

Public Health Planning

*A guide to developing a local government
Public Health Plan*

Public Health Planning: A guide to developing a local government Public Health Plan under the Public Health Act 2016

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Glossary

Advocacy is a combination of individual and social actions designed to gain political commitment, policy support, social acceptance and systems support for a particular health goal or program (WHO 1995).

Determinants of health include the range of personal, social, economic and environmental factors which determine the health status of individuals or populations. The factors which influence health are multiple and interactive. A Public Health Plan could address the full range of potentially modifiable determinants of health – not only those which are related to the actions of individuals, such as health behaviours and lifestyles, but also factors such as income and social status, education, employment and working conditions, access to appropriate health services, and the physical environments. These, in combination, create different living conditions which impact on health.

Disease prevention covers measures not only to prevent the occurrence of disease, such as *risk factor* reduction, but also to arrest its progress and reduce its consequences once established (WHO 1984).

Environmental health sits within the broader scope of public health. Critical to the pursuit of public health is the relationship of human populations to their environment. Environmental health is defined as those aspects of human health determined by physical, chemical, biological and social factors in the environment. Central to environmental health is the understanding that our health is dependent upon our physical and social environment. Environmental health is about creating and maintaining environments that promote good public health (enHealth 1999).

Equity means fairness. Equity in health means that people's needs guide the distribution of opportunities for wellbeing (WHO 1996).

A hazard represents a chemical, physical, or biological substance that has the potential to produce harm to health if it is present in the environment and comes into contact with people. The hazardous properties of an environmental agent are defined according to the nature and severity of its harmful consequences. Fortunately, many hazards can be either contained or avoided, so not every potential environmental hazard poses an actual health risk.

A risk is defined as the likelihood of adverse health effects arising from exposure to a hazard in a human population, which is conceptually, expressed as the product of two factors the probability of exposure and the severity of the consequences.

Health is defined in the WHO constitution of 1948 as: “A state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity. Within the context of health promotion, health has been considered less as an abstract state and more as a means to an end which can be expressed in functional terms as a resource which permits people to lead an individually, socially and economically productive life. Health is a resource for everyday life, not the object of living. It is a positive concept emphasizing social and personal resources as well as physical capabilities” (WHO 1986).

Health promotion is the process of enabling people to increase control over, and to improve their health. Health promotion represents a comprehensive social and political process, it not only embraces actions directed at strengthening the skills and capabilities of individuals, but also action directed towards changing social, environmental and economic conditions so as to alleviate their impact on public and individual health. Health promotion is the process of enabling people to increase control over the *determinants of health* and thereby improve their *health*. Participation is essential to sustain health promotion action (WHO 1998).

The precautionary principle states that personal health is an irreplaceable human good, and asserts that protection of public health should be treated as the paramount concern for regulatory organisations and governments. All other concerns, such as cost of control or adverse economic impact, would then be accorded secondary importance in public health policy, although consideration of the cost-effectiveness of the proposed control measures necessarily need to be considered.

A National Environmental Health Action Plan (NEHAP) represents a comprehensive, holistic and intersectoral way of planning and implementing environmental and public health action at the national level. It involves bringing together sectors whose activities/policies impact on health and ensuring that they consider health even when it is not normally considered core business.

Public health is the science and art of promoting health, preventing disease, and prolonging life through the organized efforts of society (Acheson 1988). Public health is a social and political concept aimed at the improving health, prolonging life and improving the *quality of life* among whole populations through *health promotion*, *disease prevention* and other forms of health intervention. The Public Health Bill defined public health as the physical, mental and social wellbeing of the community.

The principle of **sound science** requires that an observed pattern of events should not be accorded causal significance unless confirmed by careful data collection and thorough statistical analysis. The Sound Science requirement serves as the foundation of all of our modern experimental sciences, because it ensures that misguided ideas arising from chance occurrences, biased data collection, flawed experimental design, or defective analysis will be rejected. Sound scientific ideas based on confirmed observations from systematic experimental studies will eventually be accepted, although it may require a longer time to reach a firm conclusion.

About this resource

The *Public Health Act 2016* is a modern, flexible and proactive risk-based framework for the promotion and management of current and emerging public health risks and under Part 2, Division 2, it stipulates that local governments must initiate, support and manage public health planning for its local government district.

It is acknowledged that local governments have been preparing, implementing and reviewing plans and annual reports for many years. Through these processes, local governments have developed their own processes for developing these documents. The guidance provided in this resource can be incorporated into these existing processes.

Local governments aim to build strong, self-reliant communities through community capacity development and engage with the community to ensure decisions, services and resources align with the community's needs and expectations. A Public Health Plan, is a useful document for all Western Australian local governments. These tailored and community based Plans engage with the community to identify strategies that protect and promote health and typically relate to the social view of health involving health promotion and community development strategies. They also advocate for a whole of local government approach to public health – making it everyone's business.

This resource can therefore be used in two ways. Firstly, it can be used to provide general guidance for a local government wishing to pursue the development of a Public Health Plan. Secondly, the information in this resource will provide guidance on each step as outlined in the Public Health Act.

The content in this resource covers the main steps involved in developing a Public Health Plan and in addition, aligns with the Public Health Act, enabling you to meet your obligations under this legislation.

All text in a green box throughout the resource relates specifically to the obligations under the Act.

All text in a purple box illustrates case studies that provides examples of action.

Specifically, this resource will provide a framework that ensures you have thought about the issues that need addressing before you begin the Plan, while you are implementing the Plan and those that require thought to monitor the Plan.

Developing a tailored Public Health Plan is a systematic process that requires commitment, energy and agreement on a way forward. This resource suggests a set of steps to progress a planning process and gives case studies and links to assist you in developing a tailored, sustainable and realistic Public Health Plan that is relevant to your community.

About Public Health Planning

What is a Public Health Plan?

The *Public Health Act 2016* requires local governments to develop a Public Health Plan. A Public Health Plan is a comprehensive set of proposed activities that informs the way in which public health is managed within a local government and also provides an avenue of communication to your community. Public Health Plans can span a period of five years (maximum).

Your Public Health Plan should build on past experiences and have a balance of strategies that address the more traditional public health risks and legislative requirements with the emerging areas of and roles within the social health and chronic disease management strategies that promote community wellbeing and connectedness.

Council policy and legislative responsibilities should be a primary focus for any local government Public Health Plan, and it is not realistic to expect local governments to cease addressing public health risks such as noise, the keeping of animals or food safety and adopt an entirely new approach to planning, managing and measuring public health within your organisation. The first round of WA Public Health Plans should really be about balancing these two important areas, providing opportunities to position resources strategically within your local government and enhancing the capacity for public health services across the organisation.

In general terms, a Public Health Plan should identify the health and wellbeing needs of your community and establish priorities and strategies for a three year period. It should also provide a framework for an integrated and collaborative approach that will support and enhance the community's ability to lead healthy, productive and rewarding lives.

Why do we need to develop Public Health Plans?

The *WA Public Health Act 2016* acknowledges that local government needs effective and flexible mechanisms to undertake its role and to respond to community needs. It recognises that local government is the tier of government closest to the community and is a key advocate and protector of public health in the community. A long-standing criticism of public health legislation is that it tends to be reactive - a problem is identified and a remedy is then sought to rectify the problem. This approach is rightly criticised as being an old government model, allowing little capacity for local governments to independently forward plan for a healthy environment where the risk of future hazards are reduced. The Act identifies a need to change the current approach and create a regulatory system that is flexible and proactive and where health planning is undertaken.

The Act aims to establish a productive health and wellbeing planning process that fits into existing planning frameworks and strategies within local government and that can support a wider local vision for healthy communities, while not imposing unproductive burdens or duplication.

Also occurring has been amendments to the Local Government Act introduced in the 1990s which enabled Western Australian Councils to operate under a general competency framework allowing broader thinking around the role of good government and the need to provide local governments with opportunities to take risk based approaches to resource allocation and service provision. This is discussed in more detail on page 51.

A long standing issue of importance surrounding local government public health planning is the predominance of the traditional approach to public health within local government which originates from the previous legislation, the *Health Act 1911*, where public health in local government is principally managed by the Environmental Health Officers (EHO) yet is not seen as an integrated and mission critical component of the organisation. There is opportunity within the public health planning process to elevate the role of the EHO.

What is important?

Making sure your Public Health Plan identifies and addresses community needs

Ensuring that the development of the Plan uses best practice community engagement principles and reflects your policies and obligations to your community.

Developing your Plan based on these needs and ensuring it is owned by your local government

Meeting Community Needs

It is important that local governments tailor their public health planning process to meet community needs. There is little point in using proformas or pre-designed text, as these documents generally do not account for local ways of expressing or describing needs. Data including local demographics and local issues and ideas from the consultation can easily be overlooked and provide local governments an “easy option” for planning rather than one that is genuinely based on community and local government needs, issues and aspirations.

Involving the community

A public health plan encourages its community to own the project and to provide opportunities for genuine involvement in identifying community strengths and assets, in formulating a vision, expressing concerns and issues and in developing locally appropriate and creative strategies to address and measure these.

Making the Plan your own – one that meets community needs

While this resource suggests a series of steps to take in developing a public health plan, these are not intended to be prescriptive, as local governments are diverse and have their own priorities to meet. This resource provides a framework that enables local governments to have the flexibility needed to adapt the plan and processes to their suit their own needs.

Ensuring the Plan addresses public health in its broadest term

It is important that your Public Health Plan stretches thinking within your organisation. A Public Health Plan is not an Environmental Health Plan or a Community Engagement Plan or a Social Plan. Instead, it can be all of these things and can add value to these documents. Your Public Health Plan should not only

recognise existing Plans and priorities within your Council but also integrate a social model of health by addressing social, environmental, political, economic and behavioural factors that all impact on people's health and wellbeing. The aim of your Plan should be to identify these factors and risks and develop objectives and strategies that will intervene to change those aspects of the environment or lifestyle factors that affect your community's health.



What does a Public Health Plan look like?

Public Health Plans can vary in content, structure and length. The Plan can be written as a stand-alone plan, or as public health strategies integrated into a higher order Council Plan or Policy such as your Community Strategic Plan.

Stand-alone Public Health Plans are recommended when embarking on the development of a Public Health Plan for the first time. They often easier to write and contain more detail in their background, mission, and in the public health strategies and objectives. A number of objectives and strategies will be created under each public health priority area, also detailing actions to be taken, areas/ staff responsible for each strategy and appropriate time frames. Ideally, the stand-alone plan should reflect the structure of the main Council Plan and where possible, follow the same planning processes and timeframes as the main Council Plan.

Integrating public health planning into the main Council Plan can be done in a number of ways, depending on the existing structure of the current Plan. One way to integrate is to make a section of the Council Plan devoted to public health, listing the various health priority areas and related objectives and strategies. Another way to integrate the Plan, is to include the various public health strategies and objectives throughout all sections of the Council Plan. Benefits of this approach include:

- each public health objective and strategy will have clear, reportable key performance indicators, and the planning process will be undertaken when all council planning is underway;
- the planning process will follow the Council Plan planning pathway and importantly will bring these documents together in reporting for health gain;
- public health will be seen as a “whole of Council” responsibility.



What is your Public Health Plan called?

There is no one answer to this question. Some examples of other local governments Public Health Plan titles have included:

- Public Health Plan
- Health and Wellbeing Plan
- Community Health and Wellbeing Plan
- Municipal Public Health Plan
- Municipal Public Health and Wellbeing Plan

There are many underlying theories that can inform the development and title of your Public Health Plan, but they all fundamentally focus on improving the health and quality of life of the local population by involving the community in decision-making, and by integrating social, economic and environmental concerns into policy and action. Provided your Plan uses this social model of health, the title should have not affect the final outcome.



Legislative Background

Before commencing the Plan it is important to understand your legal obligations. The *Public Health Act 2016* currently requires local government to develop a local Public Health Plan that is consistent with the State Public Health Plan. Below are the sections of the Act that outlines the requirements for both the State Public Health Plan and the local governments' legal obligations in relation to the development of a Public Health Plan.

42. Public health plans

Term used: public health plan

In this Part —

public health plan means —

- (a) the State public health plan prepared by the Chief Health Officer under section 43; or
- (b) a local public health plan prepared by a local government under section 45.

43. State public health plans

- (1) The Chief Health Officer must prepare a public health plan (the State public health plan) that applies to the whole of the State.
 - (2) The State public health plan must —
 - (a) identify the public health needs of the State; and
 - (b) include an examination of data relating to health status and health determinants in the State; and
 - (c) establish objectives and policy priorities for —
 - (i) the promotion, improvement and protection of public health in the State; and
 - (ii) the development and delivery of public health services in the State;
- and
- (d) identify how, based on available evidence, the objectives and policy priorities referred to in paragraph (c) are proposed to be achieved; and
 - (e) describe how the Chief Health Officer proposes to work with local governments and other bodies undertaking public health initiatives, projects and programmes to achieve the objectives and policy priorities referred to in paragraph (c); and
- include a strategic framework for the identification, evaluation and management of public

45. Local public health plans

- (1) A local government must prepare a public health plan (a local public health plan) that applies to its local government district.
- (2) A local public health plan must be consistent with the State public health plan.
- (3) A local public health plan may be prepared in conjunction with a plan for the future of the local government district prepared under the Local Government Act 1995 section 5.56.
- (4) A local public health plan must —
 - (a) identify the public health needs of the local government district; and
 - (b) include an examination of data relating to health status and health determinants in the local government district; and
 - (c) establish objectives and policy priorities for —
 - (i) the promotion, improvement and protection of public health in the local government district; and
 - (ii) the development and delivery of public health services in the local government district;and
 - (d) identify how, based on available evidence, the objectives and policy priorities referred to in paragraph (c) are proposed to be achieved; and
 - (e) describe how the local government proposes to work with the Chief Health Officer and other bodies undertaking public health initiatives, projects and programmes to achieve the objectives and policy priorities referred to in paragraph (c); and
 - (f) include a strategic framework for the identification, evaluation and management of public health risks in the local government district and any other matters relating to public health risks in the local government district —
 - (i) that the local government considers appropriate to include in the plan; or
 - (ii) that are required to be included in the plan by the Chief Health Officer or the regulations;and
 - (g) include a report, in accordance with the regulations, on the performance by the local government of its functions under this Act.
- (5) A local government must review its local public health plan each year and may amend or replace it at any time.
- (6) Unless it is sooner replaced, a local public health plan must be replaced at the end of the period of 5 years after it was prepared.
- (7) A local government must prepare its first local public health plan not later than 2 years after this section comes

The Act will have a staged approach with a three to five year transitional period to allow State and Local Government to make required changes, including developing subsidiary legislation to support the risk management approach that will replace the numerous regulations that support the current framework.

