

Guide to Regional Public Health Planning

A resource to assist in the
preparation and maintenance of
a regional public health plan

October 2019

climate
change
management



information
services



walking
trails



emergency
management



safe
food

safe
roads



libraries



street
lighting

community
centres
and halls



youth
development

immunisation



events

www.lga.sa.gov.au







We pay respect to the
Traditional Custodians
of all lands, past,
present and future.
Honouring our Elders
and nurturing all
young people.

*Guide to Regional
Public Health Planning:*
A resource to assist
in the preparation
and maintenance
of a regional public
health plan

**Status: Final
October 2019**

If you have any
questions regarding
these guidelines,
please contact the
Local Government
Association of
South Australia:
lgasa@lga.sa.gov.au

Councils support their communities in a variety of ways and make significant positive contributions to the health and wellbeing of their residents. Through the provision of programs, services and events – e.g. volunteer programs, community celebrations, economic development and cultural activities – as well as the infrastructure to support them such as libraries, parks playgrounds, community centres/halls, sporting and leisure facilities and walking trails – councils are drivers of economic and community development and local place makers.

The Local Government Association of South Australia (LGA), in partnership with the SA Health and informed by councils, has produced this guide to support councils with their mandated responsibilities to prepare and maintain a regional public health plan (RPHP) under section 51 of the *South Australian Public Health Act 2011*.

Councils, as the public health authority for their areas, have a significant role in leading the local public health planning process; recognising the actions of other agencies in their area and advocating on behalf of their communities.

This guide is based on best practice, evidence as well as learnings from the first cycle of regional public health planning. It covers:

- the legislative and policy framework;
- health, wellbeing and the role of local government, including key concepts to consider for regional public health planning; and
- the process and components of good planning practice (including practical steps that can be taken to prepare a regional public health plan and a suggested staged planning approach).

It is acknowledged that the depth of expertise and knowledge of public health planning in the local government sector is considerable. Notwithstanding, councils are continuously seeking new tools to support their communities to not only survive but thrive. It is anticipated that this guide will assist councils to:

- Strategically plan for public health and wellbeing across their area/region;
- Identify key internal and external stakeholders;
- Build the knowledge and capacity of council staff to carry out public health planning processes;
- Identify resources and other tools that can assist when preparing a RPHP; and
- Identify resources and tools that can assist in measuring and reporting on a RPHP.

**“Public health is
everyone’s
business”**

Sir Michael Marmot
Chair of the Commission on Social Determinants of Health, WHO

INTRODUCTION	7
How to use this Guide	8
Rural and regional acknowledgement.....	9
SECTION 1: PUBLIC HEALTH LEGISLATION AND POLICY CONTEXT	10
1.1 South Australian Public Health Act 2011	11
Principles – s.5–13	11
Functions of council – s.37	12
State public health plans s.50	12
Regional public health plans – s.51–52.....	13
<i>Figure 1: Relationship between SPHP and RPHP</i>	<i>13</i>
Public health partner authorities – s.51(18)	14
1.2 Other relevant legislation	14
Local Government Act 1999.....	14
SECTION 2: HEALTH, WELLBEING AND LOCAL GOVERNMENT	15
2.1 What determines health?	16
<i>Figure 2: The social determinants of health: global to local (WHO).....</i>	<i>17</i>
<i>Figure 3: Factors affecting health and wellbeing</i>	<i>18</i>
2.2 Promoting community wellbeing and healthy environments through public health planning	19
2.3 Local government and public health	20
<i>Table 1: Roles and functions of local government</i>	<i>20</i>
2.4 Key concepts to assist in regional public health planning	21
2.4.1 Environments for Health framework – a systems approach to addressing determinants of health.....	21
<i>Table 2: The ways local government can influence health and wellbeing.....</i>	<i>22</i>
<i>Figure 4: A systems approach to public health planning</i>	<i>23</i>
2.4.2 Integrated health promotion	23
<i>Figure 5: Continuum of health and wellbeing interventions.....</i>	<i>24</i>
2.4.3 Health in all Policies approach.....	24
SECTION 3: REGIONAL PUBLIC HEALTH PLANNING	25
3.1 Key elements for effective regional public health planning	26
3.1.1 A focus on the community's health and wellbeing	27
3.1.2 A mix of settings and approaches	27
3.1.3 Good practice enablers	27
<i>Table 3: Enablers critical to good practice in regional public health planning....</i>	<i>28</i>
3.1.4 A staged approach to planning	29

SECTION 3: REGIONAL PUBLIC HEALTH PLANNING (continued)

3.2 Planning cycle	29
Stage 1: Pre-planning	29
<i>Figure 6: Council planning framework</i>	31
<i>Table 5: Benefits and concerns of SMP integration</i>	32
<i>Table 6: Considerations for a wider regional planning approach</i>	33
Stage 2: Assessing the state of public health	38
<i>Table 7: Environmental dimensions</i>	39
Stage 3: Community Participation and Partnerships	43
<i>Table 8: Considerations for successful partnerships</i>	45
Stage 4: Plan Development	48
Stage 4 – Part a – content and structure of the plan	48
<i>Table 9: Suggested planning statements for RPHPs including the changes they aim to deliver, and the outcomes sought</i>	51
Stage 4 – Part b – Administrative processes	53
<i>Figure 7: Administrative processes for preparing or amending a RPHP</i>	53
Stage 5: Implementation	57
Stage 6: Review and Evaluation	62
<i>Table 10: Simple public health planning evaluation</i>	63

SECTION 4: ADDITIONAL RESOURCES 65

4.1 Council Data Sources	66
4.2 Health Data Sources	66
4.3 Tools and resources	67
Target populations	67
Healthy urban planning	68
Health equity	68
Sustainability	69
Governance	69
General	69

APPENDICES 72

A Principles relevant to public health	73
B Excerpt of the legislation	75
C The determinants of health	77
D Health promotion interventions	78
E The role of council business units in public health	80
F Stakeholders relevant to public health planning	81
G How can you write measurable objectives?	82
How can you keep your objectives consistent?	83
Descriptive words for strategies	83
H Example of a section 52 reporting template (2016–2018)	85
Section 1: Status of RPHP Commitment Implementation	85
Section 2: Emerging Public Health Issues and Opportunities	86



Introduction

Introduction

The *South Australian Public Health Act 2011* (SAPH Act) provides a statutory framework for State and local governments to protect the public health of the community, prevent illness, disease and injury and promote conditions to support community wellbeing.

The SAPH Act recognises councils as the Public Health Authority for their area (s.37) and requires councils to develop Regional Public Health Plans (RPHPs) (s.51), which have regard to issues identified in the State Public Health Plan (SPHP) and which respond to local needs and priorities.

As the level of government closest to the community, councils are ideally placed to develop policies and actions to address the broad range of determinants that evidence has shown to influence health outcomes and equity.

Action in areas of land use planning, transport, infrastructure and waste all help to build safe and healthy environments. Council services and facilities, such as libraries, sporting grounds, community halls and arts and cultural events, all offer a sense of wellbeing and community connectedness.

Long established responsibilities for food safety can also extend to collaborative projects that encourage healthy eating aimed to curb the emergence of non-communicable diseases.

The purpose of this guide is to provide local government with direction relating to the development of regional public health plans. It aims to inform councils on the scope and principles of public health planning and the process and components of good planning practice to support greater consistency amongst SA councils. It is also a mechanism to share key learnings from the first cycle of public health planning.

The Local Government Association of South Australia (LGA) in collaboration with the South Australian Department of Health and Wellbeing (SA Health) and with input from councils, have developed this resource. It is hoped that the information will assist in building the capacity of council staff to prepare, implement and review a RPHP, bearing in mind council resourcing, budgets and organisation capabilities.

For the purposes of these guidelines a “regional public health plan” is taken to mean a RPHP irrespective of the plan being developed by an individual council or a group of councils.

How to use this Guide

The guide has been developed in four parts.



■ Part 1: Public health legislation and policy context

Part one provides an overview of the legislative framework that councils are mandated to work within.

■ Part 2: Health, wellbeing and local government

Part two explains the determinants of health and wellbeing as well as the role of local government in preventing disease and promoting the health and wellbeing of the community. This part also describes an overview of three key concepts that underpin public health planning. These concepts can be considered by councils in the context of local priorities raised by their communities and can assist councils

in delivering an evidenced-based approach when planning for healthy communities.

■ Part 3: Regional Public Health Planning

Part three provides practical and useful guidance in developing a RPHP and describes the key elements for effective RPHP, which is demonstrated by a six-stage interdependent planning process.

Each stage of the process describes a best practice approach, based on available evidence. This is supported by a box containing a checklist of key actions, suggested documentation and milestones, as well as a list of resources to supplement the main text.

Contents



Introduction

How to use this Guide

Rural and regional
acknowledgement

1 Public health
legislation and
policy context

2 Health, wellbeing
and local
government

3 Regional public
health planning

4 Additional
resources

Appendices

Introduction

Contents



Introduction

How to use this Guide

Rural and regional
acknowledgement

1 Public health
legislation and
policy context

2 Health, wellbeing
and local
government

3 Regional public
health planning

4 Additional
resources

Appendices

The key stages are:

- » **Stage 1 – Pre-planning** – Suggests considerations regarding organisational capacity, planning processes and governance structures that can be used.
- » **Stage 2 – State of public health/community profile** – Provides an overview of considerations for assessing the state of public health in your council area or region.
- » **Stage 3 – Community participation and partnerships** – Describes approaches to engaging key internal and external stakeholders and the community and the importance of partnerships in public health planning.
- » **Stage 4 – Plan development** – Has two components 4a and 4b. Four (a) provides guidance on the content and structure of a public health plan and introduces consideration of planning terms to use when developing priorities, goals, objectives and strategies. Four (b) provides advice on the administrative process required to ensure compliance with the legislation.
- » **Stage 5 – Implementation** – Provides advice on how to ensure your plan is successfully implemented across council (or a group of councils) including key learnings from the first implementation phase. This stage further considers the reporting requirements under s.52 of the SAPH Act.
- » **Stage 6 – Review and Evaluation** – Provides guidance on the 5-yearly review requirements of RPHPs including tools to assist in evaluating the effectiveness of your plan.

■ Part 4: Additional Resources

Part four provides links to further relevant resources, tools or documents that can assist in developing evidence-informed action when preparing your RPHP.

Rural and regional acknowledgement

It is acknowledged that there is a disparity in the resources councils have allocated to public health planning. Notwithstanding, many issues facing metropolitan councils are the same for regional areas such as mental health, climate change, obesity prevention and ageing communities and although they may be similar, they will have different approaches and different drivers.

It is important to recognise that regional and remote councils face unique issues in health and wellbeing. Many people living in these areas are unable to access even the most basic primary care medical services in their local community and must travel significant distances just to see a GP or must wait many weeks to be seen close to where they live. Evidence has shown that reduced access to health care is a cause of health inequity and poorer health outcomes.

These guidelines aim to provide best practice advice and opportunities to further strengthen the public health planning processes and the role local government plays in improving health and wellbeing outcomes for their communities.





Section 1: **Public health legislation and policy context**

1 Public health legislation and policy context

The *South Australian Public Health Act 2011* (SAPH Act) is part of a suite of public health legislation designed to promote and protect the health of South Australians. A recent audit of South Australian legislation identified over 300 separate pieces of legislation which included references to protecting or improving human health.¹

This reflects the importance of health to all areas of government, not just the health sector. State governments, non-government agencies and local government each play a role in helping to support and drive improvements to the health and wellbeing of the population.

This section outlines the State legislative requirements that underpin public health planning processes and inform the development of RPHPs.

1.1 South Australian Public Health Act 2011

The SAPH Act is fundamental to South Australia's public health legislation. It recognises local councils as the Public Health Authority for their area and aims to provide a modernised, flexible legislative framework to respond to existing and new public health challenges.

Public health is defined as:

'the health of individuals in the context of the wider health of the community'

Furthermore in s.3(2):

'public health may involve a combination of policies, programs and safeguards designed—

- (a) *to protect, maintain or promote the health of the community at large, including where 1 or more persons may be the focus of any safeguards, action or response; or*
- (b) *to prevent or reduce the incidence of disease, injury or disability within the community.*

The SAPH Act provides a framework for state and local government to plan for current and emerging public health issues. Further, the SAPH Act provides for collaboration between spheres of government, non-government organisations and the community to:

- protect the public health of the community;
- prevent illness, disease and injury; and
- promote conditions to support community wellbeing.

The Minister for Health and Wellbeing is responsible for the administration of the SAPH Act and for taking action to preserve, protect or promote public health within the State.

The SAPH Act establishes the statutory position of Chief Public Health Officer (CPHO). The CPHO provides a single point of reference, advice and expertise on public health matters for the Minister, the Department of Health and Wellbeing, other Government agencies, Parliament and the public of South Australia.

The South Australian Public Health Council (SAPHC) assists the CPHO with system, standards, research and reporting matters.

Principles – s.5–13

The SAPH Act sets out a range of principles –see Box 1.1, which apply to actions undertaken under the SAPH Act, including public health planning.

The *South Australian Public Health Act 2011: Principles to be recognised under the Act – Guidelines* (Department for Health and Ageing, 2013) provides information for councils about how these principles apply to their activities under the SAPH Act. An abridged version of the guideline is summarised in Appendix A.

Box 1.1: Principles of the SAPH Act

- precautionary
- proportionate regulation
- sustainability
- prevention
- population focus
- participation
- partnership
- equity

Contents



Introduction

1 Public health legislation and policy context

1.1 South Australian Public Health Act 2011

1.2 Other relevant legislation

2 Health, wellbeing and local government

3 Regional public health planning

4 Additional resources

Appendices

¹ Department for Health and Ageing 2013, South Australia: A Better Place to Live, p. 8

1 Public health legislation and policy context

Functions of council – s.37

The SAPH Act acknowledges and strengthens the role of local government as a major partner in its administration. It provides a mandate for protecting and promoting public health and mitigating public health risks. It also requires councils to provide for or support the provision of core public health services such as immunisation services. See Box 1.2.

Box 1.2: Functions of Council – s.37

Having regard for the Objects of the Act, a council, as the local public health authority for its area needs to:

- take action to preserve, protect and promote public health within its area
- cooperate with other authorities involved in the administration of the Act
- ensure that activities do not adversely affect public health
- identify risks to public health within its area
- ensure remedial action is taken to reduce or eliminate adverse impacts or risks to public health
- assess activities and development to determine and respond to public health impacts
- provide or support the provision of educational information about public health and to support activities within its area to preserve, protect or promote public health; and
- provide or support the provision of immunisation programs for the protection of public health.

State public health plans s.50

The State Public Health Plan (SPHP) sets the agenda for public health planning and action across the State and provides a framework for local government public health planning to address public health challenges.

The SPHP sets out principles and policies for achieving the objects of the SAPH Act. It provides for consistent, coordinated action for public health across all relevant spheres and sectors of government.

The State Plan and related actions respond to identified state-wide public health issues as well as public health issues of relevance identified by local councils. The State Plan must be reviewed at least once in every five years.

The 2019–2024 SPHP's vision is a *healthy, liveable and connected community for all South Australians*. The vision also sees South Australia's rich diversity celebrated, community activities accessible to everyone and residents participating and having a say in community life. Box 1.3 outlines the current priorities of the *State Public Health Plan 2019–2024*.

Box 1.3: Current Priorities of the SPHP 2019–2024

Promote

Build stronger communities and healthier environments

Protect

Protect against public and environmental health risks and respond to climate change

Prevent

Prevent chronic disease and communicable disease and injury

Progress

Strengthen the systems that support public health and wellbeing

Contents



Introduction

1 Public health legislation and policy context

1.1 South Australian Public Health Act 2011

1.2 Other relevant legislation

2 Health, wellbeing and local government

3 Regional public health planning

4 Additional resources

Appendices

1 Public health legislation and policy context

Regional public health plans – s.51– 52

These sections outline the legislative requirement for regional public health planning. It describes what a council, or group of councils must do to prepare and maintain a RPHP. This includes assessing local health data and trends, identifying existing and potential public health risks and then specifying how they will be addressed.

A RPHP must be reviewed at least once every five years and a report on the implementation of the plan must be reported to the CPHO every two years.

Councils need to develop regional public health plans, which are consistent (i.e. being compatible or in broad agreement) with the State Public Health Plan and which respond to local priorities. The features of State and regional public health planning, (taken from the *State Public Health Plan 2019–2024*) are summarised in Figure 1.

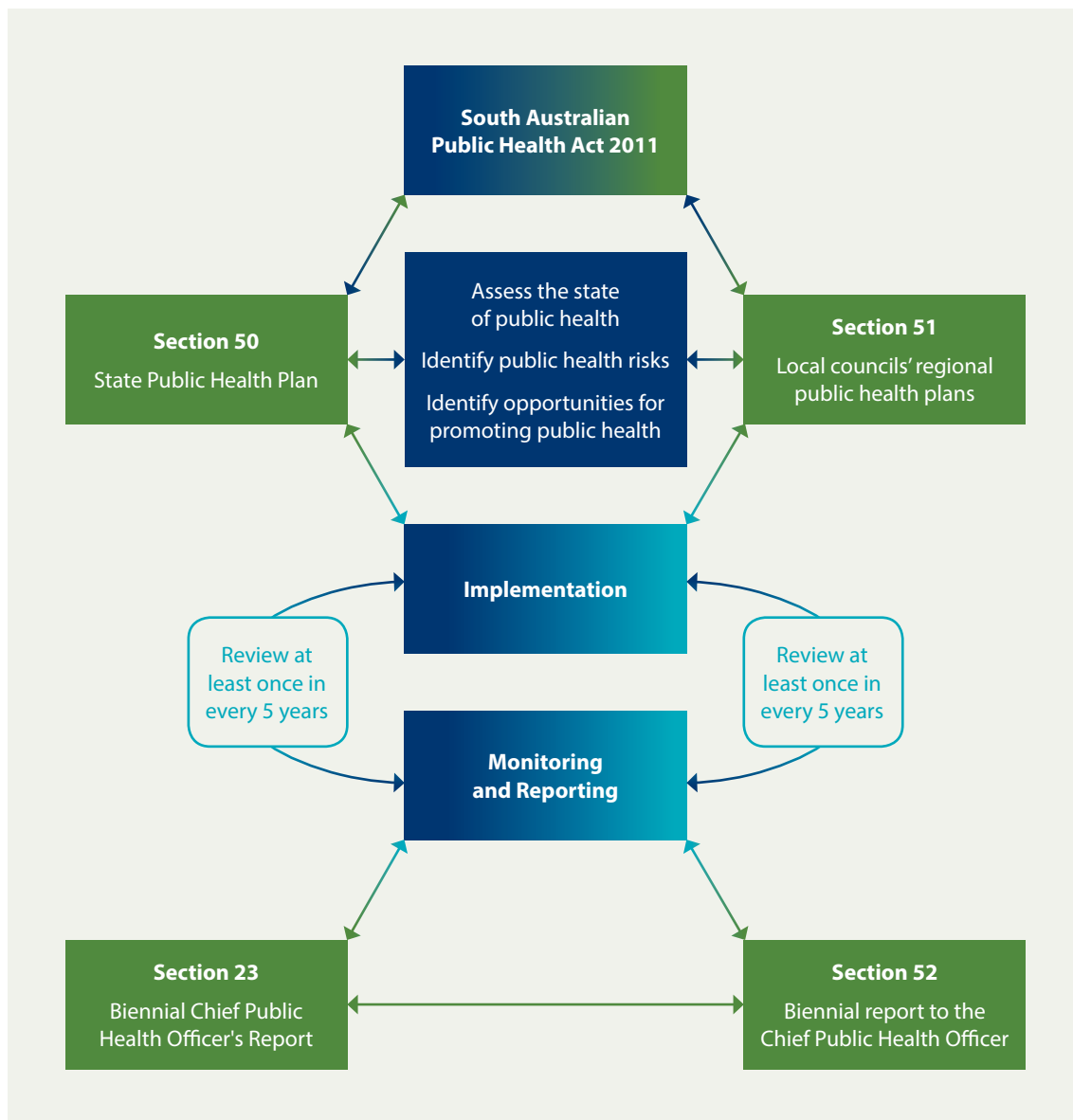


Figure 1: Relationship between SPHP and RPHP

1 Public health legislation and policy context

The SAPH Act encourages State and local governments to develop shared goals, meaning that council (regional) plans consider both state and local priorities and the State Plan reflects RPHP issues. This approach aims to promote overall consistency where needed, state-wide coordination where relevant and a common understanding of problems, issues and challenges.

Section 51(17) of the SAPH Act allows for councils to undertake the development of the plan in conjunction with the preparation and adoption of its Strategic Management Plan under s.122 of the *Local Government Act 1999* (LG Act) or incorporate the RPHP into its strategic management plan under that Act. Further information on this is provided in 3.2 Pre-planning.

An excerpt of Sections 51 and 52 from the legislation is provided in [Appendix B](#)

Public health partner authorities – s.51(18)

Section 51(18) allows for the establishment of Public Health Partner Authorities (PHPA). The planning process can be used to formalise local partnerships and facilitate commitment to public health strategies across other relevant organisations working in the region.

PHPA are formally designated by regulation and declaration by the Minister. In the context of regional public health planning, PHPAs can contribute by:

- Sharing responsibility for action under the key priority areas in the State Public Health Plan alongside the Department for Health and Wellbeing (DHW) and local government.
- Agreeing to undertake specific actions to contribute to improved health and wellbeing, in line with their core business, as outlined in the MOUs developed with the DHW.
- Acting in partnership to address priority health issues emerging from the combined thematic analysis of RPHPs.

Local government will be notified as PHPAs are formalised and Gazetted through the Local Government Association communiqué.

Further information on PHPAs can be found on the [SA Health](#) website.

1.2 Other relevant legislation

State legislation has been a key tool for achieving significant public health outcomes. In addition to the SAPH Act public health is managed through other supporting public health legislation including the *Tobacco Products Regulation Act 1997*, the *Food Act 2001* and the *Safe Drinking Water Act 2011*. SA Health undertakes state-wide public and environmental health surveillance and oversees several health promotion and protection campaigns. The *State Public Health Plan 2019–2024* (pp.52) notes other relevant Acts (for example relating to planning, climate change etc.) that have implications for public health.

Local Government Act 1999

Section 122 of the [LG Act](#) requires councils to prepare strategic management plans (SMPs).

These plans must address, amongst other things, the economic, social, physical and environmental development and management of its area; partnerships with other councils, State and national governments; and the role of local government in coordinating the planning and delivery of services with other partners.

Strategic management plans are also key policy and management documents that provide a basis for business plans developed at different levels within the council that reflect community and political aspirations.

Contents



Introduction

1 Public health legislation and policy context

1.1 South Australian Public Health Act 2011

1.2 Other relevant legislation

2 Health, wellbeing and local government

3 Regional public health planning

4 Additional resources

Appendices



Section 2: **Health, wellbeing and local government**

2 Health, wellbeing and local government

2.1 What determines health?

Health and wellbeing is influenced by the *natural, built, social and economic* environments in which we live, work and play.

