

Department of Health

health

Including public health
and wellbeing matters in the
council plan or strategic plan

A resource for local
government planners

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Acknowledgements

The content of this resource draws on the findings of an evaluation of four of the five councils that applied for and were granted an exemption from a stand-alone municipal public health and wellbeing plan for the period 2009–2013. They were:

- City of Melbourne
- City of Maribyrnong
- Bass Coast Shire
- Borough of Queenscliffe.

It is also informed by the insights of a sample of eight other councils selected from across Victoria that were surveyed on their views on the implications of including public health matters in their council plan or strategic plan. They were:

- City of Ballarat
- City of Kingston
- City of Manningham
- City of Wodonga
- City of Warrnambool
- East Gippsland Shire Council
- Macedon Ranges Shire Council
- Wyndham City Council.

The evaluation and resource development oversight was provided by a project advisory group. This included:

- Department of Health: Prevention and Population Health Branch
- Department of Health regions that had assessed exemptions: Barwon-South Western Region, Gippsland Region and North & West Metropolitan Region
- representatives of the councils being evaluated
- Municipal Association of Victoria
- a representative of the Local Government Public Health and Wellbeing Planning Advisory Group (a group established by the Department of Health and the Municipal Association of Victoria to provide high-level advice to the Prevention and Population Health Branch on implementation of policy related to prevention).

The Department of Health: Prevention and Population Health Branch would like to thank all those who generously gave their time to support the development of this resource and PDF Management Consultants, who prepared this resource for the department.

Disclaimer

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Authorised and published by the Victorian Government, 50 Lonsdale St, Melbourne.

January 2013 (1209009)

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Introduction

This resource supplements the *Guide to municipal public health and wellbeing planning*. It is designed to assist councils to systematically consider the benefits and risks of including municipal public health and wellbeing planning in their council plan or strategic plan. This resource also:

- clarifies what is required of councils to be granted an exemption from a stand-alone municipal public health and wellbeing plan under s. 27 of the *Public Health and Wellbeing Act 2008*
- identifies the critical steps in developing a council plan or strategic plan that would satisfy the requirements of s. 26 of the Public Health and Wellbeing Act
- was designed to assist councils to evaluate the impact of planning for the health and wellbeing of their communities in this way.

The primary audiences for this resource are:

- social and health planners and others directly responsible for municipal public health and wellbeing planning
- corporate planners and others directly responsible for corporate planning
- Department of Health officers supporting municipal public health and wellbeing planning or responsible for assessing exemption requests.

The resource is one of a number of documents that will provide advice to councils on planning for health and wellbeing. These resources are available on <http://www.health.vic.gov.au/localgov/>

1. What does the Public Health and Wellbeing Act require?

Section 26 of the *Public Health and Wellbeing Act 2008* requires councils to produce a stand-alone municipal public health and wellbeing plan (MPHWP). However, s. 27 includes a provision for councils to be exempted from a stand-alone MPHWP if they choose to include public health and wellbeing matters in their council plan or strategic plan.

Such an exemption is only available where the council plan or strategic plan meets the requirements of s. 27 (see Box 1).

Central to s. 27 is that councils still need to meet the s. 26(2) requirements.

In addition, s. 26(3) of the Act requires that 'in preparing a municipal public health and wellbeing plan, a Council must have regard to the State Public Health and Wellbeing Plan prepared under section 49'.

(The statewide public health and wellbeing plan was released in September 2011 as the *Victorian Public Health and Wellbeing Plan 2011–2015*).

Where they are seeking an exemption under s. 27 of the Act, councils are strongly encouraged to consider the priorities established in the *Victorian Public Health and Wellbeing Plan* in the process of deciding which public health and wellbeing matters will be included in the council plan or strategic plan.

Given the above, including public health and wellbeing matters in the council plan or strategic plan does not materially change what is required of councils. It simply allows for an alternative way of considering and documenting the public health and wellbeing goals and strategies that arise from the planning processes.

Consequently, by choosing to include public health and wellbeing matters in the council plan or strategic plan a council should strive for the same good practice as applied to a stand-alone MPHWP (see the *Guide to municipal public health and wellbeing planning*).

