

# THE STORY OF OUR PUBLIC HEALTH PLAN

## SHIRE OF AUGUSTA-MARGARET RIVER



**Public Health Plan**  
2020-24



# The why behind our PHP development

The Public Health Plan (PHP) was a 'priority project' in our Corporate Business Plan 2019-2023. To ensure there was a clear timeframe, it was given a completion deadline of June 2020. Our Council already has a strong focus on sustainability and social justice, so the PHP immediately had high-level support and commitment, even if the exact understanding of the intended purpose of the PHP was initially slightly blurred. The Shire partnered with The City of Busselton and funded the community health profile data collation and preliminary research that was used to inform the development of PHP. This document presented the evidence, considered the demographics and identified the presenting health issues prevalent in our communities. To make the most of this research while it was current, the Shire decided to act quickly and commenced work on developing the PHP immediately.

We were also acutely aware of the changing profile of Environmental Health Officers (EHO) and often feel the need to educate the community and stakeholders on what it is they do. We saw the PHP as an avenue for raising the profile of the EHO profession. For this reason, we kept the PHP with the Environmental Health business unit as the lead role. We used the PHP to raise the profile of both the EHO's role and LG's role in public health.

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## How we developed our PHP

The Shire used the PHAIWA and Department of Health PHP guidelines to steer our own project plan. The main steps involved in our process included; pre-planning, research and data gathering to inform our plan (engaged a consultant to prepare a community health profile), established an internal working group, drafted priorities and formulated objectives with the internal working group, presented the concept to a Council forum for approval, hosted an external workshop with identified key stakeholders (including Councillors), identified final priorities and objectives, developed an action plan, developed a draft plan (objectives and priorities + action plan), further consultation – internal working group, external working group, community, final draft to Council for endorsement and finally, final plan endorsed and published.

We had to be flexible within this framework and we operated with a "bring everything to the table" approach, where all ideas were considered. We used a consultant for the health data research and another consultant to facilitate the workshop for the external stakeholders and all other aspects of the PHP were completed in-house. The community consultation took longer than anticipated because of a technical glitch, and then the COVID pandemic had started. The internal working group was made up of managers, coordinators, and interested officers from many business units across the Shire, giving it a whole of council approach. Every business unit was approached and asked to nominate a

champion. This resulted in a very dynamic, diverse and engaged group, each with intimate knowledge of their respective business area and how it could contribute to the PHP or how it may be impacted.

The external stakeholder consultation was another valuable contributor to the PHP. We had a lot of interest from engaged and experienced public health professionals and local organisations. This group were instrumental in getting together a workable and achievable action plan to ensure our PHP was implemented as intended and embedded into other workflow plans, KPI's and policies where appropriate.

 <b>Active and Healthy Lifestyles</b>	 <b>Environmental Health and Safety in a Changing Climate</b>	 <b>Social and Mental Wellbeing</b>
<b>Objective 1.1</b> there are environments that encourage our community to lead healthy and active lifestyles	<b>Objective 2.1</b> public health is protected and promoted through the delivery of environmental health programs and initiatives	<b>Objective 3.1</b> the Shire promotes mental health and wellbeing through collaborative partnerships
<b>Objective 1.2</b> there are increased opportunities for the community to access secure and healthy food options	<b>Objective 2.2</b> the Shire progresses and supports strategies to promote a safer community	<b>Objective 3.2</b> the Shire supports priority populations to achieve better social and health outcomes
<b>Objective 1.3</b> our community is supported to make behavioural changes around the use of alcohol and other drugs	<b>Objective 2.3</b> our community is supported to adapt to the health impacts from a changing climate	

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## Outcomes to date

The immediate outcome after the PHP endorsement was a sigh of relief followed by a celebration. It was then immediately into driving the implementation phase of the PHP so we could capitalise on the momentum generated to date, as well as the growing focus on public health in general due to COVID.

We developed a document to embed the strategies and activities into existing workflow plans so each business unit could keep track of their assigned priority progress. The PHP was well aligned with budget allocations, although we ensured there were no major budget expenses or hurdles associated with implementing activities in the PHP that may have held up the PHP endorsement.

A further outcome is the sharing of information from external stakeholders about funding, grants or similar projects occurring that are relevant to our PHP activities.

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## Challenges and barriers faced

COVID was a challenge and had the potential to interrupt the entire project from resourcing and funding, staffing, focus and priority issues we had to contend with. Managing stakeholders expectations – especially stakeholders that were not familiar with the role of local government and the limitations of LG reach was always tricky.

Change of Manager, Directors and Councillors meant repeated briefings and education and some last-minute changes to priorities with new input.

Time pressures of the other business units involved. LG officers are all so busy and we didn't want to impact their time unnecessarily, so we avoided face-to-face meetings and completed what we could via phone calls, email and individual meetings to keep discussions relevant to them and their business unit outcomes. We believe this helped keep them engaged as they could focus on what was relevant to them and not get lost in the bigger picture, with things that wouldn't involve them in the long term.

Council politics, and being given directives to include some things that are not public health issues, not evidence-based or sat outside the scope of LG influence. Having strong leadership, in this case, gave me the confidence and support to persist with the PHP we had agreed to. Lack of understanding and appreciation of community consultation from a LG officer perspective, we left this to the experts and consulted it out for best outcomes.

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## COVID-19 impact?

COVID delayed the endorsement of the plan by Council. Our team was too busy doing COVID response and then recovery to finalise the last details to get it up. The adoption of the plan by Council would not have gone ahead if there were major financial implications for the Shire due to the impact of COVID. When endorsing the plan, Council made a last-minute amendment to suggest the plan needs to be flexible in the face of pandemics, such as COVID.

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## Key lessons and words of wisdom

Develop a project plan and allow for flexibility. Get your Executive and Leadership team committed, they will sell the plan to Council for you, so it is important they have a thorough understanding of the process and outcomes. They will also be able to manage the expectations of Councillors throughout the process. Use the WACHS public health promotion officers (or equivalent), they have a great understanding of the boundaries between health service providers and LG public health influence, they have good resources and great contacts. Leave the consultation process to the experts if you are not confident in this area or do not have a department responsible for this. Use your external networks, and make sure that you have a variety of public health specialists involved in your plan. Lobby the Department of Health for improved and more relevant health and wellbeing profiles for regional areas, broken down to local government level. Not only for preparing the PHP, but for monitoring and evaluation.

Use EHO's, they are public health professionals and are smarter than you think, they often bring more than just environmental health knowledge to the discussions. Be efficient and respectful of everyone's time. If you can deal with an issue via email, or collaborative documents, then do this instead of a half-day workshop. The last thing you want is to make the plan a drag for people, you want to keep them engaged, so keep their involvement simple and relevant. Your first PHP can be a consolidation of everything your LG is already doing in public health, with a few stretch targets included to keep it interesting and build on it from there for future plans.