The World Health Organisation (WHO) defines 'health' as:

"A state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without discrimination of race, religion, political belief or economic and social condition".²

In order to have good health we need to recognise the 'circumstances in which people are born, grow, live, work, and age, including the health systems. These circumstances are in turn shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health are mostly responsible for health inequities – the unfair and avoidable differences in health status seen within and between countries'.³

Wilkinson & Marmot identified ten areas (refer Box 2.1) as important social determinants where action can be taken to reduce inequalities.⁴

In order to have good health we need to recognise the 'circumstances in which people are born, grow, live, work, and age, including the health systems.

Each of these determinants, expanded on in [Appendix C](#), are multi-layered and range from ecological, societal to individual factors.

A social view of health recognises that many of the factors influencing health lie outside the health sector, and that we must intervene to change those aspects of the environment that cause ill health, rather than deal with illness after it appears. It recognises that while we encourage individuals to change their behaviours and lifestyle, the environment in which individuals live may provide little or no opportunity for making such changes.⁵

Figure 2 depicts the relationship between the social determinants of health and the work of local government.

Box 2.1: The social determinants of health

1. The Social gradient
2. Stress
3. Early life
4. Social exclusion
5. Work
6. Unemployment
7. Social Support
8. Addiction
9. Food
10. Transport



Contents



Introduction

1 Public health legislation and policy context

2 Health, wellbeing and local government

2.1 What determines health?

2.2 Promoting community wellbeing and healthy environments through public health planning

2.3 Local government and public health

2.4 Key concepts to assist in regional public health planning

3 Regional public health planning

4 Additional resources

Appendices

2 World Health Organization 2014, Basic Documents – 48th ed. World Health Organization. <http://apps.who.int/gb/bd/PDF/bd48/basic-documents-48th-edition-en.pdf#page=7>

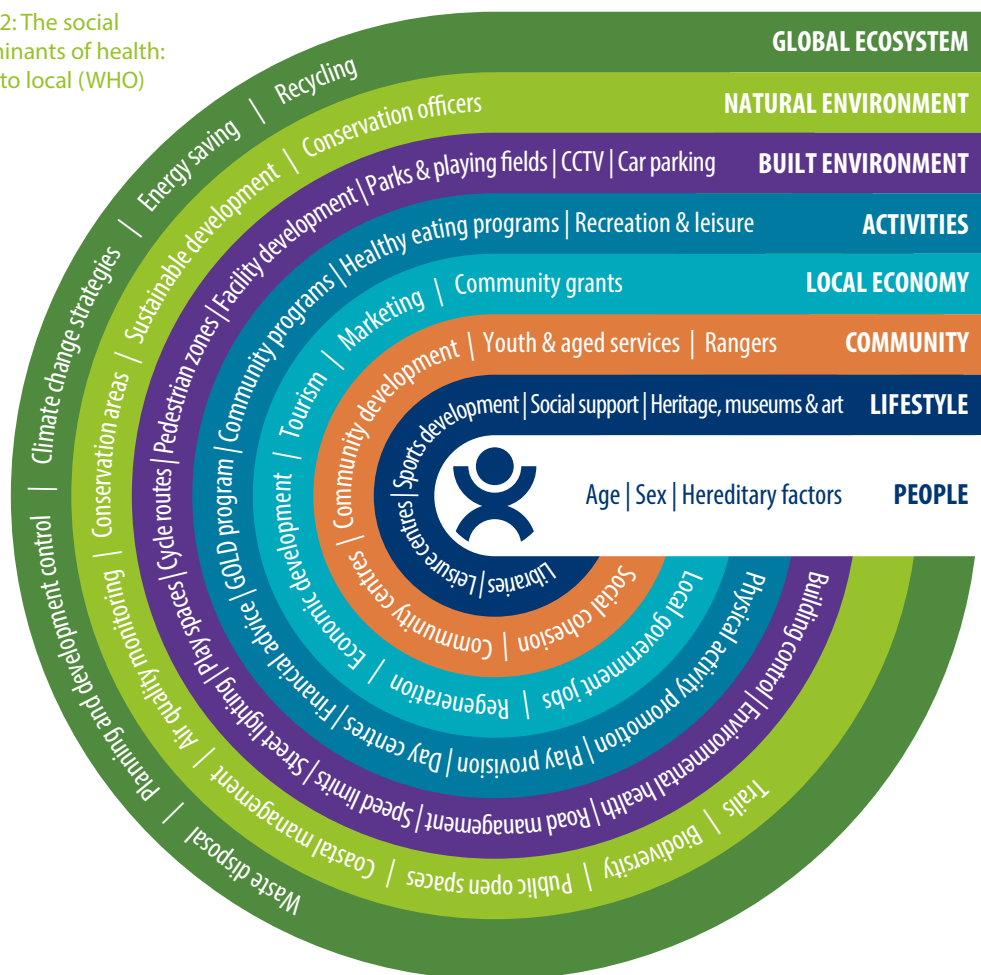
3 World Health Organization 2011, Social determinants of health, World Health Organization, Geneva. https://www.who.int/social_determinants/en/

4 Wilkinson R, Marmot M (eds) 2003, The solid facts: social determinants of health. World Health Organization. Europe.

5 Stoneham and Associates 2017, Public Health Planning: A guide to developing a local government Public Health Plan. Public Health Advocacy Institute of WA.

2 Health, wellbeing and local government

Figure 2: The social determinants of health: global to local (WHO)



This conceptual framework depicts the interrelated factors that contribute to health and wellbeing and acknowledges the importance of taking action on a wide range of fronts including:

- addressing the general socio-economic, cultural and environmental conditions in which we live;
- integrating health protection and health promotion strategies;
- promoting social and community networks;
- developing evidence-based strategies and responses; and
- working in partnerships with other sectors for the benefit of community wellbeing.

The relationship between the determinants of health and the health and wellbeing of individuals and communities can also be understood by considering the factors known to contribute to good health and wellbeing (known as protective factors), and those that compromise good health and wellbeing (known as risk factors).⁶

Contents



Introduction

1 Public health legislation and policy context

2 Health, wellbeing and local government

2.1 What determines health?

2.2 Promoting community wellbeing and healthy environments through public health planning

2.3 Local government and public health

2.4 Key concepts to assist in regional public health planning

3 Regional public health planning

4 Additional resources

Appendices

⁶ Department of Health 2017, Pathway to a healthy community: a guide for councillors and local government, 2nd edition, South Metropolitan Health Promotion Service, Perth

2 Health, wellbeing and local government

Figure 3: Factors affecting health and wellbeing



Contents



Introduction

1 Public health legislation and policy context

2 Health, wellbeing and local government

2.1 What determines health?

2.2 Promoting community wellbeing and healthy environments through public health planning

2.3 Local government and public health

2.4 Key concepts to assist in regional public health planning

3 Regional public health planning

4 Additional resources

Appendices

Adapted from Department of Health 2017, *Pathway to a healthy community: a guide for councillors and local government*, 2nd edition, South Metropolitan Health Promotion Service, Perth.

2 Health, wellbeing and local government

2.2 Promoting community wellbeing and healthy environments through public health planning

Public health planning provides the architecture for State and local governments to apply a contemporary approach to address public health challenges, by identifying opportunities and outlining strategies for promoting community wellbeing.

Health promotion is a set of actions to foster good health and wellbeing. It is not promotion in the usual sense of the word.⁷

Health promotion is:

"The process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social wellbeing, an individual or group must be able to identify and to realise aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living."

Health promotion involves action to:

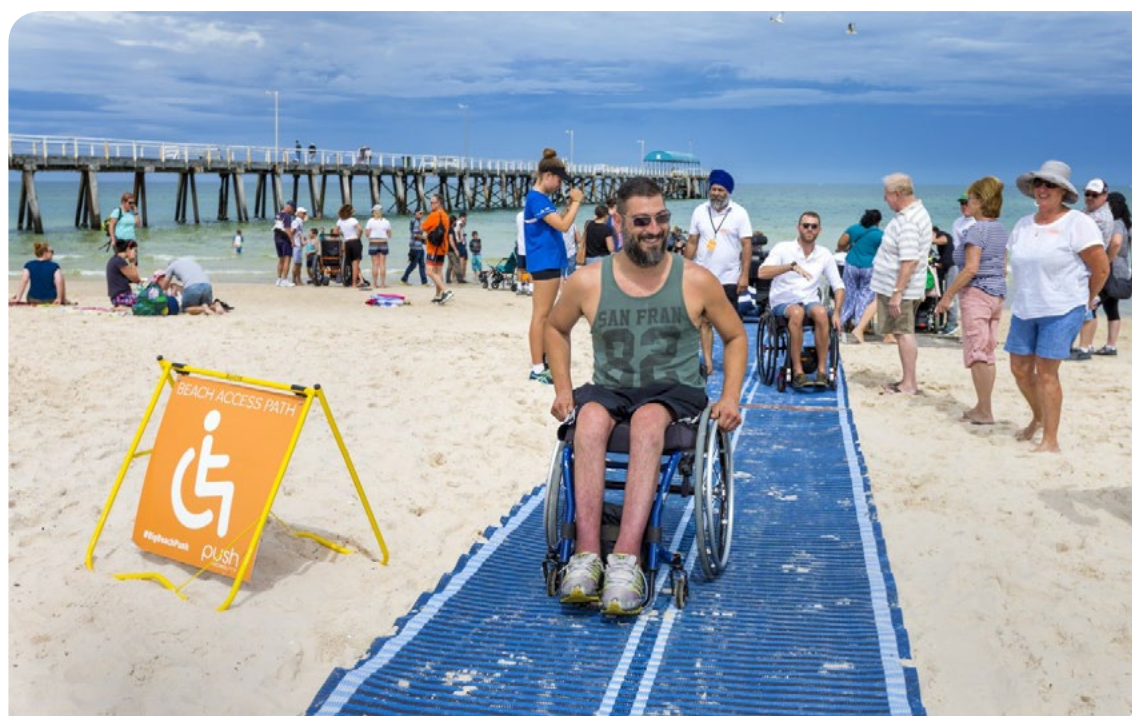
- support and empower people to stay healthy
- address the things in the community that influence health and wellbeing the most, so that these can be supported.

Health promotion activities are geared toward promoting health and preventing ill-health rather than focusing on specific conditions/diseases.⁸ In 1986 the WHO's Ottawa Charter for Health Promotion provided a clear statement of action for health promotion including five strategies to use, namely:

- creating supportive environments
- building healthy public policy
- strengthening community action
- developing personal skills and
- reorientating health services to promote health.⁹

Further to this work, the WHO developed the Health in All Policies (HiAP) approach. This approach is acknowledged internationally as one of the most effective ways of implementing cross-organisation/sectoral action on the social determinants of health and health inequities and aims to promote healthy public policy.¹⁰

The South Australian Government has implemented its HiAP initiative since 2007. It continues to build strong intersectoral relationships across government to achieve healthy public policy; based on the understanding that since health is not merely the product of health care activities, a cross-sectoral approach is required to influence the social, economic and environmental determinants of health.¹¹



Contents



Introduction

1 Public health legislation and policy context

2 Health, wellbeing and local government

2.1 What determines health?

2.2 Promoting community wellbeing and healthy environments through public health planning

2.3 Local government and public health

2.4 Key concepts to assist in regional public health planning

3 Regional public health planning

4 Additional resources

Appendices

7 VicHealth – Health Promotion web page. Accessed 30 June 2019 <https://www.vichealth.vic.gov.au/about/health-promotion>

8 VicHealth – Health Promotion web page. Accessed 30 June 2019 <https://www.vichealth.vic.gov.au/about/health-promotion>

9 World Health Organization 1986, *Ottawa Charter for Health Promotion*, World Health Organization, Geneva.

10 Department of Health and Wellbeing 2018, *State Public Health Plan 2019–2024*, Government of South Australia.

11 SA Health Website accessed 4 July 2019 <https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/about+sa+health/health+in+all+policies/south+australias+hiap+approach>

2 Health, wellbeing and local government

2.3 Local government and public health

Local government remains important as a host and catalyst for structural changes to enable the environment to support healthy choices.¹² Councils are responsible for implementing diverse programs, policies and regulations set by state and federal governments, in addition to their own regulations and by-laws.

Our best evidence about determinants of health tells us that whilst the traditional tools of public health, based on sanitation, hygiene and immunisation are still critical for the protection of public and environmental health, they are no longer enough to guarantee the ongoing good health of the population.¹³

Public health activities need to be flexible, cross-organisational responses to manage the emergence

of non-communicable diseases, impacts of climate change, the prevalence of mental health issues and the infrastructure and support to facilitate active and positive ageing.

Councils have an important role in economic and community development as local place makers. The breadth of services and community infrastructure delivered by councils has enormous impacts on the health and wellbeing of residents. South Australian councils invest millions of dollars each year in providing services and facilities to make everyday life better for their community.

The roles and functions of local government in creating environments that support healthy communities are varied and are outlined in Table 1.¹⁴

Table 1: Roles and functions of local government

Role	Description
Leader / Planner	Development of strategies, policies, programs and services that respond to relevant trends and influences.
Owner / Custodian	Management of assets that are under the care and control of Council. This includes management of social, physical and green infrastructure assets.
Regulator	Undertaking responsibilities pursuant to relevant legislation (e.g. food and health premise compliance).
Information Provider	Provision of information to the general community and identified stakeholders.
Advocate	Advocacy to relevant bodies (e.g. making representations on behalf of the community to other tiers of government).
Facilitator / Initiator	Bringing together and/or engaging with individuals, community groups, industry, government agencies and other stakeholders to address issues impacting (or potentially impacting) on the city.
Agent	Managing the provision of a service on behalf of a third party, such as State or Commonwealth governments where there is a demonstrated need and benefit to the community.
Direct Provider	Delivery of a service, project or program in full by Council, with no resource or funding support from external parties.
Part Funder / Partner	Service or project in which Council works with another organisation to fund and/or deliver an outcome.

Given the wide range of factors influencing health, the core business of local government plays a key part in community wellbeing. Councils want their communities to be healthy, dynamic, vibrant, inclusive, liveable and sustainable.

Initiatives that promote public health and community wellbeing align strongly with this modern approach to public health. Decisions and actions of business units outside of public and environmental health are increasingly being recognised for their contribution to supportive environments for health and wellbeing.

Contents



Introduction

1 Public health legislation and policy context

2 Health, wellbeing and local government

2.1 What determines health?

2.2 Promoting community wellbeing and healthy environments through public health planning

2.3 Local government and public health

2.4 Key concepts to assist in regional public health planning

3 Regional public health planning

4 Additional resources

Appendices

12 MacDougall C, Wright C and Atkinson R 2002, 'Supportive environments for physical activity and the local government agenda: a South Australian example', *Australian Health Review*, Vol. 25, No. 2, pp 175–181.

13 Broderick D 2009 'Public health law for the 21st century: the South Australian experience', *Public Health Bulletin South Australia*, vol. 6, no. 3, pp. 37–43.

14 SA Health 2018 *State Public Health Plan 2019–2024*, Department for Health and Wellbeing, Adelaide.

2 Health, wellbeing and local government

2.4 Key concepts to assist in regional public health planning

To support greater consistency and good practice among councils, the following three concepts inform public health planning and can be considered by councils when developing a RPHP – the Environments for Health framework, Integrated Health Promotion and a Health in All Policy approach.

2.4.1 Environments for Health framework – a systems approach to addressing determinants of health

The *Environments for Health* framework is a conceptual framework that underpins a systems approach to public health planning.¹⁵ It recognises that health and wellbeing is affected by factors originating across any or all of four environmental dimensions:

- social
- natural
- built
- economic

A ‘system’ is a set of interrelated parts that form a whole. A system is not the sum of its parts, but rather the product of their interaction. A systems way of thinking is one approach to tackle a complex system, by exploring the relationships, boundaries and perspectives within it. It can help us approach difficult issues by providing a different perspective (Aust. Prevention Partnership Centre).



Councils implement a range of programs, strategies and plans across these four dimensions that impact public health and wellbeing.

This approach, which has underpinned public health planning in Victoria since 2001, was taken up by Western Australia and is directly applicable in the South Australian context.

The 2006 evaluation of the Victorian framework showed that it had a significant impact on the way local government thinks about and plans for health and wellbeing.¹⁶ The use of the four environments helped council staff from their respective areas to see their role in promoting wellbeing, and therefore better understand the need to incorporate public health planning into whole-of-council planning.¹⁷

The breadth of council activity that is possible across the four dimensions means that there are many opportunities for council through direct or indirect measures to influence the health and wellbeing of their communities, as shown in Table 2.



Contents



Introduction

1 Public health legislation and policy context

2 Health, wellbeing and local government

2.1 What determines health?

2.2 Promoting community wellbeing and healthy environments through public health planning

2.3 Local government and public health

2.4 Key concepts to assist in regional public health planning

3 Regional public health planning

4 Additional resources

Appendices


¹⁵ Department of Human Services 2001, *Environments for Health – Promoting wellbeing through Built, Social, Economic and Natural Environments*, Melbourne. The Australian Prevention Partnership Centre 2015 <https://preventioncentre.org.au/chronic-disease-and-systems/taking-a-systems-approach-to-prevention-new-page/>

¹⁶ Department of Human Services 2006, *Evaluation of Environments for Health Municipal Public Health Planning Framework*, Melbourne.

¹⁷ Ibid. Systems reference <https://preventioncentre.org.au/chronic-disease-and-systems/taking-a-systems-approach-to-prevention-new-page/>

2 Health, wellbeing and local government

Table 2: The ways local government can influence health and wellbeing¹⁸

Environmental Dimension	Common council business/activity		Impacts on health and wellbeing
Social Creating opportunities for people to participate in the life of the community 	» community development » library services » sport and recreation programs » arts and cultural activities	» child & youth services » older adults' services » volunteers » home care services » community safety » environmental health	» improved physical, social and mental health and wellbeing » sense of place, belonging and safety » increased physical activity » reduction in illnesses and diseases » increased social capital and social cohesion » gender equity » social inclusion » embracing cultural diversity » lifelong learning opportunities
Natural Looking after the natural environment so that it is sustainable and continues to nurture us 	» water quality » waste management » energy consumption » emergency management » water conservation	» air quality » bushland and coastal protection » climate change » green infrastructure » food security	» improved physical, social and mental health and wellbeing » reduced exposure to environmental hazards and health risks » increased physical activity » safer food, water and air » reduction in illnesses and diseases
Built/Physical Altering our surroundings to make them liveable & healthy 	» urban planning and development » roads and streetscapes » traffic management » community facilities » parks and public open space » transport planning	» community infrastructure » footpaths » seating » toilets » drainage » infrastructure (water sensitive urban design /stormwater) » lighting » graffiti management » cycleways	» improved physical, social and mental health and wellbeing » increased physical activity » improved social and physical connectivity » reduction in falls and traffic hazards » safer environments, inc. roads » reduction in illness and diseases
Economic Encouraging economic development and equitable access to resources that are viable 	» local and regional economic development » tourism » commercial and industrial development	» affordable housing and accommodation » job creation » subsidised services	» improved physical, social and mental health and wellbeing » accessible and affordable housing » higher standards of living » reduction in illnesses and diseases

Adapted from Department of Health 2017, *Pathway to a healthy community: a guide for councillors and local government*, 2nd Edition, South Metropolitan Health Promotion Service, Perth.

Contents



Introduction

1 Public health legislation and policy context

2 Health, wellbeing and local government

2.1 What determines health?

2.2 Promoting community wellbeing and healthy environments through public health planning

2.3 Local government and public health

2.4 Key concepts to assist in regional public health planning

3 Regional public health planning

4 Additional resources

Appendices

¹⁸ Department of Health 2017, *Pathway to a healthy community: a guide for councillors and local government*, 2nd Edition, South Metropolitan Health Promotion Service, Perth.

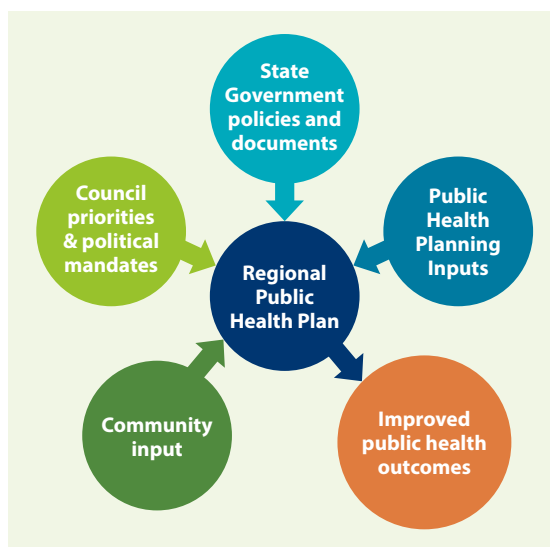
2 Health, wellbeing and local government

A RPHP can be viewed as a planning connection between state and local government and other local partners and stakeholders, including the community. Using a systems approach to develop a RPHP, enables all relevant planning inputs to be considered. These inputs include:

- State government policy,
- the political climate and agenda of the council or region,
- public health planning inputs including demographic analysis, evidence-based research and best practice, and
- the local community.¹⁹

Ideally, factoring these inputs into the planning processes will result in improved public health outcomes for the community. This is illustrated in Figure 4.

Figure 4: A systems approach to public health planning



2.4.2 Integrated health promotion

Under the SAPH Act, councils are required to *outline strategies for promoting public health in the region*.

Taking into consideration the role of the social determinants of health and the action areas of the *Ottawa Charter for Health Promotion* outlined in section 2.2, a range of activities, initiatives and interventions are necessary to address risk factors and promote public health in a council or region.

Health promotion activities occur along a continuum, from those that focus on individuals through to interventions that focus on population outcomes.²⁰ In many instances a combination of approaches (i.e. implementing a range of strategies or activities) for the same issue (e.g. increasing opportunities for physical activity) deliver the best outcomes.

The public health and wellbeing work of councils varies but is predominantly placed at the population-focussed end of the continuum.

Councils may work in partnership with community health agencies, non-government organisations and other government departments to address issues identified through public health planning and areas for action. Ideally this work is underpinned by a strong and well-resourced system that invests in building organisational and workforce capacity.

This is illustrated in Figure 5.

Further examples of health promotion initiatives and interventions aligned with the Ottawa Charter action areas is provided in [Appendix D](#), along with examples of potential indicators to measure success.