This means that the old Health Act 1911 (which will be known as the Health (Miscellaneous Provisions) Act 1911), and all regulations made under the Health Act, will continue to be the main enforcement tool, until the provisions of the new Act are proclaimed over the coming years.

There are five stages of implementation. Stage One and Two were completed a few days after assent. The important stage for public health planning is Stage Five, and the date for this will be fixed by proclamation. Stage 5 will be the most significant stage of implementation for local government. It will be the point at which local governments move from the framework provided by the Health (Miscellaneous Provisions) Act 1911 to the framework provided by the Public Health Act. Provisions in the Public Health Act relating to public health planning, assessments, registration and licensing will be commenced along with the enforcement provisions. It will also be stage that Public Health Plans will need to be ratified by local governments.

However, it takes time to develop a Public Health Plan, and you are urged to consider this now. Public Health Plans are good management tools to enable the alignment of resources to address identified risks and community needs with your Council's strategic vision.

Getting Started: Things to consider before you start the planning process

What is important?

Getting political commitment to develop the Plan
Having a clear understanding of how this Public Health Plan fits with and contributes to the strategic direction of your local government
Having a clear understanding of what public health is and how this will be addressed in your Public Health Plan
Having a clear understanding of which local government business unit will lead the planning process
Having a clear understanding of which business units in your local government will contribute to the development, implementation and evaluation of the Public Health Plan
Having a clear understanding of the scope of your Public Health Plan (i.e. will it integrate the social model of health?; what will be the balance of traditional and emerging public health?)
Having a clear framework for and commitment to the steps in developing the Public Health Plan

Getting political support before you start

Embarking on a Public Health Plan, although mandated by the Public Health Bill, is a complex and time consuming process. An understanding of what is involved, the time required to complete the Plan to ensure it meets community and organisational needs and the resources required, is needed from your key decision makers whether that be your Mayor or CEO, before the planning commences.

When reviewing literature relating to the public health planning models including implementation, a key success factor for many local governments was gaining formal commitment from key decision makers at the very commencement of the planning process. An independent evaluation of the planning processes used in Europe (Local Environmental Health Action Plans) process, found that obtaining the highest possible level of political commitment at the beginning of the process was necessary to ensure the cooperation of the all local governmental sectors. Maintaining this level of political commitment and co-operation was also essential for successful implementation (Mileva & Dimitrov 2002).

It is recommended that a core group of professionals from within your Council come together to develop a briefing paper outlining the proposed planning process, links to Council policy, partnerships, potential costs, scope and expected benefits at a very early stage, and this be approved in principle by your Council. Examples of planning processes from both WA (e.g. City of Perth, City of Rockingham) and from Victoria could be used to demonstrate the process and subsequent benefits to the community and Council. This briefing paper can then be used to guide the planning process, to provide clarity around roles and responsibilities and to initially identify how your Public Health Plan aligns with Council priorities. All of this information will help the presentation of the planning process to your decision-making politicians and colleagues, emphasising the importance and benefits of a Public Health Plan and highlighting the avenues for collaboration.

It is also advisable to seek a decision or minute from your Mayor/Shire President or CEO outlining their support for the process. This document should be distributed to all Business Units within your Council to indicate the high level of commitment that has been afforded to the public health planning process.

Defining health

Local governments have been working in public health for a very long time and it is up to you to actively decide on the scope of your Public Health Plan by initially defining what health means to you and your organisation. To assist you with this decision, we have provided the following information.

The Public Health Bill clearly advocates for a broad definition of health and states that risk assessments should be carried out to determine local public health concerns and issues. However, many local governments in WA view public health as the more traditional and legislative approaches to public health. This was confirmed by a 2015 survey of local governments conducted by PHAIWA with key findings highlighted in the following text box.

A local government public health survey was conducted by PHAIWA in 2015, which canvassed issues from Principal Environmental Health Officers within WA. The response rate was 59% and this represented metropolitan, rural and remote Councils. Some of the key findings that relate to public health planning include:

- It is clear that the recipients of this survey remain firmly grounded in the important but more traditional and legislative approaches to public health. For example:
 - 90.5% of respondents spent 30% or less of their time conducting health promotion activities;
 - The most important public health issues addressed in local governments were identified to be food safety, sewerage/waste water, vector management and alcohol and drugs.
 - The most resource intensive public health issues in local government included food safety, compliance and complaint resolution, public buildings and events, vector control and sewerage and septic issues.
- Recipients advised there is little involvement in Indigenous health, child health, alcohol, obesity, tobacco and sun safety at the local government level.
- On average, less than 10% of local governments had partnered with an NGO in the past 12 months however 53% had collaborated with their local Public Health Unit. Almost 80% of recipients said they would work with an NGO if they were approached.
- Just over 10% of local governments had employed a Health Promotion Officer and 4.5% had employed a Public Health Officer. All employed Environmental Health Officers.
- 39% of respondents had an annual business plan, 22% had a Public Health Plan and 26.5% had an Environmental Health Strategic Plan (Stoneham & Maticevic, 2015).

A full copy of the report complete with methods, findings and limitations is available from www.phaiwa.org.

Today, public health is seen to be about promoting wider community wellbeing as well as preventing communicable illness. It focuses on the health of populations and communities, and takes a holistic view of health – recognising all the inter-related components that contribute to individual, family and community wellbeing. It acknowledges the importance of taking action on a range of fronts including:

- addressing the wider determinants of health (e.g. income, employment, transport, etc.);
- integrating health protection and health promotion strategies;
- promoting community action;
- developing and utilising a variety of tools and approaches;
- developing evidence based strategies and responses, and
- providing advice to other sectors on how their policies affect community health and wellbeing.

This broad social view of health has been demonstrated to be a key driver in the development of Public Health Plans in Victoria (Dept. Hlth & Human Serv 2000). A social view of health implies that we must intervene to change those aspects of the environment which are promoting ill health, rather than continue to simply deal with illness after it appears, or continue to encourage individuals to change their behaviours and lifestyles when, in fact, the environment in which they live and work gives them little or no choice or support for making such changes (Department of Human Services 2000).

If you continually ask the question “where is health created?” throughout the public health planning process, this will assist with grounding your Plan and should lead to the formulation of new public health strategies and the importance of establishing partnerships.

Using this broad definition that encompasses a social model of health, and given the nature of the relationship between each local government and their community, there is opportunity for local governments to play the role of health promoter and educator and to increase awareness within their communities about local risks and issues, and how they inter-relate to community health and wellbeing within the Public Health Plan.

The social determinants of health and the role of local government is a collection of articles assesses what UK local government can do to tackle the social conditions that lead to health inequalities. It uses the following framework to indicate the difference a local government can make. In every single one of these areas, local government has a significant role to play. Councils make a very important contribution to weaving the social fabric of your areas and seeking to create and sustain healthy places for people to be born, grow, live, work and age.

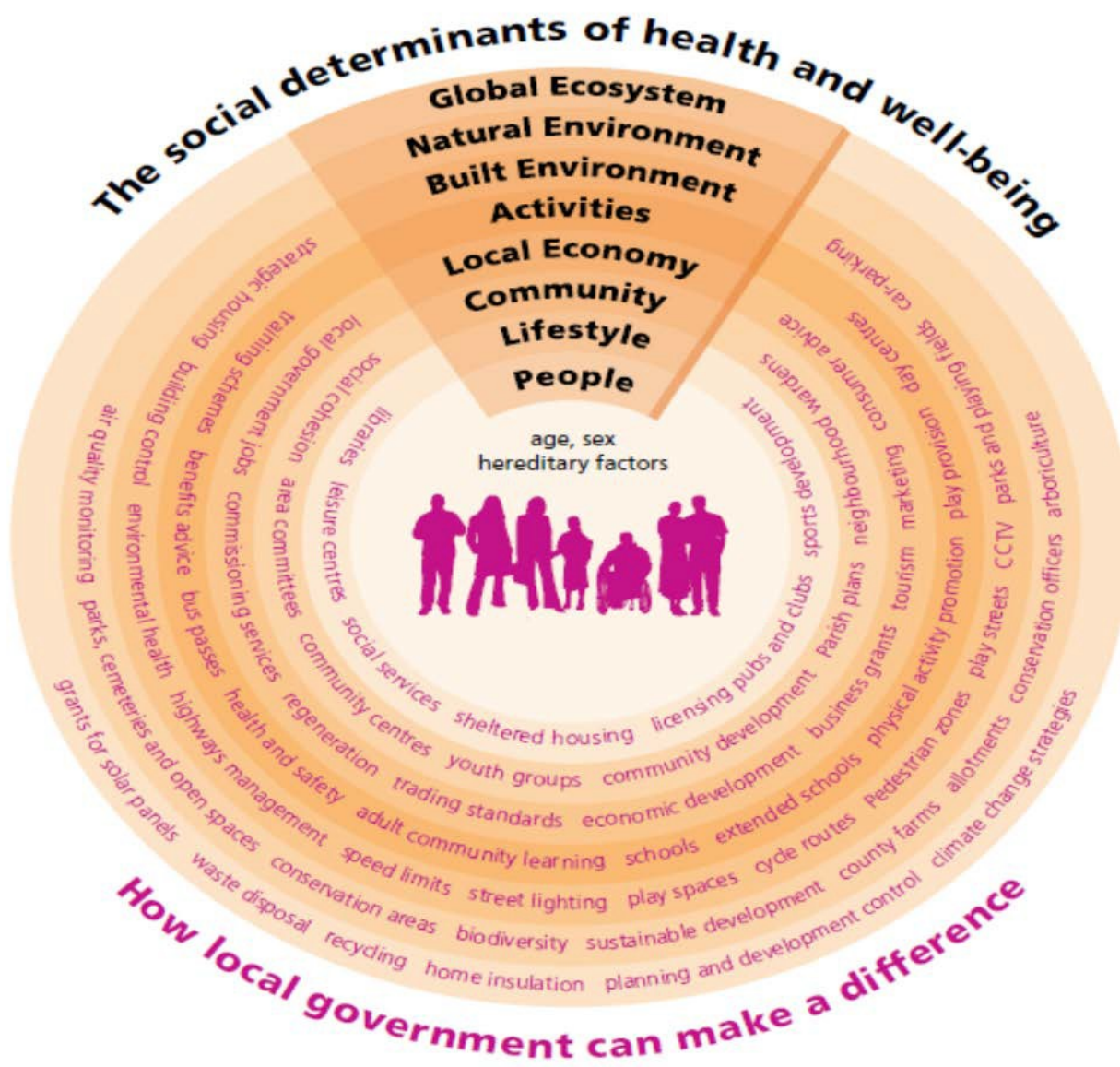


Figure One - Social determinants to health and wellbeing from a local government perspective

Source: The social determinants of health and the role of local government (2010). Available at: http://www.rrasphirn.ca/index.php?option=com_content&view=article&id=92%3Athe-social-determinants-of-health-and-the-role-of-local-government&catid=6%3Alatest-news&Itemid=17&lang=fr

The Ottawa Charter, developed by the World Health Organisation in 1986, considerably broadened the scope of public health by acknowledging the importance of:

- adequate housing;
- a liveable income;
- employment;
- educational opportunities;
- a sense of belonging and being valued, and
- a sense of control over life.

The Ottawa Charter also reinforces the need to integrate a range of actions to improve health outcomes including:

- healthy public policy;
- creating supportive environments and communities;
- strengthening community action by increasing ownership of public health issues and responsibility and resourcing for solutions;
- developing awareness and skill sets about healthy living across a variety of settings e.g. home, school, work, community and
- fostering a collaborative and proactive approach to health promotion across a wide range of sectors and organisations.

Whatever your definition is – whether it be that public health is traditional in its approach or considers the more contemporary approaches, it needs to be understood and accepted by all and inform the development of the Plan. Some examples of how some WA local governments have embedded this broad view of health in their Public Health Plans are below.

This Plan encourages us to address the many social, cultural, environmental, biological, political and economic determinants of health that affect our resident's health and wellbeing. There is a large body of evidence that shows that what contributes to our health and wellbeing is broad and includes issues such as the quality and quantity of food we eat, the amount of exercise we do, whether we have friends and family to support us, whether we live free from violence and discrimination and whether we smoke or misuse alcohol and other drugs.

City of Albany

Deciding on who will lead the planning process and who will be involved

Deciding who will steer the planning process and the extent of involvement from other business units within your local government is an important step during the initial stages of developing the Plan.

Despite the fact that new understandings and broader approaches to public health have been in existence for decades, widespread ownership of public health issues and outcomes is lacking in many sectors – including local government. For many local governments, public health is still something that belongs to the “health sector” and as such, is often perceived as a non-mandatory or discretionary service.

Within local government, there may be some controversy over who owns health. Traditionally, environmental health has been the primary public health discipline in local government, with the Environmental Health Officer (EHO) the primary public health professional. In some local governments, public health management continues in this arrangement today. However there are many examples where EHOs have successfully broadened their roles to encompass many aspects of community wellbeing, with particular examples in the areas of food security, reduction of harm from alcohol and other drugs and physical activity.

However, there are a number of professionals who are involved (directly or indirectly) in promoting public health including Sport and Recreation Officers, Local Laws Officers, Planners, Building Officers, Social Planners, Environmental Officers, Community Development Officers, Policy Officers and Engineers. In fact, in some way or another, nearly everyone in a local government contributes to public health management even though their job description may not have the word ‘health’ mentioned in it. This diversification also reinforces the importance of using collaborative processes and a social health model.

When reviewing public health planning models, successful outcomes have been achieved when a champion was driving the planning process. This champion has been a local government officer or an Elected Member. They have ‘owned’ the process and aimed to have a coordinating, steering and reporting role whilst ensuring buy in from a range of other Council departmental representatives (Stoneham 2002).

