



WALGA

Submission to the

**Department of Health:
First interim State Public Health Plan**

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Introduction

The Western Australian Local Government Association (WALGA) is the united voice of Local Government in Western Australia. The Association is an independent, membership-based organisation representing and supporting the work and interests of Local Governments in Western Australia.

It provides an essential voice for its members who are 138 local councils, 1220 elected officials, and approximately 15,000 Local Government employees as well as almost 2.6 million constituents of Local Governments in Western Australia. The Association also provides professional advice and offers services that provide financial benefits to the Local Governments and the communities they serve.

WALGA congratulates the Department of Health for the completion of the First Interim State Public Health Plan (the Interim Plan), and is grateful for the opportunity to comment on the Plan. WALGA and Local Government have strongly advocated for the development of the Public Health Act 2016, which provides a proactive framework for the regulation of public health. The *Public Health Act 2016* acknowledges that Local Government needs effective and flexible mechanisms that fit into existing planning frameworks and strategies within the business of Local Government to undertake its role and to respond to community needs. The *Public Health Act 2016* provides for the continuation of arrangements whereby responsibility for public health is shared between State and Local Government.

Local Government is the closest level of Government to the community and plays an essential role in the provision of community programs and the built environment. The obligation for Local Governments to prepare a Local Public Health Plan reflects that role, and many of the activities that are already carried out by Local Governments enhance the health and wellbeing of their communities. The development of a State Public Health Plan aims to support Local Government in developing their own Local Public Health Plans. WALGA welcomes the development of the Interim Plan as it provides the framework for Local Government to develop a Local Public Health Plan.

The Interim Plan includes an overview of the health status of Western Australians, and broad information on three key objectives:

Empowering and enabling people to make healthy lifestyle choices
Providing health protection for the community
Improving Aboriginal health

The Interim Plan then outlines the requirements of the *Public Health Act 2016* for Local Governments, and how it can be applied to Local Public Health Planning. The Interim Plan then sets out a vision for Public Health in Western Australia, three Objectives, and concludes by listing all policy priorities that correspond to each Objective.

In preparing this submission, WALGA engaged with the Local Government sector by inviting written feedback, and hosting both an in-person workshop held at the WALGA offices on 19

October, and an online feedback forum for regional Local Government representatives on 26 October. The metropolitan workshop was attended by twenty-eight representatives covering sixteen Local Governments, including twenty-four metropolitan and four regional staff. Participants included Environmental Health Officers, Health Promotion Officers, CEOs and Elected Members.

The online feedback session participants included regional Local Government Health Officers and Managers, one CEO, and a representative from the Geraldton Population Health Unit. Six Local Governments were represented.

The two sessions gathered information from participants on their overall impressions of the Interim Plan, and addressing how each objective associated policy priority reflected the priorities of their communities. Participants were asked for additional information on how the Department of Health could support their organisation to address this priority, and any other information they could provide to further support the submission. Information on the Interim Plan's health status report and health data was collected as part of these workshops.

Feedback was also gathered from previous engagement carried out by the Association and the WALGA Public Health Advisory Group, a group established in 2015 to support WALGA's public health advocacy activities and to provide technical advice to inform WALGA submissions and advocacy.

Background

Local Governments are required under the *Local Government Act 1995* to prepare a Strategic Community Plan, which outlines community long term (10+ years) vision, values, aspirations and priorities, with reference to other Local Government plans, information and resourcing capabilities. The Strategic Community Plan is required to be reviewed every four years with a desktop review every two years.¹

The Strategic Community Plan:

- establishes the community's vision for the local government's future, including aspirations and service expectations
- drives the development of Local Government area/place/regional plans, resourcing and other informing strategies, e.g. workforce, asset management and services, and
- will ultimately be a driver for all other planning.¹

The integration of asset, service and financial plans means the Local Government's resource capabilities are matched to their community's needs.¹

¹ Department of Local Government and Communities. 2017. Strategic Community Plans. Retrieved on 5/11/17 from <https://www.dlgc.wa.gov.au/CommunityInitiatives/Pages/Strategic-community-plan.aspx>

Under the *Public Health Act 2016*, Local Governments can choose to incorporate Public Health Planning into a Strategic Community Plan, although so far no Western Australian Local Governments have done so. Local Public Health Plans prepared by Local Governments will need to refer to the community priorities of the Strategic Community Plan, together with reflecting the health and wellbeing needs and plans of their communities.

Local Public Health Plans, if not incorporated into Strategic Community Plans, will become informing Plans for each Local Government's commitment to their community. Local Public Health Plans will incorporate a 'picture' of the health and wellbeing of their community, the contribution of staff and resources, together with partnerships and collaborations that support initiatives that contribute to the health and wellbeing of their community.

It is important for the Department of Health to understand Local Government processes in order for Local Governments to be able to plan, develop, deliver, and report on their Local Public Health Plans. A common point of relevance and partnership by both parties is essential for the best possible contribution to the health and wellbeing of communities throughout WA.

Overview of the First Interim State Public Health Plan

What the Interim Plan does well

Local Governments have praised the positive step that has been taken by the State in releasing the Interim Plan as part of Stage 4 of implementation of the Public Health Act 2016. The Interim Plan provides guidance on issues to be addressed in Local Public Health Planning, and a common framework for Local Governments to work towards.

Local Governments commented that the health status report of the Interim Plan provided "a broad picture of health status across various communities"; was a good use of statistics to reinforce initiatives and objectives; and that the population and epidemiological data were helpful.

The Interim Plan was also commended for covering a wide range of risk factors; providing a broad and holistic view of health and encouraging healthy environments; identifying issues in environmental health protection, and highlighting the role Local Government plays in provision of many types of services which contribute to the health of their communities.

Additional positive feedback received by WALGA on the Interim Plan includes:

- Its focus on healthy lifestyles and the impact of lifestyle choices;
- Emphasis on chronic disease prevention;
- Strong linkages to the priorities of the WA Health Promotion Strategic Framework;
- A description of preventative measures Local Government can use within their Local Public Health Planning such as shade, parks and pools;
- Promotion of the public engagement process and new approaches to consultation and collaboration between health promotion and environmental health divisions.
- Opportunities to collaborate and partner, including cross-promotion and collaborative strategies; and
- Positive engagement with Aboriginal health.