Box 1: Public Health and Wellbeing Act, s. 27

Inclusion of public health and wellbeing matters in Council Plan or Strategic Plan

- (1) A Council is not required to comply with section 26 if—
 - (a) the Council complies with this section; and
 - (b) the Secretary grants the Council an exemption from complying with section 26.
- (2) If a Council intends to comply with this section, the Council must—
 - (a) address the matters specified in section 26(2) in the Council Plan to be prepared under section 125 of the **Local Government Act 1989** or in a Strategic Plan prepared and approved by the Council;
 - (b) if the matters specified in section 26(2) are included in the Council Plan, review the Council Plan in accordance with section 125(7) of the **Local Government Act 1989**;
 - (c) if the matters specified in section 26(2) are included in a Strategic Plan, review the Strategic Plan annually.
- (3) A Council may apply to the Secretary for an exemption from complying with section 26 by submitting a draft of the Council Plan or Strategic Plan which addresses the matters specified in section 26(2).
- (4) If the Secretary is satisfied that the draft Council Plan or Strategic Plan adequately addresses the matters specified in section 26(2), the Secretary must grant the Council an exemption from complying with section 26.
- (5) If the Secretary is not satisfied that the draft Council Plan or Strategic Plan adequately addresses the matters specified in section 26(2), the Secretary must—
 - (a) refuse to grant an exemption from complying with section 26(2); and
 - (b) advise the Council in writing—
 - (i) of the reasons for refusing to do so; and
 - (ii) as to the changes that should be made to the draft Council Plan or Strategic Plan.

2. What are the benefits?

Planning statements regarding public health and wellbeing expressed in the council plan are subject to the same planning, monitoring and reporting requirements of all other strategic objectives and activities expressed in the plan. These requirements are set out in ss. 125 to 135 of the *Local Government Act 1989*. Section 125 describes the key elements of a council plan (see Box 2).

Box 2: Local Government Act, s. 125

Council Plan

- (1) A Council must prepare and approve a Council Plan within the period of 6 months after each general election or by the next 30 June, whichever is later.
- (2) A Council Plan must include—
 - (a) the strategic objectives of the Council;
 - (b) strategies for achieving the objectives for at least the next 4 years;
 - (c) strategic indicators for monitoring the achievement of the objectives;
 - (d) a Strategic Resource Plan containing the matters specified in section 126;
 - (e) any other matters which are prescribed by the regulations.

There are three key benefits to including public health and wellbeing matters in a council plan:

- a single, high-level plan that can drive a focus on health and wellbeing across council – this brings the potential to strengthen the mandate for health and wellbeing action
- a single planning process that can align and coordinate planning and budgeting tasks – this has the potential to strengthen integrated planning and optimise planning resources
- the health and wellbeing intentions of council are bound by the monitoring and reporting requirements of a council plan – this increases the likelihood of strengthening public accountability about council's health and wellbeing activities.

Each of these benefits will now be discussed in turn.

2.1 Strengthening the mandate

Planning in councils is characterised by a multitude of plans and strategies. This can extend from 30 to 50 or more separate documents. Some are required by legislation or a funding agreement, others are initiatives of councils themselves. These might have quite different purposes or subjects, for example, focusing on a population group such as cultural diversity, positive ageing or youth plan, or focusing on specific services such as affordable housing, leisure and recreation or parks and reserves.