This lead or steering is well suited to EHOs, given their broad based tertiary education and detailed knowledge of and capacity or understand legislation.

Championing the City of Mandurah

The City of Mandurah developed a whole of Council Health and Wellbeing Plan in 2010. The champion for this process was the Environmental Health team, however one of the guiding principles of the Plan was to have a minimum of three Business Units assigned and responsible for the implementation of each strategy in the Plan. This ensured cross Council commitment.



Having a clear framework for and commitment to the steps in developing the Public Health Plan

Although the *Public Health Act 2016* provides some advice on what should be in a Public Health Plan, there is no universal method or process to follow. It is therefore important that you decide the scope, size and goal of your Public Health Plan before going any further.

The purpose of this handbook is to provide local governments with the flexibility to develop a tailored Public Health Plan that involves and engages with key stakeholders and the community to ensure local relevance and ownership.

The recommended steps for the planning framework are cyclical and outlined below. You need to make a decision now, about the steps your local government is committed to.

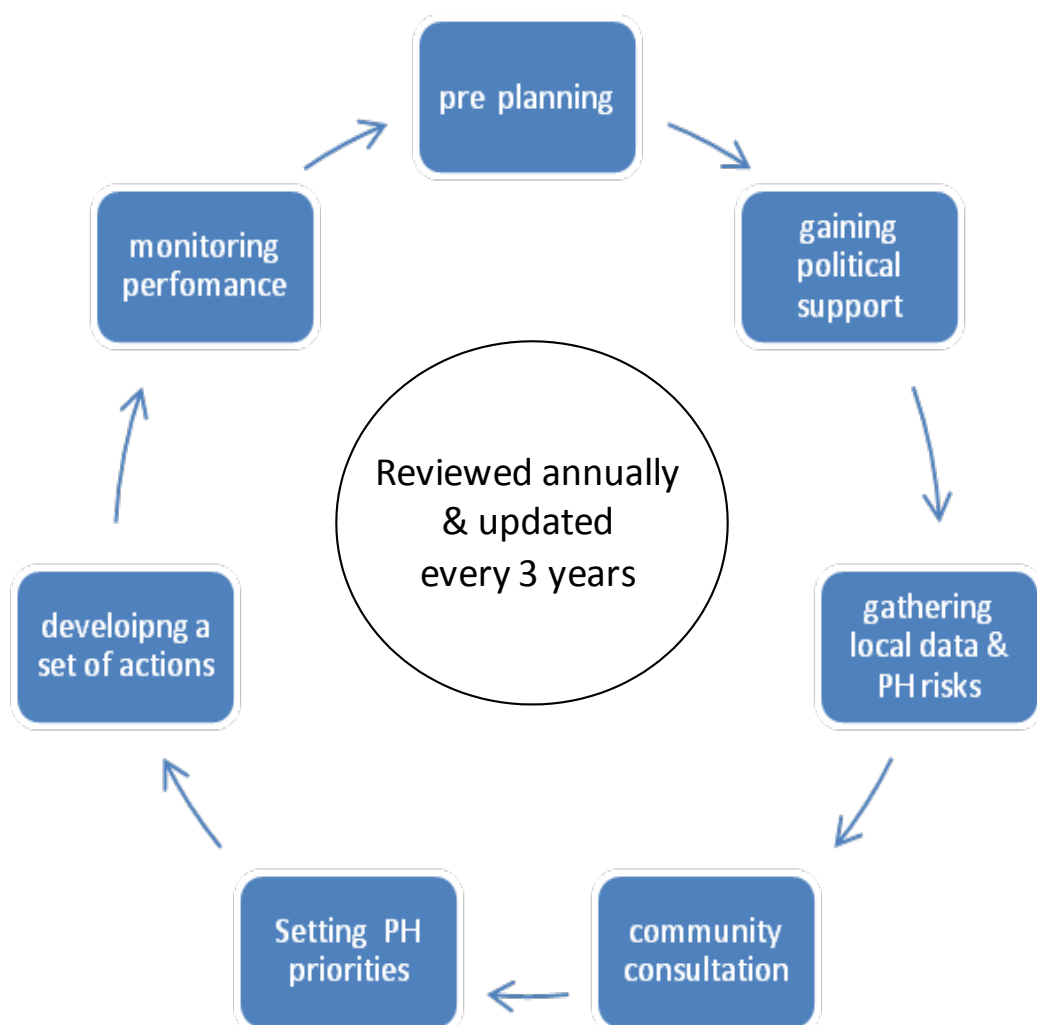
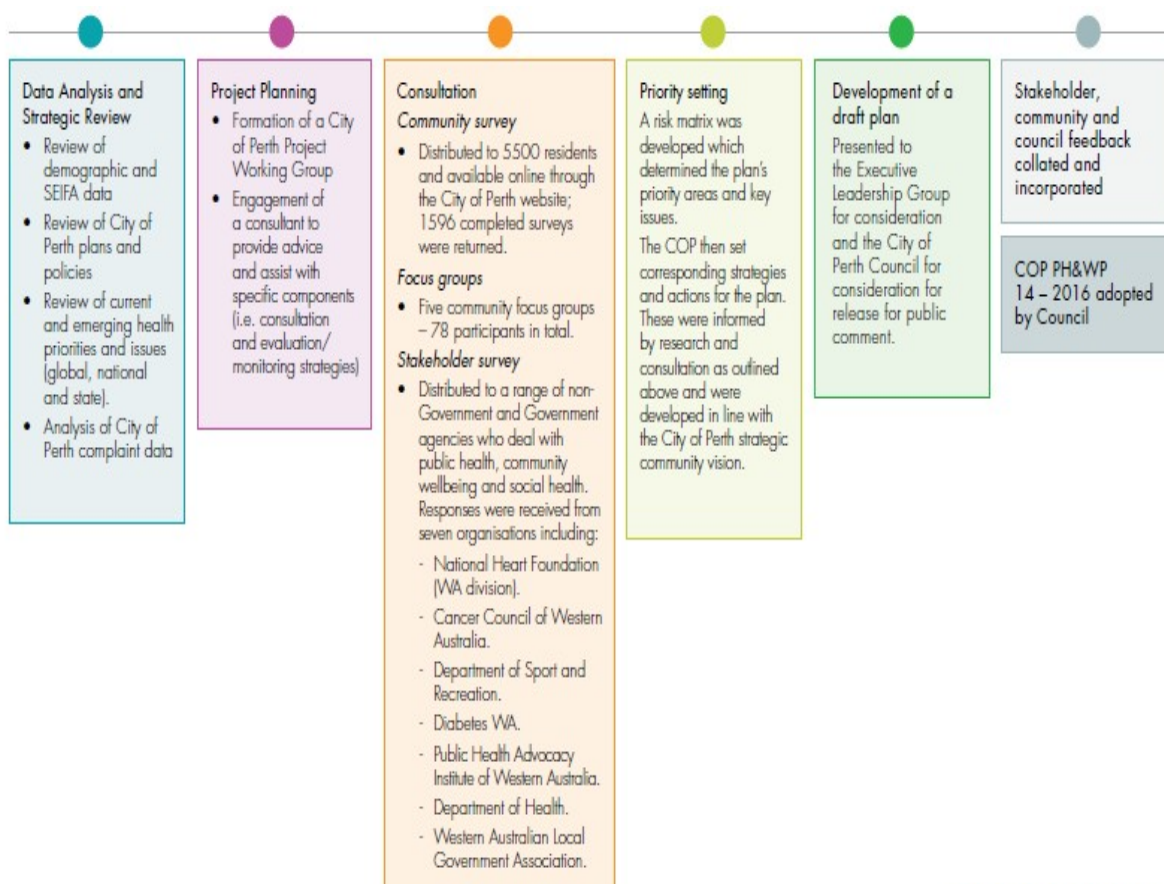


Figure two - Public Health Planning Framework

Gaining commitment to the style of public health planning framework at this early stage will guarantee continued support throughout the process and a greater awareness of the Plan by your colleagues, the community and your stakeholders. It will also allow you to consider the following management issues:

- Do you need a designated Officer to develop the Plan? How will it be and how do you decide this?
- Will this person be taken off-line? If so, for how long?
- How will you fund this position?
- Can you advertise for a Project Officer and will they will be required full or part time?
- Do you need a consultant for certain components of the project?
- Would you prefer the Project Officer to be a member of the local community?
- Do you need to develop a position description?

The City of Perth's framework for developing their Public Health Plan involved data analysis, research, extensive community and stakeholder consultation and strategic and priority settings. An outline of the process is below.



Developing a Public Health Plan that aligns with the Public Health Act: A step by step guide

The remainder of this Resource will specifically address the requirements under the *Public Health Act 2016* for the development of a Public Health Plan. It is important to remember that these legal requirements are a minimum standard and you can add to these based upon your Council’s and community’s needs.

What is Important?

Identifying and analysing your existing local government public health policies
Identifying your allies
Identifying the State public health priorities
Ensuring your Public Health Plan aligns with the <i>Local Government Act 1995</i> section 5.56.

The Public Health Act states:

A local government must prepare a public health plan (a local public health plan) that applies to its local government district.



In essence, everyone contributes to a healthy community and it would be beneficial to have strong commitment and support from other Business Units within your Council when developing your Public Health Plan. If you have already developed your pre-planning briefing paper and received formal support from your CEO and Elected Members, it will be easier to “sell” the process to others.

It is important that your colleagues understand the legal implications of the Public Health Plan. This Plan will have wider repercussions than merely developing a printed or electronic Plan. It is calling for a serious and concerted effort for the local government to review and change the way in which it considers public health and is aiming for Council-wide strategies that are participatory in nature. An initial step to reinforce these points is to conduct an audit on what your Council is already doing in public health through the review of existing policies, plans and programs to assess their effectiveness and impact on public health. Public Health Plans can recognise these existing local government wide public health policies, strategies and interventions, document and consolidate them and include some stretch objectives to and build upon them.

The advantages of collaborating and identifying synergistic policies within your organisation are to:

- avoid fragmentation of the Plan;
- provide a common starting point for the planning process;
- avoid reinventing the wheel;
- plan for “joined up” processes that provide joint accolades for public health outcomes across the local government;
- gain commitment from others to plan and implement specific actions or strategies.

Doing a Policy Analysis in your Council

Conducting an analysis of your Council's key policies will use a systematic approach to identifying and understanding the technical and political public health priorities across Business Units. A policy analysis will identify the current "state of play" in relation to the level of priority that public health is given in your Council. The role of policy analysis is to:

- produce arguments for debates for why a Public Health Plan is needed;
- produce evidence for decisions about priorities for the Public Health Plan;
- identify who else is doing public health within your Council or community (even though they may call it something else);
- identify gaps in public health service provision;
- identify existing Council priorities in public and/or community health;
- allow you to consider how the wider determinants of health could influence health rather than just the legislative requirements;
- provide input into your internal organisational procedures, structures and approaches to service delivery, and
- provide policy alternatives to better manage public health and public health risks within your community.

The ways you can do this include:

- placing the Public Health Plan on agendas for Business Units meeting agendas and positively discussing the intent of the Plan;
- reviewing the Council's Community Strategic Plan, Annual Plan and Business Plans from across the Council, to identify any referrals or interest in public health and wellbeing;
- looking at what public health issues are already being addressed in your local government. Based on your experience within the Council, an analysis of recent complaints and/ statutory notices and the review of other business units policies, you can start to get a picture of the public health risks that your local government has dealt with in the past; and
- looking at reviewing current policies from other business units for references to health and /or community wellbeing (making sure you use a broad definition of health).

Documenting the findings of this analysis will assist in the later stages of the planning process that require:

- identifying, evaluating and managing public health risks in your local government district and any other matters relating to public health risks in the local government district (S4(f)), and
- including a report, in accordance with the regulations, on the performance by the local government of its functions under this Act (S4(g)).

This analysis may seem a daunting task, but if done at this early stage, it will assist with scoping the issues to be included in the Plan and you will also meet additional requirements of the Public Health Act that state a Public Health Plan must include:

...include a strategic framework for the identification, evaluation and management of public health risks in the local government district and any other matters relating to public health risks in the local government district

—

(i) that the local government considers appropriate to include in the plan; or

(ii) that are required to be included in the plan by the Chief Health Officer or the regulations; and

(g) include a report, in accordance with the regulations, on the performance by the local government of its functions under this Act.

Additional information on this process is included on page 42.

The importance of having partners

Local governments are the key sector that can make a difference at the local level. Public health planning processes rely heavily on local governments positioning themselves at the center of this process and leading with empathy for other groups. Local governments are well placed to identify roles they can play and develop, however assistance can be generated by working in partnership with other tiers of government, NGOs, the community and private sector and many others.

There are many ways to get support from others including:

- developing an EOI to see who may be interested in assisting;
- placing the public health planning process on other Business Units agendas and discussing the intent;
- personally talking to specific officers about how to be involved in the process; and
- inviting individuals or department representatives to sit on a Planning Advisory Committee (if you decide to have one).

Outcomes from this process may assist in identifying any allies or barriers to the planning process such as:

- Identifying your key local government priorities;
- Identifying some community priorities;
- Identifying gaps in community health and wellbeing;
- Identifying any potential stakeholders who may not support the Plan and the reasons for this lack of support;
- Gaining support from within your local government for the Plan; and
- Identifying potential supportive partners.

*The **Shire of Collie** when developing its Public Health Plan analysed the priorities under their Community Strategic Plan, and demonstrated the links to health and wellbeing. Many of the outcomes listed under each Community Strategic goal were directly aligned with the Public Health Plan and its intended outcomes. Other Plans and Policies analysed included the Shires Community Safety and Crime Prevention Plan, the Collie Alcohol Management Plan, its Pathway Asset Management Plan and the Disability Access and Inclusion Plan.*

Do you need an Advisory Committee?

Many local governments have formed an overarching committee to oversee the Public Health Planning process. Participation and dialogue with a wider range of stakeholders is important to the planning process. Involving others, whether they are internal colleagues or external stakeholders, often constitutes a “reality check” for the planning process.

Those local governments that have established an overarching committee have indicated that it is very beneficial to have the Mayor/Shire President or an Elected Representative chair the meetings. This provides a mandate from the top and allows the Committee members to feel that their work in developing a Public Health Plan is central to the management of the local government, rather than being perceived as a peripheral document.