Contents



Introduction

1 Public health legislation and policy context

2 Health, wellbeing and local government

2.1 What determines health?

2.2 Promoting community wellbeing and healthy environments through public health planning

2.3 Local government and public health

2.4 Key concepts to assist in regional public health planning

3 Regional public health planning

4 Additional resources

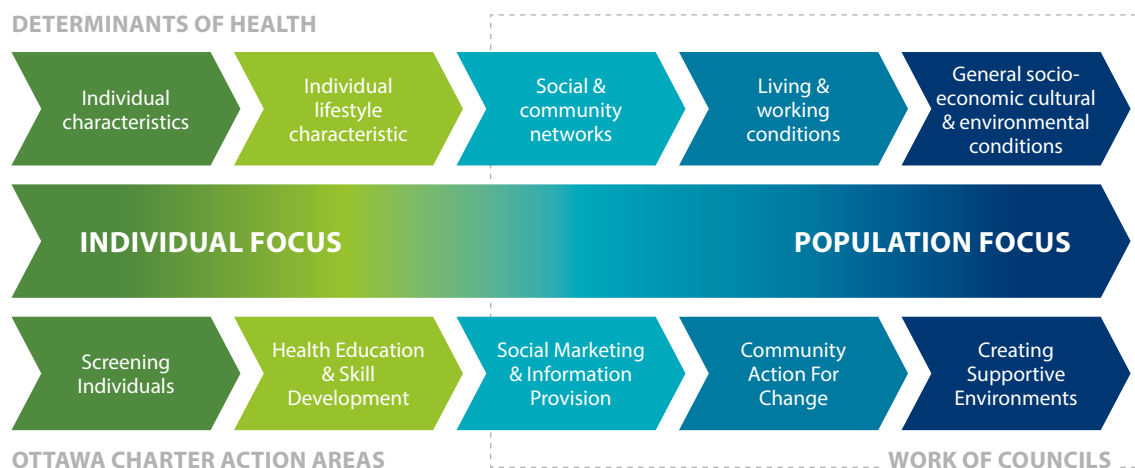
Appendices

¹⁹ Department of Human Services 2001, *Environments for Health – Promoting wellbeing through Built, Social, Economic and Natural Environments*, Melbourne.

²⁰ Department of Health and Human Services Web page *Action across the continuum*, Government of Tasmania. https://www.dhhs.tas.gov.au/wihpw/principles/action_across_the_continuum. Accessed 31 May 2019.

2 Health, wellbeing and local government

Figure 5: Continuum of health and wellbeing interventions



2.4.3 Health in all Policies approach

A Health in All Policies (HiAP) approach in the local government context can incorporate several strategies to improve community health and wellbeing, and strategically link areas not traditionally recognised for delivering 'public health' value. In this approach, local government contributes to public health outcomes using its sphere of control to integrate health objectives and outcomes within policy and planning.

HiAP is about promoting healthy public policy, based on the understanding that health is not merely the product of health care activities, but is influenced by a wide range of social, economic, political, cultural and environmental determinants. Actions to address complex, multi-faceted 'wicked problems' require joined-up policy responses that can deliver co-benefits for agencies to ultimately improve population health and wellbeing.

Working across business units, portfolio/sectoral boundaries is essential to effectively address a broad range of population health issues. The political landscape, policy context and government priorities create an

opportunity to explore multi-sectoral approaches to addressing health inequities. HiAP addresses complexities and identifies solutions through collaboration across business units and sectors. The practices and processes that underpin the HiAP approach have a strong focus on building and sustaining collaborative relationships. Co-design and co-benefit direct effort towards establishing trust, a shared understanding and common purpose amongst partners.

HiAP helps to ensure that all decision-makers are informed about health, equity, and sustainability consequences of various policy options during the policy development process. With regards to local government, this may include when councils are preparing new development plans, masterplans or policies.

An example of this is the [Castle Plaza Transit-oriented Development project](#). This was a collaborative project between the Health in All Policies Unit, SA Health, and the City of Marion. HiAP represents another approach in which councils can address the social determinants of health which are key drivers of health outcomes and health inequities.

Contents 

Introduction

1 Public health legislation and policy context

2 Health, wellbeing and local government

2.1 What determines health?

2.2 Promoting community wellbeing and healthy environments through public health planning

2.3 Local government and public health

2.4 Key concepts to assist in regional public health planning

3 Regional public health planning

4 Additional resources

Appendices



Section 3: **Regional public health planning**

3 Regional public health planning

3.1 Key elements for effective regional public health planning

The purpose of regional public health planning is to assess the public health issues facing our communities and to develop effective strategies to address them.

Public health planning needs to promote equality of opportunity regardless of age, gender, cultural background, ability or location. It should acknowledge the differences between population groups and places, including rural and metropolitan communities.²¹

There are various ways that a council can embark on developing its RPHP. There is no “one size fits all” template. Plans can vary in content, structure and length. They can be stand-alone, developed in partnership or integrated in a higher order plan. This ensures that councils are provided with the flexibility and autonomy to develop their own plans.

There is no “one size fits all” template.

Councils can consider how health can be promoted and protected across all their functions. Some of these activities may not be formally recognised as public health management, but nevertheless contribute to health and wellbeing.



Mobilising all relevant council staff to consider, understand and ‘buy in’ to the process of developing a RPHP or be involved in the planning process is challenging, particularly due to the broad scope of public health. In addressing both ‘traditional’ and ‘contemporary’ public health challenges, public health planning cannot rely solely on the role of environmental health professionals.

Consideration of key elements, can assist and support councils with their mandated responsibilities for public health planning and include:

- recognising and applying key public health planning concepts (previously discussed),
- focussing on the community’s health and wellbeing
- applying a mix of settings and approaches
- considering ‘enabling factors’, that support the planning process and
- using a ‘staged’ approach to planning.

Contents



Introduction

1 Public health legislation and policy context

2 Health, wellbeing and local government

3 Regional public health planning

3.1 Key elements for effective regional public health planning

3.2 Planning cycle

4 Additional resources

Appendices

²¹ Department of Human Services 2001, *Environments for Health – Promoting wellbeing through Built, Social, Economic and Natural Environments*, Melbourne.

3 Regional public health planning

3.1.1 A focus on the community's health and wellbeing

Regional public health plans should reflect the breadth of work that councils do that create healthy, liveable and connected communities.

Public health focuses on the wellbeing of *populations*, of 'the health of individuals in the context of the wider health of the community'.²²

It is about providing the conditions in which people can be healthy. It recognises that improving the wellbeing of the community requires a focus on health protection, health promotion, reduction of specific risk factors, and the prevention of disease. Population health refers to actions that improve the health of an entire population and the equitable distribution of health access and equity.²³

Public health should not be confused with the work of the health care system more generally (public hospitals, medical specialists and general practitioners etc.), which mainly focuses on treating and curing people who are already sick.

Therefore, council led public health initiatives, interventions or programs must have a strong population health focus underpinned by a vision or ambition for improved health outcomes for the future.

3.1.2 A mix of settings and approaches

Evidence has shown that a mix of settings and approaches is important for effective public health planning. Various settings can include schools and early learning centres, workplaces, community and recreation facilities.

Whilst approaches to address vulnerable groups or priority populations may include culturally and linguistically diverse communities, Aboriginal populations, people living in rural or regional areas, and those experiencing socioeconomic disadvantage.²⁴

It is important that the RPHP not only recognises existing plans and priorities within council but addresses determinants of health and identifies the risk factors that impact on people's health and wellbeing. The aim of the plan is to develop objectives and strategies that will contribute to lifestyle change or address those aspects of the environment that affect the health of the community.²⁵

3.1.3 Good practice enablers

An important aspect of public health planning is being clear on the capacity of the organisation to plan strategically. Good practice suggests, that for effective planning and implementation, councils need to demonstrate leadership, be guided by evidence, develop good partnerships, encourage community participation and engagement, allocate appropriate resources and support workforce development.

Table 3 describes what a council with a strong focus on public health and community wellbeing would look like. This is drawn from research on planning for health and wellbeing undertaken by the Victorian Government and advice from South Australian councils about what has worked well, and lessons learned, from the first cycle of public health planning under the SAPH Act.²⁶



Contents



Introduction

1 Public health legislation and policy context

2 Health, wellbeing and local government

3 Regional public health planning

3.1 Key elements for effective regional public health planning

3.2 Planning cycle

4 Additional resources

Appendices

²² South Australian Public Health Act 2011.

²³ Javanparast S, Baum F, Freeman T, Ziersch A, Henderson J and Mackean T 2019 'Collaborative population health planning between Australian primary health care organisations and local government: lost opportunity', *Aust NZ J Public Health* vol. 43, no. 1, pp. 68–74.

²⁴ SA Health 2018, *Public Health Plan 2019–2024*, Department for Health and Wellbeing, Adelaide.

²⁵ Stoneham & Associates and Public Health Advocacy Institute of WA 2017, *Public Health Planning: A guide to developing a public health plan under the Public Health Act 2016*. Perth.

²⁶ Department of Health 2013, *Guide to municipal public health and wellbeing planning*, Melbourne,

3 Regional public health planning

Table 3: Enablers critical to good practice in regional public health planning

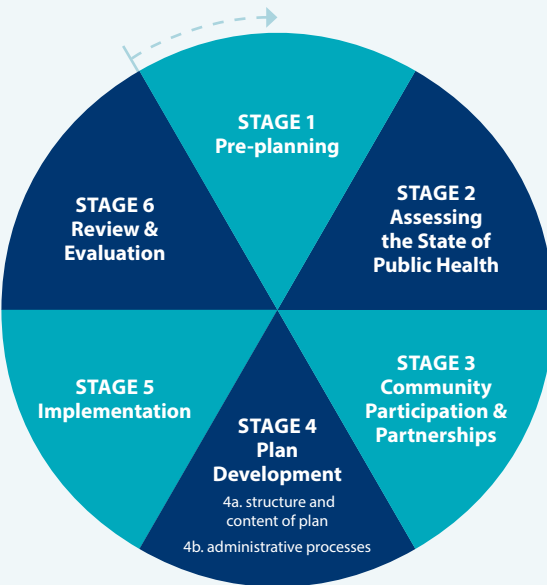
Enabler	Capacity demonstrated by...
Leadership	<p>Council has a chain of leadership that understands and advocates the integration of health and community wellbeing across all council business. This chain of leadership 'champions' needs to be at all levels:</p> <ul style="list-style-type: none"> ■ the mayor and an influential number of councillors ■ the chief executive ■ the directors and managers responsible for corporate planning, land use planning and regional public health planning.
Evidence based (information systems)	<p>Council demonstrates accountability for public health and community wellbeing outcomes. This means choosing the most promising course of action and understanding whether council is achieving the change and benefits it is planning for. This includes:</p> <ul style="list-style-type: none"> ■ accountability for results at all levels ■ the use of evidence in guiding action ■ effective reporting and review systems ■ regular evaluation, reflection and application of learning.
Partnerships	<p>There is a strong record of collaboration across council departments and with external partners on initiatives that have integrated activity across the four 'Environments for Health'.</p> <p>Examples of such partnerships might include:</p> <ul style="list-style-type: none"> ■ cross-department committees and projects ■ formal partnership agreements with community partners ■ engagement/collaboration with Public Health Partner Authorities
Community Participation	<p>Council has a record of encouraging participation from the community in decisions affecting the health and wellbeing of the community. Evidence of effective engagement might include:</p> <ul style="list-style-type: none"> ■ community plans ■ engagement policies ■ assessing the strength of engagement – on a participation scale.
Resource allocation	<p>Council makes sufficient financial and human resources available to ensure each phase of planning is adequately completed. This means enough funds and timeframes to:</p> <ul style="list-style-type: none"> ■ gather and analyse data, including the Population Health Profiles ■ engage the community and other stakeholders ■ determine priorities and identify evidence-based interventions ■ support implementation through monitoring and reporting processes.
Workforce development	<p>Those with the task of planning have the right skills to make it happen and council is committed to their professional development. Those involved in planning include:</p> <ul style="list-style-type: none"> ■ social and health planners and their line managers ■ corporate planners and their line managers ■ other business unit staff participating in corporate planning.



3 Regional public health planning

3.1.4 A staged approach to planning

A planning cycle can help to link the planning, implementation and reporting processes in a systematic way. In the context of regional public health planning, six interdependent stages will ensure that compliance with the SAPH Act is achieved, namely:



Each stage of the process describes a best practice approach, based on available evidence.

This is supported by a box containing a checklist of key actions, suggested documentation and milestones, as well as a list of resources to supplement the main text.

Generally, these stages will occur in a cycle, however activities from each of these stages may occur at the same time, overlap each other, or be revisited as the planning process progresses.

A summary table in [Appendix B](#) outlines how each stage relates to the legislative obligations under the SAPH Act.

3.2 Planning cycle

Stage 1: Pre-planning

Pre-planning is fundamental to the development of RPHPs. At this early stage in the process consideration needs to be given for *organisational capacity*, *building relationships*, the *planning process* that will be used, *governance structures* as well as consideration of *reporting requirements*.

Local governments have long demonstrated leadership in supporting healthy communities and in this early stage in the planning process it is important to highlight this strength.

Creating an environment within council that seeks to place public health and community wellbeing on the agenda is encouraged. There needs to be a strong narrative around the gains in population health outcomes for the community through carrying out this process.

It is an opportunity to clarify where health and wellbeing will sit in council's hierarchy and encourages an integrated planning approach within council, by looking for opportunities to improve public health across council's business. It also provides opportunity to encourage participation from key stakeholders and potential public health partners in the planning process.

Having a clear vision and identifying key 'champions' (senior managers or elected members), in the early stages who can influence the strategic and political landscape has been reported by councils as being critical to assist in implementation further down the track.

Guiding principles for public health planning

The principles to be used as the basis for regional public health planning are embedded into the SAPH Act. Refer to [Appendix A](#) for a description of the Principles.



Contents



Introduction

1 Public health legislation and policy context

2 Health, wellbeing and local government

3 Regional public health planning

3.1 Key elements for effective regional public health planning

3.2 Planning cycle

4 Additional resources

Appendices

3 Regional public health planning

Organisational capacity

Developing a RPHP can be complex and time-consuming. There needs to be strong organisational commitment; key decision makers (such as the CEO/Senior Management) need to understand what is involved, the time required to complete the plan to ensure it meets community and organisation needs and the resources required, before planning commences.²⁷

It is essential at the beginning to ensure that appropriate structures are in place. Organisational systems need to support public health planning and strong leadership and champions within council can help to drive this process.

Experience from councils suggests that a core group of officers 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. This briefing paper can then be used to guide the planning process, to provide clarity around roles and responsibilities and to initially identify how the plan aligns with council priorities.²⁸

This information will help 'sell' the planning process to your decision-making politicians and colleagues, emphasising the importance and benefits of a RPHP and highlighting the avenues for collaboration.

Workplace communication can often be complicated by issues around status, roles, professional disciplines and language.

The staff/people driving the process should also be suitably experienced or skilled and/or provided with professional development opportunities. One example is reflecting the role and responsibilities in a relevant position description.

A clear understanding of which business unit (and/or position) will lead the planning process is important. Assigning someone with responsibility for the RPHP sustains momentum as well as provide a point of contact for the joint and co-ordinated action across council business units necessary for the development, implementation and reporting of the plan.

Building relationships

Integrating planning for health and wellbeing across the whole-of-council relies on developing a shared understanding of how each contributes to health, but also building relationships with diverse business areas.

This means focusing on communication and relationship building.²⁹

Workplace communication can often be complicated by issues around status, roles, professional disciplines and language. Ways to improve or build relationships may entail:

- taking time to understand the needs of each business unit – What are their goals? What context are they operating in? What are their drivers? What can they gain from working with you?
- avoiding applying stereotypes to people from other business units – What can you do 'meet the person' and understand and value their perspectives?
- being clear about what you need – What do you need from them? What is the return likely from your effort?
- choosing how to work with each business unit – What is your existing relationship with them? What relationships exist between business units? What informal or formal approaches are available to you?
- starting the relationship off on the right footing – Who are the right people to approach? If formal, who do you need at the table?
- keeping the relationship on track – How will decisions be made? How will you know whether it's working?³⁰

Appendix E describes the relationship between the work of council business units and their role in public health planning.

Planning processes

Regional public health plans compete with other council plans for resources and priority within broader council strategies. They are one of four major strategic documents councils are required produce that are mandated by legislation (depicted in Figure 6). Whilst councils are familiar with the Strategic Management Planning processes required under the LG Act this is not necessarily the case with RPHPs.

The planning processes used to develop RPHPs will vary depending on the governance of each local government. Councils have the option of preparing a stand-alone RPHP, integrate their RPHP into a Strategic Management Plan (SMP)/Council Plan or plan in partnership with a group of councils.

Stand-alone plans can often be easier to write and generally contain more detail in their background, vision, objectives and strategies. If developing a stand-alone plan, it is suggested that it follow the same timeframes as Council's SMP as this would assist in linking in with action/business planning and budget processes.

Contents



Introduction

1 Public health legislation and policy context

2 Health, wellbeing and local government

3 Regional public health planning

3.1 Key elements for effective regional public health planning

3.2 Planning cycle

4 Additional resources

Appendices

27 Stoneham & Associates and Public Health Institute of WA 2017, *Public Health Planning: A guide to developing a public health plan under the Public Health Act 2016*, Perth.

28 Ibid.

29 Department of Human Services 2009 *Navigating for Health and Wellbeing – A resource for integrating health planning in local governments* DHS (Vic) 2009.

30 Department of Human Services 2009 *Navigating for Health and Wellbeing – A resource for integrating health planning in local governments* DHS (Vic) 2009.

3 Regional public health planning

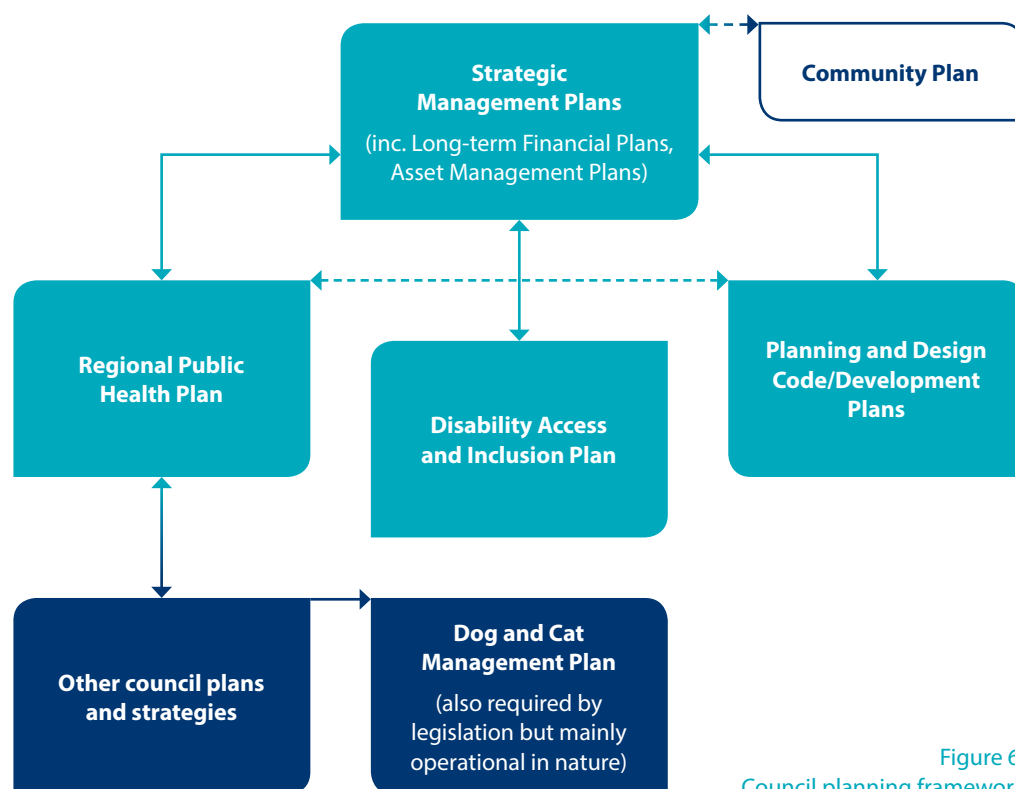


Figure 6:
Council planning framework

Integrating the Regional Public Health Plan with a Strategic Management Plan

Section 51(17) of the SAPH Act allows councils the option of integrating their regional public health plan with their strategic management plan developed under the LG Act. Council planning structures and reporting frameworks vary and options for integration need to be weighed up.

An integrated approach means public health priorities and planning strategies are incorporated and included within the SMP or Council Plan. This can avoid the duplication of planning processes.³¹

Regional public health plans completed to date have shown that the single council approaches are more likely to be fully integrated with council's Strategic Management Plan (SMP) than those involving multiple councils.³²

The degree of RPHP integration into existing processes, will be determined by how far councils' broader strategic management planning and review processes have advanced. There may or may not be an opportunity for alignment.

Alternatively, the RPHP may be recognised or badged as one of the 'suite' of SMPs, required by s.122 of the LG Act that include the Council Plan, Long-term Financial Plan and the Asset Management Plan.

Therefore, if a council can fully integrate public health planning within its existing processes it will not be necessary to produce a separate stand-alone planning document. Instead public health commitments, objectives and strategies can be incorporated within other relevant plans.

The following table identifies the potential benefits and concerns or risks to public health planning as a result of integrating a RPHP with a SMP.³³

31 Department of Health 2009 A Practical Guide to municipal public health planning: A resource for public health and social planners in local councils in Victoria, Melbourne.

32 Boyd S 2016 Integration of Regional Public Health Plans into Local Government Strategic Management Plans in South Australia. Unpublished.

33 Final Report – Integration of Regional Public Health Plans into Local Government Strategic Management Plans in South Australia. Unpublished.

3 Regional public health planning

Contents 

Introduction

1 Public health legislation and policy context

2 Health, wellbeing and local government

3 Regional public health planning

3.1 Key elements for effective regional public health planning

3.2 Planning cycle

4 Additional resources

Appendices

Table 5: Benefits and concerns of SMP integration

Benefits of integration	Possible concerns or risks
<ul style="list-style-type: none"> ■ Strengthened mandate for public health within councils ■ Aligned coordination mechanisms. ■ Provision of greater focus for senior staff and elected members. ■ Greater and more transparent accountability. ■ Consolidates and validates participation and community engagement ■ Highlights the interconnectedness of issues and priorities and it provides a clearer strategic focus. ■ Builds cohesion. 	<ul style="list-style-type: none"> ■ Losing sight of public health issues in an integrated plan. ■ Weakened stakeholder engagement from public health actors. ■ Failure to achieve senior staff buy-in. ■ Lack or loss of dedicated resources associated with public health activities and planning processes. ■ Lack of guidance about how to undertake integration. ■ Poor organisational arrangements and poor governance. ■ Limited awareness of public health issues and their connection with other policy issues if not successfully integrated. ■ Silo thinking, "turf protection" and competition for priorities which weakens moves towards integrated planning. ■ Lack of data that facilitates evidence-based dialogue across policy and functional areas. ■ Differing reporting requirements.