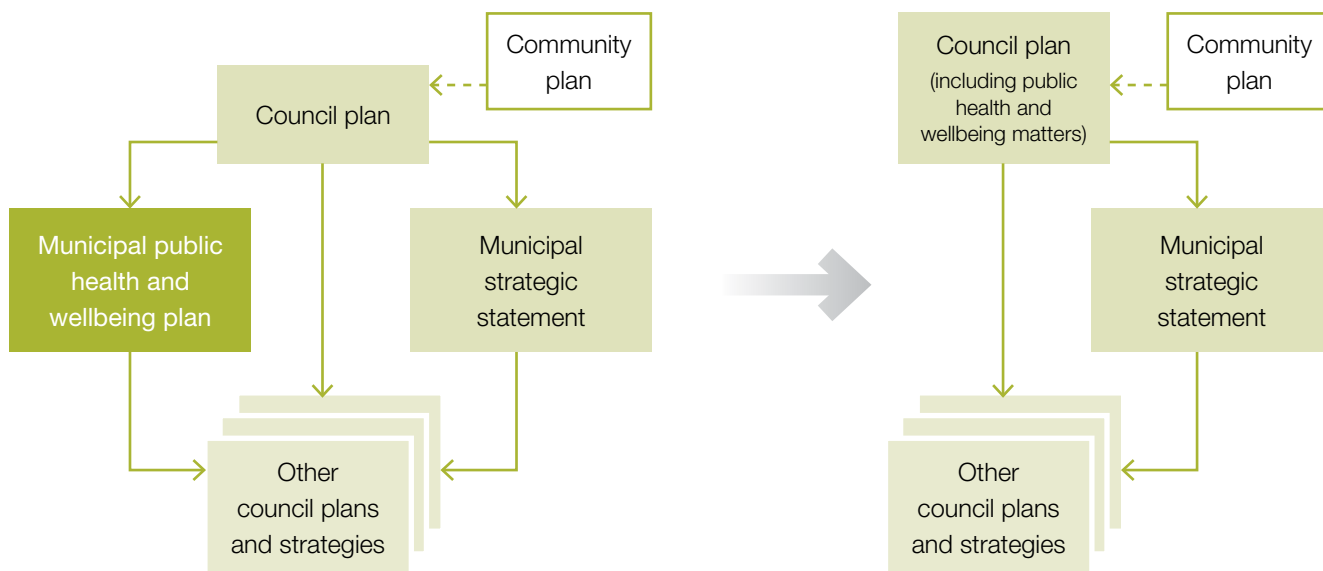
In general these plans and strategies are guided by three key high-level plans required by legislation. These are:

- council plan – required by the *Local Government Act*
- municipal public health and wellbeing plan – required by the *Public Health and Wellbeing Act*
- municipal strategic statement – required by the *Planning and Environment Act 1987*.

In recent times, some councils have engaged with their communities to pursue longer term planning to identify community aspirations, needs and opportunities. The resultant community plans (which may relate to the whole municipality or a small area within the municipality) are not binding on an incoming council. However, subsequent council plans are likely to draw heavily on the vision and priorities expressed in them. From a whole-of-council perspective they can be regarded as informing higher order and longer term agendas, beyond the four-year scope of the council plan.

Figure 1 illustrates the typical planning hierarchy and the shift from a stand-alone MPHWP to a scenario in which public health matters are included in the council plan.

Figure 1: Planning hierarchies: shift from a stand-alone MPHWP to a council plan only



While an MPHWP is intended to provide the strategic driver for council's health and wellbeing related activity across the organisation, the extent to which this planning hierarchy is practised varies across councils. Some councils achieve a very high level of integrated planning for health and wellbeing with a stand-alone MPHWP; however, integration between MPHWPs and council plans is not consistent across all councils.¹

The council plan is the central planning instrument of all councils. This means it is 'owned' by councillors and senior managers and is therefore the primary strategic driver for whole-of-council priorities and the activity of all business units.

An explicit focus on health and wellbeing in a council plan is likely to require each department and each business unit of council to actively consider how they can contribute to stated health and wellbeing objectives. This in turn is likely to generate greater opportunity for cross-council collaboration and the alignment of approaches in areas that could deliver health benefits.

2.2 Strengthening integrated planning

The inclusion of public health and wellbeing matters in the council plan also offers the potential for many planning tasks to be coordinated and streamlined. These tasks might include:

- data collection and analysis
- engagement with communities, special interest groups, partners and internal stakeholders
- priority and strategy selection.

Integrating planning in this way provides the opportunity to bring together what are often regarded as unrelated activities across council to focus on health and wellbeing outcomes for the community and enable a more optimal use of resources.

¹ According to the *Evaluation of the environments for health framework (final report)* a little over 37 per cent of the participants the authors surveyed suggested that their MPHWP was 'moderately or substantially' integrated with their corporate plan and 16 per cent of respondents indicated they didn't know (Deakin University, 2006).

Key elements in developing a council plan are:

- the inclusion of a strategic resource plan, which is ‘a resource plan of the resources required to achieve the strategic objectives’ (Local Government Act, s. 126 (1))
- the requirement for annual budgets that ‘describe the activities and initiatives to be funded in the budget’ and include a statement as to how the activities and initiatives ‘will contribute to achieving the strategic objectives specified in the Council Plan’ (Local Government Act, s. 127).