Although not specified in the Public Health Act, it does have some advantages including:

- drawing people together on issues who would otherwise not have worked together;
- placing public health on other’s agendas;
- increasing awareness about public health and the planning process;
- encouraging commitment from others in both advocating for the Plan and implementing strategies;
- embracing diversity and establish new partnerships between the local government and external agencies (e.g. Red Cross, Women’s Health Centre, Diabetes WA, mining company, etc.); and
- spreading the load, encourage resource allocation and ensure the Plan is owned by many and collaborative in nature.

The role and membership of the committee needs consideration. For example, would the committee’s role be to advise, to make decisions or to manage the planning process? It is important that this Committee has a strategic view and these questions should be placed on the agenda of the first committee meeting. Alternatively, a draft set of terms of reference could be developed as an agenda item for the initial meeting of the Committee. This Committee should have the resources and delegated powers to actively drive the public health planning process.

Some local governments have formed a Steering Committee with community representatives as members to ensure the consultation and community based risks are firmly grounded in the final Plan.

Sustaining involvement in the Committee is important. Building in accountability mechanisms for each member is a clever way to ensure that commitment to the project remains high amongst all members. Partners must have ways to hold one another accountable for results. It may be useful for members to devise strategies to ensure that each partner delivers on its commitments. Examples of such strategies could include ways to confront poor performance, gaining a formal commitment or “signing off” to activities, formalising proxy arrangements, reporting requirements and the process for rewarding efforts.

Aligning the Plan with State Priorities

We have talked about the importance of defining health and who will be involved in the planning process. It is also important in the early stages to decide how comprehensive your Plan will be. Let's look at what the Act states:

The Public Health Act states:

A local Public Health Plan is to be consistent with the State Public Health Plan.



Being “consistent” means the following:

- considering the objectives and public health risks outlined in the State Plan to determine their relevance to your local community
- reviewing the health status of the local population (this is discussed later) and
- determining what services, programs and projects could be implemented to promote, improve and protect their community from the public health risks identified in the State Plan that may be applicable to your community.

The Interim State Public Health Plan was released in August 2017. You can access it here: <http://ww2.health.wa.gov.au/Improving-WA-Health/Public-health/Public-Health-Act/First-interim-state-public-health-plan>.

Until a State Public Health Plan is available, it is suggested that you:

- Contact the Environmental Health Directorate to access a copy of their Strategic Plan which includes their priorities. Their website is: http://www.public.health.wa.gov.au/2/871/1/environmental_health_directorate.pm
- Contact the Public Health Directorate (WA Health) to identify the chronic disease priorities for the State.
- Contact your local Public Health Unit to identify your regional priorities.
- Contact the Public Health Advocacy Institute of WA to discuss recent research and advocacy consensus statements.

The WA Health website suggests that local governments may also want to consider the following:

- Chronic Disease and Injury – WA Health Promotion Strategic Framework 2017 - 2021
- Aboriginal Health - WA Aboriginal Health and Wellbeing Framework 2015–2030
- Immunisation Strategy – WA Immunisation Strategy 2016 - 2020 (PDF 3.3MB)
- Our Youth - Our Future - WA Governments commitment to young people
- Mental Health – Mental Health 2020: Making it personal and everyone's business (PDF 1.32MB)
- Mental Health Commission - Mental Health, Alcohol and Other Drugs Services Plan 2015 - 2025
- Mental Health Commission - Suicide Prevention 2020

There are many other documents that outline state wide challenges and strategies which may be relevant to your local government, such as the Environmental Health Needs Assessment of Aboriginal Communities in Western Australia, so make sure you look widely.

*The **City of Perth** conducted a comprehensive review of global, national and state priorities in relation to the priority areas identified in their Public Health Plans. A summary of the research in relation to the City's priority areas was included in their Plan. A section of this is below.*

7.3 Priority Area Three - Social Health

"Housing satisfies the essential needs of people for shelter, security and privacy. Shelter is recognised throughout the world as a basic right".²¹

Globally, housing is recognised as a key social determinant of health. There is a complex relationship between housing and health, with poor health often contributing to poor housing. At the state level, affordable living is recognised as a key component of sustainable and resilient communities.²²

"Social inclusion" is often referred to as a 'human right or moral imperative'.²⁴ The Australian Social Inclusion Board, established in 2008, defines a socially inclusive society as one where people feel valued and have the opportunity to participate fully in community life. They are equipped with the resources, opportunities and capability to learn, work and engage in society.²⁵

At the state level, the importance of both 'hard' and 'soft' elements of infrastructure required to facilitate social connectedness and social inclusion is recognised. 'Hard' elements include health facilities and centres, education facilities, recreation grounds, police stations, fire and emergency service buildings, art and cultural facilities and other community facilities. 'Soft' elements include programs, resources and services, as well as public art and cultural events that complement these 'hard' elements, contributing to the formation of a community.²²

The Public Health Act states:

A local public health plan may be prepared in conjunction with a plan for the future of the local government district prepared under the Local Government Act 1995 section 5.56.



***How do
we do
this?***

The Local Government Act 1995 – S 5.56 states:

5.56. Planning for the future

- 1. A local government is to plan for the future of the district.***
- 2. A local government is to ensure that plans made under subsection (1) are in accordance with any regulations made about planning for the future of the district.***

The planning processes used to develop Public Health Plans will vary depending on the governance of each local government. It is unrealistic to think that each local government will want to, or have the capacity to follow the integrated approach where public health priorities are included in the overall Council Plan. Some local governments, that want to be innovative and are ready, will attempt the integrated model where the Public Health Planning strategies are included within the Plan for the Future. Others will develop a “stand alone” Public Health Plan as a stepped approach.

So this means that when developing your Public Health Plan, it should align with your Plan for the Future. At the very least it should complement and make mention of the Plan for the Future. At best, the Public Health Plan could be “called up” in the Plan for the Future with strategies appearing within the body and text of the Plan for the Future.

The following case studies give you an example of an “integrated” and “stand alone” Public Health Plan.

Stand-alone Plan: Shire of East Pilbara

The Shire of East Pilbara is one of the largest local governments in the world. It has some very specific health issues and an expansive geographic area to cover with few dedicated public health resources. Engagement with and power to implement strategies with partners and stakeholders within the community was paramount. Their stand-alone Public Health Plan which addresses six priority areas has a strong emphasis on partnerships.

The Shire of East Pilbara’s Public Health Plan was developed as a stand-alone Plan included many strategies that were the responsibility of other Council divisions as well as shared responsibilities with external agencies. The key ingredient in succeeding with this collaborative approach was good communication with all departments involved.

The six priority areas of the plan are:

- *Obesity and health food options*
- *Mental health*
- *Alcohol and drugs*
- *Environmental health protection*
- *Community Safety*
- *Looking within Council*

There are a total of 53 strategies listed under the six priority areas mentioned above. An implementation plan has also been developed and includes timeframes for implementation, departments responsible for each strategy and a number of partnership opportunities for each strategy.

The plan is available at: <http://www.eastpilbara.wa.gov.au/Shire-Services/Health-and-safety-services/Public-Health-Plan>

Integrated plan: Melbourne City Council

Under the Public Health and Wellbeing Act 2008 of Victoria, all Councils are required to develop a Municipal Public Health Plan. The City of Melbourne's Municipal Public Health Plan has been fully integrated with the four-year Council Plan 2013-2017.

The benefits of integration included:

- An increased public health and wellbeing focus throughout the organisation*
- Positive collaboration with a range of branches across the organisation which contributes to integrating health and wellbeing issues*
- An emphasis on health and wellbeing for Council agendas*
- A strengthened position for accountability across a range of health and wellbeing issues impacting the community*

Some challenges of integration included:

- Developing a strategic direction for the integrated Plan in the absence of the 'State Health Plan' Department of Health Victoria had its difficulties*
- Responding to a coordinated approach to the monitoring and impact evaluation processes has been complex*
- There was a need to rapidly acquire knowledge of how Council planning processes were conducted to ensure that public health objectives remained on the agenda*

You can view the City of Melbourne Plan at:

<http://www.melbourne.vic.gov.au/SiteCollectionDocuments/council-plan-2013-17.pdf>

The City of Melbourne has documented how the Health and Wellbeing Plan has been incorporated into their overall Council Plan and this is demonstrated below.

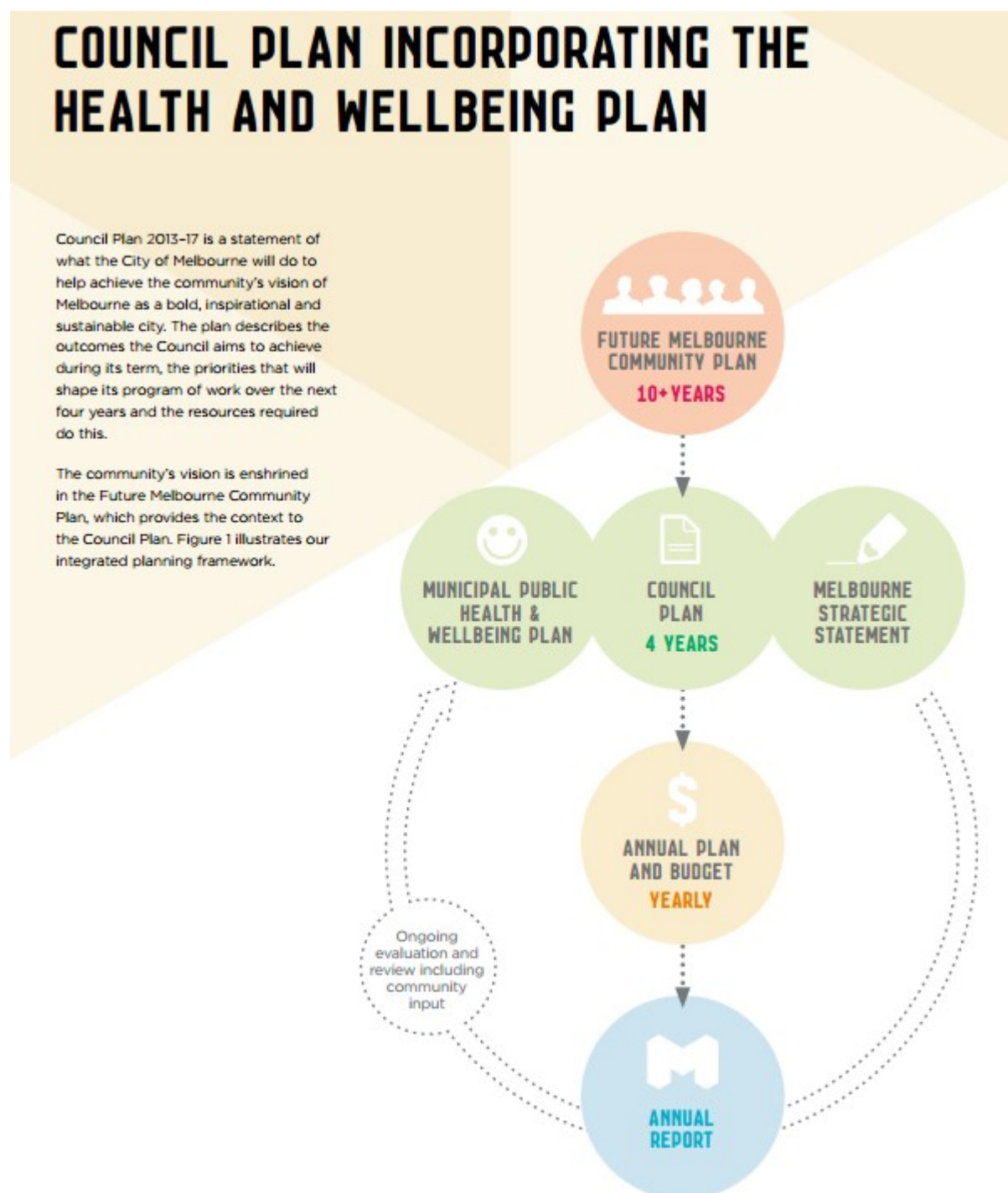


Figure three - City of Melbourne's integrated planning approach

Gathering data for your Public Health Plan

So far you should have:

- Identified the legislative mandate for public health planning
- Identified what your local government priorities are for public health (if any)
- Identified who will lead and who can assist with the planning process
- Decided on the scope and planning framework for the Public Health Plan

There are a number of strategies you can now use to progress the Plan. As all local governments are different, the strategies you choose will be dependent on what “fits” best with your organisation. The following addresses the content of the Plan as specified in the *Public Health Act 2016*.

What is Important?

Identify local and community public health needs
Identify local data relating to health status and health determinants
Establishing objectives and policy priorities for the promotion and protection of public health
Identifying the public health risks in your local government

The Public Health Act states:

A local public health plan is to identify the public health needs of the local government district



***How do
we do
this?***

Public health planning identifies needs within your community before the Plan is developed to ensure that the Plan actually addresses locally relevant issues and needs from across the community. It is important to remember that consultation is a process, and it takes time, planning and commitment to get effective results.

In keeping with the requirements of the *Public Health Act 2016*, the three key themes you would devise your consultation questions under would include:

- What are the main public health risks or issues that impact on your local government or your local community?
- What is needed to promote and protect public health in your community?
- What public health services, projects or programs are needed to be maintained, developed and delivered in your community?

You can ask a multitude of questions under each theme and even get very specific information such as what the Plan should be called.

In general terms, the two key steps taken in any consultation process should include:

- Identifying which parts, or all of the community you wish to consult with;
and
- Identifying the methods of consultation.

It may be useful to consider a regional consultation – partnering with an adjoining local government to conduct your community consultation may be a sensible use of resources and time. You should consider the pros and cons of this and whether it is a realistic or suitable option for your local government.

Who should you consult with?

The answer to this is – as many people as you can possibly manage! In general, local governments that have developed Public Health Plans consult with:

- The community – all ages, all socio-economic groups, all cultures
- Local health agencies and services
- Council Business Units
- Community groups such as Rotary or Lions
- Non- government organisations (e.g. Red Cross, Cancer Council, Heart Foundation, Chamber of Commerce, etc.)
- Local Aboriginal Corporation/s
- WA Department of Health

Who you talk to and the extent of your consultation will depend on time available, funds, what you want to know and the available skills. Community consultation and engagement is a complex area and processes vary considerably and this may be an area where a consultant could assist.