The following factors may assist in supporting successful integration³⁴:

- Strong leadership from senior staff and elected members;
- Integrated governance structures;
- Clear accountability, roles, responsibilities and reporting;
- Robust monitoring and evaluation of planning processes and progress;
- Comprehensible and accepted data bases that facilitates evidence-based dialogue across policy and functional areas;
- Interdisciplinary coordination;
- Supportive and collaborative culture within the organisation;
- Comprehensive capacity building (not just within councils) across all participants and spheres of government engaged in integrated planning;
- Systems thinking and analysis;
- Supportive and aligned budgetary and finance mechanisms that facilitate integration and collaboration.
- Consideration that any actions arising from the RPHP may need to be anticipated in the Long-Term Financial Plan, so that required spending is incorporated into budget planning in coming years.

³⁴ Final Report – Integration of Regional Public Health Plans into Local Government Strategic Management Plans in South Australia. Unpublished.

3 Regional public health planning

Administrative challenges

The obligation to inform and consult on a draft plan (as required by section 51 (11) (B)(i), (12)–(15)), may pose logistical difficulties given that a council plan (that integrates public health issues) has a broader focus, so it may not be appropriate, relevant or even necessary to receive comment from those persons or bodies mentioned in s.51 about the overall draft plan.

With effective “line of sight” mechanisms in the draft plan, these difficulties can be overcome. That is, comments could be specifically sought only on those elements tagged and identified as relevant and in response to statutory public health planning obligations.

This “line of sight” is also important in relation to reporting. Having easily identifiable strategies and actions for public health is important, since it would not be appropriate for a council to be reporting on its full SMP(s) to the Chief Public Health Officer.³⁵

Developing the Regional Public Health Plan with regional partners

Section 51(1) allows councils the option to work in conjunction with neighbouring or similar councils to combine resources and undertake public health planning for a wider regional boundary. Section 51(4) also allows councils to choose to develop a joint plan or use the information attained jointly to develop their own individual plans, reflecting their own political and organisational structures, systems or policies.

Councils may work collaboratively to address a particular theme or priority of their public health plan. For example, a pair of councils could take a joint approach towards assessing the public health impacts of climate change and developing actions for certain geographic regions with similar interests’ e.g. coastal areas.

Elements to consider if thinking of taking a wider regional approach to developing a RPHP are outlined in Table 6.

Table 6: Considerations for a wider regional planning approach

Element	Considerations
Regional Boundary	<ul style="list-style-type: none"> Are there common public health challenges/opportunities? Is there a good track record of working on a regional basis? Is there an effective existing framework: LGA Local Government Region or other regional association? Do key external stakeholders (e.g. state government agencies, Local Health Networks, Landscape SA Boards, health support agencies and non-government organisations) operate at a regional level?
Resourcing and Efficiency	<ul style="list-style-type: none"> Can resources be shared e.g. joint planning team? Can data and information be analysed at a regional level? Can regional stakeholders be approached collaboratively? Is there increased opportunity for funding grants?
Council Ownership, Decision making and Policy Integration	<ul style="list-style-type: none"> Would a regional approach still ensure council ownership and commitment? Can issues and priorities specific to the council area be addressed? How would integration with council’s strategic and corporate planning processes be achieved? Can an effective governance structure be put in place, noting key organisational positions? How would decision making processes be undertaken?
Continual Improvement and Review	<ul style="list-style-type: none"> Could a joint approach to plan evaluation, updates and reporting be achieved? Would ongoing evaluation and reporting be more efficient?

Contents



Introduction

1 Public health legislation and policy context

2 Health, wellbeing and local government

3 Regional public health planning

3.1 Key elements for effective regional public health planning

3.2 Planning cycle

4 Additional resources

Appendices

³⁵ Final Report – Integration of Regional Public Health Plans into Local Government Strategic Management Plans in South Australia. Unpublished.

3 Regional public health planning

Governance structures

Time spent on establishing a governance structure early on has repeatedly been found to be a worthwhile investment. Council feedback suggests that embedding the plan activities into council business ensures its sustainability and endurance, even when there is a change in key staff. Good governance structures also greatly assist reporting on the implementation of the plan, when required, further down the track.

Governance arrangements will vary reflecting how a RPHP is prepared – as a stand-alone document, integrated into a SMP or in partnership with one or more councils.

Various arrangements can be put in place depending on your council's political and organisational will. Examples of governance structures may include:

- Regional Subsidiary – utilising existing Local Government Association (LGA) frameworks.
- Advisory Committee – e.g. if planning with a group of councils this may involve one staff and elected member from each council and includes clear Terms of Reference.
- Working groups – e.g. may have a few smaller groups such as standing committees, stakeholder reference group and staff advisory group.

Further information on governance options are described in *Discussion Paper: Regional Public Health Plans Governance Options for Partnership / Cooperative Arrangements*.

Committees, working groups and advisory mechanisms

Participation and dialogue with a broader range of stakeholders is important as it brings greater awareness and ownership to the planning process. Establishing a committee or working group that includes an elected member or senior manager provides a mandate from the top and brings legitimacy to the process and acknowledgement that public health is important.³⁶

It is essential to have the right mix of people involved. A committee or working group would be a key body within the RPHP governance structure for ensuring the delivery of the Plan and the attainment of Plan outcomes.

The role and function needs consideration. Is the role of the committee to provide advice, to make decisions or manage the process? The governance structure will also be dependent on the council or group of councils and the historical and cultural context in which the organisation operates. Either way, it is important the committee has a strategic view of the planning task and membership.

Developing Terms of Reference at the beginning with clear expectations provides guidance to members and set clear parameters for the group. Furthermore, it can provide accountability mechanisms for longer term sustainability. The following checklist may assist when considering options for public health advisory mechanisms and be undertaken at the outset.³⁷



Contents



Introduction

1 Public health legislation and policy context

2 Health, wellbeing and local government

3 Regional public health planning

3.1 Key elements for effective regional public health planning

3.2 Planning cycle

4 Additional resources

Appendices

³⁶ Stoneham & Associates and Public Health Advocacy Institute of WA 2017 Public Health planning – A guide to developing a local government Public Health Plan. Perth.

³⁷ Committees, groups and advisory mechanisms <http://www.health.vic.gov.au/regions/southern/downloads/Tip-sheet-committees-groups-and-advisory.pdf>

3 Regional public health planning

Contents



Introduction

1 Public health legislation and policy context

2 Health, wellbeing and local government

3 Regional public health planning

3.1 Key elements for effective regional public health planning

3.2 Planning cycle

4 Additional resources

Appendices

Checklist for establishing a public health advisory mechanism

- ❑ **Establish clear objectives** – Outline the terms of reference. Ensure each organisation or business unit understands how they contribute. Check this is consistent with their goals.
- ❑ **Establish communication and decision-making parameters** – Clarify how decisions within the group might be made. Clarify how the group will communicate their activity internally and back to their organisation or business unit.
- ❑ **Develop a work plan** – Clarify what needs to be done: what and how. Assign tasks based on roles and responsibilities: who. Agree reasonable timeframes for work to be done: when.
- ❑ **Agree on a meeting schedule** – This is to ensure that most people can be there and link it with the work plan.
- ❑ **Check that the mechanism is working** – Review the mechanism as a routine part of your RPHP cycle. You can check how it is progressing by getting individual members to answer these questions:
 - » Is the role of the mechanism clear?
 - » Is the specific way my organisation or business unit contributes to the objectives clear?
 - » Is this consistent with my organisation's or business unit's goals?
 - » Does senior management in my organisation or business unit support my participation?
 - » Is the work of this mechanism communicated back to my organisation or business unit?
 - » Do I understand the roles and contribution of other members?
 - » Is communication and decision-making timely and effective?
 - » Do all members do what they say they will and achieve targets and milestones?
 - » Are the achievements of the mechanism recognised? Are the successes celebrated?

Reporting requirements

The SAPH Act requires councils to prepare a report that contains a *comprehensive assessment* on the implementation of their public health plan every two years, as determined by the Chief Public Health Officer, and a *review* at least once in every five years.

It is important to be clear at the very start on what is needed to be measured. Considering what needs to be reported on early in the process, makes it possible to lay the foundations for effective reporting throughout the life of the RPHP, by ensuring that the goals, objectives and strategies are expressed in a measurable way and by identifying baseline data sources for health and wellbeing indicators. To date, experience of this has been mixed.³⁸

Be clear from the onset on what needs to be measured!

Council should consider the reporting and review processes more broadly and develop a framework or strategy for use in reporting or evaluating discreet activities, programs or projects delivered through the life of the RPHP, identifying what it is you want to achieve. This is also important if integrating your RPHP into a SMP, as different reporting requirements will need to be managed.

Reporting on the plan enables councils to drive the business of delivering community wellbeing. The intent is that over time *reporting* on RPHPs will identify:

- Council's achievements in implementing their RPHPs with a focus on local priorities, key strategies and action;
- The alignment of local and state action and capacity to influence state directions;
- Key partnerships in delivering council achievements; and
- Any issues arising during RPHP implementation.

³⁸ Local Government Association of SA 2016 *Regional Public Health Planning Workshop – Shared learnings from working regionally*, Adelaide

3 Regional public health planning

Reporting also allows councils to see where strategies and actions are making a difference for their communities, to publicise achievements to a broader audience of stakeholders and to highlight issues to inform future public health planning.

In regard to *reviewing* a RPHP, questions to consider on the outset include:

1. Have we achieved the change we sought?
2. Did we do what we said we will do?

3. What did we learn about what worked and what didn't work?
4. Are we having the influence we expected?
5. What worked well and what need improvement? What could we do differently?
6. How effective is the way we planned?

Further information on the reporting process is provided in *Stage 5 Implementation* and the review process in *Stage 6 Review and Evaluation*.

Toolkit : Resources to assist in pre-planning

■ Regional Public Health Planning Workshop – Shared learnings from working regionally

This document was developed from the findings of a workshop held on 26 June 2016 and funded by SA Health and the LGA. The purpose of the workshop was to share the experiences of the various regional groups and explore the successes and challenges they have faced. This resource can be accessed at:

■ Discussion Paper: Regional Public Health Plans Governance Options for Partnership / Cooperative Arrangements

This document was published in October 2014 and provides information on options for governance arrangements to develop, implement, review and report on Regional Public Health Plans under the provisions of the *South Australian Public Health Act 2011*.

■ Navigating for Health and Wellbeing – A resource for integrating health planning in local governments DHS (Vic) 2009

This document was developed to assist health planners in Victoria to grasp with the challenge of how different council business units contribute to health and wellbeing and to improve whole-of-council collaboration in planning for health and wellbeing. This resource can be accessed at:

■ Leading the Way – Councils creating healthier communities

VicHealth resource designed to increase the level of understanding across local government about how social, economic and environmental factors can impact upon health and wellbeing.

Contents



Introduction

1 Public health legislation and policy context

2 Health, wellbeing and local government

3 Regional public health planning

3.1 Key elements for effective regional public health planning

3.2 Planning cycle

4 Additional resources

Appendices

3 Regional public health planning

Contents



Introduction

1 Public health legislation and policy context

2 Health, wellbeing and local government

3 Regional public health planning

3.1 Key elements for effective regional public health planning

3.2 Planning cycle

4 Additional resources

Appendices

Checklist

Actions – What needs to be done in Pre-planning?

- ☐ Consider the planning approach that suits council's existing planning structure and processes.
- ☐ Assess council's capacity against the key enabling factors outlined in Table 3.
- ☐ Raise awareness or refresh Councillors and Senior Managers knowledge of the requirements under the SAPH Act.
- ☐ Seek/confirm the involvement of Elected Members in the planning process (such as representation on the planning committee, participation in consultation sessions and supporting community engagement).
- ☐ Discuss how public health issues can be, or currently are, integrated into current strategic planning initiatives in the council area or region.
- ☐ Consider the State Public Health Plan and any document identified by the Minister and use it as a basis for commencing the development of your own plan.
- ☐ Clarify the role of council business units in contributing to the development, implementation and reporting of the plan.
- ☐ Confirm staff from relevant council business units to be involved in the public health planning process.
- ☐ Establish a team or some other cross-council process to facilitate and coordinate the planning process (within council, with partners and in conjunction with other councils if a wider regional approach is adopted).
- ☐ Assess what other internal (e.g. Open Space Strategy, Libraries Strategy, Transport Plan) or external regional planning might be occurring where planning efforts can be optimised.

Suggested documentation

- ☐ Review of the previous public health planning process.
- ☐ Establish clear governance structures (Inc. Terms of Reference), which link with existing council planning processes.
- ☐ Develop a project plan for undertaking the planning process, including broad timelines.
- ☐ Prepare a report for sign off by Council.

Milestones? What needs to be achieved?

- ☐ A decision is made as to what the governance structure will look like.
- ☐ A decision will be made on the best way to develop a RPHP – will it be a stand-alone plan or a joint plan.
- ☐ A commitment within council and with relevant external stakeholders (e.g. state government agencies, non-government organisations and health organisations) to the regional public health priorities.

3 Regional public health planning

Stage 2: Assessing the state of public health

Having access to useful and meaningful data can help councils provide more appropriate and higher quality services for their local communities. Data and indicators are important in helping us to understand what is happening in our communities and ensure that policies and decisions are based on the best evidence. They can reveal trends if the same information is collected over a period of time.

Good use of data can improve councils' knowledge, effectiveness, accountability and responsiveness by providing a basis for informed, evidence-based and more comprehensive reporting. They can provide a context for conversations with key partners and stakeholders when developing strategies and actions. This is of benefit to both the council and the community by delivering meaningful result-focused outcomes.

Under the SAPH Act, RPHP's require a comprehensive assessment of the state of public health in the region; identification of existing and potential public health risks and should provide for strategies for addressing and eliminating or reducing those risks. Information as to the state and condition of public health within the relevant region should also be included.

This is done through an analysis of population health data, local data drawn from recognised indicators or research, undertaking an assessment of needs or gaps and asset/infrastructure mapping. The assessment needs to identify the local conditions that may influence public health and have regard for national or state public health policy. This process will help to identify where further analysis might be needed and the key stakeholders needed to consult with further in the process.

Therefore, councils will be able to use a variety of *data sources and indicators, evidence-based research* and outcomes from *community consultation* in developing their state of public health assessment.

Data sources and indicators

Councils have a thorough knowledge of the needs and issues facing their communities, as well as access to multiple data sources, which can be brought to bear on this process. The purpose of developing a state of health or community profile is to ascertain an understanding of the health and wellbeing of the community or region relevant to the RPHP and to meet the requirements of the SAPH Act in assessing the state of public health in the region.

The idea of community indicators is that they measure issues of relevance to the community regardless of



whether council has direct responsibility for them. Thus, community indicators are not the same as organisation performance indicators. Performance Indicators (or KPIs) are specific to an organisation and measure the performance of that organisation against an organisational plan or the organisation's legislative responsibilities.

Community indicators can assist policy makers to understand the effect of past actions and develop future policy direction. They need not however, be highly technical and work best when they are able to tell a story that resonates with those who are making decisions.

For example, a regional council in Victoria identified population decline through the fact that they *"used to have 10 football teams in a 25-mile radius around Nhill and now there's none. That's how life has gone."* The change in country football clubs over the past two decades is an indicator of population decline. But more than that, it expresses a key impact of population change on local communities.³⁹

Local Government Population Health profiles

The *Local Government Population Health profiles* developed by Public Health Information Development Unit (PHIDU) provide information about social, economic and environmental characteristics for each council area (or group of councils planning together) and are often described as community indicators. This information can be used to compare the health and wellbeing with that of the state as a whole or neighbouring councils/regions.

Evidence-based research

Councils are encouraged to review their current plans, activities and services to identify existing contributions to the health and wellbeing of communities. This review will assist councils to identify and report on:

- current practices that fulfil their public health planning requirements
- are congruent with council functions outlined in s.37–38 of the SAPH Act
- are consistent with priorities identified in the State Public Health Plan 2019–2024

It is expected that this review will identify gaps or opportunities for new initiatives, projects or future work that councils can embark on.

A review of the State Government's strategic policies should seek to align council's public health goals with policy directions for the state as a whole. An understanding of the current policy context surrounding aspects of public health planning is particularly important for guiding councils on the potential solutions, the roles and responsibilities of other stakeholders (to avoid duplication) and opportunities for working in partnership with other agencies.

Contents



Introduction

1 Public health legislation and policy context

2 Health, wellbeing and local government

3 Regional public health planning

3.1 Key elements for effective regional public health planning

3.2 Planning cycle

4 Additional resources

Appendices

³⁹ Driscoll, K. & Wood, L. 1999. *Sporting Capital: changes and challenges for rural communities in Victoria*, Melbourne, Centre for Applied Social Research, RMIT University.

3 Regional public health planning

Using the determinants of health

Councils are encouraged to draw upon local information about social, environmental and economic factors, which may influence community wellbeing. Council or community groups may already hold this information, or councils may seek to establish systems to collect this data in the future.

Table 7, provides examples of components of policy and data domains and data sources, aligned to the four environmental dimensions previously discussed in 2.4.1.

Additional data sources and tools can be found in Part 4.

Table 7: Environmental dimensions

Environmental Dimension	Components of data domains		Examples of data sources
Social 	<ul style="list-style-type: none"> Demographics Ethnicity Social connectedness Social support Sense of place & belonging Volunteering Disease control Community participation 	<ul style="list-style-type: none"> Lifelong learning Gender Cultural background Early life & childhood Community safety 	<ul style="list-style-type: none"> ABS SA Health PHIDU Reports Australian Early Development Census – Community profile SAPOL crime statistics Council Community Satisfaction Survey Grants Commission Data
Economic 	<ul style="list-style-type: none"> Economic growth Employment Industrial development Income and wealth Housing Stress 	<ul style="list-style-type: none"> Housing Education 	<ul style="list-style-type: none"> ABS SA Health PHIDU Reports Council Community Satisfaction Surveys Grants Commission Data
Natural 	<ul style="list-style-type: none"> Air quality Water Quality Native vegetation Waste management 	<ul style="list-style-type: none"> Food safety Pests Quality public green space 	<ul style="list-style-type: none"> ABS SA Health PHIDU Reports Green Industries Reports Council Community Satisfaction Surveys EPA reports Grants Commission Data
Built/Physical 	<ul style="list-style-type: none"> Sport & recreation facilities Development Amenities (parks, footpaths) 	<ul style="list-style-type: none"> Infrastructure Transport Asset management 	<ul style="list-style-type: none"> SA Health Council Community Satisfaction Surveys Grants Commission Data

Contents



Introduction

1 Public health legislation and policy context

2 Health, wellbeing and local government

3 Regional public health planning

3.1 Key elements for effective regional public health planning

3.2 Planning cycle

4 Additional resources

Appendices

3 Regional public health planning

Community consultation – understand the community's needs and opportunities

Health information can be gained from talking to the community. Engaging with local community groups may provide councils with access to additional sources of public health needs and evidence. Talking with the public will allow councils to determine community perspectives on the main public health issues or risks that impact upon the health of the local community.

Consulting with the community can also help to capture ideas and expectations and there are different approaches that can be used. A traditional needs assessment will assist in identifying the gaps in what programs are available versus what may be needed. Alternatively using an asset-based community development approach looks at understanding and building on the strengths of communities.

In summary, the information collected during this stage will help determine:

- local and community public health needs
- a demographic profile of the community
- local data relating to health status and health determinants
- community strengths, resources and capabilities
- if current services, programs or initiatives are promoting good health outcomes
- where there are gaps in services that deliver public health focus/community wellbeing
- what new services, initiatives or programs might be needed
- what environmental changes are necessary to improve health outcomes for the community

Consideration of vulnerable population needs is required at this stage in order to ensure that these groups will be meaningfully engaged in the consultation process.

Further information about community consultation is discussed in Stage 3, following.



Contents



Introduction

1 Public health legislation and policy context

2 Health, wellbeing and local government

3 Regional public health planning

3.1 Key elements for effective regional public health planning

3.2 Planning cycle

4 Additional resources

Appendices

3 Regional public health planning

Contents



Introduction

1 Public health legislation and policy context

2 Health, wellbeing and local government

3 Regional public health planning

3.1 Key elements for effective regional public health planning

3.2 Planning cycle

4 Additional resources

Appendices

Toolkit : Resources to assist in developing a 'state of public health' report

- [Local Government Population Health Profiles](#) – PHIDU Torrens University – These profiles enable councils to build a picture of both the health of their community and the local conditions that influence public health. They have since been updated to support the five-year review of public health planning being undertaken by all councils over 2019–2022.
- [The Chief Public Health Officer's Report](#) and the associated Compendium of public health case studies, research and achievements provides significant detail on the state of public health in South Australia.
- [The State Public Health Plan 2019–2024](#) provides councils with a broad set of priorities and links between health conditions, risk factors and the determinants.

- The [Public Health Indicator Framework 2018](#) is now available on the SA Health website. The updated framework (2018) comprises of an overview, metadata – details about what is being measured, and summary information on the metadata has been interactively linked to the overview.

The SA Health Public Health Indicator Framework is being reviewed across 2019 to update the content and reflect the learnings from the use of the framework to inform the Chief Public Health Officer's Report 2016–18.

- There are examples of larger metropolitan councils developing their own indicator sets or data sets to assist in public health planning. It is acknowledged that smaller councils/regional areas may not have the resources to do this but nonetheless may find these examples useful. Examples include:
 - » [The City of Onkaparinga – Community Wellbeing Monitor](#)
 - » [The City of Charles Sturt – Community Wellbeing Monitor](#)
- Information can also be sourced from the [Adelaide Primary Health Network](#) and the [Country SA Primary Health Network](#)
- Several Special Interest Groups (SIGs) or Networks can also provide intelligence and support. These groups include the [Community Managers Network](#), the [Social Planners Network](#) or [Environmental Health Australia's](#) [Environmental Health Managers Forum](#) and [Public Health Special Interest Group](#).
- Further data sources can be found in Part 4 – Additional Resources

3 Regional public health planning

Contents



Introduction

1 Public health legislation and policy context

2 Health, wellbeing and local government

3 Regional public health planning

3.1 Key elements for effective regional public health planning

3.2 Planning cycle

4 Additional resources

Appendices

Checklist

Actions – What needs to be done in Assessing the state of public health?

- ☐ Consider the priorities and population groups contained of the *State Public Health Plan 2019–2024* and use these as a basis for commencing the development of a Regional Public Health Plan.
- ☐ Audit existing council plans and activities that contribute to public health and wellbeing.
- ☐ Collect and analyse relevant data on health and wellbeing in the region (refer to PHIDU reports and suggested sources in Part 4).
- ☐ Assess the implications of other national, state or local reports, policies and information for the community.
- ☐ Identify local priority population groups and the health impacts affecting those groups.
- ☐ Identify areas where further analysis or stakeholder consultation may be required.
- ☐ Utilise the knowledge of stakeholders to contribute to the 'state of public health' and identify and prioritise the key health risks.

Suggested documentation

- ☐ A data map of information and resources available.
- ☐ A community profile report including a summary of the findings.

Milestones? What needs to be achieved?

- ☐ An identification and analysis of the public health and wellbeing status of the community in the region.
- ☐ An identification of the determinants or risk factors impacting on the health and wellbeing of the community.
- ☐ An identification of the priority populations facing the greatest health challenges/health inequities.