The Public Health and Wellbeing Act requires no explicit budget to be attached to the MPHWP as a whole or to individual strategies. This means that resourcing health and wellbeing initiatives (including both funds and staff) occurs within the structural allocations for council departments or is driven by external funding sources and opportunities.

2.3 Strengthening monitoring and reporting

Council plans are required to include strategic indicators for monitoring achievement of key strategic activities relating back to strategic objectives in the council plan (LGA, s. 125 2(c)). Councils are expected to report against these measures in annual performance statements as part of a public annual report (LGA, s. 131).

The Local Government Act and the Public Health and Wellbeing Act both require that council plans and MPHWP's respectively must be reviewed annually. Section 27 of the Public Health and Wellbeing Act states that ‘if the matters specified in section 26(2) are included in the Council Plan, review the Council Plan in accordance with section 125(7) of the Local Government Act 1989’.

They differ in that any resulting changes to a council plan must be made public and open for comment; that is, if a council plan is to be adjusted, the adjustments must be subject to the public consultation process.

Whereas, s. 26 (5) of the Public Health and Wellbeing Act states that ‘a Council is not required to provide for the involvement of people in the local community when reviewing or amending a municipal public health and wellbeing plan’.

Overall including public health and wellbeing matters in a council plan provides a greater level of public accountability than is prescribed under the Public Health and Wellbeing Act. In addition, the strategic mandate of the council plan referred to earlier means that it is the primary focus on performance management for council.

There is a strong impetus for improvement in council reporting. For example, the *Guide to municipal public health and wellbeing planning* promotes a stronger focus on evaluation and is supplemented with a tool to guide annual MPHWP reviews.

3. What are the risks?

The high-level nature and breadth of a council plan places health and wellbeing matters alongside a wide range of potentially competing priorities. Strategically this means that health and wellbeing could become overshadowed in the council plan development process by other concerns of council and community interest groups. Without a stand-alone MPHWP there might be little further strategic consideration given to public health and wellbeing matters.

From an operational perspective there are several risks of including public health and wellbeing matters in a council plan. They are:

- inadequately aligning the planning tasks
- losing sight of the detail of health and wellbeing activity
- weakening stakeholder engagement
- not sustaining the focus on health and wellbeing.

3.1 Inadequately aligning the planning tasks

The scope for bringing together the council plan and MPHWP planning processes is supported by the fact that the legislation aligns the council plan and MPHWP on a four-year cycle. However, the Local Government Act requires that each council prepare and adopt a council plan within six months of a general election – by 30 June in the following year.

The Public Health and Wellbeing Act requires councils to prepare a stand-alone MPHWP within the period of 12 months after each a general election.

This presents challenges in aligning the stages of planning that will satisfy the requirements of s. 26 with the planning tasks and milestones of planning for a council plan.

Inadequate alignment of the planning tasks might lead to rushed analysis or consultation activities and therefore health and wellbeing action that is poorly considered or unsupported by partners.

3.2 Losing sight of the detail of health and wellbeing activity

As the highest level expression of council's intentions for its community, a council plan is expected to respond to the broad aspirations and needs of its community. Consequently, public health and wellbeing matters included in a council plan may be competing for attention or space with other strategic objectives of council.

This is largely a matter of the level at which the council plan is pitched. In broad terms planning involves three levels of stated intention (see Table 1).

These statements are often referred to with different titles depending on preferred planning frameworks and systems.

The Local Government Act refers to high-level statements as 'strategic objectives' and to the second level as 'strategies'. It refers to the third level only in relation to budget requirements where it refers to activities and initiatives and in particular, 'key strategic activities'. These are a small number of critical annual activities that relate back to strategic objectives in the council plan. They are reported on in annual reports and would be regarded as sitting at the 'strategy' level.

The council plan is consequently pitched at a strategic level concerned with goals and objectives. It does not describe this third level of activity. The reference to 'key strategic activities' is largely illustrative rather than providing a comprehensive array of all the activity that will deliver the goals. The third level activity can more likely be found in council annual plans and business unit plans.