Regional Local Governments were pleased that the Interim Plan had been released, and that obesity, public open space and oral health had been addressed. Most of the regional Local Governments consulted for this submission were waiting for clarification from the State Government on their roles and responsibilities, a minimum standard of what they would need to deliver on for their first Local Public Health Plan, and the reporting requirements.

At this point, the development and/or implementation of Local Public Health Plans remains in its preliminary stages of discussion, and further clarification is required regarding areas of issue, scope and influence. Most of the regional Local Governments consulted for the development of this submission fall into this category. Clarification and provision of information to all Local Governments is recommended to occur soon to ensure that misinformation does not prevail and influence decision making with regards to budgeting and resourcing for mid-year review processes and development on 2017/18 operational budgets.

What is missing from the Interim Plan

Clarification of the role of Local Government

Through WALGA's consultation with Local Government, it has strongly emerged that Local Governments are confused about their role in public health, and are concerned that the State Government is using Local Public Health Planning as a mechanism to shift the costs of managing health on to Local Governments.

WALGA recommends that as part of the Interim Plan, clarification is provided on the role of Local Government in Local Public Health Planning, including clarification of 'who has responsibility for what' in each of the policy priorities of the Objectives. Through consultation, WALGA has found that as the Interim Plan is fairly broad-ranging and lacking in detail, Local Governments are not aware of the specific responsibilities that fall to them, and therefore are concerned that all of the priorities listed will become their responsibility. Clarification on the 'business as usual' aspects of the contribution Local Governments make to the community's health within the Interim Plan, including the provision of sporting infrastructure, public open space, and programs which encourage social cohesion and connection, will assist in informing Local Governments of their responsibility in public health under the Act, as well as what to include in their Public Health Plans. The role of partnerships with agencies and departments external to Local Government also requires significant enhancement to ensure that Local Governments do not remain under the impression that the health and wellbeing of their communities remains solely their responsibility. Local Governments consulted on this submission strongly advocated for attaching specific responsibilities to each of the policy priorities to provide clarity on 'who does what' and how much responsibility they need to take for each aspect of their community's health.

WALGA would also like to see the Department of Health encourage Local Government Executives and Elected Members to plan and consider their budget for resourcing Local Public Health Plans over the next 12-24 months, as the development of these Plans is not a short-term initiative.

The *South Australian (SA) Public Health Plan: a Better Place to Live* provides a table which gives an overview of the responsibility of each agency's role in public health over three domains of the Plan.² This type of information would be very helpful to WA Local Governments. A copy of this table is included in Appendix 1.

Recommendation 1: That the Department of Health provide clarity on the roles and responsibilities of each of the levels of Government and other agencies involved in public health and wellbeing in Western Australia, and on where the responsibility falls for each of the policy priorities.

Mental Health

Over half of the participants at the metropolitan workshop responded that mental health should be included in the Interim Plan. Although the Mental Health Commission provides strategies and support for mental health issues across the State, it is the opinion of Local Governments that the inclusion of mental health as a policy priority is necessary within the Interim Plan to be fully representative of the health issues relevant to Western Australian Local Governments. Regional Local Governments were also supportive of including mental health in the Interim Plan, although they were concerned at how much involvement they would have in service delivery.

Local Governments also made comment on mental health as it relates to social inclusion, suicide prevention and depression and anxiety issues and socially isolated older people. The issues of social inclusion will continue to grow and change as our communities continue to change in their diversity and structure, hence Local Governments being concerned by its lack of recognition in the Plan.

In February 2017, WALGA surveyed Local Governments on environmental and public health issues. WALGA asked Local Governments about health issues that they determined to be top priority for the State Public Health Plan. Environmental health, alcohol and drugs and mental health were identified as the three issues Local Governments saw as being top priorities.

Mental health is a growing issue in Western Australia and the nation as a whole. WA faces many challenges in relation to mental health. The Mental Health Commission's Vision 2020 report cites the following examples of the impact of mental health concerns:

- An average of 240 Western Australians take their own lives through suicide each year.
- Young people are particularly vulnerable to developing mental health problems/and or mental illness, with 75% of all severe mental illnesses occurring before 24 years of age.
- Surveys conducted in the Magistrate's Court found that over half the defendants reported experiencing mental health problems.

² SA Public Health Plan. 2012. Retrieved on 6/11/17 from <file:///C:/Users/user/Downloads/VPHWP%202015-2019%20-%20PDF.pdf> p 21-23

- Aboriginal people comprise five per cent of people in specialised mental health inpatient services.
- It is estimated that 43 per cent of people in specialised mental health hospital beds could be discharged if housing and other appropriate support services were available.³

The World Health Organisation (WHO) has developed a framework to provide guidance on organising services for mental health. This is known as the optimal mix of services pyramid, and it indicates that a large proportion of mental health care needs can be self-managed by an individual, their families, carers and friends, or managed by informal community supports.³ The pyramid is included in Appendix 2.

Local Governments have a role to play in improving mental health in their communities, but not in a formal service role. Local Governments can become involved in mental health through a layer of the WHO service organisation pyramid, informal community care.

The Mental Health Commission's *Plan for Mental Health in WA 2015-2025* includes information on working on the prevention of mental health issues and promotion of mental health in the community. The *Plan for Mental Health in WA* includes community programs and education as part of their prevention and promotion activities, and Local Governments, leisure, and sporting environments as key systems and environments to communicate the prevention and promotion message.⁴

Local Government can contribute to mental health in the community through the provision of events and programs which encourage connection, providing mental health education to the community, and partnering with mental health organisations to provide wellbeing programs. An emphasis on physical health in the community, such as healthy eating, active living, and reducing alcohol and tobacco use will also have an effect on mental health.

Mental Health is recommended to be included in the Interim Plan through an acknowledgement of Local Government's role, either direct or indirect, in the provision of services which enhance the mental health and wellbeing of their communities. This can include, but is not limited to, exercise programs, libraries, the provision of public open space, events, volunteering and senior citizen centres and programs. Mental Health can also be included via a reference to WA's mental health strategies, including the Mental Health Commission's *Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025*, the *Mental Health 2020 Strategic Policy: Making it personal and everybody's business*, and *Suicide Prevention 2020: Together we can save lives*.