3 Regional public health planning

Stage 3: Community Participation and Partnerships

Stage three is associated with listening to the community and engaging with internal and external stakeholders to better understand the health and wellbeing needs of the community.



Community participation provides public health stakeholders and the local public with the opportunity to share in decisions which affect public health and wellbeing in their communities. Consulting in the community and involving a range of stakeholders and partners in this process will lead to decisions that are better informed, refine health and wellbeing actions and support implementation of the plan.⁴⁰

Community participation provides opportunities for council staff and community members to talk, listen, share ideas, expertise and build networks.

This process feeds into the information gained from assessing the state of public health report and builds a picture of the challenges affecting the community and opportunities moving forward on how best to respond. This process will help to identify gaps in program delivery or where there is a lack of services for priority populations.

Participation in social and civic activities all work to produce 'social capital', a key indicator of building healthy communities through collective and mutually beneficial interaction and accomplishments. Research has linked these types of activities to improved health outcomes.

Community participation in public health planning

Community consultation is a process in itself and it takes time, planning and commitment to get effective results. In the context of public health planning, decisions need to be made to determine:

- The focus and purpose of community consultation – Do you want confirmation of their needs or do you want to find out what their issues or concerns are?
- What information do you want to convey?
- How will the information be used?
- Who or what parts of the community need to be consulted?
- Will you seek information only from participants or will they be involved in making decisions?
- How will participants be followed-up?

Other considerations include:

- When will the consultation occur? (Avoid the holiday season!)
- What methods will be used to consult with them?
- What resourcing (human and monetary) will be allocated to undertake the consultations?
- What will be done to ensure that hard-to-reach groups or culturally and linguistically diverse (CALD) communities are included?
- Are the existing engagement approaches used for exploring priorities for public health and wellbeing sufficient or does more need to be done around particular issues?
- What relationships already exist? Do additional stakeholders need to be approached?



Contents



Introduction

1 Public health legislation and policy context

2 Health, wellbeing and local government

3 Regional public health planning

3.1 Key elements for effective regional public health planning

3.2 Planning cycle

4 Additional resources

Appendices

⁴⁰ Department of Health 2013 Guide to Municipal Public Health and Wellbeing Planning, Melbourne.

3 Regional public health planning

Councils consult with the community regularly, be it during the development of a new strategy, policy or service or the mandated minimum public consultation provisions under s.50 of the LG Act. Consequently, most councils will have a community engagement policy or strategy that can be used to guide community and stakeholder involvement in the development of their public health plan.

A list of required and recommended stakeholders to involve in the consultation process for public health planning is provided in [Appendix F](#).

...councils are not expected to be responsible for delivering all the strategies or activities identified in the RPHP.

Councils will need to determine the most appropriate level of participation to suit their purpose and resources, remembering that councils are not expected to be responsible for delivering all the strategies or activities identified in the RPHP. Council's role is more akin to a partner or a facilitator.

An important part of community consultation is being able to communicate council's role, hear community expectations and be as clear as possible about the opportunities and limitations that the plan has to work with.

Partnerships for public health and wellbeing

In the public health planning context the principle of partnerships recognises that the determinants of health and wellbeing are multi-factorial and must involve multiple layers of responsibility, policy mandate or authority.⁴¹ An understanding of these determinants and knowing that effective action to make major gains in public health requires more than the efforts of the health system.

Councils are in a strong strategic position to coordinate efforts within their areas due to their established mandates under the LG Act and complemented by their role as Public Health Authorities for their areas under the SAPH Act.

Partnership arrangements are not new to councils. Councils often work collaboratively with other councils, government departments, organisations and community groups to address priorities for their area. By their nature, partnerships rely on relationships, come in many forms with many potential benefits.

It may be useful to partner with an adjoining local government to conduct community consultation as it may save time and resources. The pros and cons of this and whether it is a realistic or suitable option should be considered.

Partnerships in local councils can be short-term, long-term or project specific. Those addressing public health action on the determinants of health are likely to be more enduring.

Cultivating partnerships with universities and research centres will enable knowledge exchange and support the development of evidence informed public health initiatives.⁴² An example of a successful partnership is the work undertaken by the City of Charles Sturt with the National Research Organisation for Women's Safety Limited (ANROWS) and the trial of the *Local Council Domestic and Family Violence Toolkit*. Refer to 4.3 – Tools and Resources for further information on this project.

Building successful partnerships takes commitment and work, strategic support elements such as representation from people with authority, adequate resources and coordination, a defined purpose and structure and clear accountability. The following table outlines key considerations when entering into a partnership, drawn from the experience of council staff who have been involved in partnership arrangements.

Contents



Introduction

1 Public health legislation and policy context

2 Health, wellbeing and local government

3 Regional public health planning

3.1 Key elements for effective regional public health planning

3.2 Planning cycle

4 Additional resources

Appendices

⁴¹ Department Health and Ageing 2013 SAPH Principles to be recognised under the Act – Guidelines, Adelaide.

⁴² Department of Health 2009 A Practical Guide to municipal public health planning: A resource for public health and social planners in local councils in Victoria, Melbourne.

3 Regional public health planning

Table 8: Considerations for successful partnerships

What can be gained from a partnership approach?	<ul style="list-style-type: none"> ■ Better product/result than going it alone ■ Quicker response ■ Sharing intellectual property ■ Sharing resources (i.e. economic) ■ Shared vision ■ More exposure
What makes an effective partnership?	<ul style="list-style-type: none"> ■ Good communication at the beginning ■ Ensure governance is correct and communicated to all partners ■ Due diligence (accountability) ■ Analyse the value of the partnership – do the benefits outweigh the costs? ■ Need shared purpose and common goals to be communicated and understood ■ Need clear methodology communicated and understood ■ Need good pre-planning (define goals and outcomes)
What could make the partnership fail?	<ul style="list-style-type: none"> ■ Lack of communication ■ Loss of focus ■ Tunnel vision ■ Building barriers ■ Time wastage ■ No 'real' outcomes (talkers not doers) ■ The lack of equality

Partnerships with Public Health Partner Authorities

The public health planning process can be used to facilitate commitment to public health strategies across other relevant organisations working in the region. This commitment can be formalised through provisions in the SAPH Act, which allow for the establishment of Public Health Partner Authorities (PHPA).

The PHPA instrument was first introduced with the SAPH Act in 2011, and South Australia is one of only two

jurisdictions where such a concept features within a Public Health Act. The SAPH Act is silent on the criteria and process for formalising PHPAs. However, SA Health identified and negotiated partnership agreements with relevant entities. These entities were considered to be key stakeholders for addressing significant public policy issues that impact on population-level health and wellbeing and contribute to the key priorities of the State Public Health Plan.

3 Regional public health planning

Seventeen PHPAs are now established under the SAPH Act to date, realising opportunities for collaboration during this first phase of PHPAs. It is recognised that further exploration is required to see how existing and emerging PHPAs can become more relevant to local and region-level public health planning.

SA Health is exploring the development of mechanisms for local government contribution to and benefit from the development of future PHPAs as well as to provide assistance where relevant, to local government in their public health planning obligations under the SAPH Act.

Toolkit: Resources to assist in community participation and partnerships

■ LGA Community Engagement Handbook (2016)

This document provides a useful source of guidance on choosing and applying engagement techniques and identifies and defines various levels of community engagement, adapted from the International Association for Public Participation (IAP2), it outlines a step-by-step process for community engagement that is clear, easy to follow and can be adopted for the development of public health plans.

■ Introduction to Community Engagement for Council Officers Course

This course will provide participants with an understanding of:

- » What is meant by community engagement in Local Government decision making
- » A range of community engagement
- » Legislative issues in relation to community engagement
- » Planning, implementing and evaluating community engagement
- » An introduction to techniques to share and gather information and bring people together.

■ VicHealth Partnership Analysis Tool

The partnerships analysis tool is for organisations entering into or working in a partnership to assess, monitor and maximise its ongoing effectiveness. It was revised in 2011 and now includes information on changing organisations.

■ Your council's own Community Engagement Strategy/Policy

■ Local Government and Community Engagement in Australia. Working Paper, No 5. – J Herriman 2011, Australian Centre of Excellence for Local Government, University of Technology Sydney.

Contents



Introduction

1 Public health legislation and policy context

2 Health, wellbeing and local government

3 Regional public health planning

3.1 Key elements for effective regional public health planning

3.2 Planning cycle

4 Additional resources

Appendices

3 Regional public health planning

Contents



Introduction

1 Public health legislation and policy context

2 Health, wellbeing and local government

3 Regional public health planning

3.1 Key elements for effective regional public health planning

3.2 Planning cycle

4 Additional resources

Appendices

Checklist

Actions – What needs to be done in Community participation and partnerships?

- ☐ Develop an internal (cross-council) community engagement strategy with a focus on the determinants of health. This is particularly useful to get 'buy in' from other stakeholders.
- ☐ Broaden community awareness about the environmental, social and economic issues that influence public health and wellbeing.
- ☐ Where available connect with relevant existing internal or external networks.
- ☐ Promote ownership of public health plans by staff and Elected Members within local government.
- ☐ Where possible councils are encouraged to integrate their stakeholder and public consultation for public health with other engagement activities to eliminate 'consultation fatigue' and maximise time and resources.
- ☐ Ensure engagement strategies are user-friendly and appropriate to the people you seek to engage. E.g. young people, people with disabilities, culturally appropriate etc.

Suggested documentation

- ☐ An engagement strategy/plan reflecting the various methods and approaches that will be used to engage with key internal and external stakeholders, community members and partners.
- ☐ A list and description of local services available (e.g. to identify gaps).
- ☐ A summary of the consultation findings from all the stakeholders.
- ☐ A consolidated State of public health report including trends and opportunities identified from the engagement process.

Milestones? What needs to be achieved?

- ☐ Working relationships with internal council business units and key external stakeholders.
- ☐ An understanding of the key challenges, issues and risk factors affecting the community.
- ☐ A community engagement strategy that provides a clear understanding of the opportunities and assets in the community.

3 Regional public health planning

Stage 4: Plan Development

Stage 4 is intended to combine the knowledge gained from the state of public health assessment, engagement and information gathering processes to address areas where change is needed to improve health outcomes and where action taken will have the most benefit. It is important that the plan is realistic and achievable. The plan structure should also be logical and easy to read.



This stage is also concerned with several administrative processes under the SAPH Act that need to be observed. Consequently, the *Plan Development* stage is comprised of:

- Part a – concerned with the content, structure and format of your plan and
- Part b – concerned with adherence to the administrative processes outlined in the legislation.

Stage 4 – Part a – content and structure of the plan

At this stage it is important to clarify the plan's vision and broad direction and lead the public health planning commitments (i.e., priorities, goals, objectives and strategies). It will result in a document that will guide public health and wellbeing actions across council (or a group of councils) and identify how councils will work with their partners.

A well-developed RPHP is a worthwhile tool that, once endorsed, should be able to be used to set the policy direction for public health within the region and provide a powerful rationale when seeking additional funding opportunities.

Ideally councils should aim to integrate aspects of public health planning into relevant planning processes. Council's undertake different planning processes – some strategic, some operational.⁴³ Regional Public Health Plans may involve a combination of both.

Strategic planning usually outlines the vision, mission or high-level goals that the organisation wants to achieve over a three to five year period. It sets the direction of the council and identifies a range of strategies to pursue so that the council can achieve its goals.

Operational planning is usually more detailed and is focussed on the implementation of strategic level plans. These are usually short-term and aligned to a calendar or fiscal year. The Operational Plan often provides the:

what – the strategies, actions and tasks that must be undertaken

who – the persons who have responsibility of each of the strategies/tasks

when – the timelines in which strategies/tasks must be completed

how much – the amount of financial resources provided to complete each strategy/task

Contents



Introduction

1 Public health legislation and policy context

2 Health, wellbeing and local government

3 Regional public health planning

3.1 Key elements for effective regional public health planning

3.2 Planning cycle

4 Additional resources

Appendices

⁴³ Department of Health 2009 *A Practical Guide to municipal public health planning: A resource for public health and social planners in local councils in Victoria*, Melbourne.

3 Regional public health planning

Deciding on RPHP priorities

Determining the priorities that underpin regional public health plans requires consideration of the drivers of wellbeing in the council area/region including:

- Public health issues, determinants of health, risk and protective factors in the region (identified during the 'assessing the state of public health' described in Stages 2 and 3).
- Strategic alignments, and degree of integration, within council's planning hierarchy (e.g. SMP/Community Plan).
- Relevant national, state or local health priorities (identified during Stage 2).
- Outcomes from community and stakeholder engagement (from Stage 3).
- Planning process priorities that aim to strengthen the systems that support the sustainability and implementation of the RPHP (e.g. workforce and organisational capacity building initiatives).

Tip – consider aligning priorities around the four dimensions of the 'Environments for Health' framework outlined in 2.4.1.

Priorities generally fall into two categories:⁴⁴

- *Public health priorities* – priorities that have been identified as relevant to the council area (e.g. healthy active ageing; safe and inclusive open space).
- *Planning process and system priorities* – priorities for enabling sustainability and success of the planning process (e.g. organisation capacity, workforce development or resources).

Setting criteria

Selecting the top three to five priorities for the plan can be difficult and complex in light of competing demands and political will. Developing a set of criteria can be useful to assist in this decision-making process. It is suggested councils develop their own 'prioritisation criteria'. Considerations may include:

- **Opportunity** – is there an opportunity for our Council to lead action on this? Or is it in the realm of other agencies? Are there opportunities to secure resources to implement strategies?
- **Impact** – how critical is the issue to our community? Is it widely experienced? Is there over representation of particular groups – equity/fairness?

- **Enthusiasm** – what level is there from elected members, council staff, community, stakeholders/ other agencies?
- **Measurable outcomes** – can outcomes be measured?

The language of public health planning

Councils work within their level of resources and need to set realistic parameters for each public health planning cycle. It is important to recognise that the language used in your plan should align with your council's planning framework.

The language of planning can vary widely between councils so that objectives in some cases, might be termed 'goals', 'strategic priorities' or 'key result areas' and so on. It is not necessary to use the same terms as these guidelines, but you will need to identify what level your statements relate to.

It is suggested that councils look to develop what they need to address in the short, medium and long term by setting **goals, objectives** and **strategies** or **actions**.

It is important to remember that councils are not expected to undertake all the strategies or activities identified in the RPHP. Some actions may be led by an external agency where council is a partner or another may be advocating with the community to influence a particular outcome. Collaboration is crucial for effective implementation, due to the broad nature of public health issues.

Deciding on RPHP goals

Plan *goals* in the context of public health and wellbeing planning, are broad statements that are long-term in nature. They are related to improving health and wellbeing status, through changes in mortality and morbidity, disability, quality of life and equity.

Measuring your goal generally occurs at the end of your public health planning cycle, however regular monitoring of objectives, strategies and actions will all feed into the final review of your plan.

Consequently, the *goal* of improved health and wellbeing status is achieved through a range of *objectives* that increase awareness and change behaviours; influence public policy and organisational practice; deliver more effective services; and create healthier environments. The actions taken to reach these *objectives* are called *strategies*.⁴⁵

Contents



Introduction

1 Public health legislation and policy context

2 Health, wellbeing and local government

3 Regional public health planning

3.1 Key elements for effective regional public health planning

3.2 Planning cycle

4 Additional resources

Appendices

⁴⁴ Department of Health 2009 A Practical Guide to municipal public health planning: A resource for public health and social planners in local councils in Victoria, Melbourne.

⁴⁵ PDF Management Services Pty Ltd 2010 Tip sheet – Writing measurable objectives Victorian Department of Health, May 2010.

3 Regional public health planning

Deciding on RPHP objectives and strategies

Objectives are more specific than goals, and for the purposes of these guidelines' objectives are statements that explain how plan goals will be achieved. It is common to have a number of objectives under a goal. Objectives should be SMART (specific, measurable, achievable, relevant and time bound), addressing who, when, where and by how much.

Objective statements included in a RPHP should cover the following areas:

- Health protection services addressing food safety, immunisation, water quality etc.
- Health promotion strategies that can be advanced by local government to address injury prevention, non-communicable disease prevention (e.g. nutrition, tobacco control).
- Place-based strategies that support healthy communities such as improving the built/natural environment or building social connection.
- Population health strategies that address preventative health needs of priority population groups and address equity e.g. young people, older adults, Aboriginal communities or CALD communities.
- Organisational capacity building strategies.
- Public health impacts of climate change.

- Local government's role in addressing key determinants (e.g. employment, healthy childhood development).
- Emergency management.
- Social health issues e.g. domestic and family violence or social exclusion.
- Community safety.

This is not exhaustive, and the objectives will need to reflect the priorities within the relevant community.

Once the objectives are decided, it is important to identify the strategies or shorter-term actions/activities that will be taken to meet the objective.

When developing strategies, it is important to ensure that selection criteria are agreed by all parties and factors to consider include:

- Recognition of existing initiatives and evidence of their effectiveness – can or do they need to be improved and are they sustainable?
- The suitability and opportunity for effective action by council and/or with partners.
- Public acceptance of the initiative to the community and key stakeholders.
- The cost and availability of resources (including other sources of funding) to achieve the strategy.



Contents



Introduction

1 Public health legislation and policy context

2 Health, wellbeing and local government

3 Regional public health planning

3.1 Key elements for effective regional public health planning

3.2 Planning cycle

4 Additional resources

Appendices

3 Regional public health planning

- Consistency with relevant legislation and policy (such as the State Public Health Plan, the key principles under the SAPH Act or other documents specified by the Minister).
- Potential long-term impacts, considering economic, social and environmental outcomes – both positive and negative.
- Furthermore, for new initiatives:
 - » Evidence of good practice – has this been shown to improve public health outcomes?
 - » Equity – will this initiative address health inequity?
 - » Sustainability – will this initiative need ongoing financial assistance? Can it be incorporated into everyday business?

Developing a variety of actions to address a single strategy area is more successful than relying on single actions.⁴⁶ This is because public health issues are broad and interconnected, requiring multi-layered responses to address key determinants.

Section 2.4.2 noted the different health promotion *approaches* to consider when developing strategies, particularly when employing multiple initiatives/ interventions along the health promotion continuum.

Tips for writing objectives

Appendix G provides practical information on writing measurable objectives, sourced from a tip sheet developed to assist public health planners in Victoria, and has strong alignment to regional public health plans in the South Australian context.⁴⁷

Action planning

Beneath each strategy may be a range of actions that describe the day-to-day tasks that deliver on the strategy, by engaging relevant business units and based on the evidence gathered to date. Developing an annual action plan will support the implementation of the plan, assist in cross-council ownership and ensure that the plan continues to stay relevant.

Action planning can be progressed by linking in and utilising existing non-mandated plans (such as open space strategies, arts and culture plans, community safety plans) and/or be reflected in annual operational or business plans. This will avoid duplication of effort and help to embed public health in council's overall strategic planning framework.

A consideration when developing an annual action plan is to link it to a financial year, rather than a calendar year, as this can assist in budget processes as well as align with the CPHO's Section 52 report which *the report must relate to a reporting period of 2 years ending on 30 June in the reporting year.*

Table 9 summarises the suggested planning statements for use in public health planning, including the changes they deliver and the outcomes sought, adapted from various sources including the Victorian Department of Health,⁴⁸ the South Metropolitan Health Service WA,⁴⁹ the Public Health Advocacy Institute WA,⁵⁰ and the Centre for Community Health and Development, University of Kansas.⁵¹

Table 9: Suggested planning statements for RPHPs including the changes they aim to deliver, and the outcomes sought

Planning Statement	Deliver	Measured by	Answers the question...
Vision Communicates the ideal conditions desired by and for the community and articulate what the council, in partnership with others, wants to pursue in relation to improved health outcomes	Improved health outcomes over the life of the plan	N/A	What does health and wellbeing look like in the future as a result of the implementation of the RPHP?
Priorities Should be clear about the broad priorities and then use them to develop goals and objectives.	N/A	N/A	N/A

(Table 9 continues on next page)

Contents



Introduction

1 Public health legislation and policy context

2 Health, wellbeing and local government

3 Regional public health planning

3.1 Key elements for effective regional public health planning

3.2 Planning cycle

4 Additional resources

Appendices

46 Nutbeam, D 2000 What makes an effective health promotion program? in Oxford Handbook of public health, Oxford University Press, Sydney.

47 PDF Management Services Pty Ltd 2010 Tip sheet – Writing measurable objectives Victorian Department of Health, May 2010.

48 PDF Management Services Pty Ltd 2010 Tip sheet – Writing measurable objectives Victorian Department of Health, May 2010.

49 Department of Health 2017, Pathway to a healthy community: a guide for councillors and local government, 2nd edition, South Metropolitan Health Promotion Service, Perth.

50 Stoneham & Associates and Public Health Advocacy Institute of WA 2017, Public Health Planning: A guide to developing a public health plan under the Public Health Act 2016, Perth.

51 Fawcett, S, Carson, V, Collie, V, Bremby, R and Raymer, K 2000, Promoting Health for all: An Action Planning Guide for Improving Access and Eliminating Disparities in Community Health, University of Kansas, Kansas.

3 Regional public health planning

Table 9: Suggested planning statements for RPHPs including the changes they aim to deliver, and the outcomes sought (*continued*)

Planning Statement	Deliver	Measured by	Answers the question...
Goals <p>The overall goal should be stated at the beginning. It should be concise, outcome orientated and inclusive. Goals describe the improvements and long-term benefits sought for a given population.</p> <p>When it comes to health and wellbeing, they are statements about improving health and wellbeing status, quality of life and equity or reducing health risks – the <i>what and why</i>.</p>	<p>Goal statements deliver long-term benefits and may include:</p> <ul style="list-style-type: none"> » A reduction in risk factors, mortality, morbidity or disability. » Improved quality of life (albeit this is not a realistic outcome for short-term projects). 	<p>Outcome evaluation</p>	<ul style="list-style-type: none"> » Have we achieved the change we sought? » Have the various strategies achieved the overall goals? » Have changes in behaviour been sustained over time? » Have environmental conditions improved? » Have there been improvements in health status?
Objectives <p>Are more specific and spell out the steps taken to achieve the goal.</p> <p>Objectives should be SMART (specific, measurable, achievable, relevant and time bound).</p>	<p>Objective statements generally deliver medium-term or intermediate benefits and may include changes in:</p> <ul style="list-style-type: none"> » Behavioural change » the extent of policy implementation » the environment » the nature of service provision » social and environmental support structures » patterns of community participation 	<p>Impact evaluation</p>	<ul style="list-style-type: none"> » Are we having the influence we expected?
Strategies <p>Strategy statements will refer to <i>how</i> the initiative or intervention will be undertaken. Strategies should be diverse and address:</p> <ul style="list-style-type: none"> » policy and planning » infrastructure investment » social marketing, media advocacy » modifying or enhancing service provision » behavioural change <p>and include</p> <ul style="list-style-type: none"> » consideration of council's role (refer Table 1) 	<p>Strategy statements deliver short-term benefits and may include improvements in:</p> <ul style="list-style-type: none"> » service delivery » public policy » built & natural environments » community knowledge, skills and attitudes 	<p>Process evaluation</p>	<ul style="list-style-type: none"> » Are we doing what we said we would do? » Did we reach the populations we intended to?
Actions <p>Actions are the steps that must be taken, or activities undertaken to ensure the strategies and objectives are met.</p> <p>They are built into yearly business planning cycles to drive the implementation of the plan over the 5 years.</p>	<p>Action statements deliver short-term or immediate benefits.</p> <p>Measure the issues such as: the number of activities, the levels or participation, quality of materials provided and levels of satisfaction.</p>	<p>Process evaluation</p>	<ul style="list-style-type: none"> » Are we doing what we said we would?