Table 1: Planning statement hierarchy

Planning statements	Deliver...	Answers the question...
Goals	Long-term benefits – focusing on outcomes	What changes do we want to achieve?
Objectives	Medium-term or intermediate benefits – focusing on impacts	How will we achieve these changes?
Strategies	Short-term or immediate benefits – focusing on projects, activities and tasks	What activities, projects or tasks will we undertake to get there?

The Public Health and Wellbeing Act refers to the high-level statements as 'goals'. It also refers to 'strategies' but it is open to interpretation about whether this describes the second or third level. Practice among councils is that many include this third level in their MPHWP or in a supplementary action plan.

The inclusion of municipal public health and wellbeing planning in council plans means that this third level of activity may not be formally expressed.

3.3 Weakening stakeholder engagement

There is a clear expectation of the Public Health and Wellbeing Act (s. 26 (2)(d)) that councils will 'work in partnership with the Department and other agencies undertaking public health initiatives, projects and programs to accomplish the goals and strategies identified in the public health and wellbeing plan'.

This would not be expected to be any different where public health and wellbeing matters are included in a council plan.

However, stakeholders may feel disconnected from the planning process if they cannot see sufficient recognition of their areas of interest addressed in a council plan. Under a stand-alone MPHWP these are likely to be more visible than in a council plan where they are competing for attention and space.

Of course, relationship building and other partnership activity required to undertake 'initiatives, projects and programs' are not confined to the formal planning processes of the council plan or MPHWP. It is likely that partner consultation and joint activity would occur at a more specific strategy or business unit plan level.

3.4 Not sustaining the focus on health and wellbeing

Sustaining the focus on health and wellbeing is dependent on the culture and values of the council. This is underpinned by a range of enabling factors that are also critical to good practice for a stand-alone MPHWP and are described in the *Guide to municipal public health and wellbeing planning*:

- leadership
- evidence focus
- partnership
- community participation and engagement
- workforce development
- resource allocation.

Achieving sustainability will rely to a high degree on these enablers.

4. What is the experience of exempted councils?

Five councils applied for and were granted an exemption from a stand-alone MPHWP for the period 2009–2013.

In 2011 four exempted councils agreed to participate in an independent evaluation to assess their experience and to identify the factors that might lead to successful inclusion of public health and wellbeing matters in a council plan. The evaluation involved examining relevant planning documentation from each of the participating councils, as well as semi-structured interviews with key personnel from each council. Those interviewed included social and health planners, corporate planners, chief executives, executive directors, councillors and external partners who are responsible for informing health and wellbeing planning.

While each council evaluated presents its own unique combination of circumstances, there are some observations that apply to the evaluation as a whole.

4.1 How did they do it?

All four councils evaluated included public health and wellbeing matters in their council plan. The planning processes used by each council varied considerably and reflect the fact that they were breaking new ground and facing time pressures associated with meeting the planning deadlines.

In general terms, each council's executive management made an in-principle decision to proceed on the basis of analysis provided by the social/health planning and corporate planning business areas combined. This analysis was provided verbally in committee meetings and/or as a written proposal. This analysis dealt with the opportunity presented by inclusion, how it could be achieved, and any risks.

Including public health and wellbeing matters in the council plan was recommended to councillors within the context of the proposed structure of the council plan. Most councils made sure that councillors were well briefed on the role of local government in the health and wellbeing of its community.

4.2 What worked well?

At the time the evaluation was conducted indications were that including public health and wellbeing matters in council plans was raising the profile of health and wellbeing as being central to council business. This was evident in the focus afforded to health and wellbeing in the council plan but, more importantly, informants in all councils reported their perception that health and wellbeing became an unequivocal, central plank of council business.

Confidence was expressed that health and wellbeing goals and objectives received more attention from councillors and drove the operational agendas of the business units across council. This is because as a matter of standard council plan process, all business units are expected to demonstrate how they will contribute to council plan goals and objectives. This is accompanied by an expectation that they will also report on their accomplishments.

Expressing the health and wellbeing intent of council in the council plan has meant that implementation is either more closely monitored than previously or work has been done to improve monitoring.

The specific nature of planning systems was far less important to the inclusion of public health and wellbeing matters in the council plan than the results focus described above. However, from a reporting perspective, confidence in the reporting systems gave corporate planners a stronger foundation for the new approach to public health and wellbeing planning. In some instances the 'inclusion' task provided a catalyst for reporting system improvements.

