Municipal Public Health Plan Questionnaire

Draft Report

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1 Purpose

The Public Health Division of the Department of Human Services (DHS) is coordinating a process with the Municipal Association of Victoria (MAV), Victorian Local Governance Association (VLGA) and other relevant stakeholders to develop a Municipal Public Health Plan (MPHP) framework (previously referred to as a template) to encourage municipal public health planning of a high standard and provide consistency in the scope and approach across the state.

As part of the research component of the process, in August 2000 a questionnaire was sent to all Victorian local governments. The questionnaire was developed to seek background information about current plans and give DHS the benefit of municipal experience regarding MPHPs. Data was sought about the status and content of current MPHPs, and to uncover issues requiring consideration in the development of a new planning framework. The questionnaire was intended to provide information on good practice, and model planning processes that could be incorporated into a planning framework. This report will provide analysis of returned data.

2 Methodology

The questionnaire was developed through collaboration between DHS and MAV. It was designed to elicit data on:

1. Whether the local Council had a MPHP;
2. The date any MPHP had been adopted by Council;
3. The current status of any MPHP (eg implementation, under review, in development);
4. Goals and objectives identified in the Plan;
5. National and state priorities identified in the Plan;
6. Local priorities identified in the Plan;
7. Data sources and strategy documents used;
8. The type and extent of consultation processes employed during the planning process;
9. The type of management systems developed to steer the development and implementation of MPHPs (eg., steering committees, reporting systems to Council);
10. The nature of input from DHS regional offices;
11. Systems used to monitor implementation of the Plan (eg., outcome measures, evaluation processes);
12. Positive features observed in MPHPs;
13. Successful processes observed in municipal public health planning;
14. Other planning issues of concern;
15. Suggestions for improving MPHP implementation;
16. Barriers or constraints to effective MPHP development; and
17. Any other issues regarding municipal public health planning.

Questionnaires were distributed to local Councils by the MAV, with instructions to work with DHS regional offices to complete and return questionnaires. Regions were requested to collate and comment on regional data, which would then be further collated and analysed by the Local Government Partnerships Team at DHS Central Office. Regions were also asked to forward copies of MPHPs to aid analysis. The questionnaire schedule is attached as an Appendix.

2.1 Data Collection Issues

The purpose of the questionnaire was to obtain a thorough impression of municipal public health planning throughout Victoria. A comprehensive picture of municipal public health planning throughout Victoria relies on a majority of questionnaires being returned, and complete information being provided.

There were a number of data limitations experienced in the analysis of information. The ability to perform systematic data analysis was affected by regional variations in survey collection, collation and comment on regional issues. For example, several regions provided detailed analyses of questionnaires via email, while others returned hard copies of questionnaires. Some regions met with the local governments in their region to assist in questionnaire completion. Also, some questionnaires were returned direct to DHS central office or the MAV.

Other data limitations included partially completed questionnaires and low return rates by the date requested. Some components of the questionnaire were completed more comprehensively than others.

Despite these limitations, sufficient data was received to enable detailed analysis of all questionnaire items for 59 of the 78 Victorian local governments, within the time frame specified, representing 76% of Victorian Councils. Analysis by region was not undertaken as data from Grampians region was not available at the time of analysis. The status of 63 local governments MPHPs is known and is provided on page 7.

A rich, diverse range of themes and issues emerged, particularly for data received for the six open-ended evaluative questions. Because of their centrality to the development of a framework, responses to the evaluative questions form the core of this report and are presented in Section 4, immediately following the MPHP Status Summary. Recurrent themes were observed across participating regions, in terms of the strengths of MPHPs, barriers and limitations, and suggestions for improving their implementation. It is considered that the data returned for analysis and presented in the following report will provide significant insight and impetus into the development of a MPHP framework. The vast bulk of responses are presented in the form in which they were received; some have been edited for clarity.

Every attempt has been made by DHS and the MAV to develop and administer a questionnaire, within the available time and resources, that would yield useful data. This report has shown that the questionnaire did furnish a rich vein of data for guiding development of a new MPHP framework.

3 MPHP Status Summary

Of the 78 Councils throughout Victoria, usable summary data on MPHP status was received for 63 Councils, or 81%. MPHPs were categorised according to whether they were current, being implemented; under review or evaluation; or being redeveloped. One Council was using an interim plan; three rural Councils were working towards a joint sub-regional plan. Eleven Councils, or 17.5%, had never had a MPHP. The MPHP status for 13 Councils is presently unknown due to incomplete data received from Regions. The dispersal of MPHP status is displayed below in tabular and graphical form.

Table 1. MPHP Status

Current Status of MPHP	No. Councils
Implementation	29
Under Review	12
Development of new plan	12
Interim plan	1
Never had MPHP	11
Missing data	13
	N=78

The dispersal of MPHP status for the 52 Councils indicating some form of MPHP is displayed below. One Council was using an interim plan; three rural Councils were working towards a joint sub-regional plan.

