skin cancer; and
- Reducing tobacco related harm.

9.0 Developing the Actions

At the time of development of this report, the **City of Mandurah** was the only Council that has developed the action steps within the Plan. Each priority area had a dedicated action plan that included the following headings:

- We know that.....(i.e. rationale)
- What we will do over the next XX years.....
- Champion Business Unit
- Key partners
- Goal
- Objectives
- Strategies
- Implementation Champions (i.e. minimum of 3 Business Units)
- Measures

Importantly, the Plan recognised the partners who were to be involved in each of the health themes that were to be actioned.

Although the **City of Perth** has drafted actions, they were currently being circulated to the Working Group for comment in the form of a draft Plan at time of writing this report.

10.0 Conclusion

Public health planning in the local government sector is a relatively new field in Western Australia. However, even without a legislative mandate and few guidelines, the local governments featured in this resource have proven that there are many and diverse ways to address and tackle the public health risks and issues within their own communities. Additionally these case studies have demonstrated the benefits of developing partnerships both internally and externally to the local government support the planning process and provide additional expertise.

However, there remain ongoing and crucial aspects of the public health planning processes that need to be addressed. The case studies indicate that, although the local governments are equipped to address a cross-cutting public health planning agenda, a lack of funding and limited staff resources have affected the depth and breadth of public health plans developed across

Western Australia. Additional direct funding, professional development and staff resources are needed to continue to accomplish the mission and objectives of the *Public Health Bill* and to lead expanded efforts in Public Health Planning across the state.

11.0 Frequently asked questions

How long does it take to develop a Public Health Plan?

In general terms, if done in a comprehensive manner, the process takes around 12 months.

What level of budget needs to be allocated to developing a Public Health Plan?

There is no one answer for this question. Some local governments have been able to integrate the development of a Public Health Plan within their existing workload. However, as many aspects of the planning process are complex, a level of experience is required. In some cases, local governments will buy in this expertise. This generally focuses on the consultation, strategy development and evaluation components.

Some of the local governments featured in this case study document had budgets ranging from \$8 500 through to \$33 000.

Is health a personal responsibility?

While many people may hold this view about the role of the individual for their own health, it is a narrow and simplistic. There is a huge body of literature on the social determinants of health, encompassing the effects of the physical, social and cultural environment. To hold people responsible they must have true choice and control. The degree to which an individual makes a true choice about their health is influenced by their gender, culture, socioeconomic status, education level, peer group and cultural identity, in addition to being bombarded by manipulative and exploitative advertising.

Why is Public Health planning a role for local government?

Local government has a long and proud history of promoting and protecting the public's health. Being democratically accountable, local governments are stewards of their local populations' wellbeing and understand the importance of "place" in promoting wellbeing. In other words, the environment within which people live, work and play, the housing they live in, the green spaces around them, and their opportunities for work and leisure, are all crucial to their health and wellbeing.

As local government holds many of the levers for promoting wellbeing it does makes sense to give greater responsibility and power to shape the locality in a healthy direction. The *Public Health Bill* allows for this greater power.

With regular contact with ratepayers, local businesses and stakeholders, a fully integrated public health plan in local government at both strategic and delivery levels can offer exciting opportunities to make every contact count for health and wellbeing. This local political leadership is critical to creating the powerful coalitions needed to promote health and wellbeing for local communities.

Local governments are also well placed to release innovation, trying new ways to tackle wicked public health problems and inequality. The considerable expertise in building and sustaining strong relationships with communities and service users through community and public involvement arrangements which will be reflected in a Public Health Plan, will help extend the engagement of local people in the broader health improvement agenda.

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