The process involved a close working relationship between health planners and corporate planners – and their respective line management. Corporate planners in particular saw the dual advantages of increasing the focus on health and wellbeing and reducing planning duplication were 'self-evident'.

4.3 What could be improved?

Exempted councils all made considerable efforts to approach MPHWP planning tasks as they would for a stand-alone MPHWP. In all cases municipal scans were largely unaffected. Most were underway or completed ahead of the decision to include public health and wellbeing matters in the council plan.

For those councils that met the council plan 2009–2013 deadline of June 2009, the engagement phase, which involves internal and external consultation, was less comprehensive than previously. Essentially a process managed over a 12-month period was condensed into five or six months.

Because of this, engagement with external stakeholders presented challenges. The interface with the work of external stakeholders is less visible in a council plan. This is because the plan is cast at a high level and may not go to the level of detail that would include the projects and activities of external stakeholders.

While councils clearly continue to work in partnerships with external agencies, weakening stakeholder engagement might be a risk.

In the councils that were evaluated the detailed health and wellbeing action was largely intended to appear in business unit plans. These were observable to varying degrees but generally councils did not gather them together as a set.

Councils observed that with adequate lead times, conducting effective consultation and engagement processes under a council plan inclusion model should be little different to carrying them out under a stand-alone model.

In general terms, including public health and wellbeing matters in the council plan was not a clearly planned exercise that followed precise steps from the outset. It was by contrast an ad hoc process that can be characterised as a response to an emergent opportunity.

The capacity of the exempted councils to produce a council plan that met their own strategic needs and satisfied the requirements of the legislation says a lot about their capacity and resourcefulness. It does not, however, provide a roadmap of key steps for others to follow. All exempted councils reported that they would 'do it differently next time'.

4.4 Summary

In all the exempted councils involved in the evaluation there was a strong commitment to include public health and wellbeing matters in the council plan for the next planning round.

Councils all recognise that there is room for improvement in planning for public health and wellbeing whether it is included in the council plan or stand-alone MPHWP. However, this is accompanied by a genuine enthusiasm to build on the experience of the previous cycle.

To some extent the new approach is now regarded as the 'status quo' and the case to undo it would need to be compelling. Nonetheless, the primary driver for staying with the council plan model is the view that it makes sense from both the health and wellbeing outcome perspective and the streamlined planning perspective.

There is strong evidence that the culture and values of the exempted councils played an important part in their approach to including public health and wellbeing matters in the council plan.

The underpinning enabling factors were evident in varying degrees in exempted councils, with many expressing: confidence in council leaders to carry the process; confidence in the relationship of health and wellbeing to council business; and a pre-existing history of cross-department collaboration, with compelling experience of integrated planning.

In addition, there is evidence of ongoing investment in capacity building – reinforcing the environments for health that underpin the approach and strengthening the enabling factors described above.

There is speculation that the health planner role in a council plan model is likely to shift from delivering and coordinating health and wellbeing actions to influencing and advising business units delivering health and wellbeing outcomes through core activities.

5. Planning to include public health and wellbeing matters in a council plan

Including public health and wellbeing matters in a council plan means shaping the same good practice planning that applies to a stand-alone plan to fit the requirements of a council plan.

To successfully include public health and wellbeing matters in a council plan:

- Follow the broad stages described in the *Guide to municipal public health and wellbeing planning*.
- Adjust specific stages to account for the implications of including public health and wellbeing matters in a council plan.
- Follow the process for seeking exemption from the department.

5.1 Stages to including public health and wellbeing matters

Including public health and wellbeing matters in the council plan will require a careful alignment of council plan development timelines with what would be stand-alone MPHWP development actions.

It can be seen from this that there is lead time necessary to ensure council support for the approach and to enable some planning tasks to occur earlier than they might for a stand-alone MPHWP. For example, some planning tasks, such as municipal scanning, will be undertaken regardless of whether council makes a decision to proceed with a stand-alone MPHWP or not. Hence proceeding with municipal scanning earlier does not pre-empt a decision but might provide a useful head start to the planning process.