³ Mental Health Commission. *Mental Health 2020: Making it personal and everybody's business*. Retrieved on 8/11/17 from <https://www.mhc.wa.gov.au/media/1316/mhc-strategic-plan.pdf>

⁴ Mental Health Commission. 2014. *The Western Australian Mental Health, Alcohol and other Drug Services Plan 2015-2025*. Retrieved on 22/12/16 from http://www.mentalhealth.wa.gov.au/Libraries/pdf_docs/Plan_27_11_2014_for_consultation_3.sflb.ashx

Recommendation 2: That the Department of Health include mental health as a policy priority in Objective 1: Empowering and enabling people to make healthy lifestyle choices.

Environmental Health

Local Governments also raised issues related to environmental health as outlined in *Objective 2: Providing health protection for the community*. Participants provided feedback on what was missing in the topic of health protection, including questioning whether clear direction was provided in the Interim Plan for health protection; the lack of reference and significance given to public health compliance, and lack of reference to other environmental health elements including noise, risk management, governance, water quality, waste management and disaster and emergency management. These issues are also addressed in the feedback given for Objective 2.

Climate Change

Climate change adaptation, mitigation and communities vulnerable to climate change were identified as an omission in the Plan. Climate change can have a negative effect on health, through high air temperatures leading to increased deaths from cardiovascular and respiratory disease; increased pollen in the air causing asthma attacks; increased intensity and frequency of flooding causing contamination of freshwater supplies, heightened risk of water-borne diseases and increased breeding grounds for disease-carrying insects; longer transmission seasons of vector-borne diseases and to alter their geographic range; and an increase of up to 250,000 deaths per year worldwide from malnutrition, malaria, diarrhoea and heat stress.

The *SA Public Health Plan* includes *Preparing for Climate Change* as one of its four key priority areas, alongside *Stronger and Healthier Communities and Neighbourhoods for All Generations*; *Increasing Opportunities for Healthy Living, Healthy Eating and Being Active*; and *Sustaining and Improving Public Health and Environmental Health Protection*. These priorities were selected as areas which are achievable, amenable to public health intervention, have the potential for widespread impact on community health and wellbeing, related to already-identified policy attention and action across sectors and between spheres of government and the potential to be integrated into existing planning processes and policies.⁵

“The four priorities identified in this Plan are to be read and understood not as four separate streams of planning, but are designed, where relevant, to relate to and reinforce each other. For example at the level of specific strategies within a Local Council area, a particular plan or intended action may contribute to the achievement of several of these priorities.”⁵

Local Governments can address climate change through their Local Public Health Plans by:

⁵ Government of South Australia. 2012. SA Public Health Plan. Retrieved on 6/11/17 from <file:///C:/Users/user/Downloads/VPHWP%202015-2019%20-%20PDF.pdf> p 71-73

- Reviewing their planning for climate change preparedness to ensure that public health implications are recognised and appropriate strategies are designed and implemented to ensure community resilience.
- Ensuring enhanced social cohesion and social supports for people vulnerable to heat stress, such as older people living alone.
- Planting trees and creating greater canopy cover in urban areas to increase shading and cooling. The WALGA Street Tree Discussion Paper recommends planting trees at regular intervals of 6 to 12 metres along both sides of the street as well as on median strips to provide valuable shading. Increasing the access to the natural environment can also help tackle mental health problems, boost physical activity, reduce overweight and obesity and reduce the incidence of coronary heart disease.⁶

The *SA State Public Health Plan* goes on to state that “Climate change may also have implications for the resilience of community infrastructure. The State Government and Local Councils may need to consider the resilience of their basic public health infrastructure (such as waste management and waste water management) to climate change and extreme events such as sea level rise, storm surges and bushfires. Consideration could be given to the protection, adaptation or, in certain circumstances, relocation of basic infrastructure to ensure their continued functioning. Some of these options may need to be considered in the context of long-term infrastructure planning.”

Partnership and collaboration are an essential part of Local Governments working on this focus area, and the Department of Health could support Local Public Health Planning by identifying potential collaboration and partnership opportunities.

Recommendation 3: That the Department of Health include climate change as a key policy priority in the Interim Plan, and provide information on how Local Government can address climate change mitigation and adaptation in their communities, and potential partnership and collaborative opportunities with other agencies.

Reducing unhealthy influences in food environments

Local Governments criticised the absence of reference to use of policy instruments to discourage the consumption of unhealthy food, such as possible taxes on these items and product labelling. Local Governments encourage the Department of Health to use stronger language to approach counteracting and reducing the influence of unhealthy commodities

Local Governments can encourage healthy eating in their communities by ensuring the provision of healthy food to the community. This can be achieved by encouraging the

⁶ WALGA. Urban Street Trees Policy Discussion Paper. Retrieved on 9/11/17 from <http://walga.asn.au/getattachment/Policy-Advice-and-Advocacy/Environment/Climate-Change/Climate-Change-Projects-and-Resources/Street-20Trees-20Discussion-20Paper-20FINAL.pdf.aspx?lang=en-AU>

development of community gardens and affordable farmers markets and continuing to provide information and education to families about healthy eating.

Local Governments can also influence the eating habits of their communities by developing a policy to ensure that caterers and canteens in Council events and facilities are required to provide healthy options. The WA School Canteen Association (WASCA) works with local recreation centres and sporting club kiosks, supporting them to offer healthy options. Representatives of WASCA also work with mobile food vendors (food trucks), to assist in creating healthier menus as these vendors attend many community events. WASCA has offered the following suggestions for how Local Governments can encourage the consumption of healthy food in their communities.⁷