Community engagement and participation should provide opportunities for people to talk and listen, share ideas and expertise and build networks that will lead to mutual respect. Community engagement and participation is essentially about opening, maintaining and, importantly, constructively finishing a conversation if appropriate.

Community engagement and participation, if done well, will effectively involve local people in the planning process and give them a voice. The identification of local issues, needs or perceived risks is important in ensuring relevance to the local community and assists in creating community ownership of the Plan.

In general however, the key principles of effective consultation that you should consider when planning your consultation process are listed on the following pages.

Consultation needs to be *focused* - everyone should be clear on why consultation is being undertaken.

Key questions:

- *Why is this consultation being undertaken?*
- *What exactly are you consulting about – are you looking for comment on a draft planning process or conclusion (closed consultation) or am I generating ideas about what is needed in public health (open consultation)?*
- *Is the start and finish of the consultation process clear to everyone?*
- *How will the consultation improve or influence the Public Health Plan?*
- *Are your consultation tools user-friendly for particular groups? (e.g. school students' language, culturally appropriate, etc.)*

Consultation needs to be *inclusive and access* the hard to reach groups.

Key questions:

- *Who are the stakeholders with regard to the public health in our local area?*
- *Will you only focus on these stakeholders or go wider and ask the general community?*
- *Are there any groups of stakeholders which are difficult to access?*
- *What are you going to do to ensure that these people have the opportunity to be heard?*
- *Which tools and processes will you use?*
- *How can you take the consultation to them?*
- *If a venue is involved, is it suitable and accessible?*

Consultation should be *based on informed comment and input* and this means that information must be made available in an appropriate form, to those participating in the process.

Key questions:

- *What information are you going to provide to those people who are being consulted?*
- *When do you provide it? At the start of the meeting, in a media release or online?*
- *Is the information adequate to ensure that they can express an informed opinion about what is needed in public health in their community?*
- *Is the information provided in a way which is easy to understand and meaningful?*
- *How will they express their opinions? At the consultation and/or after the consultation (e.g. online, art, photographs, etc.)?*

The consultation must be *timed* to ensure that the results of the consultation are able to influence the policy, planning and decision-making process.

Key questions:

- *At what stage of the process is consultation occurring?*
- *Is it early enough to help identify all the public health issues that affect your community or is it merely seeking comment on public health issues that the Council has already identified?*
- *Is it sufficiently early in the process for people to feel that your Council is genuinely interested in their opinions?*

Consultation should *be transparent and open* and all issues raised should be responded to by the Council. Where possible, participants should know at the start of a process how their input will be used to guide the Public Health Plan.

Key questions:

- *Is the decision-making process clear and has this been communicated with the consultation participants?*
- *Do you have a plan for how feedback is to be provided to respondents?*
- *In what format will the results be disseminated? (Remember to use plain English)*

Consultation processes should *be assessed* following the completion of decision-making to determine whether the goals of the consultation process have been achieved. This allows your Council to review and improve its consultation processes while also increasing the credibility of consultation. Participants should be involved in evaluation processes wherever possible.

Key questions:

- *Have you included evaluation as a legitimate part of the consultation plan?*
- *How will you evaluate the process?*
- *Is there political commitment to undertake the evaluation or is it just to tick a box?*
- *How could your Council use the outcomes from the evaluation to ensure better consultation practices in the future?*

Consultation needs to be *adequately resourced and have access to consultation skills*.

Key questions:

- *Have you identified the costs or in-kind contribution that a comprehensive consultation requires?*
- *Is there adequate resourcing for the consultation plan?*
- *Do you need to access specialists skills? (e.g. developing tools, methods or analysis)*

Consultation Methods

A variety of models and methods for engaging the community are available. You can use existing data collection tools or develop your own. Either way, it may be useful to be quite descriptive about the process and the type of information you are after, so that the tool can include any issues commonly experienced by members of the community that impact negatively on their or another person's quality of life. Questions relating to barriers faced by particular groups when trying to access services or programs should also be included.

Appreciative Inquiry (AI) – could it work for you?

AI focuses on the strengths of a community and the positive desired outcome upfront. This is different to traditional problem solving which is focused on the existing problems and how to fix them.

In community consultation you may find that using a strengths-based approach such as AI will yield positive returns. One of the things consultation will do is ensure “you will get what you are looking for”. If you are looking for problems, that’s what you will find. If you are looking for strengths, you will identify them and will be able to build upon them. When engaging with individuals and groups, AI can be used to identify what is working well in local communities. The Public Health Plan can then incorporate and apply these positive resources to generate energy and new ideas for resolving complex public health challenges.

For more information visit: <http://appreciativeinquiry.case.edu/intro/default.cfm> or contact the authors.

It is also quite acceptable to design a number of consultation tools to suit settings, situations or target groups. For example, you may have three key questions on your Council website “give us your feedback” section, but have another tool with 25 more specific questions for an online survey or face to face discussion.

The methods of consultation can be varied with some examples including:

- Ad hoc discussions;
- In-depth interviews with selected individuals;
- Call for written submissions;
- Surveys and questionnaires;

- User panels or advisory groups;
- Existing committees (e.g. YAC);
- Focus groups or yarning;
- Workshops or forums;
- Photovoice;
- Intercept surveys at community settings;
- Barefoot mapping;
- Learning circles, and
- Search conferences.

Examples of community consultation from WA local governments:

- *Community surveys about local public health and wellbeing issues, solutions and ideas letter box dropped to residents*
- *Self-assessed health data collected from residents*
- *Community discussion groups with certain sub-groups in the population (e.g. young people, Aboriginal people, older Australians)*
- *Online community surveys distributed through Council email lists or through existing community registers*
- *Face to face interviews with key external stakeholders*
- *Surveys left at Council facilities e.g. Libraries, Rec Centres*
- *Links to surveys placed on the “have your say” section of Council websites*
- *Interviews with Elected representatives*
- *Survey of staff members to identify perceived local public health risks*
- *Providing opportunities for certain groups to take photos of what encourages them to be healthy and happy*

There are many guides on how to tailor your community consultation. Many contain tools to conduct your consultation to ensure you reach a good cross section of your community. Some of the more useful ones appear below.

Victorian Local Government Association:

http://www.vlga.org.au/Resources/Consultation_and_Engagement.aspx

International Association for Public Participation:

http://iap2.org/associations/4748/files/IAP2%20Spectrum_vertical.pdf

Liverpool Council (NSW):

<http://www.liverpool.nsw.gov.au/haveyoursay/communityengagementtoolkit.htm>

When consulting with services, it is important to find out what programs or interventions already exist within your community. This will avoid duplication of services and identify potential partners for your Plan.

A good Public Health Plan acknowledges contribution towards public health both within and external to your local government. There are usually many organisations striving towards improving public health...although some may not use the term “health”. This is another reason to clarify your definition of health before you commence the planning process.

Accessing information about existing programs in your community is a good start to developing a sense of the existing priority issues and to identify partners and any gaps in program delivery. It is important to recognise that a Public Health Plan will involve many community stakeholders who already provide services around the issues that are identified as important. Some of these may include local NGOs such as the Cancer Council or Surf Life Saving, service clubs such as Rotary or Lions, sporting and social clubs, the Chamber of Commerce, Police and many others.

The practice of integrating your Public Health Plan into existing plans of other organisations, or making links with their Plans (e.g. Community based strategic plans or local business plans, etc.) is an important step to gaining commitment for the process from various stakeholders and for ensuring sustainability of your Public Health Plan.

The Public Health Act states:

A Public Health Plan is to include an examination of data relating to health status and health determinants in the local government district



***How do
we do
this?***

Accessing existing data in your community is a good start to developing a sense of the existing priority issues and risks and it is a valuable tool for all involved in the planning process. It provides a scientific and evidence based overview of health in your local government area and can stimulate political, community and media interests and it can begin the process of identifying longer term targets.

Your local government may already have a community profile, so this is a great place to start. Make sure that it is current and relevant – if, for example, it was developed 10 years ago, it will not be very useful. Also ensure that the existing local government profile covers the basic health related data including the most recent Census data. Other sources and links are documented below.

- Census/Australian Bureau of Statistics (ABS) data: you can access a Regional Profile and a Population Target Groups from the ABS. For background information on different areas the ABS recommends using Census QuickStats or Census Basic Community Profiles, available at www.censusdata.abs.gov.au
- Socio-economic data such as the SEIFA index. The Socio-Economic Indexes for Areas (SEIFA) are groupings that provide a comprehensive profile of the Australian people. Using data from the Census of Population and Housing, 4 indexes have been constructed to summarise the social and economic conditions of Australia. ABS SEIFA data can be accessed at: http://stat.data.abs.gov.au/Index.aspx?DataSetCode=ABS_SEIFA_LGA
- WA Health Department - The WA Health and Well-being Surveillance System can provide data at the LGA level where sufficient data has been collected. In order to provide valid and reliable estimates there may be a need to aggregate data over a few years to provide health statistics. These reports are not produced on an automatic basis but can be requested by LGAs by contacting us directly or through our epidemiology data request email epi@health.wa.gov.au. Generally, a health profile extracted from the WA Health and Well-being Surveillance System will provide prevalence estimates of chronic conditions, lifestyle risk factors (e.g. smoking, alcohol consumption, fruit and vegetable consumption and levels of physical activity) and health service utilisation.
- Data looking at mortality and morbidity within LGAs (e.g. top 10 causes of hospitalisation or top 10 causes of death) comes from administrative datasets held within the Department and are available by request through the Epidemiology Branch (although not from the Health Survey Unit which only deals with the Health and Wellbeing Surveillance System). Requests for this data need to go to epi@health.wa.gov.au
- **Medicare Data** – Access to statistical data related to Centrelink, Medicare and Child Support along with other Australian health and welfare data can be

sourced from:

<http://www.medicareaustralia.gov.au/provider/pubs/statistical-reporting.jsp>.

- **Australian Early Development Census (AEDC)** - The AEDC provides a national measurement to monitor Australian children's development. It provides evidence to support policy, planning and action for health, education and community support. It can assist governments to develop flexible approaches to policy and planning that address the evolving needs of children and families in the future. You can access these data at www.aedc.gov.au
- **Alcohol by Electorate** – This report provides estimates of alcohol-related harms in each of the 59 WA Lower House Electoral Districts, based on the best available data. You can access this at https://mcaay.org.au/assets/publications/alcohol-related-harms-in-wa-electoral-districts_feb2017.pdf
- **Social Health Atlases of Australia** - Data workbooks presenting the latest Social Health Atlases of Australia are available by Population Health Area, Local Government Area and Primary Health Network for the whole of Australia. Data are also available by Quintile of Socioeconomic Disadvantage of Area and Remoteness Area, as well as for the Aboriginal & Torres Strait Islander population. You can access this at <http://phidu.torrens.edu.au/social-health-atlases/data>
- **Australia's Health Tracker** - A report card on preventable chronic diseases, conditions and their risk factors which tracks progress for a healthier Australia by 2025. This is available at <https://www.vu.edu.au/sites/default/files/AHPC/pdfs/australias-health-tracker.pdf>

Results and key finding from other surveys or reports that have captured qualitative data may complement the data you generate and can assist in forming a comprehensive picture of existing public health projects, priorities or gaps within your local government area.

A report of document outlining trends in your local community would be a useful outcome of this step – but remember to write in a user-friendly way. Many local

governments include a precis of these data as an important chapter within their Public Health Plan.

An example of this is demonstrated below.

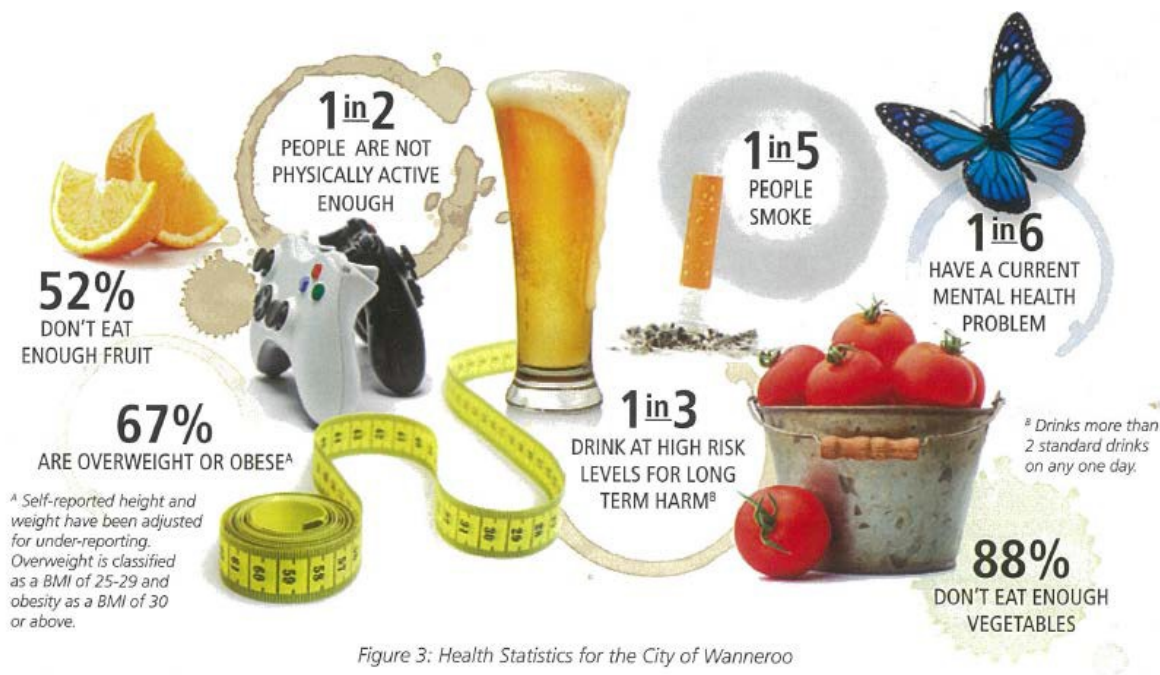


Figure four - City of Wanneroo's illustration of community data

The Public Health Act states:

A Public Health Plan must

- a) include a strategic framework for the identification, evaluation and management of public health risks in the local government district and any other matters relating to public health risks in the local government district —*
- i) that the local government considers it appropriate to include in the plan; or*
- ii) that are required to be included in the plan by the Chief Health Officer or the regulations*



***How do
we do
this?***

The Public Health Act defines public health risk as: “a risk of harm to public health”. This resource has attempted to provide a little more clarity around what this might mean. Risk is characterised by uncertainty. Successful risk management is defined by practical and useful solutions for dealing with this uncertainty. Risk management involves providing technical expertise and advice to the decision-makers to develop and formalise methods for improved risk management and adaptation.