The following pages outline the actions and suggested working papers for each stage of the municipal public health and wellbeing planning process, as detailed in the *Guide to municipal public health and wellbeing planning*, and identify the implications to be considered for including public health and wellbeing matters in the council plan.

5.1.1 Pre-planning

Actions What needs to be done?	Working papers What documentation is suggested?	Implications of including public health and wellbeing matters in the council plan
<ul style="list-style-type: none"> • Assess council’s capacity to support municipal health and wellbeing planning against key enabling factors (see Table 2.1 in the Guide to municipal public health and wellbeing planning). Consider how well each statement about organisational capacity in Table 2.1 describes your council • Refresh or raise awareness among councillors and senior managers of council functions under s. 24 of the PH&WB Act • Review previous municipal public health and wellbeing planning processes and clarify the areas that worked well and those that need improvement. Consider using the planning milestones in Part 2 of the Guide to municipal public health and wellbeing planning as a checklist for your review • Review requirements of other relevant legislation, for example, the Climate Change Act, and map other MPHWP and strategy requirements • Assess what other external municipal, sub-regional or regional planning might be occurring where planning efforts can be optimised • Determine internal management and coordination mechanisms (see section 5.1.3 Engagement) • Determine external advisory mechanisms based on stakeholder analysis • Design a broad planning schedule over the whole cycle and assess resources required and those available for the planning process 	<ul style="list-style-type: none"> • Review of previous MPHWP process • Council planning hierarchy highlighting public health and wellbeing matters • Governance structure for public health and wellbeing planning • Broad planning schedule • Briefing paper for sign off by council 	<ul style="list-style-type: none"> • Public health and wellbeing goals and objectives are expressed in the council plan • Public health and wellbeing actions are expressed in the business unit plan or other sub-ordinate plans • Governance structure supplements the council plan mechanisms • Planning schedule is developed in collaboration with the corporate planner to align PH&WB Act s. 26 requirements and Local Government Act s. 125 requirements • Approach to council plan includes public health and wellbeing matters

5.1.2 Municipal scan

Actions What needs to be done?	Working papers What documentation is suggested?	Implications of including public health and wellbeing matters in the council plan
<ul style="list-style-type: none"> • Collect relevant data on health and wellbeing status (see suggested data sources listed in section 3.1 of the Guide to municipal public health and wellbeing planning) • Collect relevant determinants of health data to establish causes of the health problems (see section 3.1 of the Guide to municipal public health and wellbeing planning) • Assess the implications of national and state policies and priorities, such as the <i>Victorian Health and Wellbeing Plan 2011–2015</i>, for the community • Assess implications of other reports, local policies and local information on the community • Analyse data to identify which determinants, risk factors or issues are having significant impacts on the health and wellbeing of the community, and to identify the potential to take necessary action • Identify health disparities for priority population groups 	<ul style="list-style-type: none"> • A data map of information and sources • A summary of municipal scan findings 	<ul style="list-style-type: none"> • Supplements information and preliminary analysis for council plan

5.1.3 Engagement

Actions What needs to be done?	Working papers What documentation is suggested?	Implications of including public health and wellbeing matters in the council plan
<ul style="list-style-type: none"> • Design a cross-council engagement strategy with a focus on the determinants of health • Design an external stakeholder engagement strategy with a focus on the determinants of health – including the Department of Health and other state government agencies • Where possible connect with existing relevant internal or external planning networks • Design a community engagement strategy using the <i>International Association for Public Participation Spectrum for Public Participation</i> to guide your approach to community engagement. http://www.iap2.org.au/resources • Present summary municipal scan findings and conduct consultation in accordance with the community and partner engagement strategy • Analyse the implications of consultations for the whole population and priority groups • Use partner and community insights to add to your understanding of health and wellbeing for the whole population and priority population groups 	<ul style="list-style-type: none"> • An engagement strategy that recognises the multiple levels of engagement: cross-council; community and external stakeholders; and partners • An inventory of local services and system description • A summary of consultation findings from all stakeholders • A consolidated municipal health and wellbeing profile 	<ul style="list-style-type: none"> • Engagement strategies developed for public health and wellbeing planning supplement council plan engagement strategy with particular focus on health and wellbeing stakeholders and groups at risk of health inequality • Consolidated municipal public health and wellbeing profile supplements council's understanding of the needs of the community, the services and systems in place, and the opportunities to address health and wellbeing challenges