- All Council owned buildings, including recreation centres, swimming pools, sporting complexes and clubrooms with catering facilities can ensure that healthy food and drink choices are offered. This can be implemented using varying strategies, including developing a healthy eating policy for venues, or simply stating that healthy choices must be made available. One of the possibilities for measurement is nominating a minimum amount of healthy choices using the traffic light system minimum 30% green (healthy) food and drink must be available.
- Local Governments can implement healthy eating policies for internal meetings and food provision. The City of Wanneroo has implemented such a policy.
- All community events hosted by Local Governments, or using Council facilities, can ensure that food vendors attending the event offer healthy choices. For example, when food vendors apply to the Council to attend the event, preference can be given to food vendors offering healthier choices. WASCA has developed a resource, the *Healthier Vendor Guide*, to support Local Government to identify these vendors. WASCA can also provide support to councils to check food vendor menus to ensure that healthy choices are available.
- As catering facilities are upgraded in council owned buildings, Local Governments can consider the inclusion of equipment to support healthy food preparation methods. Examples include installing air fryers, toasted sandwich makers, non-stick grills and soup warmers, rather than deep fryers.
- Local Governments can utilise the staffing and resources from health agencies to support and develop healthy eating strategies. For example WASCA can provide support at recreation centres and sporting venues using the Fuel to Go resources.⁷
- Local Governments can also seek opportunities to partner with other organisations to construct community gardens in areas where they will be valued. The North Metropolitan Public Health Unit has partnered with Housing WA, North Metropolitan TAFE and Bunnings to build a community garden in the Kyle Court Public Housing Authority complex in the City of Joondalup, funded by Healthway. The complex includes 32 units for over 55s. The garden benefits the residents by encouraging consumption of healthy fresh foods, increased physical activity and social interactions.⁸

⁷ Communication with WA School Canteen Association.

⁸ Joondalup Times. 2017. Growing support for community garden in Kyle Court Joondalup. 31 July, 2017. Retrieved from <https://www.communitynews.com.au/joondalup-times/news/growing-support-for-community-garden-in-kyle-court-joondalup/> on 8/11/17.

WASCA, together with staff from the South Metropolitan Health Service (SMHS) have supported Local Governments to improve the provision of healthy food at the South Lake Leisure Centre. South Lake Leisure Centre became involved with WASCA's Fuel to Go program and improved the menu at their food outlet. After WASCA assisted by colour-coding their menu, they increased green choices by 14% and decreased red choices by 17%. Their menu now offers 31% green, 21% amber and 48% red. Ongoing support from SMHS ensures that the venue maintains this status and encourages them to make more improvements. This type of support is also being provided to sporting clubs who have access to council sporting facility kiosks.⁷

Local Governments can use the support and resources listed to work with community groups and food businesses to improve healthy options available to customers. Local Governments could potentially work with the Heart Foundation and the HAbD Project and Guidelines, as this is a growing area of healthy food policy and provision for Local Governments.

Recommendation 4: That the Department of Health include information on supporting healthy food choices and environments as part of Objective 1, and provide examples on how Local Governments can implement this change in their communities.

Drugs

Local Governments would like to see the detrimental health effects on communities of illegal drugs acknowledged and addressed in the First Interim State Public Health Plan, along with smoking and alcohol. A WALGA survey held in February resulted in respondents stating that alcohol and drugs was the second highest public health priority in their communities, after Environmental Health.

Australia uses proportionally more methamphetamine than almost any other country, and there are currently more than 200,000 users and growing. The National Drugs Strategy 2016-2025, currently in development, will have a nationally agreed harm minimisation approach to reducing harm arising from alcohol, tobacco and other drug use. The National Ice Taskforce was established in April 2015 by the Commonwealth Government to advise on the impacts of ice in Australia and develop a National Ice Action Strategy. The Ice Action Strategy contained 38 recommendations over five priority areas, and the Australian Government committed nearly \$300 million over four years from July 2016 to strengthen education, prevention, treatment, support, and community engagement to meet these recommendations.

Local Governments, particularly in rural areas, can be the first to experience the impacts of drug and alcohol abuse, are often the body responsible for instigation and for the subsequent investigation and clean-up. Regional Local Governments commented during consultation that although the drugs of choice changes over time, it is imperative for drugs to be included in the First Interim State Public Health Plan, to acknowledge the integral role Local Governments have in this issue.

Recommendation 5: That the Department of Health expand policy priority 1.5 to include Reducing Harmful Alcohol and Drugs in Objective 1.

Built form

Responders to WALGA's workshop suggested that built form planning and the *Healthy Active by Design* principles should be included in the Interim Plan.⁹ Local Governments can influence the health of their communities by incorporating these design principles into their planning schemes, strategies and infrastructure. Inclusion of reference to the Heart Foundation's *Healthy Active by Design* principles, and links to this resource, would provide Local Government planning and infrastructure staff with guidance as to how to embed the principles of their Local Public Health Plan into planning and design activities.⁹

Creating supportive environments for their communities is a 'business as usual' component for all Local Governments, and therefore should be reflected and encouraged in the Interim Plan. Working in partnership and collaboration with agencies and expertise like the Heart Foundation ensures good practice and sharing of resources across sectors and structures.

Recommendation 6: That the Department of Health include reference to built form planning and the *Healthy Active by Design* principles in the Interim Plan, as part of discussion of Local Government's influence over health and wellbeing in their communities.

Health promotion and the social determinants of health and wellbeing.

Local Governments were concerned at the WALGA workshops regarding the omission of discussion and relevance of the social determinants of health and wellbeing in the Interim Plan.

The social determinants of health and wellbeing are defined by the World Health Organisation as "*the conditions in which people are born, grow, work, live and age, and the wider set of forces and systems shaping the conditions of daily life.*"¹⁰ The World Health Organisation acknowledges that individual circumstances are often shaped by the distribution of money, power and resources at global, national and local levels, and that the social determinants of health are responsible for health inequities.

Taking a social view of health is a way to address the influence of social factors on community health and wellbeing. A social view of health intervenes to change those aspects of the environment which are promoting ill health, rather than continue to treat illness after it appears. This view of health also acknowledges that the onus is not only on the individual to change

⁹ Healthy Active by Design. 2017. Website http://www.healthyactivebydesign.com.au/?state_location=30

¹⁰ World Health Organization. 2017. Social determinants of health. Retrieved on 9/3/17 from http://www.who.int/social_determinants/en/

their behaviours and lifestyles when, in fact, the environment in which they live and work gives them little or no choice or support for making such changes.¹⁰ As mentioned earlier, creating supportive environments and healthy public policy to support those environments is paramount to ‘business as usual’ for all Local Governments, and thereby a significant point of relevance for a Public Health Plan for Local Governments.