Contents



Introduction

1 Public health legislation and policy context

2 Health, wellbeing and local government

3 Regional public health planning

3.1 Key elements for effective regional public health planning

3.2 Planning cycle

4 Additional resources

Appendices

3 Regional public health planning

Stage 4 – Part b – Administrative processes

The SAPH Act specifies various legal requirements that must be adhered to during the development of (or an amendment to) a RPHP, irrespective of whether it was a

stand-alone plan, integrated into a SMP or undertaken as a group of councils. Figure 7 describes the process that needs to occur.

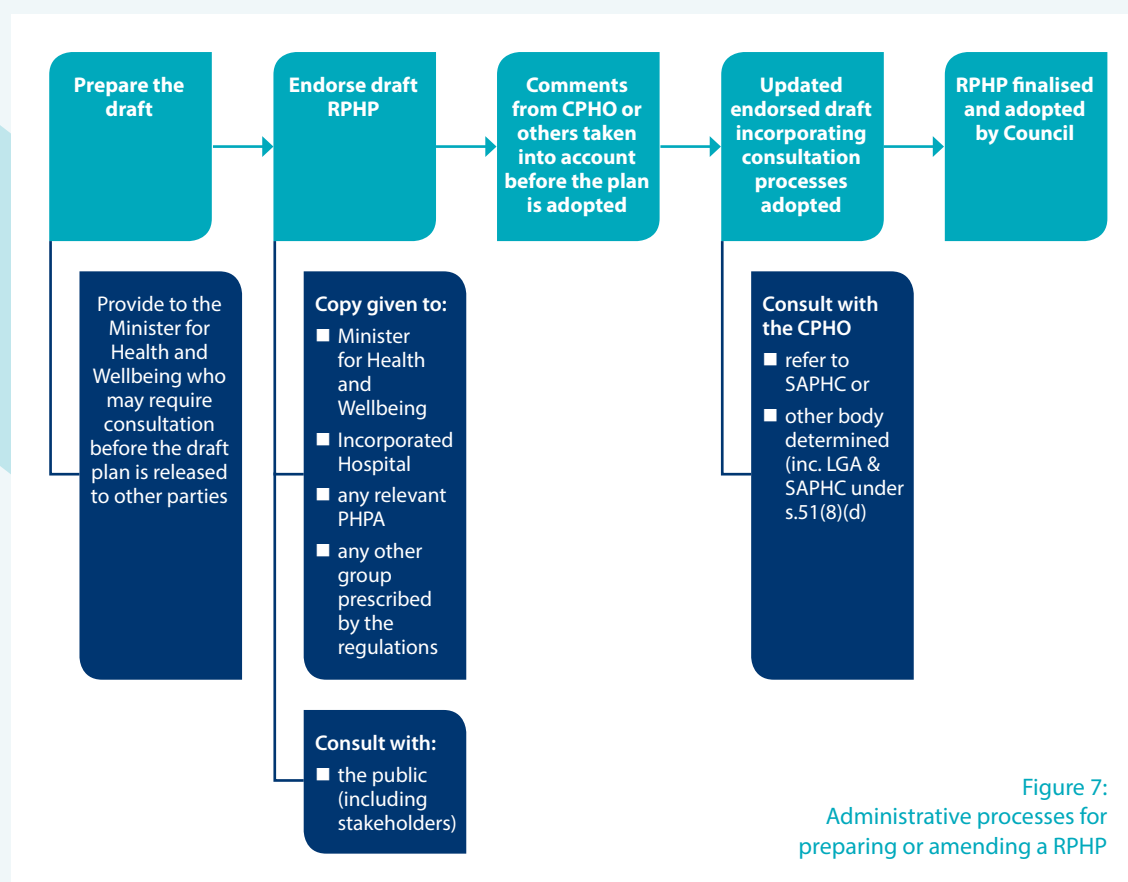


Figure 7:
Administrative processes for
preparing or amending a RPHP

Contents

Introduction

1 Public health
legislation and
policy context

2 Health, wellbeing
and local
government

3 Regional public
health planning

3.1 Key elements for
effective regional
public health
planning

3.2 Planning cycle

4 Additional
resources

Appendices

3 Regional public health planning

Which organisations does council need to send its draft RPHP to?

Local Health Networks (LHNs), PHPAs and groups prescribed by the regulations are each bodies or interests that must be given an endorsed draft of the RPHP or a remade RPHP.

The State Government has now established 10 LHNs, each with its own Governing Board. Under the *Health Care Act 2008* each LHN is considered to be an incorporated hospital facility.

State-wide

[Women's and Children's Health Network](#)

Metropolitan

[Central Adelaide Local Health Network](#)

[Southern Adelaide Local Health Network](#)

[Northern Adelaide Local Health Network](#)

Regional

[Barossa Hills Fleurieu Local Health Network](#)

[Yorke and Northern Local Health Network](#)

[Flinders and Upper North Local Health Network](#)

[Riverland Mallee Coorong Local Health Network](#)

[Eyre and Far North Local Health Network](#)

[Limestone Coast Local Health Network](#)

In terms of engagement with relevant PHPAs, the Office of the CPHO, in consultation with Wellbeing SA will bring any relevant changes to RPHPs to the attention of the existing 17 PHPAs rather than seeking individual councils engage with these groups.

A list of current PHPAs, including key projects and terms of agreement can be found on the [SA Health](#) website.

For information on any relevant 'other prescribed group' contact SA Health at PublichealthAct@sa.gov.au



Contents



Introduction

1 Public health legislation and policy context

2 Health, wellbeing and local government

3 Regional public health planning

3.1 Key elements for effective regional public health planning

3.2 Planning cycle

4 Additional resources

Appendices

3 Regional public health planning

Contents



Introduction

1 Public health legislation and policy context

2 Health, wellbeing and local government

3 Regional public health planning

3.1 Key elements for effective regional public health planning

3.2 Planning cycle

4 Additional resources

Appendices

Toolkit : Resources to assist in plan development

- **Creating healthier Local Food Environments: A Guide for Local Government** – This document provides assistance and guidance to local government in assessing their current policies, plans and practices in relation to supporting healthy eating in their community and provide ideas about actions that can be taken to improve the healthy food environment.
- **Local Government Community Health and Wellbeing Toolkit**
This toolkit aims to provide evidence-based suggestions on how to work towards promoting public health by creating supportive environments to reduce smoking, improve nutrition, reduce harmful alcohol use, promote physical activity and reduce stress by supporting mental wellbeing. The toolkit provides resources to help make it simpler.
- **Creating Greener Places for Healthy and Sustainable Communities: Ideas for Quality Green Public Space in South Australia** to explore how we can all work together to enhance our green spaces.
- **Healthy by Design SA: A guide to planning, designing and developing healthy urban environments in South Australia**
This document is a tool to assist with developing policies that enable healthy, liveable urban environments and translating those policies into actions.
- **Healthy Spaces & Places**
- **Healthy Urban Development Checklist**
Centre for Population Health. 2010 The purpose of the Checklist is to help build the capacity of NSW Health to provide valuable feedback to local councils, and other relevant organisations, on health issues in relation to urban development plans and proposals. It is intended that the use of the Guideline will facilitate strengthened partnerships and collaboration between NSW Health and urban planners and developers as part of NSW Health's initiatives to promote healthy communities in NSW.
- **Making decisions about interventions: A guide for evidence-informed policy and practice**
This guide outlines techniques for the people involved in health promotion and disease prevention to make better use of evidence in both policy and practice.
Source: Prevention and Population Health Branch, Victorian Government Department of Health, Melbourne, 2010.
- **How to search for evidence of intervention effectiveness and cost-effectiveness**
This tool provides guidance on how to search for evidence of intervention or action effectiveness. It provides a list of credible sources for systemic reviews as well as sources for economic evaluations.
Source: Prevention and Population Health Branch, Victorian Government Department of Health, Melbourne, 2010.
- The **World Health Organisation's Healthy Communities initiative** is an example of a healthy settings approach.

3 Regional public health planning

Contents



Introduction

1 Public health legislation and policy context

2 Health, wellbeing and local government

3 Regional public health planning

3.1 Key elements for effective regional public health planning

3.2 Planning cycle

4 Additional resources

Appendices

Checklist

Actions – What needs to be done in Plan development?

- ☐ Determine and agree on local priority issues.
- ☐ Ensure that goals and objectives are clearly stated.
- ☐ Are the strategies and actions based on evidence and good practice?
- ☐ Review the effectiveness of past RPHP action.
- ☐ Explore opportunities for partnership and integration.
- ☐ Ensure that there is a budget line aligned to the RPHP to assist in the implementation phase.
- ☐ Consider developing an evaluation framework to assist in reporting and review of the plan.
- ☐ Complete the development of the Plan and provide a copy to relevant stakeholders identified in the Act, such as the Minister and Relevant Bodies.

Suggested documentation

- ☐ The release of a first copy of the RPHP for consultation with identified key stakeholders.
- ☐ Draft copy developed for:
 - » Chief Public Health Officer
 - » community consultation.
- ☐ Culminating in a final RPHP endorsed by Council.

Milestones? What needs to be achieved?

- ☐ Content and structure of the plan are agreed upon by Executive and the community and describe how council intends to guide public health and wellbeing actions over the life of the plan. Including agreed goals, objectives and strategies.
- ☐ Administrative processes to ensure compliance with the Act have been undertaken, including consideration of the CPHO comments.
- ☐ Consideration and development of review and reporting mechanisms/action.
- ☐ Key staff identified to manage the implementation process.
- ☐ The RPHP is endorsed by Council.

3 Regional public health planning

Stage 5: Implementation

Stage five is concerned with putting the RPHP into practice. It is important that the plan does not just sit on a shelf. During this stage monitoring and reporting processes also need to be considered.



Successful implementation

Several common enablers for successful implementation of RPHPs emerged from councils' experience during their inaugural planning process. Reinforced by research, these learnings were irrespective of a council planning on its own or with a group.⁵²

These include (in no order):

- good governance, leadership and support
- clear allocation of resources
- development of action plans
- effective monitoring and reporting
- communication
- language
- funding opportunities
- vertical and horizontal integration
- partnerships
- organisational capacity

Good governance, leadership and support

- Strong leadership (formal and informal) is required and councils are advised to designate a 'champion' to advocate for the RPHP within the organisation to ensure that it stays relevant.
- Accountability for delivering the plan is needed at a senior level and councils that foster 'open door' communication and culture with less 'hierarchy' have also been found to be more successful with implementation.
- Support from decision makers is crucial to promote public health planning as a whole of council business.
- Formal governance structures embedded into council activities allow continuity or progress even when there are staff changes.

Clear allocation of resources

- Adequate resourcing is important for successful implementation. Ensuring that there are resources (financial and human) in the development phase post implementation and continual engagement and partnership development.
- Having a specific budget allocated to public health planning that can be used towards local projects and activities further supports successful implementation.
- Accessing external funding opportunities has been seen to be an influencing factor of successful implementation of actions. Ensuring that staff are aware and supported in applying for external funding opportunities is important.

Development of action plans

- The experience from councils is that developing action plans (that are resourced appropriately with clearly defined responsibilities) is fundamental to support implementation of RPHPs. This relates to councils planning individually and as part of a group.
- Action plans should also reflect the relevant business units/job title/person responsible for delivering the action.

Effective monitoring and reporting

- Learnings have demonstrated the importance of reporting frameworks which consider and allocate resources, provide regular reports, as well as indicators that are manageable, useful and achievable.
- Council's corporate reporting software programs such as "Interplan" or "Magiq" can help with reporting and enable staff to directly input into council strategic planning processes.
- Using a visual marker in the plan is a good way to track projects or initiatives to assist with reporting. Visual markers may include:
 - » traffic light for determining gaps and progress
 - » star and symbol ratings included to demarcate continuing and new business and resources required
 - » progress legend and timeframe

Contents



Introduction

1 Public health legislation and policy context

2 Health, wellbeing and local government

3 Regional public health planning

3.1 Key elements for effective regional public health planning

3.2 Planning cycle

4 Additional resources

Appendices

⁵² Centre for Health Policy, Melbourne School of Population and Global Health, 2016 *The Municipal Public Health and Wellbeing Plan (MPHWP) Benchmarking Project*, The University of Melbourne, Melbourne.

3 Regional public health planning

Communication

- Communication is an important consideration when implementing a RPHP. Learnings have shown that planning and implementation may have different communication requirements which needs to be recognised.
- Formal structures and mechanisms support effective communication.
- The importance of communicating successes and learning was also reported.
- Utilise existing communication channels or create new ones.
- Leverage off other initiatives to educate and advocate for public health e.g. Public Health Week.

Language

- The language used in both the RPHP and the action plan needs to be clear and relevant to stakeholders.
- The breadth of activities that councils deliver means that there is a wide array of staff from different backgrounds and professions. Avoid jargon, acronyms, public health specific terminology and write in plain English. Not doing so can be a barrier to cross-council communication.

Vertical and horizontal integration

Vertical integration can be described as 'working across jurisdictional boundaries to address policy challenges', whilst horizontal integration occurs 'between organisations on the same hierarchical level or have the same status'.

- Regarding objectives/strategies:
 - » for RPHPs that are stand-alone:
 - Build and make visible linkages with the SMP/Council/Community Plan.
 - Engage with elected members in the process of planning the RPHP.
 - Link the reporting of the SMP/Council/Community Plan to the reporting of the RPHP.
 - » For RPHPs embedded in the SMP/Council/Community Plan – make clear the public health and wellbeing benefits of the actions or flag RPHP related objectives/actions.

- Strengthen the 'line of sight' between an action on the broader health determinants and an improvement in health associated benefits with other 'non-health' stakeholders or partners within or external to council.
- Demonstrate the relevance and link between RPHP actions to the main objectives of other business units within council.

Partnerships

- Implementation was found to be more successful when existing regional partnerships were leveraged, particularly when a group of councils were planning together.

Organisational capacity

- The role of consultants in assisting councils to prepare their RPHP often left councils unprepared to take over the implementation phase of the plan. Reasons for this include a lack of 'buy in' from council staff and the development of key skills of council staff.
- Staff tasked with the RPHP should have senior manager support for access to professional development opportunities around key skills required to plan, implement and review public health plans (e.g. community engagement, partnership development, indicator development and evaluation etc.)
- Be prepared to leverage and pursue funding opportunities for new health and wellbeing projects and initiatives. This assist to build the knowledge/ evidence base that can be shared across councils.

Monitoring and reporting

The approach to monitoring and reporting under the Act is based on an assessment of council's implementation of the plan against its RPHP commitments. Developing a strategy or plan for monitoring and reporting in Stage 1 – Pre-planning will assist in this process.

From an accountability perspective, annual monitoring 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 public health and wellbeing over the life of the plan.⁵³

Monitoring and reporting build the picture of councils' achievements in implementing their plans with a focus on local priorities, strategies and actions as well as the key issues arising from implementation.

Contents



Introduction

1 Public health legislation and policy context

2 Health, wellbeing and local government

3 Regional public health planning

3.1 Key elements for effective regional public health planning

3.2 Planning cycle

4 Additional resources

Appendices

⁵³ Stoneham & Associates and Public Health Advocacy Institute of WA 2017, Public Health Planning: A guide to developing a public health plan under the Public Health Act 2016. Perth.

3 Regional public health planning

Reporting is useful to:

- ensure accountability to budgets or funding providers;
- engage with senior management and elected members on public health matters
- check the progress of health and wellbeing strategies;
- identify if additional resources are needed to progress a strategy/action;
- indicate when milestones are achieved; and
- check that other parts of implementation is on track.

It is a good idea to keep track of reports, photos, testimonials, media clippings or other forms of evidence to assist in documenting the implementation of your strategies and actions.

Section 52 reports

Legally, councils are required to prepare biennial reports under s.52 of the SAPH Act that contain a 'comprehensive assessment' on how the council has succeeded in implementing its RPHP to the Chief Public Health Officer (CPHO). Annual monitoring will assist with this requirement.

While a 'comprehensive assessment' under s.52 isn't defined by the SAPH Act, experience of reporting from previous years has shown that it is more than a broad-brush description, with sufficient information to add to the growing evidence of local public health activity and focus.

Reports can incorporate strategies overseen by council themselves, as well as those that are the responsibility of partners in the region. When considering how to report on your RPHP bear in mind the key enablers and challenges and any unexpected benefits or impacts.

Reporting to the CPHO enables a mechanism for the State Government to review public health trends, activities and indicators broadly across the State and within council areas/regions.

Suggested reporting template

Since there is no prescribed reporting format, councils are able to use a format that is most useful and appropriate for their needs. However, discretionary templates (see [Appendix H](#)) are developed by SA Health in consultation with councils, for councils to use.

It is suggested that this s.52 reporting template be used, as it will assist in building comprehensive and consistent reporting across councils and promotes rigour in examination and analysis of your councils' data.



Contents



Introduction

1 Public health legislation and policy context

2 Health, wellbeing and local government

3 Regional public health planning

3.1 Key elements for effective regional public health planning

3.2 Planning cycle

4 Additional resources

Appendices

3 Regional public health planning

Contents



Introduction

1 Public health legislation and policy context

2 Health, wellbeing and local government

3 Regional public health planning

3.1 Key elements for effective regional public health planning

3.2 Planning cycle

4 Additional resources

Appendices

Toolkit: Resources to assist in Implementation

■ **Regional Public Health Planning – Resource for Councils July 2018**

This document was developed to assist councils in implementing their regional public health plans. The directory provides information on a wide range of programs, policies, guidelines and funding opportunities that can be used by councils directly or in collaboration with communities to start new activities.

■ **The Municipal Public Health and Wellbeing Plan (MPHWP) Benchmarking Project**

A report by the Centre for Health Policy, Melbourne School of Population and Global Health, The University of Melbourne For North Metro and West Metro Health, Department of Health and Human Services (DHHS).

The project addressed:

1. The nature and the success of the priorities and actions in the 2009-2013 round of MPHWP and the factors that contributed to their success or otherwise (selected to enable retrospective analysis);
2. Indicators that can be used to determine success and track progress across selected action types included in the plans, and governance strategies that would increase the likelihood that these actions are implemented successfully; and
3. Key strategies and actions that will enhance successful implementation of current and future MPHWP plans.

■ **A Practical Guide to conducting annual reviews of Municipal Public Health and Wellbeing Plans** (Victorian Department of Health 2012)

This guide aims to support councils to plan for and conduct annual reviews of their Municipal Public Health and Wellbeing Plans (MPHWPs). It describes the relevant legislation and other issues influencing annual reviews and outlines a practical approach to the task.

3 Regional public health planning



Checklist

Actions – What needs to be done in Implementation?

- ☐ Launch the RPHP.
- ☐ Develop an annual action plan or develop a process identifying public health strategies within business unit plans.
- ☐ Commence implementing the strategies or actions identified.
- ☐ Develop a process for monitoring the progress of the action plans.
- ☐ Regularly promote the RPHP and use it to influence council policies and strategies.

Suggested documentation

- ☐ An annual action plan or business plan endorsed by Council.
- ☐ Monitoring process reports (Quarterly reports to council may assist in keeping up momentum and relevance).
- ☐ Annual review report.
- ☐ S.52 report, in a format approved by the Minister.

Milestones? What needs to be achieved?

- ☐ Promoting and communicating the development of the plan across the community and to key stakeholders.
- ☐ Actions are included in annual business plans across council.
- ☐ Ensure that the RPHP doesn't 'sit on the shelf' but is a working document used to influence council policies and other council plans and strategies.
- ☐ Prepare s.52 report and provide to the CPHO (during the relevant reporting year).

3 Regional public health planning

Stage 6: Review and Evaluation

Stage six is concerned with demonstrating accountability for the investment of resources in public health action and taking learnings from the process about what works and what doesn't.⁵⁴

This stage can identify the challenges and opportunities that arose from the implementation of the plan as well as a chance to celebrate achievements and share successes.



Reviewing your RPHP – summary of requirements

Section 51(19) of the SAPH Act requires that, once prepared and in place, the plan 'must be reviewed at least once in every five years'. A review of your council's RPHP means a reconsideration of the plan considering developments over time and its fit with the current circumstances.

The circumstances for each reviewing council are likely to be different, and this affects the nature and extent of the RPHP review process. There is no prescribed RPHP review format, meaning that reviews will be conducted according to procedures that councils find most useful and appropriate.

The review of your council's RPHP is an opportunity to reflect on whether the RPHP is meeting its objectives, taking into account learnings from the first plan, assessment of local priorities, demand, and capabilities to deliver.

The review process must also consider requirements under the SAPH Act for maintaining and changing your council's RPHP. Specifically, the SAPH Act requires councils to reflect on circumstances that may have changed since the RPHP was made or last reviewed, including whether there have been:

- Changes to the State Public Health Plan that may necessitate changes to the RPHP.
- Substantial changes in demographics, health profile or other circumstances of the community that warrant a re-think of the identified public health strategies and actions.
- Substantial gaps, omissions or difficulties identified in RPHP implementation that will require reconsideration of elements of the Plan.
- RPHP alignment with other council plans or procedures.
- Regard to other RPHPs operating within your area/region and other plans that may relate to your council's priorities.

Your RPHP review may result in a proposal to change your RPHP (from minor amendments or a wholesale re-write). This then triggers the SAPH Act's prescribed process for making and consulting upon amendments to a RPHP [section 51(11–16)].

This requires working through a number of steps prescribed by the SAPH Act, notably providing the draft plan to specified bodies, providing the draft to the CPHO and to the public for consultation, in addition to any relevant council policy on consultation (refer to Figure 7 in Stage 4 Plan Development).

Comprehensive information on requirements for reviewing your council's RPHP have been developed by the Department for Health and Wellbeing, and are available on the [SA Health](#) website.

The 2-yearly reporting process under s.52 will assist and contribute to the overall review of your plan at the end of the five-year cycle.