In essence, your Public Health Plan is a risk management strategy to systematically and comprehensively identify, estimate, and evaluate risk scenarios relevant to your community followed by careful selection of risk control options to reduce risks. Some of the risks would have been identified during the community consultation and others would have become evident during your analysis of Council policies and data analysis. It is important that these risks are articulated in your Public Health Plan.

It is recommended that a report on the identified public health risks within your local government be developed (it does not need to be long or too scientific) that demonstrates, as objectively as possible, the impact that these identified risks have

on health and wellbeing. This report will feed into the identification of priorities for the Public Health Plan and will ensure that environment and health linkages are included and clearly articulated.

The primary benefit of integrating this risk management approach into your Public Health Plan will be improved and collaborative decision-making in your local government, which will be achieved through:

- improved understanding of the perceived (consultation findings) and real (literature or policy analysis findings) risks;
- better selection of risk controls;
- improved partnerships to manage risks; and
- the application of risk communication strategies to assist decision-makers and stakeholders to achieve a consensus decision about acceptable risk and to the community to advise how risks are being managed.

An example of a quantitative risk assessment framework

This example aims to provide a quantitative measurement of the overall health impacts of an environmental or public hazard in a given population. It includes the following steps.

- *Specify the health risk to be addressed.*
- *Specify the measure of exposure and the range of exposure to be considered.*
- *Derive the population exposure distribution.*
- *Select appropriate health outcome(s) to be considered (e.g. deaths, disease, injuries or DALYs which represent a weighted combination of the first three).*
- *Estimate exposure-response relationship in the population of interest, or derived from the scientific literature.*
- *Combine exposure and exposure response relationship data for each population group under consideration (e.g. by age and gender).*
- *Calculate the number of attributable cases, or an attributable fraction of cases, multiplied by the health statistics associated with the disease(s) under study.*
- *Quantify uncertainty of the estimate (range of potential effect)*

(Source: WHO 2008)

One of the challenges of basing your Public Health Plan on a risk management framework is that risk is often unpredictable. Despite how much consultation you have undertaken, there will often be previously unidentified risks that will need

addressing, due to the nature of many aspects of environmental and public health. Decisions will need to be made under conditions of considerable urgency, where there will be insufficient time to completely investigate a problem and perform an exhaustive analysis of available options. As the nature of threats to health and the environment becomes more complex and uncertain, the precautionary principle may be a useful to use. The principle states that in the case of serious or irreversible threats to the health of humans or the ecosystem, acknowledged scientific uncertainty should not be used as a reason to postpone preventive measures (UNEP 1992). Irreparable mistakes in the past such as those related to tobacco or asbestos, when people waited for definitive evidence for far too long before moving to action need to be avoided. Although there is no single recipe for applying precaution, the process needs to encourage decision makers to use the broadest possible range of information, including community and stakeholders' views, and to examine alternative courses of action. Flexibility in applying precaution is critically important, since each decision is different – with different types of risk, evidence, uncertainty, affected communities, availability of alternatives, and technical and financial resources (Martuzzi & Tickner 2004).

It is not uncommon for local government Officers to find themselves in situations where quick responses to rapidly unfolding public and environmental health threats must be made with minimal information and large degree of uncertainty. When you take this challenge and place it alongside the two key principles of risk assessment decision making, being the precautionary principle and the integration of sound science, there is a robust and solid argument for why an Environmental Health professional can champion the planning process.

It is not the intent of this resource to be a primer in environmental or public health risk assessment. EnHealth (a standing committee of the Australian Health Protection Principal Committee) has produced a resource titled “Environmental Health Risk Assessment – Guidelines for assessing human health risks from environmental hazards” that will assist to define risk assessment and provide a risk management framework. This resource is available at:

<http://www.eh.org.au/documents/item/916>

Below is a Simple guide to Assessing Risks for Public Health Planning – which you may choose to use in your process of developing your Public Health Plan.

What is a risk assessment?

A risk assessment is simply a careful examination of what, in your community, could cause harm to people, so that you can weigh up whether you have taken enough precautions or should do more to prevent harm.

It is one of several tools that local governments and the public may use to make decisions about how to prevent and reduce exposures to harmful or toxic substances or situations.

Public health risk assessment is also used to identify vulnerable populations (e.g., infants, children, elderly) who may be at increased risk from exposure to environmental health hazards, and to identify the hazards that pose the greatest risks to public health.

Some definitions

When thinking about your risk assessment, remember:

- a hazard is anything that may cause harm such as chemicals, sewage spill, lack of access to fresh affordable food, etc.
- the risk is the chance, high or low, that individuals or communities could be harmed by these and other hazards, together with an indication of how serious the harm could be.

Steps to Follow

Step 1 - Identify the hazards

To assist in identifying the hazard, ask the following questions:

- What are the major public health problems in your area? (data, records, complaints registers, peer reviewed publications, experience, anecdotal evidence)
- What environmental health data do you have to contribute to the identification of risks. For example:
 - o Sanitary surveys
 - o Air, water and food monitoring
 - o Noise surveys
 - o Facility inspections
 - o Laboratory test data
 - o Local research
- What services are available to address these risks?
- What is the quality of available services?

- Are public health resources adequate (e.g. human, financial, physical resources, etc.)

If you have already conducted your consultation, then combine the above with:

- What does the community perceive to be the public health concerns? (i.e. trends from consultation)
- What do providers perceive to be community based public health issues?

Step 2 - Decide which sections of the community might be harmed and how

- Identify at risk populations
- Identify geographical parameters associated with certain risks
- Link specific vulnerability to the nature of the risk (e.g. airborne pollutants associated with local cement factory, etc.)

Step 3 - Evaluate the risks and decide on management strategies

Prioritise the public health risks – e.g. immediate public health risks, longer term risk based outcomes, etc.

- It may be necessary to develop criteria to assist with the prioritization process. Refer to the section within the Public Health Planning recourse about prioritisation.
- Consider management strategies – policy, research, community ownership/resolution, risk communication, education, advocacy, etc.
- Review what you're already doing to address risks and consider existing management strategies. Compare these with the good practice.
- Ask the following questions:
 - o Can I get rid of the hazard altogether?
 - o If not, how can I control the risks so that harm is unlikely?

Step 4 – Integrate findings into the Public Health Plan

This is an important step, but remember to keep the language simple so that everyone will understand the intent.

Hints

1. Don't overcomplicate the process. In many communities, the public health risks will be well known from assessing:
 - Complaints registers
 - Local data
 - Regional and national data (e.g. ABS)
 - Prior experience with communities

- Peer reviewed publications
2. The nature and scale of the public health risks will be largely dependent upon the demographics and location of the population groups affected.
 3. Often risk assessment services require the collaboration of local government Officers from several technical disciplines.
 4. Risk assessments need to deal with uncertainty. Uncertainties exist in the identification and measurement of hazards, the estimation of exposures, the identification and measurement of health effects associated with exposures, and in the method used to characterise population and operational risks.

The Act states that you need to outline your risk assessment or management framework – this can be achieved by accessing the resource mentioned above.

The next step after identifying your framework is to identify the risks for your local community. Much of this work will already have been completed as you have:

- reviewed local health data to identify risks and gaps
- reviewed your Council policies to identify risks, priorities and gaps;
- identified the community's perceptions of local risks, and
- identified the priority areas according to their degree of importance, relevance and other decision making criteria.

However, to avoid confusion and to add clarity, the risks to be addressed in your Public Health Plan should be carefully identified and defined. Developing your Public Health Plan in the way suggested in this resource will ensure that when you develop your objectives, the associated risks are identified, ensuring you meet your legislative requirement. This is explained in detail on page 68.

Defining the proper scope of the risks to be addressed in the Public Health Plan is an especially important and often difficult task. If an environmental or public health problem is too narrowly scoped, this may lead to a risk management process that fails to reflect the actual nature of the problem in a real world setting.

An important step in the risk management framework that is often either addressed poorly or not at all, is risk communication. This communication informs stakeholders and the community about the existence, nature, form, severity, acceptability of the risks and how your Public Health Plan will manage the risks. Remember to include strategies to inform the community in user-friendly ways about the risks included within the Public Health Plan and how they will be addressed. This may involve making decisions about the type of information to be conveyed, to whom, when they require the information and the most suitable format for information dissemination.

If you need to communicate information about risks for your Plan to professionals you may like to provide information as:

- Documented reports;
- Minutes from meetings;
- Emails;
- Newsletters; or as
- Seminars, workshops or as a conference presentation.

To communicate information to the broader community you may like to provide information as:

- Information displays at key points or events throughout the community;
- Media releases;
- Website;
- Newsletters;
- Local community noticeboards; or
- Community emails
- Facebook, Twitter or other social media platforms.

From Data to Decisions – Designing the Content of your Public Health Plan

What is Important?

Establishing objectives and policy priorities for the promotion and protection of public health and the delivery of public health services
Identifying how the objectives and policy priorities are proposed to be achieved through the development of an action plan
Describing how your local government will work with the CEO and other bodies undertaking public health initiatives
Including a process for annual review of your Public Health Plan
Including a report relevant to public health policy, on the performance by your local government of its functions under this Act

The Public Health Act states:

- a) A Public Health Plan is to establish objectives and policy priorities for*
- i) the promotion and protection of public health in the local government district; and the development and delivery of public health services in the local government district*
- ii) the development and delivery of public health services in the local government district*



***How do
we do
this?***

Having completed the task of developing a profile of your local government, facilitating the community consultation and identifying the risks, it is time to start the process of identifying local priority issues in the two areas of:

- the promotion and protection of public health in the local government district; and
- the development and delivery of public health services in the local government district.

Priority setting will assist you to identify the most commonly experienced problems or challenges facing your community. It can also assist with defining the resources needed to adequately address the issues and risks. The process you have already embarked on to date should have provided you with the following information:

- key data describing prevalence and/incidence of non-communicable and communicable diseases in your local government;
- key data about environmental and public health risks experienced or likely to be experienced in your local government;
- key data describing your demographic composition and the location of any “at risk” groups within your local government (e.g. CaLD, lower SES, Indigenous, new migrants, seniors, etc.);
- a precis of key public health policy issues (current and futuristic) within your Council;
- a list of community needs, wants, aspirations and perceived health risks;
- a list of interested people who would like to be involved in the planning process;
- an idea of other organisations looking at public health issues within your local government boundaries.

The difficult task is to generate priorities and balance the scientific and objective information and data you have collected on the public health risks (both traditional and emerging) with subjective issues raised through the community consultation. Public health issues rarely have simplistic solutions, and often the resources needed to address these issues and risks are unavailable.

The process of selecting priority issues can be complex. Here are some questions to consider that will help you develop a framework to guide your selection of priority issues.

- *Do the issues fit within your organisational context?*
- *Do the issues have the ability to contribute to the overall direction of your organisation?*
- *Do you have enough data to support these issues? Do you need additional local, State or National data to support the rationale for addressing the issues?*
- *Do you need to consult further with the target groups on any issues?*
- *How do the issue affect external organisations' policies and programs? Can you link with others? Could you run a joint program based on an issue?*
- *What are the causes and factors – is there a lack of knowledge or awareness of the issue, or do you need to consider the physical environment, the social or economic factors, policy or legislative issues or issues of access?*

Developing a set of criteria for determining priorities may be a useful tool to assist in the priority decision making process. Criteria need to reflect your local situation but may include considerations such as:

- If the issues are amenable to intervention (this allows for action on problems that may not affect large numbers but are amenable to action)
- Does the action statement have the potential to address inequity?
- Does the issue match between resources and proposed priority?
- If left unattended, what is the likelihood that the need will go away?
- Can the issue be addressed through prevention?
- Can the issue be addressed within the timeframe of your Plan's funding cycle?
- Does it fit into corporate goals?
- It is of relevance to your community?
- What is the number of people who could potentially be reached?
- Can you get some early and visible wins that can be demonstrated to the community and Council?
- Is the issue already being addressed in your community and by who?
- What is the economic impact of the issue?
- How severe the issue is (e.g. life threatening, etc.)?
- Will there be ramifications on the public/Council image?
- Has the issue been successfully addressed before?
- Who can you partner to make this issue a reality?
- Does the issue fit with Regional, State or National priority areas?

PHAIWA established a matrix when developing its priority strategies and you may find a tool such as this useful. A matrix such as this will also enable you to argue

effectively why certain priorities are included within the Plan and other are not as the rationale and data to support each decision is populated in the matrix.

A section of the PHAIWA matrix is illustrated below and will provide an idea of the type of tool that may be useful in this process.

Assessment Criteria ↓	Issue/PH Risk →	Noise	Food security	Others
Public health importance				
Magnitude of risk				
Amenability to change				
Address inequity?				
Locally relevant?				
Avoid duplication?				

Figure five - Example of priority setting framework

An alternative model can be found in the WA Department of Health's Health Risk Assessment framework. This resource provides a specific characterisation of potential risks to the public and has been developed to assist proponents and others to undertake formal impact assessments for new developments. These processes may also be useful for other forms of assessments where risks to the public are being considered. This resource is available at:

http://www.public.health.wa.gov.au/cproot/3087/2/HRA_Scoping.pdf

Creating a set of actions

The Public Health Act states:

A Public Health Plan is to identify how, based on available evidence, the objectives and policy priorities are proposed to be achieved.



It is now time to start drafting your Public Health Plan based on all the evidence you have gathered to date. Remember that evidence refers not only to the quantitative data such as the demographics, but also the qualitative data and information accessed through the consultation process. Adequate time needs to be allocated to the planning process; it is a rule of thumb that 75% of a project's time should be spent in the planning phases.