To effectively prevent health issues within the community, local settings can be utilised to carry out health promotion interventions. Successful interventions are integrated, involve multiple interventions across multiple settings, target and work with individuals, groups and organisations; and actively involve the community in planning, implementation and evaluation.¹

Both the Victorian Health and Wellbeing Plan 2015-2019 and the South Australian Public Health Plan make reference to the social determinants of health and wellbeing and the role of social inequity in poorer health outcomes.

“It has been argued that socioeconomic factors have the largest impact on health, accounting for up to an estimated 40 per cent of all influences compared with health behaviours (30 per cent), clinical care (20 per cent) and the physical environment (10 per cent) (The British Academy 2014).”¹¹

The social determinants of health and wellbeing reiterate the role of Local Government in this space, as Local Governments can have an influence over aspects of the social and physical environment which can encourage mental wellbeing and social cohesion.

Local Governments in Western Australia can become involved in health promotion in their communities by preparing a Local Public Health Plan which identifies issues and creates solutions for community health and wellbeing, and providing information, programs and events which encourage healthy lifestyles. Underlying these programs are the environments and policies that encourage good healthy behaviours by local community members.

Although health promotion focuses on the wellbeing and quality of life of a population, economic benefits to the community accompany the betterment of health. These economic benefits provide a strong incentive for State and Federal Governments to invest in preventative measures. The *SA Public Health Plan* quotes these economic benefits if concerted action was taken to systematically address the social determinants of health in the Australian context:

- 500 000 Australians would be prevented from developing a chronic condition
- 170 000 extra Australians could enter the workforce, generating \$8 billion in extra earnings
- annual savings would be made of \$4 billion in welfare support payments

¹¹ SA Public Health Plan. 2012. Retrieved on 6/11/17 from <file:///C:/Users/user/Downloads/VPHWP%202015-2019%20-%20PDF.pdf> p 19

- 60 000 fewer people would need to be admitted to hospital annually, resulting in annual savings of \$2.3 billion
- 5.5 million fewer Medicare services would be needed each year, resulting in annual savings of \$273 million
- 5.3 million fewer Pharmaceutical Benefit Scheme scripts would be filled each year, resulting in savings of \$184.5 million.¹¹

The 'business as usual' component of Local Governments relates to policy development and creating supportive environments that encourage good choices for health and wellbeing. This should therefore be included in the Interim Plan, and additionally, collaboration opportunities for Local Governments to assist with social determinants and health promotion should be included and highlighted in the Interim Plan.

Recommendation 7: That the Department of Health include reference to health promotion and the social determinants of health and wellbeing as key components of identifying strategies which can increase health and wellbeing in communities, and identify areas of inequity which may have an effect on health and wellbeing.

Funding

Local Governments would appreciate further clarification from the Department of Health as to future funding opportunities or programs which will be available to assist Local Governments with their Public Health Planning. Currently the South Metropolitan Health Service is very supportive of the Local Governments within their remit, including attending the Local Governments to assist officers with their planning and implementation. Making this process available to all Local Governments would assist considerably, particularly in regional areas where they lack the resources to devote significant time to planning. Opportunities for Local Government staff to access training and development could provide Local Government Officers with additional support and information to utilise when preparing Local Public Health Plans.

A visible partnership between Department of Health and Local Governments is current in the City of Albany, where a representative from the Health Promotion/Preventative Health team of Great Southern WA Country Health Service is located in the City of Albany to partner and work on the City's Public Health Plan. Benefits to both Health and Local Government occur on a daily basis, and demonstrate the sharing of expertise and resources to delivering health and wellbeing outcomes to the Albany community.

Models also exist in both South Australia and Victoria of funding and grant agreements that support sharing of resources, expertise and FTE's across Local Government and Health sectors to ensure optimal delivery of health and wellbeing outcomes to communities. It is recommended that further investigation and discussion occur regarding these opportunities as the Western Australian model for public health planning is defined.

Recommendation 8: That the Department of Health identify opportunities to assist Local Governments with Public Health Planning, and inform Local Governments of how to access those opportunities.

Reporting

Local Governments would like an indication of the reporting framework, including mechanisms for measurement and evaluation, which will be used to assess the Local Public Health Plans. If the Department of Health is yet to decide upon a method for reporting on the Interim Plan, it would be helpful for that to be stated, along with an anticipated timeframe for the reporting framework to be developed.

Recommendation 9: That the Department of Health include the proposed reporting framework, or a timeline of when that framework will become available, within the Interim Plan.

Data

Respondents at the workshops stated that one of their challenges in preparing Local Public Health Plans is the lack of access to comprehensive and consistent local health data. Local Governments have recommended that both the Metropolitan Health Services and Country Health Service should be responsible for gathering and disseminating health data to assist in Local Public Health Planning. Local Government would like to see a broad range of health data on their communities, and would also like to be able to access comparisons to other Local Governments in Western Australia, nationally and internationally.

The development of wellbeing indicators similar to those used in Victoria was also requested. Local Government access to Health and Wellbeing indicators for Western Australia will become more essential to Local Governments in reporting on wellbeing and connectedness. At present, the only data available to Local Governments is related to disease prevalence, and cannot assist Local Governments to report and measure health and wellbeing. This will be a crucial component for all Local Governments to report on the effectiveness of Local Public Health Plans moving forward.

WALGA would like to work with the Department of Health on the development and trialling of health and wellbeing indicators in time for the implementation of Stage 5 of the *Public Health Act 2016*. This partnership could demonstrate collaboration across State and Local Governments, together with collaboration with Healthway and academic institutions.

The Community Indicators Victoria project provides data on a range of wellbeing indicators for every Local Government.

<http://www.communityindicators.net.au/>

Recommendation 10: That the Department of Health provide Local Government health data through the Metropolitan Health Services, including data on Aboriginal people and their health status in each Local Government.

Recommendation 11: That the Department of Health investigate options to develop community Health and Wellbeing Indicators.

General feedback:

Some Local Governments are overwhelmed by the magnitude of the issues referred to in the Plan. Comments received include:

- It is not easy or practical for Local Government to be involved in matters that are a State responsibility;
- Aboriginal health is not a Local Government problem;
- Weight loss and alcohol use is not a Local Government problem.