Managing the review process

It is suggested that councils consider the longer-term governance structure for reviewing their public health plan. Conducting a review might generate significant activity and therefore time will be well spent on how best to approach this task.⁵⁵

It is suggested that a process or framework is developed to document:

- How progress of health and wellbeing actions, capacity building actions and partner projects are recorded and reported.
- Opportunities for improvements in the delivery of Plan activities into the future.
- How often and to whom progress is reported (i.e. the responsibilities and frequency for reporting to the elected members, senior management or the public).
- The action/s taken if a strategy is facing difficulties or is not effectively being implemented.
- How success and achievements are celebrated.

What is the difference between a review and an evaluation?

An evaluation is a process of deciding the worth or value of something.⁵⁶ A review and an evaluation can often be used interchangeably, and are not isolated actions, but parts of the same process.⁵⁷ Carrying out simple evaluations of goals, objectives, strategies or actions throughout the life of the plan will greatly assist when it comes time to review your plan under s.51(19), as a review can only take place once an evaluation of the effectiveness of these planning elements has taken place.⁵⁸

Contents

Introduction

1 Public health legislation and policy context

2 Health, wellbeing and local government

3 Regional public health planning

3.1 Key elements for effective regional public health planning

3.2 Planning cycle

4 Additional resources

Appendices

54 Department of Health 2013 *Guide to Municipal Public Health and Wellbeing Planning*, Melbourne.

55 Department of Health, 2012 *A Practical Guide to conducting annual reviews of Municipal Public Health and Wellbeing Plans*, Victorian Department of Health Southern Metropolitan Region, Melbourne.

56 Suchman EA, 1967, *Evaluative research*. New York, Russell Sage Foundation.

57 Scottish Council for Voluntary Organisations (SCVO) Webpage 2019 <https://scvo.org.uk/running-your-organisation/business-planning/monitoring-evaluation-review> accessed 16 July 2019.

58 Scottish Council for Voluntary Organisations (SCVO) Webpage 2019 <https://scvo.org.uk/running-your-organisation/business-planning/monitoring-evaluation-review> accessed 16 July 2019.

3 Regional public health planning

Good practice evaluation processes

Generally, evaluation has two key purposes: to promote accountability and to learn which strategies are effective and why.

In adopting a simple program evaluation approach, there are four levels at which public health plan evaluations might occur. Refer to Table 10 – note three of these were introduced in Table 9 (see Stage 4 Plan Development):

Table 10: Simple public health planning evaluation

Plan Statement	Measured by	Answers the question...
Strategy	Process	<p>This is generally concerned with monitoring progress, increasing accountability for actions and reporting on what has been done in the short-term.</p> <p>The focus is on process 'inputs' and 'outputs', answering the primary questions: Did we do what we said we will do – and to an acceptable standard?</p> <p>Process evaluation may occur on a quarterly cycle.</p>
Objective	Impact	<p>This is about checking what is being achieved in the medium-term in relation to specific populations or specific determinants of health.</p> <p>The focus is on 'impacts', answering the primary question: Is what we are doing having any effect? Are we having the influence we expected? What did we learn about what worked and what didn't work?</p> <p>Impact evaluation may occur on a yearly cycle.</p>
Goal	Outcome	<p>This is about checking whether agreed intentions were achieved for the community over the long-term.</p> <p>The focus is on 'outcomes', answering the primary question: Have we achieved our goals or the change we sought? What worked well and what need improvement? What could we do differently?</p>
In addition to the above it is important to:		
Evaluate the planning approach		<p>This is about ensuring continuous improvement in the way health and wellbeing planning is carried out.</p> <p>The focus is on planning mechanisms, standards and stakeholder engagement, answering the primary question: How effective is the way we planned? Does the planning meet its requirements? Is it sufficiently informed by research and supported by stakeholder views? How well did we partner with other agencies?</p>

Contents



Introduction

1 Public health legislation and policy context

2 Health, wellbeing and local government

3 Regional public health planning

3.1 Key elements for effective regional public health planning

3.2 Planning cycle

4 Additional resources

Appendices

3 Regional public health planning

Contents



Introduction

1 Public health legislation and policy context

2 Health, wellbeing and local government

3 Regional public health planning

3.1 Key elements for effective regional public health planning

3.2 Planning cycle

4 Additional resources

Appendices

Toolkit: Resources to assist in review and evaluation

■ Reviewing your council's Regional Public Health Plan

This guidance is a resource for all councils working through the process to review their RPHP. It describes requirements under the SAPH Act for maintaining and reviewing your RPHP and identifies the key questions, possible areas of focus, and processes to consider in conducting a review of an RPHP.

- **Local Government Population Health Profiles** – PHIDU Torrens University – These profiles enable councils to build a picture of both the health of their community and the local conditions that influence public health. The profiles were first commissioned for the first round of RPHP in 2012 to assist councils with meeting data requirements for regional public health planning. They have since been updated to support the five-year review of public health planning being undertaken by all councils over 2019–2022.

- **Refer to data sources listed in Part 4 for indicators to assess population health trends**

Checklist

Actions – What needs to be done in Review and evaluation?

- ☐ Develop a strategy to assist with review and evaluation of the Plan. The strategy should address the key questions outlined above.
- ☐ Determine to what extent external partners will be involved in the review process.
- ☐ Consider the steps moving forward.

Suggested documentation

- ☐ Review process identified and documented.
- ☐ A report on the findings of the review.

Milestones? What needs to be achieved?

- ☐ Communication of findings with relevant partners and stakeholders, including the community.
- ☐ Understanding the impacts and outcomes of the actions taken over the life of the plan.
- ☐ An understanding if council is achieving its goals.



Section 4: **Additional resources**

4 Additional resources

4.1 Council Data Sources

Local Government commonly collects information about their communities which has relevance to community wellbeing. Some councils survey residents to evaluate satisfaction with Council activities and identify opportunities to improve services in certain areas.

Other sources of information commonly collected by councils include:

- customer satisfaction surveys;
- local infrastructure data (length of bike paths, proximity to open space);
- current and historical land use information;
- sources of air pollution and soil contamination;
- grants commission data;
- past or recent project surveys (e.g. OPAL, Healthy Communities);
- reports from community programs such as leisure options;
- feedback from community groups/forums (e.g. Progress Association meetings, Neighbourhood Watch).

4.2 Health Data Sources

Local Government Population Health Profiles

Source: Public Health Information Development Unit – Torrens University

These profiles enable councils to build a picture of both the health of their community and the local conditions that influence public health. The profiles were first commissioned for the first round of RPHP in 2012 to assist councils with meeting data requirements for regional public health planning. They have since been updated to support the five-year review of public health planning being undertaken by all councils over 2019–2022.

[PHIDU's general Social Health Atlases](#)

Health Statistics web page – SA Health

South Australian Population Health Survey

Source: SA Health

The South Australian Population Health Survey (SAPHS) is a state-wide population health survey, which aims to monitor the health of all South Australians. Data is collected every month and anyone with access to a phone can be randomly selected to participate in the survey. In one year, around 7,000 South Australians are interviewed about their health and wellbeing.

Data is collected on overall health status, health service utilisation, chronic conditions, cancer prevention, disability and carers, risk factors (biomedical, protective and behavioural), food security, mental health, wellbeing and disadvantage and inequity.

SA Public Health Indicator Framework

Source: SA Health

The Public Health Indicator Framework 2018 was developed to support the State Public Health Plan. The updated framework (2018) comprises of an overview, metadata – details about what is being measured, and summary information on the metadata has been interactively linked to the overview.

Contents



Introduction

1 Public health legislation and policy context

2 Health, wellbeing and local government

3 Regional public health planning

4 Additional resources

4.1 Council Data Sources

4.2 Health Data Sources

4.3 Tools and resources

Appendices

4 Additional resources

Chief Public Health Officers Report

Source: SA Health

The report is developed to meet the requirements of the SAPH Act and reports on:

- public health trends, activities and indicators
- progress on the implementation of the State Public Health Plan
- the administration of the Act.

Data SA website

Source: SA Government

Data SA is the South Australian Government's Data Directory. This website provides information on a variety of data sets provided by South Australian Government agencies, public sector bodies, local councils and community organisations.

Indicators of Community Strength 2013

Source: Department of Human Services

This once off study is a comprehensive survey of community strength across South Australia. In 2013, it gathered information from over 10,000 people in South Australia about their perceptions of, and involvement in, their local community. The large sample size enables reporting by local areas (e.g. Local Government Areas).

Australian Early Development Census – Community profile

Source: Department of Education and Training (Australian Government)

The AECD measures the development of children in Australia in their first year of full-time school. The data is collected every three years and consists of approximately 100 questions across five key domains, which are linked to child health, education and social outcomes.

Heart Foundation – Australian Heart Maps

Source: Heart Foundation

Compare heart health indicators across Australia. It also provides an interactive local profile feature allowing you to create a 'heart health snapshot' for local governments of interest.

4.3 Tools and resources

Target populations

Guidelines: South Australia's Communities for All: Our Age-friendly Future: Age-friendly Neighbourhoods: Guidelines and Toolkit for Local Government

South Australian Local Government Cultural Impact Framework

Source: Local Government Association of SA

A Framework for Local Councils to measure the value of cultural development activities and better understand how decisions made by Councils impact on the culture of a community.

A workplace health and wellbeing toolkit: Step by step guide to developing a workplace program

Source: SA Health

This toolkit is designed to make it easier for workplaces, large or small, to implement and manage their own health and wellbeing programs, and to strengthen existing ones. It's a step by step guide to designing, implementing and evaluating a workplace health and wellbeing program.

Local Council Domestic and Family Violence Toolkit

Source: ANROWS

The toolkit provides resources for councils to undertake DFV prevention activities within their organisations and in their communities.

The five action research reports that came out of the toolkit trial have now been published online. The resource provides concrete examples of how councils can do prevention work while integrating action research in their 'business as usual'.

Preventing domestic and family violence: Action research reports from five Australian local government councils

Family violence and municipal public health and wellbeing planning – Guidance for local government

Source: Department of health and Human Services (Vic) May 2017

Contents



Introduction

1 Public health legislation and policy context

2 Health, wellbeing and local government

3 Regional public health planning

4 Additional resources

4.1 Council Data Sources

4.2 Health Data Sources

4.3 Tools and resources

Appendices

4 Additional resources

Healthy urban planning

Heart Foundation – Various documents (Healthy Active By Design, Streets for People, Making the case for investment in street trees and landscaping in urban environments, and Why Walking? The Heart Foundation case for investments in walking)

Source: Heart Foundation

**Healthy connected communities:
Creating healthy urban villages for the future**

Source: Department of Health

**Transit-orientated developments...
through a health lens**

Source: Department of Health

Victorian Council of Social Service. Partnership Practice Guide 1–4 (cited 13/05/19)

Source: Victorian Council of Social Service (VCOSS)

Healthy city checklist: Europe – WHO

Source: WHO

**Addressing the social determinants of health:
the urban dimension and the role of local
government – WHO**

Source: WHO

Healthy Urban Development checklist

Source: NSW Health

Creating liveable cities in Australia

Source: Centre for Urban Research, RMIT

Liveable Neighbourhoods Policy

Source: WA government: Department of Planning

**Development & Active Living:
Designing Projects for Active Living**

Source: NSW Government

Health equity

Fair Foundations:

The VicHealth framework for health equity

Source: Victorian Health Promotion Foundation 2015

This is a planning tool based on a conceptual framework developed by the World Health Organization Commission on the Social Determinants of Health. It aims to increase understanding of the social determinants of health inequities and suggests entry points for action, for the development of policies and programs that promote health equity.

**Improving the public's health:
A resource for local authorities**

Local government preventing violence against women: Networking and capacity building project
Evaluation report

Source: Victorian Health Promotion Foundation (VicHealth), 2012

The Local Government Networking and Capacity Building Project to Prevent Violence Against Women (LGPVAW) is a primary prevention project designed to enhance the capacity of local government across Victoria to foster safe and inclusive environments in which women and men can participate equally. This two-year initiative was funded by VicHealth and undertaken in partnership with Darebin City Council.

- The goal of the LGPVAW project was to enhance the leadership role of local government by:
 - » strengthening networking activity and knowledge transfer across local government in Victoria
 - » resourcing existing partnerships and developing new partnerships between local government and communities
 - » building leadership and skills within and across local government to undertake primary prevention activity.

Contents



Introduction

1 Public health legislation and policy context

2 Health, wellbeing and local government

3 Regional public health planning

4 Additional resources

4.1 Council Data Sources

4.2 Health Data Sources

4.3 Tools and resources

Appendices

4 Additional resources

Sustainability

Green Industries Publications

Source: Green Industries SA

Sport and Recreation and Public Health: A resource for community sector professionals working in local government

Source: Department of Sport and Recreation (WA) 2016

The purpose of this document is to assist local government sport, recreation and community sector professionals to better articulate the contribution their work makes to health promotion and achievement of better public health outcomes.

Healthy Montgomery

Source: Montgomery County Government

A US example of Health in All policy approach and is an ongoing effort to bring a variety of partners together including County government agencies, County hospital systems, minority health programs/initiatives, advocacy groups, academic institutions, community-based service providers and other stakeholders to achieve optimal health and well-being for all Montgomery County residents.

Governance

Leading the Way: Councils creating healthier communities: A Resource Guide for Councillors

Source: VicHealth 2002

Looking Ahead: A Guide for Local Government Practitioners' Use of Demographic Data

Source: J Lavarack & J Ohlin 2013, Australian Centre of Excellence of Local Government, University of Technology, Sydney

This paper is written for people in local government who may not have been trained in the use of demographic and other population data but who play a role in strategic planning, urban planning, social planning, business and service development, or broader decision-making functions and processes.

Sustainability Self-Assessment Tool Kit – Evaluating the Sustainability of future HealthWest Partnership Project Actions and Effects

Source: HealthWest

While this tool was created with the work of HealthWest (WA) in mind, its application may be useful to other agencies wanting to evaluate the sustainability of future project actions and effects.

General

The Community Guide

Source: United States Dept. of Health and Human Services website.

The Guide to Community Preventive Services (The Community Guide) is a collection of evidence-based [findings](#) of the [Community Preventive Services Task Force \(CPSTF\)](#). The CPSTF reviews intervention approaches across a wide range of health topics and are applicable to groups, communities, or other populations and include strategies such as healthcare system changes, public laws, workplace and school programs and policies, and community-based programs. All the intervention approaches are intended to improve health directly; prevent or reduce risky behaviours, disease, injuries, complications, or detrimental environmental or social factors; or promote healthy behaviours and environments.

Contents



Introduction

1 Public health
legislation and
policy context

2 Health, wellbeing
and local
government

3 Regional public
health planning

4 Additional
resources

4.1 Council Data
Sources

4.2 Health Data
Sources

4.3 Tools and
resources

Appendices







Appendices

Appendix A:

Principles relevant to public health

Councils can also refer to the Guidelines for Principles to be recognised under the Act.⁵⁹ The following principles contained within the Act are considered throughout the planning guidelines.

s.6 – Precautionary principle

If there is a perceived material risk to public health, lack of full scientific certainty should not be used as a reason for postponing measures to prevent, control or abate that risk.

Priorities identified through regional health plans should be proportionate to the degree of public health risk to the community. Public health planning requires an assessment of regional public health risks at a strategic level. Strategies within plans need to provide for protection from identified public health risks (consistent with relevant Regulations and the State Public Health Plan).

s.7 – Proportionate regulation principle

Regulatory measures should take into account and, to the extent that is appropriate, minimise adverse impacts on business and members of the community while ensuring consistency with requirements to protect the community and to promote public health.

Public health planning should acknowledge Council's regulatory responsibilities for public health and strategies should adhere to relevant legislation. Through planning, Councils can consider their enforcement policy approach, to ensure consistent and fair enforcement of public health legislation in their area.

s.8 – Sustainability principle

Public health, social, economic and environmental factors should be considered in decision-making with the objective of maintaining and improving community wellbeing and taking into account the interests of future generations.

Councils in South Australia have embraced sustainability principles in strategic planning. A sustainable community encompasses a focus on environmental sustainability but also includes elements of good governance, a diverse economy, access to services, values of fairness and tolerance and the quality of the built environment. A focus on sustainability and planning towards the needs of future generations will facilitate environments that support health and wellbeing.

s.9 – Principle of prevention

Administrative decisions and actions should be taken after considering (insofar as is relevant) the means by which public health risks can be prevented and avoided.

Public health plans which facilitate sustainable and liveable environments for whole communities can also prevent poor health within individual community members. To be effective prevention requires a range of strategies and approaches which include governance, education, market mechanisms, and regulation. Neither the health sector nor local government alone can address the range of changes required to our social, physical and economic environments to prevent disease. For this reason, the involvement of a wider range of stakeholders and the formation of partnerships which lead to a 'whole-of-council' approach is essential for developing public health plans.

s. 10 – Population focus principle

Administrative decisions and actions should focus on the health of populations and the actions necessary to protect and improve the health of the community and, in so doing, the protection and promotion of the health of individuals should be considered.

Public health planning needs to focus broadly on community health within the region, yet in doing so Councils can consider the needs of certain population groups considered at risk. Through establishing a picture of the 'state of health and wellbeing' within the community, Councils can summarise the relevant demographic data needed to inform regional public health strategies for the local population.

s.11 – Participation principle

Individuals and communities should be encouraged to take responsibility for their own health and, to that end, to participate in decisions about how to protect and promote their own health and the health of their communities.

Through involving the community during the planning process, Councils can assist to empower the community to recognise health issues and be part of the 'solution' to addressing them. Councils have the opportunity to undertake a participatory approach to public health planning through their existing engagement approaches.

Contents



Introduction

1 Public health legislation and policy context

2 Health, wellbeing and local government

3 Regional public health planning

4 Additional resources

Appendices

A Principles relevant to public health

B Excerpt of the legislation

C The determinants of health

D Health promotion interventions

E The role of council business units in public health

F Stakeholders relevant to public health planning

G How can you write measurable objectives?

H Example of a section 52 reporting template (2016–2018)

⁵⁹ Department for Health and Ageing (2013) South Australian Public Health Act 2011 – Principles to be recognised under the Act – Guidelines, Government of South Australia.

Appendix A:

Principles relevant to public health

s.12 – Partnership principle

The protection and promotion of public health requires collaboration and, in many cases, joint action across various sectors and levels of government and the community.

The principle of effective partnerships across relevant agencies is recognised at the policy level as a key ingredient for successful, integrated public health management at the regional level. The regional planning process provides a mechanism to engage with potential stakeholders that have a role in public health. The Act also allows for the establishment of ‘public health partner authorities’ through the planning process, whom have responsibilities for certain strategies under the Plan and are accountable for managing the components assigned to them.

s.13 – Equity principle

Decisions and actions should not, as far as is reasonably practicable, unduly or unfairly disadvantage individuals or communities and, as relevant, consideration should be given to health disparities between population groups and to strategies that can minimise or alleviate such disparities.

Regional health planning needs to promote equality of opportunity and access to public health services regardless of gender, age, race, cultural background, socio-economic status, ability or location. This requires an appreciation of the different needs of population groups and places. Public health priorities need to consider the differing needs of community sectors and groups such as children, youth, families, elderly, indigenous Australians, migrants, refugees, people with disabilities. Factors such as remoteness, social-economic disadvantage of certain groups also need to be considered.



Contents



Introduction

1 Public health legislation and policy context

2 Health, wellbeing and local government

3 Regional public health planning

4 Additional resources

Appendices

A Principles relevant to public health

B Excerpt of the legislation

C The determinants of health

D Health promotion interventions

E The role of council business units in public health

F Stakeholders relevant to public health planning

G How can you write measurable objectives?

H Example of a section 52 reporting template (2016–2018)

Appendix B:

Excerpt of the legislation

Division 2—Regional public health plans

51—Regional public health plans

1. A council or, if the Minister so determines or approves, a group of councils, must prepare and maintain a plan for the purposes of the operations of the council or councils under this Act (a regional public health plan).
2. A regional public health plan must be in a form determined or approved by the Minister.
3. If a group of councils are to prepare and maintain a regional public health plan, a reference in this Part to a council is to be taken to be a reference to the group of councils.
4. Notwithstanding that a group of councils are to prepare and maintain a regional public health plan, any council within the group may also prepare its own plan that relates to 1 or more matters that are to apply specifically within its area (and then this Part will apply accordingly).
5. A plan should be consistent with the State Public Health Plan.
6. The Minister may, from time to time, prepare or adopt guidelines to assist councils in the preparation of regional public health plans.
7. The Minister should take reasonable steps to consult with SAPHC and the LGA in the preparation of any guidelines, or before adopting any guidelines, under subsection (6).
8. A regional public health plan must—
 - (a) comprehensively assess the state of public health in the region; and
 - (b) identify existing and potential public health risks and provide for strategies for addressing and eliminating or reducing those risks; and
 - (c) identify opportunities and outline strategies for promoting public health in the region; and
 - (d) address any public health issues specified by the Minister following consultation with SAPHC and the LGA; and
 - (e) include information as to—
 - (i) the state and condition of public health within the relevant region, and related trends; and
 - (ii) environmental, social, economic and practical considerations relating to public health within the relevant region; and
 - (iii) other prescribed matters; and
 - (f) include such other information or material contemplated by this Act or required by the regulations.
9. In addition, a plan must—
 - (a) include information about issues identified in any plan, policy or strategy specified by the Minister or SAPHC; and
 - (b) address, and be consistent with, any intergovernmental agreement specified by the Minister.
10. Subject to subsection (11), a council may amend a regional public health plan at any time.
11. A council must, in relation to any proposal to create or amend a regional public health plan—
 - (a) prepare a draft of the proposal; and
 - (b) when the draft plan is completed, a council must—
 - (i) give a copy of it to—
 - (A) the Minister; and
 - (B) any incorporated hospital established under the Health Care Act 2008 that operates a facility within the region; and
 - (C) any relevant public health partner authority under subsection (23); and
 - (D) any other body or group prescribed by the regulations; and
 - (ii) take steps to consult with the public.
12. The Minister may require that a council consult with the Minister, or any other person or body specified by the Minister, before a council releases a draft plan under subsection (11).
13. Before bringing a regional public health plan into operation, a council must submit the plan to the Chief Public Health Officer for consultation.
14. The Chief Public Health Officer may refer the plan to SAPHC or any other body determined by the Chief Public Health Officer for further consultation.
15. A council must take into account any comments made by the Chief Public Health Officer, SAPHC, and any other body within the ambit of a determination under subsection (14), at the conclusion of the consultation processes envisaged by subsections (13) and (14).

Contents



Introduction

1 Public health legislation and policy context

2 Health, wellbeing and local government

3 Regional public health planning

4 Additional resources

Appendices

A Principles relevant to public health

B Excerpt of the legislation

C The determinants of health

D Health promotion interventions

E The role of council business units in public health

F Stakeholders relevant to public health planning

G How can you write measurable objectives?