It is important to develop a Public Health Plan that is realistic, relevant, achievable and shows exactly what you want to do and how you are going to measure your outcomes. If developed well, this Plan will provide a logical sequence of events that draws on theory and experience and gives your Council direction for public health action over the next 3 years. Remember, if the final Plan can be picked up by an outsider, read and understood, it should be acceptable to most.

When considering the actions in your Public Health Plan, remember that your local government doesn't have to 'do' everything. Some of the actions may be led by an external agent where the Council is a partner. Others may be advocating strategies where you stand alongside the community to try to influence an outcome. An example of the different type of actions can be seen from the City of Armadale's example below.

*The **City of Armadale's** role will vary in relation to each of the identified priority areas within the Public Health and Wellbeing Plan. The key role/s that the City will play are categorised into the following approaches:*

- *Policy and planning*
- *Advocacy and leadership*
- *Organisational development*
- *Service provision*
- *Information, engagement and awareness*

Some basic concepts to remember when starting to formulate your Public Health Plan include:

- Give the Plan a name: will be just be the Shire of Timbuktu Public Health Plan? Or can you make it more attention-grabbing?
- Develop an integrated approach: work with your colleagues and external partners when developing the Plan to avoid conflicting strategies. Try to make links between your Public Health Plan and other local government plans.
- Develop a whole of community approach: many of the issues identified in your lead up work will fall outside of your organisation's jurisdiction. Many strategies will involve partnerships and this will assist in creating ownership of the Plan and increasing awareness that the Plan exists – so involve these organisations!
- Consider any legislative requirements: depending on the issues identified, legal requirements under the Health Act or Food Act for example, may need to be considered when constructing your objectives.
- Identify access and equity activities: involve key agencies and residents from the community when formulating your Plan and this will assist to ensure appropriate activities are canvassed and you do not unnecessarily duplicate existing initiatives in your community.
- Ensure that the wider determinants of health are considered and you are not purely focusing on traditional public health activities.

Your Public Health Plan should include the following objectives as a given:

- Health protection services such as food safety, immunisation, infectious disease notification, water quality and environmental health.

- Health development issues that can be advanced by local government (within state-wide frameworks) such as prevention of injuries, cancer, cardiovascular diseases, drug and alcohol use, tobacco control and nutrition.
- Population health strategies that address the preventive needs of population groups considered being at risk. This includes strategies to address child and family health, aged care, youth health, and the health of vulnerable groups.
- Place based strategies that support a healthy community such as improving the built environment or access to fresh, healthy and affordable food.

Others that have been included in various WA local government Public Health Plans include:

- Public health emergency requirements.
- Community capacity building and community wellbeing issues. These issues should be grounded, individualised, reflect local needs and partners and align with the State Plan.
- Social health issues. Such as homelessness or affordable housing;
- Community safety.

This is not an exhaustive list and the objectives need to reflect the priorities within your community.

Developing a robust set of actions is time-consuming and it is important to include your colleagues in the development to ensure ownership and successful implementation. Here are some tips for ensuring that you achieve active participation by your colleagues when developing your action plan:

- Ensure your Plan is driven by needs and demands from within the community (this is why the consultation phase is so important);
- Promote the idea that the time spent in designing the action plans is an essential investment in successful outcomes, and not a waste of time spent ‘talking’;
- Clearly define what level and type of participation will be undertaken;
- Ensure your Plan aligns with Council priorities;
- Ensure the Plan incorporates specific activities and resources needed for engagement and participation;
- Ensure the drafting team has the appropriate skills needed to undertake the participatory processes and if they do not, offer a range of supportive resources or available courses.

There are a number of frameworks available to assist in developing sets of actions, but as a guide (some are listed below), it is recommended that the basic structure of your Plan try to follow the program planning framework as described on the following pages.

Some planning courses available in WA:

Australian Institute of Project Management:

<https://www.aim.com.au/courses/project-management-fundamentals>

TAFE (Program Management):

[http://www.opencolleges.edu.au/lp/project-management-courses? bt=166606990797& bk=%2Bproject%20%2Bmanagement%20%2Bcourse& b m=b&gclid=CjwKEAjw5M3GBRCTvpK4osqj4X4SJAABRJNCqXd5JTtKsz_vYBqwFC98Ydlfj20gs5GQDZZDT-4YMxoC7lnw_wcB](http://www.opencolleges.edu.au/lp/project-management-courses?bt=166606990797&bk=%2Bproject%20%2Bmanagement%20%2Bcourse&b m=b&gclid=CjwKEAjw5M3GBRCTvpK4osqj4X4SJAABRJNCqXd5JTtKsz_vYBqwFC98Ydlfj20gs5GQDZZDT-4YMxoC7lnw_wcB)

IAP2 – International Association for Public Participation (WA Branch):

<https://www.iap2.org.au/Home>

Developing a Goal

The goal relates to the overall aim of your Plan and should be long term in nature.

The goal of your Public Health Plan may simply be to increase the quality of life in your community, or it may be more specific. The goal will depend on the information and data and the community consultation findings, teamed with evidence from any literature, data collected or policies reviewed. Measuring your goal generally occurs close to the finalisation of your Public Health Plan, however regular monitoring of objectives, strategies and activities will all feed into the final evaluation.

During your community consultation you will have identified a range of issues that were considered important to your community. The priority setting process would then have enabled you to identify those issues of greatest importance. It is now time to develop those priority issues into a plan of action (objectives) that will sit beneath your goal.

Let's take an example priority issue and look at how we can develop objectives to address that issue.

Priority area:

Low awareness of action to take during extreme weather events

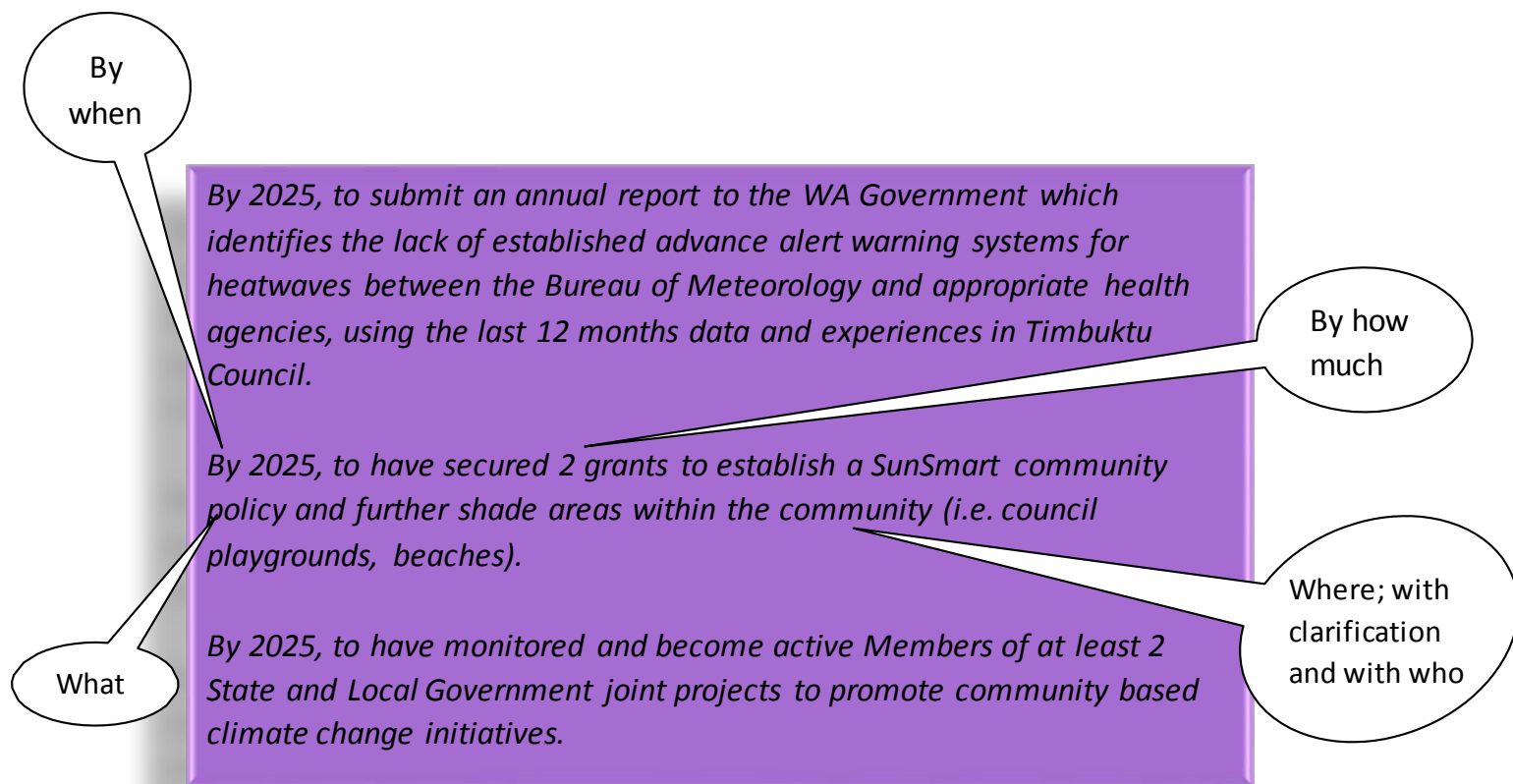
Risks:

Heat stroke for vulnerable populations, increase risk of skin cancer in later life for unprotected children, unprepared communities when required to evacuate during extreme weather events.

Objectives:

- a) *To lobby Government to establish advance alert warning system for heatwaves between the Bureau of Meteorology and appropriate health agencies.*
- b) *To apply for grants to establish a SunSmart community policy and further shade areas within the community (e.g. council playgrounds, beaches).*
- c) *To monitor and actively participate in State and Local Government joint projects to promote community based climate change initiatives.*

Objectives are more specific than your goal and basically spell out the steps you will take to achieve your goal. It is common to have a number of objectives under your goal. Objectives should be written in a way to ensure they address who, when, where and by how much. Taking the draft objectives from above, you now need to include some additional detail to ensure they give this specific detail.



The “by how much” detail can be difficult to identify. It is generally expressed as an increase or decrease in the proportion of people carrying out a behaviour or practice, or as an increase or decrease in the average frequency of behaviour or factor of interest. It is important to try to include a “how much” as it makes evaluating and measuring the changes much easier. You may not achieve your stated “by how much” which fine is provided you can explain the reason for not achieving it.

Additional information on performance measures are included on page 76.

The next stage is to identify your strategies. Strategies are the shorter-term activities that you will undertake to meet your objectives and they generally describe what you hope your Plan’s key objectives will achieve. For example, running education courses, conducting media campaigns and organising collective action at a community level are all strategies.

Taking one of the objectives from the example above, it is possible to show how the strategies will fit beneath it.

Objective:

By 2025, to submit an annual report to the WA Government to identify the lack of established advance alert warning systems for heatwaves between the Bureau of Meteorology and appropriate health agencies, using the last 12 months data and experiences in Timbuktu Council.

Strategies:

- a) *Collect and analyse data from the past 12 months relating to extreme weather events, community responses and adverse outcomes.*
- b) *Collate into a concise document, formatted in line with the Council policy.*

Beneath each strategy lies a range of activities which describe the day-to-day tasks undertaken by your local government and/or partners to ensure the strategies and objectives are met.

Taking one of the strategies from the example on the previous page, it is possible to show how the activities will fit beneath it.

Strategy:

Disseminate to WA Government and other decision makers with a call for action including better coordination between BOM and local governments.

Activities:

- *Develop a list of local and state decision makers with an interest in this area.*
- *Develop a communication plan for the timely dissemination of this information.*
- *Investigate and implement social media formats (e.g. online polls, online Forums) for disseminating this information to media, community groups and decision makers.*
- *Organise and appoint a local Council spokesperson for this issue.*

Each recommended activity should include:

- A timeframe;
- A priority ranking - e.g. high, medium or low;
- A locality, if relevant;
- Performance indicators;
- An indicative budget of the cost of the recommended action to assist in allocating resources; and,
- A key agent to take responsibility or carriage of the activity.

All of these strategies will provide guidance on how the Plan is actually going to be implemented. The Public Health Bill states that the Plan must be reviewed every year, so actually achieving the performance indicators (as well as recording results) is an important task. To assist with implementation, it may help to have designated rotating “checkers” to verify every quarter, if each responsible person/key agent has completed their assigned tasks. Other organisations have designated pairs of people to be responsible for tasks, where partnership principles are used to ensure each partner commits to helping the other to finish tasks on time.

Taking the examples used throughout this section, it is possible to show this detail on a matrix. It is a good idea for your Public Health Plan to include one matrix for each objective.

Objective By 2025, to submit an annual report to the WA Government which identify the lack of established advance alert warning systems for heat waves between the Bureau of Meteorology and appropriate health agencies, using the last 12 months data and experiences in Timbuktu Council.						
Strategy Disseminate to WA Government and other decision makers with a call for action including better coordination between BOM and local governments.						
Activities	Timeframe	Priority ranking	Locality	Budget	Who?	Performance Indicator
Develop a list of local and state decision makers with an interest in this area.	January 2024	H	State & local	Nil	EH	List developed. List updated annually. List disseminated to all stakeholders.
Develop a communication plan for the timely dissemination of this information.	February 2024	H	All	Nil	Communications	Plan developed and ratified by Council. Number of information dissemination strategies used. Number of times information disseminated. Satisfaction with communication plan.
Investigate and implement social media formats for disseminating this information to media, community groups and decision makers.	January – July 2024	M	All areas	\$500	IT and EH	Results of investigation available. Number of new social media formats on Council website. Number of partners linking to Council website. Number of times information disseminated. Satisfaction with social media strategies.
Organise, appoint and brief a local Council spokesperson for this issue.	June 2024	H	All areas	Nil	CEO and EH	List of spokespeople developed. Key messages developed. Number of times spokespeople are used in media, etc. Level to which spokespeople adhere to key messages.

The budget for your Plan may require specialist skills, or it may be a specific task allocated to one Officer. Despite how the budget is designed and administered, financial responsibilities will need to be identified.