These types of comments made up a small percentage of opinions of Local Governments providing feedback on the Interim Plan. However the responses suggest a disconnection between the original aims of Local Public Health Planning (that Local Government will use its existing work and frameworks to inform the plan, and add a health lens), and what Local Governments are concerned will happen, that Local Governments will have to take on State responsibilities for managing the health of communities.

The Interim Plan needs to be more explicit to explain how Local Public Health Planning does not aim to place an additional obligation on Local Governments, but rather have them shine a light on the work they are already doing. Collaboration and partnerships with other agencies must be mentioned early on in the Interim Plan, and encouraged by the Department of Health, to empower Local Governments to address the priorities in the Interim Plan within their resourcing capabilities.

As mentioned earlier, the *SA Public Health Plan* outlines clear distinction and responsibilities, where possible, with regards to areas and issues of health and wellbeing (see Appendix 1). It is recommended that the Department of Health strongly consider the development of an interim statement outlining broad responsibilities and alignments to ensure positive and accurate discussions occur at a Local Government level on this issue.

The absence of discussion on inequities in the Interim Plan outside of Aboriginal health was also brought up by Local Governments. This will be addressed in the comments on Objective 3.

Recommendation 12: That the Department of Health clearly explain within the Interim Plan the expectations on Local Governments in preparing Local Public Health Plans; what is necessary versus 'nice to have' in the Plans; and assistance, collaboration and partnership opportunities that Local Governments can pursue to ensure their Public Health Plan meets the needs of their communities.

Objective 1: Empowering and Enabling people to make healthy lifestyle choices

“Objective 1 Policy Priorities demonstrate the importance of health promotion roles in WA Local Government. Allocate budget and resources at Local Government level to ensure successful delivery of health promotion and positive health outcomes.”

Response of workshop participant to Objective 1

As part of engagement with Local Governments, WALGA asked how the policy priorities can reflect experiences of participant’s own communities. Responses reflected themes which had been addressed in initial feedback.

These included:

- Including mental health as a policy priority;
- Making reference to homelessness in the policy priorities;
- The promotion of environmental protection;
- The inclusion of access to fresh food;
- Expanding policy priority 1.5 to include drug use and aligning the Plan with the WA Alcohol and Drug Interagency Strategy;
- Healthy eating expanded to include sustainable food, culturally appropriate food and food safety;
- Reaching and informing non-English speaking communities can be challenging due to variable methods of communication.

When asked whether there are any additional ways the Department of Health could work with a Local Government to support the delivery of public health initiatives, projects and programs, Local Governments responded under the following key areas:

Clarity on resourcing, roles and responsibilities

Local Governments have requested clarification on resources which will become available to assist in Local Public Health Planning, and on the roles and responsibilities of the State and Local Government through the Act’s implementation process. Additionally, Local Governments have requested assistance with education of Executive Staff and Elected Members in Local Government, to ensure support across the organisation for the development of Local Public Health Plans. Regional Local Governments consulted suggested including a ‘who will contribute’ section next to each of the policy priorities, to provide clarity on the responsibilities of each level of Government.

Local Governments would like to see consistency from the State on policy for funding Local Public Health Planning. Certainty on how this will be funded, either directly to the Local Government, or through the provision of programs and services delivered by the State Government to support Local Government, was sought by the participants consulted in the development of this submission.

Partnerships and collaborations should also be mentioned and encouraged early on within the Interim Plan so that Local Governments do not feel that sole responsibility of their community’s health and wellbeing remains with them.

Training for Local Government officers is necessary to increase the expertise and knowledge required of teams or individuals responsible for preparing their Local Government's Public Health Plan. Key areas from the Interim Plan, such as each of the objectives, or key policy priorities from one objective, could be the focus of training sessions across the implementation of the *Public Health Act 2016*.

Local Governments also requested case study examples of Local Public Health Plans as part of tools and resources to be developed to assist in the implementation of the *Public Health Act 2016*. See Recommendation 12 on page 15 of this document.

Partnerships

Local Governments indicated that they would appreciate information on partnerships and programs that could be utilised in Local Public Health Planning. They requested that the Department of Health provide clear direction on evidence based and evaluated programs which will address each policy priority. It is also recommended that the importance of partnerships and collaboration be highlighted throughout the Plan to encouraged shared expertise and resourcing.

Recommendation 13: That the Department of Health provide information on partnerships and programs that Local Governments can access to increase the success of their Local Public Health Plans.

Planning issues

Local Governments seek assistance from the Department of Health on planning reform that addresses fast food and alcohol development applications. Currently the *Planning and Development Act 2005* does not include reference to health in its planning considerations. Local Governments would appreciate any help that the Department of Health is able to accommodate in keeping fast food and alcohol density to an acceptable level in their communities.

Other feedback

The suggestion was made that the Department of Health provide assistance in utilisation of small rooms in community centres to deliver health initiatives (such as mobile health unit).

Objective 2 Providing health protection to the community

The importance of Environmental Health Officers to Local Government, and their role in prevention of public health risks and workforce planning issues in environmental health, were also emphasised by Local Government consultation. Much like the previous policy objective, clarity on the role of Local Government in aspects of this objective was requested throughout consultation. While discussing Objective 2, Local Governments requested clarity on:

- The role of the State Government as the ‘lead agency’ in immunisation service provision.
- How the State Government expects Local Government to fit in with the expectations outlined in Objective 2, and the Department of Health’s role in providing adequate support.
- The role of Local Government in all of these mixed roles and areas, whether it is advocacy, service delivery or collaboration.
- Local Public Health Planning combines environmental health and preventative health, what is the role of Local Government?
- Collaboration of roles between Environmental Health Officers and health promotion, and points of opportunity and working together.
- The inclusion of Oral Health and how this interacts with Dental and Oral Health services.
- Information on the collaboration of roles between Environmental Health officers and Health Promotion officers would also assist Local Governments.

Recommendation 14: Provide information on the roles and responsibilities for carrying out environmental health protection at a Local and State level.

Clarity on roles and responsibilities

Local Governments requested clarity on roles and responsibilities attached to each policy priority for all of the Objectives, including Objective 2. See Recommendation 1, page 5.

Recognition of Environmental Health Officers

The Interim Plan touches briefly on the role of Environmental Health workers in Local Governments, and the varied and integral part they play in keeping local communities healthy and safe. Participants in Local Government consultation commented that they would like to see more comprehensive acknowledgement of Environmental Health’s role in public health, and the many ways in which Environmental Health Officers work to alleviate risks to their communities.