H Example of a section 52 reporting template (2016–2018)

Appendix B:

Excerpt of the legislation

16. A council may then adopt a plan or amend a plan with or without alteration.
17. A council may undertake the processes set out in the preceding subsections in conjunction with the preparation and adoption of its strategic management plans under section 122 of the Local Government Act 1999 (and may, if the council thinks fit, incorporate a regional public health plan into its strategic management plans under that Act).
18. A regional public health plan may, by agreement with the public health partner authority, provide for a public health partner authority to take responsibility for undertaking any strategy, or for attaining any priority or goal, under the plan.
19. A regional public health plan must be reviewed at least once in every 5 years.
20. A council must, in preparing and reviewing its regional public health plan and insofar as is reasonably practicable, give due consideration to the plans of other councils insofar as this may be relevant to issues or activities under its plan.
21. A council or council subsidiary must, when performing functions or exercising powers under this or any other Act, insofar as may be relevant and reasonable, have regard to the State Public Health Plan, any regional public health plan that applies within the relevant area and any other requirement of the Minister, and in particular must give consideration to the question whether it should implement changes to the manner in which, or the means by which, it performs a function or exercises a power or undertakes any other activity that has been identified in the State Public Health Plan as requiring change.
22. A public health partner authority must, when performing a function that is relevant to the State Public Health Plan or a regional public health plan, insofar as is relevant and reasonable, have regard to the provision of the plans.
23. For the purposes of this section—
 - (a) the regulations may provide for an entity to be a public health partner authority for the purposes of this section; and
 - (b) The Minister may, after consultation with the relevant entity, by notice in the Gazette, declare an entity to be a public health partner authority for the purposes of this section (and may, after consultation with the entity, revoke any such declaration by notice in the Gazette).

52—Reporting on regional public health plans

1. A council responsible for a regional public health plan must, on a 2 yearly basis, prepare a report that contains a comprehensive assessment of the extent to which, during the reporting period, the council has succeeded in implementing its regional public health plan to the Chief Public Health Officer.
2. In a year in which a report is required (a reporting year), the report must be provided to the Chief Public Health Officer on or before 30 September in the reporting year.
3. The report must relate to a reporting period of 2 years ending on 30 June in the reporting year.
4. The Chief Public Health Officer may, from time to time, issue guidelines to assist in the preparation of reports on regional public health plans by councils.
5. The Chief Public Health Officer must provide a copy of each report provided under this section to the Minister by 30 October in each reporting year.

Legislative links to each stage

Stage	Legislative obligations
Stage 1 Pre-planning	Section 51 (1), (2), (3), (4) and (17)
Stage 2 Assessing the State of Public Health	Section 51 (5), (8)(a), (b),(e), (f)
Stage 3 Community Participation & Partnerships	Section 51 (11), (12), (13), (14), (15) and (18)
Stage 4 Plan Development	Section 51 (1), (5), (8), (b), (c), (d), (e), (f), (9), (11)(a) and (b), (12), (13), (14), (16) and (18)
Stage 5 Implementation	Section 51 (1) Section 52 (1), (2) and (3)
Stage 6 Review & Evaluation	Section 51 (19) and (20)

Contents



Introduction

1 Public health legislation and policy context

2 Health, wellbeing and local government

3 Regional public health planning

4 Additional resources

Appendices

A Principles relevant to public health

B Excerpt of the legislation

C The determinants of health

D Health promotion interventions

E The role of council business units in public health

F Stakeholders relevant to public health planning

G How can you write measurable objectives?

H Example of a section 52 reporting template (2016–2018)

Appendix C:

The determinants of health⁶⁰

Determinant	How it impacts on health
The social gradient	<p>Poor social and economic circumstances affect health throughout life.</p> <p>Life expectancy is shorter, and most diseases are more common further down the social ladder in each society.</p>
Stress	<p>Social and psychological circumstances can cause long-term stress.</p> <p>Stressful circumstances, making people feel worried, anxious and unable to cope, are damaging to health and may lead to premature death.</p>
Early life	<p>Observational research and intervention studies show that the foundations of adult health are laid in early childhood and before birth.</p> <p>A good start in life means supporting mothers and young children: the health impact of early development and education lasts a lifetime.</p>
Social exclusion	<p>Poverty, relative deprivation and social exclusion have a major impact on health and premature death, and the chances of living in poverty are loaded heavily against some social groups.</p> <p>Poor quality of life caused by hardship and resentment, poverty, social exclusion and discrimination can reduce life expectancy.</p>
Work	<p>In general, having a job is better for health than having no job. But the social organisation of work, management styles and social relationships in the workplace all contribute to health.</p> <p>Stress in the workplace increases the risk of disease. People who have more control over their work have better health.</p>
Unemployment	<p>Unemployment puts health at risk, and the risk is higher in regions where unemployment is widespread. Higher rates of unemployment cause more illness and premature death.</p> <p>Job security increases health, wellbeing and job satisfaction.</p>
Social support	<p>Social support and good social relations make an important contribution to health. Friendship, good social relations and strong supportive networks improve health.</p>
Addiction	<p>Problematic drug use is both a response to social breakdown and an important factor in worsening the resulting inequalities in health.</p> <p>Individuals turn to alcohol, drugs and tobacco and suffer from their use, but use is influenced by the wider social setting.</p>
Food	<p>A good diet and adequate food supply are central for promoting health and wellbeing. A shortage of food and lack of variety cause malnutrition and deficiency diseases. Excess intake contributes to cardiovascular diseases, diabetes, cancer, degenerative eye diseases, obesity and dental caries.</p> <p>Because global market forces control the food supply, healthy food is a political issue.</p>
Transport	<p>Cycling, walking and the use of public transport promote health in four ways. They provide exercise, reduce fatal accidents, increase social contact and reduce air pollution.</p> <p>Healthy transport means less driving and more active forms of transport combined with increased use of public transport options.</p>

Contents



Introduction

1 Public health legislation and policy context

2 Health, wellbeing and local government

3 Regional public health planning

4 Additional resources

Appendices

A Principles relevant to public health

B Excerpt of the legislation

C The determinants of health

D Health promotion interventions

E The role of council business units in public health

F Stakeholders relevant to public health planning

G How can you write measurable objectives?

H Example of a section 52 reporting template (2016–2018)

⁶⁰ Source: Kickbusch, I. Healthy Societies: Addressing 21st Century Health Challenges, Adelaide Thinkers in Residence, Department of the Premier and Cabinet, South Australia, 2008. www.thinkers.sa.gov.au Adapted from: Wilkinson R, Marmot M (eds). The solid facts: social determinants of health. World Health Organization. Europe, 2003.

Appendix D:

Health promotion interventions

The Victorian Department of Human Services developed a model to describe health promotion initiatives/interventions.⁶¹ The following table shows each component on the continuum and an example of a health promotion strategy and potential indicator.

Component	Example	Process Indicators
Screening and individual risk assessment For this intervention to be effective it is important that a complementary range of supporting interventions is also implemented.	Immunisation programs Clinical testing to detect early signs of cardiovascular disease Medical screening such as blood pressure testing, breast checks	Reach: Proportion of target group participating Participant satisfaction: target population reporting that the location/timing for the activity or screening were appropriate.
Health education and skill development Whatever the form of these activities, health education and skills development must be delivered as part of a mix of interventions that are balanced between individual, group and population approaches that consider the broader determinants of health.	Community-based healthy cooking demonstrations Personal financial budgeting sessions These sessions may one-on-one or in a group.	Reach: Proportion of target group or numbers of participants Participant satisfaction: Content of the education provided, or skill development activities were relevant interesting and easy to understand.

(Continues on next page)



Contents



Introduction

1 Public health legislation and policy context

2 Health, wellbeing and local government

3 Regional public health planning

4 Additional resources

Appendices

A Principles relevant to public health

B Excerpt of the legislation

C The determinants of health

D Health promotion interventions

E The role of council business units in public health

F Stakeholders relevant to public health planning

G How can you write measurable objectives?

H Example of a section 52 reporting template (2016–2018)

⁶¹ Department of Human Services 2008 Integrated health promotion – A practice guide for service providers, Melbourne, Victoria.

Appendix D:

Health promotion interventions

Contents



Introduction

1 Public health legislation and policy context

2 Health, wellbeing and local government

3 Regional public health planning

4 Additional resources

Appendices

A Principles relevant to public health

B Excerpt of the legislation

C The determinants of health

D Health promotion interventions

E The role of council business units in public health

F Stakeholders relevant to public health planning

G How can you write measurable objectives?

H Example of a section 52 reporting template (2016–2018)

Component	Example	Process Indicators
Social marketing and health information Social marketing involves programs designed to advocate for change and influence the voluntary behaviour of target audiences, which benefits this audience and society as a whole.	Population-wide campaigns to promote healthy eating and physical activity delivered through a range of mediums – print, radio, social platforms Aims to improve people's understanding about the causes of health and illness	Reach: Proportion of target population accessing or aware of the messages, OR number of articles published OR number of agencies participating in the development and dissemination of materials/resources Readability: Health information easy to read and understood by target population
Community action for social and environmental change Community action aims to encourage and empower communities (both geographic areas and communities of interest) to build their capacity to develop and sustain improvements in their social and physical environments.	Parent advocacy for increased promotion and availability of healthy options in school canteens Community members involved in decision making committee for local council issues. Settings can be wide ranging – they may include workplaces, schools, sports clubs all acting towards healthy practices and environments	Reach: Proportion of target group or number of people participating in community action activities. Information collected through staff estimates
Settings and supportive environments Including: Organisational development – by ensuring that policies, service priorities and practices integrate health promotion principles. Economic and regulatory activities – Applying legislative or financial incentives or disincentives to support healthy choices and may focus on pricing, availability, restrictions or enforcements Advocacy – involves a combination of individual, peer and social actions designed to gain political commitment, policy support, structural change, social acceptance and systems support for a particular goal.	Local government planning for increased physical activity opportunities in the community Regulatory activities at the local level relating to stricter enforcement such as Declared Smoke-Free Areas at events or near playgrounds	Reach: Including the number of: Settings (schools, sporting clubs) involved in creating supportive environments through policies, service directions, priorities and practices. Stakeholders involved Settings/stakeholders involved in advocacy activities designed to gain commitment, policy support, social acceptance and systems support for a particular goal.

Appendix E: The role of council business units in public health

Contribution of internal Council Units/Departments to regional public health planning⁶²

Council Business Unit	Potential contribution to public health planning
Strategy and Corporate Governance	<ul style="list-style-type: none"> ■ integration of public health planning elements into the strategic plan ■ community engagement models to promote participation in public health strategy ■ governance frameworks to include key internal and external stakeholders for public health ■ internal workplace policies to promote health (e.g. healthy eating, child friendly environments)
Environmental Services and Regulatory Compliance	<ul style="list-style-type: none"> ■ health protection: food, sanitation, housing, hygiene (administration of various acts), immunisation services ■ customer requests, noise and nuisance, public health information ■ public health advice, environmental health impact and risk assessment ■ sustainability and environmental management programs (biodiversity management, climate change adaptation/mitigation plans)
Community Services, Libraries and Marketing	<ul style="list-style-type: none"> ■ early years activities (story time, toy library), school holiday programs ■ community and social support programs ■ community engagement, education and information provision for public health ■ home and community care ■ supported residential facilities – recreational activities and social integration programs
Planning, Building, Engineering, Landscape Design and Asset Management	<ul style="list-style-type: none"> ■ providing supportive environments for health e.g. footpaths, bicycle lanes, higher density housing close to transport, shops and services, and open space ■ high amenity neighbourhoods, sun safe environments, water sensitive urban design, environmental health impact assessment (noise, air, soil and water quality) and safe and accessible neighbourhoods
Facilities Management, Sport and Recreation	<ul style="list-style-type: none"> ■ access to facilities to promote physical activity and social interaction (sports clubs, community centres, swimming pools) ■ natural environments for passive recreation (interpretive walking trails, wetland projects)
Economic Development, Tourism, Education	<ul style="list-style-type: none"> ■ regional funding opportunities and economic development (business growth plans and forums) ■ Tourism and events management ■ private sector partnerships ■ lifelong learning (local community learning programs) ■ education (advocating for access to education)
Special Projects	<ul style="list-style-type: none"> ■ capacity building through health programs (obesity prevention, healthy communities) ■ community engagement, education and awareness raising through partnerships (schools, migrant centres, GP clinics)

Contents



Introduction

1 Public health legislation and policy context

2 Health, wellbeing and local government

3 Regional public health planning

4 Additional resources

Appendices

A Principles relevant to public health

B Excerpt of the legislation

C The determinants of health

D Health promotion interventions

E The role of council business units in public health

F Stakeholders relevant to public health planning

G How can you write measurable objectives?

H Example of a section 52 reporting template (2016–2018)

⁶² It is acknowledged that councils are structured in many different ways, this list is intended to be a guide only.

Appendix F: Stakeholders relevant to public health planning

Examples of INTERNAL council stakeholders (business units) and EXTERNAL stakeholders to involve in regional public health planning.

Environmental Dimension	Internal Stakeholders	External Stakeholders
Social Environment 	<ul style="list-style-type: none"> » Environmental Health » Community Development team » Youth Services » Community Centres/Halls » Community Services (HACC) » Leisure Centres » Child Care Services » Older Adults » Governance and Finance 	<ul style="list-style-type: none"> » The Minister and Chief Public Health Officer* » Hospitals* (Local Health Networks) » Relevant public health partner authorities* » the Public* » Adelaide and Country SA Public Health Networks » GP networks » Child and Youth Health » SA Police » Schools and kindergartens » Disability support groups » Arts SA » Aboriginal and Torrens Strait Islander Groups » Migrant groups » Refugee Council and Groups » Youth services and groups » Service groups » Fire and Emergency Services
Economic Environment 	<ul style="list-style-type: none"> » Visitor Information » Tourism » Economic Development » Events 	<ul style="list-style-type: none"> » Industry Associations » Regional Development Boards » Private Organisations » Universities » TAFE SA, tertiary organisations » Tourism SA and associations » Green industries SA » Business SA
Built/Physical Environment 	<ul style="list-style-type: none"> » Statutory Planning » Strategic Planning » Property & Assets » Waste management » Infrastructure » Traffic » Community safety 	<ul style="list-style-type: none"> » Department of Planning, Transport & Infrastructure » Landscape Boards » Coast Protection Board and marine parks » Environment Protection Authority Primary Industries » Housing SA » Private organisations
Natural Environment 	<ul style="list-style-type: none"> » Sport & Recreation » Parks & Gardens » Environmental Sustainability » Landscape Design » Open Space 	<ul style="list-style-type: none"> » Recreation SA » Recreation and sport groups » Conservation and environmental action groups » Department for Environment and Water » Parks SA » Landscape SA

Contents



Introduction

1 Public health legislation and policy context

2 Health, wellbeing and local government

3 Regional public health planning

4 Additional resources

Appendices

A Principles relevant to public health

B Excerpt of the legislation

C The determinants of health

D Health promotion interventions

E The role of council business units in public health

F Stakeholders relevant to public health planning

G How can you write measurable objectives?

H Example of a section 52 reporting template (2016–2018)

* denotes those **required** under s.51(11)

Appendix G: How can you write measurable objectives?⁶³

Plans by their nature are largely concerned with change or an effort to maintain valued aspects of the current situation. The extensive process of information collection and analysis, consultation, validation and priority setting are used to identify where you think effort needs to be focussed.

When it comes to writing these into objectives, there should be a clear logic between objectives and the goal they are pursuing.

Objective statements will follow a general form: 'To do what, for whom, by when?' Careful selection of the language used to express objectives can provide clearer intention of what will be done and what you hope to achieve.

Strong, clear verbs describe the 'do' component and are the key to setting the tone and commitment of the objective. The list of verbs below provides some examples of words that are action oriented applied to common interventions.

Word	Generally applied to...	Examples
Introduce, create, establish, advocate for, develop	Healthy public policies and organisational practices that lead to supportive built, social, natural and economic environments	To create a physical environment that supports physical activity participation for the whole community To develop an affordable housing policy for low income earners by end 2011
Increase, improve, strengthen	Protective factors promoting healthy lifestyles and supportive environments Health literacy – health related knowledge, attitudes, motivation, confidence, behavioural intentions and personal skills, as well as knowledge of where to go and what to do to obtain support or services	To increase access to education and employment opportunities for young people in rural communities To strengthen social and economic participation of people from migrant and refugee backgrounds
Decrease, reduce, eliminate	Risks, hazards and barriers – overcoming health inequalities	To reduce bullying behaviour among children aged 12–17 years within local schools
Facilitate, initiate, participate in, support	Social action and influence – community participation, community empowerment social norms and public opinion	To facilitate the participation of young people in decisions that affect them

Care should be taken to avoid the over-use of words such as 'develop', 'facilitate' or 'support'. These are less descriptive and can dull the tone of a plan if over-used. However, they should not be replaced with inferior, vaguer words or at the other extreme, technical terms or jargon.

Avoid words like 'enhance', 'commit', which are not specific and hence more difficult to measure. Also, avoid multiple verb use for objectives: For example:

Not: 'To explore opportunities to increase access to ...'

Try: 'To increase access to ...'

In this case, 'exploring opportunities' is probably a step towards 'increasing access'. However, you don't need to include the steps you will take to achieve your objective in the objective statement. If it warrants it, this will be described at the strategy level (which, as stated above, are the actions taken to reach these objectives).

Words like 'explore', 'discuss', 'commence', seek, and 'encourage' are often used in this way and should be avoided. If these words cannot be eliminated in favour of a more direct word, the likelihood is that you are describing a strategy not an objective, or you are not clear enough in your own mind about what you propose to do.

Contents



Introduction

1 Public health legislation and policy context

2 Health, wellbeing and local government

3 Regional public health planning

4 Additional resources

Appendices

A Principles relevant to public health

B Excerpt of the legislation

C The determinants of health

D Health promotion interventions

E The role of council business units in public health

F Stakeholders relevant to public health planning

G How can you write measurable objectives?

H Example of a section 52 reporting template (2016–2018)

⁶³ Taken from Victorian Department of Health, Southern Metropolitan Region, *Tip sheet – Municipal public health and wellbeing planning – writing measurable objectives*. May 2010.

Appendix G: How can you write measurable objectives?

How can you keep your objectives consistent?

One of the challenges of plan writing is creating a consistent relationship between plan statements so that they are pitched at a consistent level. It is confusing if an objective in one part of a document is a broad statement while in another it is quite specific (more like a strategy). One way of checking whether your objectives are pitched

at the right level is to ask 'why?' The answer will test the theory behind your objective and should lead you to a health and wellbeing goal – whether stated or implied. If the goal is more than one step away from the statement, the likelihood is that is pitched at a strategy level. For examples, see below.

Draft Objective	To increase healthy eating among children and young people	Objective
Why?	To improve their prospects of long-term health and wellbeing	Goal
Draft Objective	Provide public transport orientation for newly arrived refugees	Strategy
Why?	To improve use of public transport by newly arrived refugees within 12 months of arrival	Objective
Why?	To increase physical activity participation by newly arrived refugees	Objective
Why?	To improve their prospects of long-term health and wellbeing	Goal

The verbs used might not provide any clues to the appropriate level. Words like 'increase' and 'decrease' are also likely to be used at goal level and a strategy level. However, at a goal level 'increase' is likely to be applied to quality of life and 'decrease' to the incidence of illness or disease. At a strategy level both are likely to be applied to features of service systems or standards.

Other words might fit an objective or strategy level; however, some will suggest that the statement is better included as a strategy level. Words more common at a strategy level include:

Descriptive words for strategies

provide	develop	deliver	manage
collaborate	coordinate	administer	promote
contribute	stimulate	build	expand
subsidise	contract	streamline	fund
research	review	identify	investigate
raise	recognise	consult	evaluate
partner	extend	celebrate	document
support	resource	report	survey

Contents



Introduction

1 Public health legislation and policy context

2 Health, wellbeing and local government

3 Regional public health planning

4 Additional resources

Appendices

A Principles relevant to public health

B Excerpt of the legislation

C The determinants of health

D Health promotion interventions

E The role of council business units in public health

F Stakeholders relevant to public health planning

G How can you write measurable objectives?

H Example of a section 52 reporting template (2016–2018)

Appendix G: How can you write measurable objectives?

Utilising SMART techniques

The use of the SMART technique is a good way to ensure that planning statements made in the RPHP provide clear direction and accountability. SMART statements have the following characteristics:

S	Specific	It indicates clear action on a health determinant, population group or setting
M	Measurable	It includes measures that indicate whether it has succeeded
A	Achievable	It can be achieved within available resources – funds and people
R	Relevant	It is a logical way to achieve your goals
T	Time-bound	It indicates a timeframe for action

Appendix H: Example of a section 52 reporting template (2016–2018)

Section 1: Status addresses six implementation areas: the nominated action; its alignment with state public health priorities; key partnerships (sought and developed); key enablers; key challenges and impacts.

Section 1: Status of RPHP Commitment Implementation <i>(for the purpose of this Guidance, a 'commitment' can include a priority, strategy or action)</i>									
1. Priority / Strategy / Action	2. State Public Health Plan Strategic Priority(s) Alignment				3. Status Please number according to one of the following	4. Achievements (if deferred, or not commenced, please mark N/A)	5. Partnership(s) established or sought to achieve this commitment (if any) (if not applicable, please mark N/A)	6. Additional comments on status (e.g. key enablers and challenges, unexpected benefits or impacts)	
	TICK BOX – can be more than one								
	1	2	3	4					
	Promote	Protect	Prevent	Progress					

Contents



Introduction

1 Public health
legislation and
policy context

2 Health, wellbeing
and local
government

3 Regional public
health planning

4 Additional
resources

Appendices

A Principles relevant
to public health

B Excerpt of the
legislation

C The determinants
of health

D Health promotion
interventions

E The role of council
business units in
public health

F Stakeholders
relevant to public
health planning

G How can you
write measurable
objectives?

H Example of a
section 52
reporting template
(2016–2018)

Appendix H: Example of a section 52 reporting template (2016–2018)

Section 2: provides space for councils/groups of councils to describe emerging issues that may not have been considered in the RPHP, but which councils are now aware of and/or are addressing within the scope of public health action.

Section 2: Emerging Public Health Issues and Opportunities

If applicable, please provide a description of emerging public health issues that have been encountered, and opportunities that have been identified, during the current reporting period.



Introduction

1 Public health legislation and policy context

2 Health, wellbeing and local government

3 Regional public health planning

4 Additional resources

Appendices

A Principles relevant to public health

B Excerpt of the legislation

C The determinants of health

D Health promotion interventions

E The role of council business units in public health

F Stakeholders relevant to public health planning

G How can you write measurable objectives?

H Example of a section 52 reporting template (2016–2018)

**Local Government Association
of South Australia**

148 Frome St
Adelaide SA 5000

GPO Box 2693
Adelaide SA 5001

T (08) 8224 2000
F (08) 8232 6336
E lgasa@lga.sa.gov.au

www.lga.sa.gov.au

icons: trees, person on bicycle, open book, person walking, street light, house, person sitting on bench, person on bicycle with up arrows

services: youth development, safe roads, libraries, emergency management, street lighting, community centres and halls, walking trails, volunteering, immunisation, events