Establishing your goal, objectives, strategies and activities is an important step, but success depends also establishing timelines and the assignment of responsibilities for activities and services.

Tips for designing achievable timeframes include:

- Divide the Plan into stages (including milestones) based on your set of actions;
- Celebrate milestones;
- Take into account factors that may affect progress such as school holidays, financial arrangements and requirements of any relevant funding bodies or partners;
- Remember that working intersectorally will take time and you may need to wait for other organisations to get management support before you can proceed;
- Remember that the working with the community takes considerable time to be done effectively, and
- Deliver across two or more financial periods.

As your Plan is implemented, remember to keep track of how well you are implementing the objectives, strategies and activities. This could include reports, photos, testimonials, media clippings and many other forms. Your performance monitoring framework will assist you to do this. For detail on this, refer to the evaluation section starting on page 76.

The Public Health Act states:

A Public Health Plan must describe how the local government proposes to work with the Chief Health Officer and other bodies undertaking public health initiatives, projects and programmes to achieve the objectives and policy priorities.



***How do
we do
this?***

This resource has already discussed the importance of having local political leadership and commitment priority to the commencement of the planning process. This provides legitimacy and gives opportunities for wider levels of participation by others.

If you have followed this resource step by step, you would have achieved this requirement of the Act because you would have:

- Received support from the CEO and management before you commenced your Plan;
- Provided the CEO and other interested partners with a report that indicates how the Public Health Plan will align or be integrated with existing Council documents;
- Identified any links with the State Public Health Plan;
- Identified your proposed public health initiatives within your set of actions, together with responsible key agents including your local Public Health Units; and
- Described how the Council and CEO will report to the community and WA Government (i.e. the Chief Health Officer).

A key success factor in other public health planning processes has been the gaining of formal commitment from management at the very commencement of the planning process. This resource recommended that a briefing paper be developed outlining the proposed planning process, links to Council policy,

partnerships and scope at a very early stage, and that this briefing paper be approved in principle by your Council.

Your set of actions developed will also indicate how your local government will work with the Chief Health Officer (WA Health) and other bodies. If you have nominated that you will work with your local Public Health Unit within your Public Health Plan, this will ensure you have a more direct relationship with the Chief Health Officer. The consultation you completed would have identified internal and external agencies who were interested in implementing the Plan or focusing on one particular risk or issue. This level of detail should be integrated in your objectives, strategies or activities.

In addition, if you have aligned your local Public Health Plan with the WA Health Department's key policy documents, there should be an automatic consideration of how best to report to the Chief Health Officer.

How the City of Melbourne reports to their Chief Executive Officer

The City of Melbourne has an online reporting system for all project activities, indicators and deliverables designed to reduce multiple reporting. The managed information system can respond to the ongoing development of integrated planning and evaluation needs as they emerge. Branches undertaking health and wellbeing projects review their project outputs each quarter providing qualitative data reflecting the real progress over the life cycle. They also are required to state a quantitative measure of their progress.

Evaluating Risks and Performance Monitoring

Section 47 of the *Public Health Act 2016* provides the power for the Chief Health Officer to request a copy of a local government's public health plan.

The legislation however, does not prescribe how an annual review might be conducted.

The Public Health Act states:

*You need to include a report on the performance by the local government of its functions under this Act. **Further, it states** that a local government must review its local public health plan each year and may amend or replace it at any time.*



***How do
we do
this?***

It is good practice to have a clause in your Public Health Plan that ensures you review it annually. From an accountability perspective, conducting an annual review means making sure that the actions identified in the plan are being implemented satisfactorily and that they remain the best way for council to invest in health and wellbeing over the life of the plan.

Developing an evaluation or performance monitoring framework at this stage will allow your local government to agree how and when its actions will be monitored and reviewed and what information your local government needs in order to review progress of the Plan's implementation. Evaluation in its simplest form is the process of deciding the worth or value of something. This process involves measurement, observation and comparison with some criterion or standard. So the fact that you have to do an annual review is a good thing. Look at the review as an opportunity to identify all the wins you have had and those that are yet to come. It will identify the strategies that you are yet to start or that need refinement and also allow you to reduce or finish activities that might no longer

be necessary. The annual review will give you the perfect opportunity to write a press release outlining what great public health interventions and outcomes your Council has achieved in the past 12 months!

The process of reviewing your Plan annually will also contribute to the overall evaluation of the Plan at the end of the five year cycle. There are many reasons why you should look positively on the annual review including the ability:

- To provide feedback to your local government, community and stakeholders;
- To be accountable for any funding allocated, decisions made and action taken;
- To provide opportunities for improvement in the delivery of Plan activities into the future;
- To assist with quarantining future resources, whether these be financial, human or in-kind from others;
- To provide information to develop evidence based policies that will promote health and wellbeing in your community; and
- To follow good practice by constantly monitoring the Plan's implementation.

Indicators are a tool to assist decision makers to establish if the Plan is working. For example, if the Police or other community agencies are working to influence health status, then it is clear you are moving in the right direction. At the most basic level, your Public Health Plan should integrate performance or success indicators alongside each activity. Additional longer term indicators need to be developed for each objective. If your objectives have been developed in accordance with what is suggested in this resource, this will be relatively easy as you would have already identified who, what, when, where and by how much. A success factor in other local government planning frameworks has been clarity around what actions are to be achieved in the first 90 days of the implementation of the Plan. This not only encourages action but also provides some highly visible, quick wins for your local government.

Developing performance indicators

Any performance indicator should be useful, practicable, accurate and ethical. Indicators should be developed to assess both short and longer term measures.

Short term indicators are easier to develop and measure. They generally measure issues such as:

- The quality of the Plan – does it match Council corporate policy? How many requests do you receive from others? Etc.
- The way the Plan is implemented on the ground – level of participation and engagement, interest levels, feedback on activities and resources, barriers to participation, increases in awareness of public health on the ground, etc.
- The reach of the Plan into the community – is it reaching those who are most at risk?

Longer term indicators are much more difficult to measure, however they will provide the really useful information you need to assess if your Public Health Plan is actually making a difference. They generally measure issues such as:

- changes in behaviour;
- changes in local environments;
- changes in risks;
- changes in health knowledge;
- changes in social participation or community connectedness;
- changes in lifestyle or risk factors and skills; and
- changes in disease rates or prevalence.

In general, your performance measures, when merged should, be able to tell a story about your Public Health Plan that includes:

- What did we do? Is it what we said we would do? Why or why not?
- Was the community and our stakeholders satisfied with the implementation of the Plan?
- What did we learn from the implementation of the Plan? Would we do anything differently next time? What strategies worked best or were least effective and why?
- Did the Plan actually make a difference in the community or with our partners? Are the public health risks reduced? Is there any evidence to

suggest that health and wellbeing has improved in the community? Has there been participatory and collaborative partnerships formed within your Council? Did the Plan raise the profile of public health in your Council?

- How will public health be sustained in your Council and within the community?

When looking at how to review your Plan, head back to your objectives and strategies and consider the following when planning how you will measure your progress.

Plan Statement	Deliver....	Measured by...	Answers the question...	Tools to use...
Goal	Long term benefits or outcomes	Outcome evaluation	Have we achieved the change we sought?	<ul style="list-style-type: none"> •Monitoring and feedback systems e.g. “have your say” on Council website •Focus or discussion groups •Community surveys or questionnaires about the Plan •Behavioural surveys; •Interviews with key participants •Environmental audits of facilities to monitor changes •Risk assessments to monitor changes •Comparison with relevant data •Community feedback.
Objective	Medium term benefits or outputs	Impact evaluation	Are we having the influence we expected?	
Strategy	Short term or immediate benefits or actions	Process evaluation	Are we doing what we said we would do and are the consumers happy?	

Figure six - Example of evaluation framework

Adapted from VicHealth’s A Practical guide to conducting annual reviews of MPHP

Once completed, don’t forget to submit to your CEO and to the Chief Health Officer as required by the Act.

More detail on these tools as well as examples can be found at the following links:

VicHealth - Planning for effective health promotion evaluation:

<https://www2.health.vic.gov.au/about/publications/policiesandguidelines/Planning%20for%20effective%20health%20promotion%20evaluation>

US Centers for Disease Control and Prevention - Framework for Program Evaluation in Public Health:

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr4811a1.htm>

Heart Foundation - Healthy Urban Environments Site Assessment Audit:

http://www.pcal.nsw.gov.au/___data/assets/file/0007/27637/2007_healthy_urban.pdf

and more tools and information on “Healthy Active By Design”:

<https://www.heartfoundation.org.au/programs/healthy-active-by-design-western-australia>

Department of Health and Ageing - Environmental Health Risk Assessment - Guidelines for assessing human health risks from environmental hazards:

<http://www.eh.org.au/documents/item/916>

WA Health Department - Health Risk Assessment in Western Australia:

http://www.public.health.wa.gov.au/cproot/1499/2/Health_Risk_Assessment.pdf

The Public Health Act states:

Include a report, in accordance with the regulations, on the performance by the local government of its functions under this Act.



This clause of the Act allows local governments to integrate any public health issues into their Plan that may be specifically relevant to your local community or may address a specific risk, even if they did not show as a priority from the data or through the community consultation process.

It is this clause of the Act that encourages local governments to integrate the more traditional yet critically important areas of public health that have been addressed by local governments for decades into the Public Health Plan.

It also provides a pathway to integrate public health outcomes into any reporting processes your local government has with the community and other government agencies.

Your annual reviews, once collated, will form the basis of any report that you will be developing for either your own Council or for the Chief Health Officer.

How do you prevent your Public Health Plan from being a Dust Collector?

A frequent complaint about Plans, any plans, is that they end up collecting dust on a shelf and are ignored by the organisation. The following guidelines will help ensure that your Public Health Plan is implemented and embraced by your colleagues and reinforces many of the points suggested in this resource:

- When conducting the planning process, involve the people who will be responsible for implementing the plan. Use a cross-functional team to ensure the plan is realistic and collaborative.
- Ensure the Plan is realistic. Continue asking planning participants “Is this realistic? Can we/you really do this?”
- Use language that everyone understands. That means avoiding acronyms, jargon, public health specific terminology wherever possible and writing in basic English.
- Organise the Public Health Plan into smaller parts such as an action plan or work plan for each Business Unit or responsible Officer/s.
- Specify who is doing what and by when.
- In the action plans, specify and clarify the Plan’s implementation roles and responsibilities. Be sure to detail particularly the first 90 days of the implementation of the Plan. Build in regular reviews of status of the implementation of the Plan.
- Translate the Public Health Plan’s actions into job descriptions and personnel performance reviews wherever possible.
- Communicate the role of performance monitoring and let your colleagues know the Plan will be regularly reviewed.
- Nominate one person to collect the whole of Council data for the annual review. To do this, you will need to quarantine time to enable this person to interview each department and gather the evidence required.
- Be sure to document and distribute the Plan, including inviting review input from all.
- Be sure that one internal person has ultimate responsibility that the Plan is enacted in a timely fashion.
- The Chief Executive’s support of the Plan is a major driver towards the Plan’s implementation. Integrate the Plan’s goals and objectives into the CEO’s or Director’s performance reviews.

Another way to promote implementation is to share experiences from your Plan with others. Sharing learnings of success factors and outcomes with others in your local governments and more widely with the community, assists in generating interest and support for the Plan, provides accountability and enhances the possibility of generating new funding or sponsorship.

Don't forget to "show off" the achievement from your Public Health Plan. Using your local newspaper, including snippets in your Council newsletter and using social media are all great avenues to let the community and your external partners know that the Public Health Plan is being implemented. PHAIWA also have the Local Government Children's Environment and Health Report card project where many local governments are being recognised for their Public Health Plans. Here are some "show off" examples from some of our WA local governments.



Conclusion

Public Health planning is a challenge, and when done well can deliver considerable long-term benefits for all involved. But these Plans bring communities, local government and the private sector together for a common purpose: to improve health and wellbeing for all.

This resource has been designed to local governments develop a Public Health Plan in alignment with the requirements of the *Public Health Act 2016*. As the Act is rolled for implementation, this resource will be updated.

A critical success factor of a Public Health Plan is the people involved in the planning, implementation and evaluation. A common strengths of public health planning processes is helping to develop the capacity of all partners involved, from community members to your local government colleagues, through to the external partners.

A well-constructed, “joined up” and evidence based Public Health Plan will assist your local government to utilise the best available data and evidence together with community and stakeholder needs and aspirations, to make informed decisions about public health programs and interventions that promote health and wellbeing.

We wish you every success with your Public Health Plan.

Additional reading

Public Health Act (WA Health)

https://www.slp.wa.gov.au/legislation/statutes.nsf/main_mrtile_13787_homepage.html

Western Australian Health Department Website – About the Public Health Act 2016

<http://ww2.health.wa.gov.au/Improving-WA-Health/Public-health/Public-Health-Act>

The Social Determinants of Health and the Role of Local Government

This collection of articles assesses what local government can do to tackle the social conditions that lead to health inequalities. This resource builds on the recent Marmot Review report, 'Fair Society, Healthy Lives'. Some of the articles are deliberately challenging and provocative. Some present a picture of what is already happening in local government. Some look to what more local authorities could do, either with additional powers or by using their existing powers and remit. All will challenge and extend your current thinking.

<http://www.communityfutures.org.uk/wp-content/uploads/009-Social-determinants-of-Health.pdf>

Municipal public health and wellbeing planning (Victoria)

This Victorian framework for municipal public health planning incorporates an awareness of the social, economic, natural and built environments and their impact on health and wellbeing. It encourages municipal public health planning of a high standard and consistency in scope and approach across the State, while still valuing diversity. Importantly, it is also aimed at improving community health and wellbeing by promoting the integration of Municipal Public Health Plans as an essential component of municipal corporate planning.

<http://www.health.vic.gov.au/localgov/mphpfr/downloads/mphpf.pdf>

Health Risk Assessment - WA Health Department

This resource provides a specific characterisation of potential risks to the public and has been developed to assist proponents and others to undertake formal impact assessments for new developments. These processes may also be useful for other forms of assessments where risks to the public are being considered.

http://www.public.health.wa.gov.au/cproot/3087/2/HRA_Scoping.pdf

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Public Health Planning

A guide to developing a local government Public Health Plan