Recommendation 15: Acknowledge the role of Environmental Health workers in keeping communities safe from multiple health risks.

Environmental Protection Act

Although Objective 2 includes many of the health legislative programs which are used by Local Governments as part of their environmental health activities, many Local Governments commented on the omission of mention of the *WA Environmental Protection Act 1986* within Objective 2. The *Environmental Protection Act 1986* covers issues such as pollution and waste dumping.

Recommendation 16: Include the *Environmental Protection Act 1986* in Policy priority 2.1

Omissions from the Interim Plan

Local Governments have identified that there have been a number of essential services which are administered by Local Governments as part of their Environmental Health services which have not been mentioned as policy priorities within the Interim Plan. These include noise management; waste management; food safety; water safety, including recreational water, aquatic facilities and waste water; mosquito control, and event management. Local Governments have also requested that other communicable diseases, such as Ross River Virus and food-borne illnesses, be included in the Interim Plan.

Recommendation 17: Consult with Local Government Environmental Health workers to develop the Policy Priorities to be included in Objective 3.

Oral health

Local Government feedback on oral health was conflicting as some Local Governments welcomed the inclusion and others did not deem it necessary. A point that was raised by regional Local Governments was that although some Shires had access to a regional dentist, others did not and it was hoped that this would not unfairly disadvantage their communities in the services they could deliver. Clarification on the role of Oral and Dental Health services in this discussion was requested, with regard to the context of the role of Local Government and potential cost shifting.

Workforce Planning

Local Governments participating in consultation were concerned about the future of the environmental health workforce, particularly regionally. It was noted that workforce development and capacity building is only mentioned in the Aboriginal health objective, but is needed across the entire workforce to aid in administering the Interim Plan. Participants commented that much of the regional workforce will reach retirement age over the next ten years, and environmental health graduates in Western Australia are becoming less common, as degree programs have been forced to close due to lack of interest from students. Local

Governments would like the Department of Health to address workforce issues in the Interim Plan, to provide reassurance to Local Government that there is awareness of the potential upcoming difficulty at a State level. WALGA has prepared a draft paper on Environmental Health Workforce Planning, which is available at the following website: <http://walga.asn.au/Policy-Advice-and-Advocacy/People-and-Place/Health-and-Wellbeing.aspx>. This paper outlines the relevant issues on Environmental Health workforce planning, and includes strategies used by WA Local Governments to assist with recruitment of Environmental Health Officers.

Recommendation 18: That the Department of Health include workforce development as an issue for consideration of Local Governments when they are undertaking Public Health Planning

Data

To address environmental health objectives and guide planning, Local Governments suggested that the Department of Health provide clear information on immunisation and communicable disease rates and trends in Local Government areas.

Recommendation 19: That the Department of Health include information on immunisation and communicable disease rates as part of the health data made available to Local Governments.

Other feedback

Local Governments participating in consultation suggested that information on drugs, including methadone and needle exchanges should be included as part of health protection.

Objective 3: Improving Aboriginal Health

As part of consultation on Objective 3, Local Governments were asked whether the objective reflected the needs of their communities, and what type of support the Department of Health could offer to support their organisation.

Responses to this objective were mixed from Local Governments, as some of the respondents felt that this was not a relevant consideration for their Local Governments. These respondents worked in Local Governments with greater proportion of other types of vulnerable communities, such as Culturally and Linguistically Diverse (CaLD), refugee, low income communities, or Local Governments with a high proportion of older people.

The *Public Health Act 2016* states that Local Governments should give regard to the priorities of the State Public Health Plan 'where relevant', suggesting that if the priority is not considered relevant to a particular community then the Local Government can include a different priority that reflects the data they have collected on their own communities. This point needs to be strongly reinforced by the Department of Health in the Interim Plan, as much of the feedback WALGA has collected about all of the priorities suggest that Local Governments see the Interim Plan as a prescriptive document that they will be directly measured against. If the Department of Health views the priorities as flexible, and dependent on the health status of a Local Government, that needs to be made clear at the beginning of the document and throughout the objectives to ensure clear understanding.

Recommendation 20: That the Department of Health state clearly at the beginning and throughout the Interim Plan that Local Governments are to give regard to the policy priorities put forward in the Plan only if they reflect the needs of their communities

Data

Local Governments have requested information on the percentage of Aboriginal people in their community and their health status; so that they can determine the approach they will take to Objective 3: Improving Aboriginal Health. The Department of Health can assist by making the avenues that Local Government can use to pursue this data explicit so that this information will be recognised. Please see Recommendation 10, page 15.

Education

Local Governments suggested that education, both of Local Government, health staff and the Aboriginal community, is necessary to effectively tackle health issues for Aboriginal people. As Aboriginal health is unique and specialised, Local Governments would like to see the Plan encourage the employment of Aboriginal Health workers for health promotion and education of families. There also needs to be Aboriginal Engagement officers employed, either by State or Local Government.

Local Government staff involved in developing and implementing the Local Public Health Plans also need to be educated on Aboriginal culture to enable effective communication on health to be delivered.

Education and upskilling of the Aboriginal community to deliver peer education would also assist in health information being disseminated through these communities.

Recommendation 21: That the Department of Health include reference to increasing the education opportunities for both Aboriginal people and health, wellbeing and community officers in Local Governments.

Resourcing

Local Governments responded to being asked how the Department of Health could support them in Objective 3, by requesting resources and funding to support the improvement of Aboriginal health in their communities.

Recommendation 22: That the Department of Health develop resources to assist Local Governments in managing Aboriginal health in their communities.

General feedback

- Aboriginal health programs need to run continuously over a long period of time in order to be successful.
- Local Governments would like to see the Interim Plan making linkages between Local Public Health Plans and Local Government Reconciliation Action Plans to further prioritise Aboriginal Health in the community.

Closing comments

WALGA is pleased at the introduction of the *Public Health Act 2016* and the *First Interim State Public Health Plan*. The Association acknowledges the achievement of the Department of Health in developing an Interim Plan for the State's health that is broad ranging and encompasses the valuable work Local Governments do in improving their community's health.