5.1.4 Planning decisions

Actions What needs to be done?	Working papers What documentation is suggested?	Implications of including public health and wellbeing matters in the council plan
<ul style="list-style-type: none"> • Agree local priority issues for long-term change (goals) based on a consolidated municipal health and wellbeing profile • Agree criteria to guide the selection of strategies and review the research evidence for effectiveness and cost-effectiveness • Review the effectiveness of strategies from previous MPHWP's informed by impact evaluation results • Select evidence-based strategies suited to local conditions and priority populations based on agreed selection criteria • Develop a balanced portfolio of strategies, including a limited number of innovative approaches where the potential for impact is high – but evaluate well to contribute to the evidence base • Validate proposed goals and strategies in accordance with stakeholder engagement strategies • Consider developing an evaluation strategy at this time to include as a summary in the MPHWP • Complete the final MPHWP and submit to the Secretary to the Department of Health, through the Regional Director Health and Aged Care. 	<ul style="list-style-type: none"> • A first draft MPHWP for stakeholder consultation • A second draft MPHWP for exhibition • A final MPHWP endorsed by council 	<ul style="list-style-type: none"> • The council plan includes clear public health and wellbeing goals; public health and wellbeing strategies are expressed in business unit or other subordinate plans • Draft council plan released for public comment then submitted to the departmental Secretary for exemption under PH&WB Act s. 27 • Council plan submitted to Minister for Local Government • Final council plan adopted by council • Final council plan provided to the departmental Secretary

5.1.5 Implementation

Actions What needs to be done?	Working papers What documentation is suggested?	Implications of including public health and wellbeing matters in the council plan
<ul style="list-style-type: none"> • Launch MPHWP • Develop an annual action plan and/or support business unit plans that progress public health and wellbeing strategies • Implement strategies as described in the MPHWP • Work in partnership with the Department of Health and other agencies to coordinate strategies • Monitor the progress of the MPHWP in accordance with the evaluation strategy, which should include processes for annual review (see evaluation stage) • Conduct annual reviews over the MPHWP cycle to consider any necessary changes to the MPHWP • Use the MPHWP's goals to influence emerging council policies and strategies, for example, those focused on priority populations or determinants 	<ul style="list-style-type: none"> • An annual action plan and/or business unit plans • Routine monitoring reports • Annual review reports • Updated plans 	<ul style="list-style-type: none"> • Business plans to support the council plan include a balanced portfolio of public health and wellbeing strategies • Performance reports include progress of identifiable public health and wellbeing strategies • The council plan annual reviews and updates pay particular attention to public health and wellbeing strategies

5.1.6 Evaluation

Actions What needs to be done?	Working papers What documentation is suggested?	Implications of including public health and wellbeing matters in the council plan
<ul style="list-style-type: none"> • Develop an evaluation strategy to answer the following questions about MPHWP goals and strategies: <ul style="list-style-type: none"> – Have we done what we said we would do? (Use the resource <i>A practical guide to conducting annual reviews of MPHWP</i> http://www.health.vic.gov.au/regions/southern/) – Are we having the influence we expected? – Have we achieved the change we sought? – What worked well and what needs improvement? • Determine what role internal partners, external partners and the community will play in the evaluation • Design systems to support the evaluation strategy • Conduct evaluation in accordance with evaluation strategy 	<ul style="list-style-type: none"> • Evaluation strategy • Evaluation report(s) 	<ul style="list-style-type: none"> • Evaluation strategy will need to: <ul style="list-style-type: none"> – align with council plan performance framework – include public health and wellbeing and indicators – use supplementary impact measures <p>Tip: When reviewing the effectiveness of including public health and wellbeing matters in the council plan use the planning milestones in the <i>Guide to municipal public health and wellbeing planning guide</i> as a checklist.</p> <p>Ask the questions:</p> <ul style="list-style-type: none"> • How well did we meet each milestone using the previous process? • How might the process be improved?

5.2 Seeking an exemption

Councils considering an exemption should consult with their regional public health manager. Formal applications for exemption are not made until a draft of the council plan or strategic plan for 2013–2017 can be submitted (see s.27 of the Public Health and Wellbeing Act).