WALGA would also like to thank the Department of Health for the opportunity for Local Governments and WALGA to be the first to comment on the Interim Plan. Local Governments are pleased to be involved in the development of the Interim Plan, as it will have a considerable effect on how they begin to prepare for Local Public Health Planning. However, as the development of Local Public Health Plans introduces a new framework for approaching health and wellbeing for Local Governments, it is important to provide adequate information and support throughout implementation of the final stages of the *Public Health Act 2016*.

WALGA would like the process of providing information and education on Public Health Planning for Elected Members, Local Government Executives and Officers to occur over a number of stages, to ensure that the relevance and delivery of Local Public Health Plans is

adequately explained, and allow for questioning and exploration of how this would 'look' for each Local Government.

The Association is eager to work with the Department of Health in representing the voice of Local Government as the Interim Plan is refined and developed.

Thank you again for the providing the opportunity for WALGA to comment on the First Interim State Public Health Plan. Please contact Evie Devitt-Rix at edevitrix@walga or (08)9213 2082 for enquiries about this submission.

Appendix 1. SA Public Health Plan. Who Does What: the Public Health Toolbox p22-23

Domain	Who	What
Improving the wider determinants of health and wellbeing	State Government	<ul style="list-style-type: none"> > Sets broad strategic priorities, policy and legislation that impact on human health and wellbeing > Develops and delivers state-wide economic development policy and strategy > Develops and delivers state-wide public education and social development policy and strategy > Develops and delivers state-wide state funded community support and social inclusion policies, strategies and services > Develops environmental protection, environmental stewardship, and climate change and sustainability policies > Provides resources, guidance and advice, and ensures that major projects and strategies consider public health issues > Coordinates with relevant Commonwealth Government initiatives > Provides legislation and an overall framework for urban and regional planning via the <i>Development Act 1993</i> and the State Planning Strategy
	SA Health	<ul style="list-style-type: none"> > Provide system coordination and public health stewardship, and facilitate the combined effort across the spectrum of public health > Are the public health authorities for the unincorporated areas of the state > Develop, implement and administer legislation to support public health > Provide expert advice, maintain standards, conduct public health research, implement early identification and 'over the horizon scanning' of public health issues, and provide data, information and analysis
	Public Health Partner Authorities (in part including the non-government sector)	<ul style="list-style-type: none"> > Where relevant, align plans, policies and strategies and integrate agreed-upon public health factors and priorities > Participate in and coordinate with public health planning at State and Local Government levels > Participate in or undertake specific projects congruent with their core business or as agreed upon > Develop, implement and administer legislation that is relevant to public health and wellbeing
	Local Government (combining public health role with responsibilities under the <i>Local Government Act 1999</i> and related legislation)	<ul style="list-style-type: none"> > Maintains and improves the physical and social infrastructure of communities that protects and promotes health and wellbeing (e.g. waste control, open-space parks and gardens, support for cultural and recreational activities, footpaths, cycleways, street lighting, local economic development, community resilience and support, climate change mitigation planning, urban planning development and approval processes) > Locally administers relevant legislation (e.g. <i>Development Act 1993</i>, <i>Dog and Cat Management Act 1995</i>, <i>Food Act 2001</i>)
	Healthier choices are made easier	State Government
	SA Health	<ul style="list-style-type: none"> > Provide system coordination and public health stewardship, and facilitate the combined effort across the spectrum of public health > Are the public health authorities for the Unincorporated Areas of the state > Provide expert advice, maintain standards, conduct public health research, implement early identification and 'over the horizon scanning' of public health issues, and provide data, information and analysis > Fund and provide specific health improvement strategies (e.g. OPAL, Aboriginal Health Care Plan)

		<ul style="list-style-type: none"> > Provide state-wide health promotion campaigns and social marketing (e.g. Quit Campaign, tobacco control, and drug and alcohol campaigns) > Adopt and promote policies to support and improve the community's health (e.g. healthy catering, breastfeeding, physical activity) > Develop and maintain appropriate regulations (e.g. tobacco control, food labelling, menu labelling)
	Public Health Partner Authorities (including the non-government sector)	<ul style="list-style-type: none"> > Where relevant, align plans, policies and strategies and integrate agreed-upon public health factors and priorities > Participate in and coordinate with public health planning at State and Local Government levels > Participate in or undertake specific projects congruent with their core business or as agreed upon (e.g. ensuring supportive environments and infrastructure such as active transport options, access to natural ecosystems, green infrastructure projects, social inclusion initiatives) > For example: Medicare Locals contribute to public health planning and facilitate participation by general practitioners to ensure that the needs of practice populations are included
	Local Government	<ul style="list-style-type: none"> > Provides specific information to its community including information from a wide range of State & Commonwealth Government programs and services, as well as non-government organisations > Acts as a broker and advocate for its community > Provides certain support programs and community participation opportunities, which build communities > Hosts other agencies' outreach programs and services > Provides information and referral services > Provides specific community infrastructure and support (e.g. parks and gardens, recreational facilities) > Locally leads in public health regulation (e.g. food regulation)
Enhancing health protection and recovery strategies	State Government	<ul style="list-style-type: none"> > Develops and delivers policy and information > Develops legislation and regulation > Provides emergency management and disaster response and state-wide coordination > Supporting community resilience and recovery efforts. > Remediation
	SA Health	<ul style="list-style-type: none"> > Monitor disease patterns and patterns of injuries > Investigate outbreaks > Coordinate data > Provide public health emergency management and disaster response > Are the public health authorities for the Unincorporated Areas of the state > Support local government in their regulatory role > Coordinate and provide vaccine supply and support to service delivery > Provide state-wide screening programs, and provide and support sexual health strategies and services
	Public Health Partner Authorities	<ul style="list-style-type: none"> > Provide emergency management and disaster response > Provide and support environmental protection, sustainability and action on climate change > Support community wellbeing and resilience
	Local Government	<ul style="list-style-type: none"> > Provides or supports the provision of immunisation in their area > Administers local public health regulation (e.g. food safety, cooling tower monitoring of specific businesses, waste control, mosquito control); assists in the provision of emergency management and disaster response

Appendix 2. World Health Organisation service organisation pyramid for an optimal mix of services for mental health. Source: Mental Health Commission.