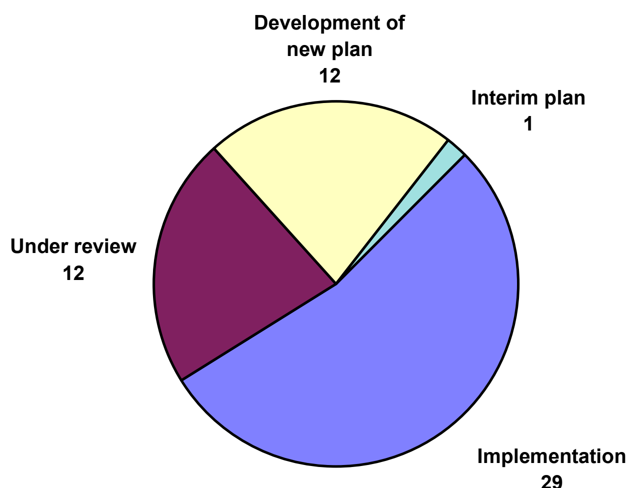

Figure 1. MPHP Status

4 Evaluative Comments

This section provides an analysis of the six open-ended questions received from questionnaires returned by 59 individual local government submissions. Additional comments were received from seven DHS Regions, to whom most questionnaires were returned for collation. An additional data source was received in the form of minutes from a workshop held in May 2000, initiated by local governments of one region, to explore the development of a consistent planning approach to MPHPs and Community Health Plans.

4.1 Positive Features Observed in MPHPs

Comments received in response to this question were grouped into the following themes, and are listed in decreasing order of frequency:

- Strategic Planning focus
- Partnerships and networking between agencies
- Highlighting local health issues
- Council role
- Community involvement
- New view of health
- Integration of MPHP with state and national issues
- Other

The relative frequencies of responses to these themes are displayed in Figure 2 below.

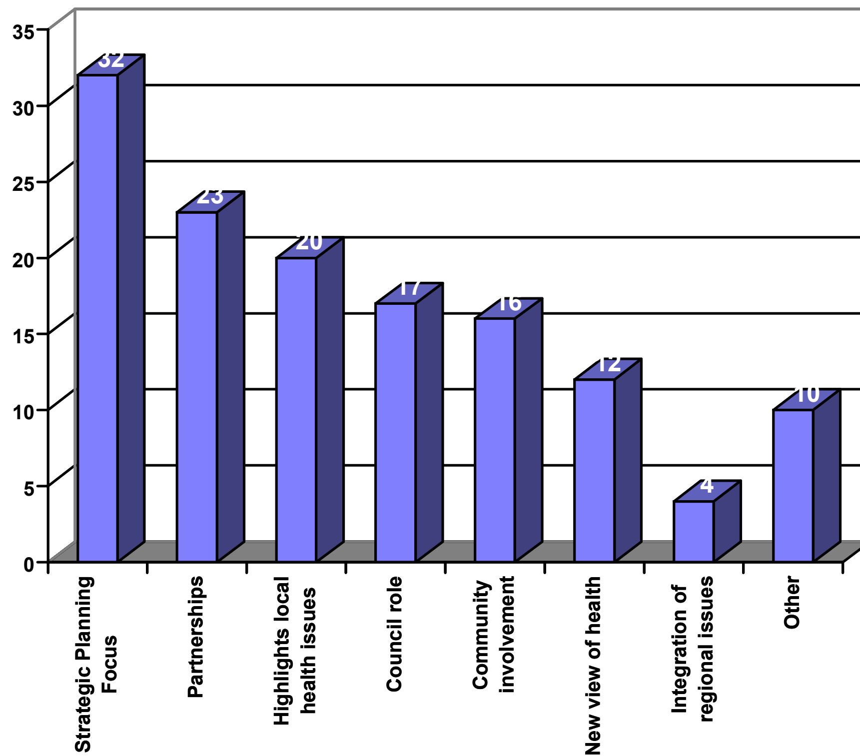

Figure 2: Positive Features Observed in MPHPs

4.1.1 Strategic Planning focus

Widespread positive comment was received about the role of MPHPs in providing a strategic planning focus, as encapsulated by the following summary from one DHS region:

> "The majority of municipalities agree that the MPHPs are a useful planning tool, that identifies and integrates important municipal functions that are otherwise fragmented." (DHS Loddon Mallee Region)

A range of benefits was identified. For example:
- MPHPs are visible and tangible documents that incorporate community views, aspirations and issues with some measures to address them
- Their adoption creates clear guidelines for work and funding priorities
- They ensure that health targets are clearly defined, met and achievable
- They allow for progressive qualitative and quantitative research to be undertaken at the local level.
- By incorporating well-researched data and information, MPHPs provide a sound platform for further planning
- MPHP document of great benefit in the development of Shire PCP and has provided statistical data for funding applications etc

Specific aspects of MPHPs that were found to be useful included:
- Keeping the document simple to read and refer to
- Having only a few key, achievable objectives
- Clear, concise objectives and timeframes with responsibility allocated
- Continuation of a steering committee to monitor progress and review Plan
- Innovative presentation summary documents.

4.1.2 Partnerships and Networking Between Agencies

Extensive acknowledgement was received about the role of MPHPs in promoting useful networks and partnerships throughout the municipality. For example:
- As various health service providers are often all working to achieve the same outcomes, the MPHP is beneficial in bringing these groups together to work co-operatively and collaboratively including through combining resources
- It has provided opportunities to consider partnerships in health promotion, advocacy and service provision. This aspect of implementation will be strengthened in coming months
- The community consultation and ongoing inclusion of non-government organisations (Community Health Centres, Division of GPs etc.) has enabled the MPHP to maintain its credibility with these organisations and the wider community. Has also been used as a vehicle to initiate new work in identified health issues areas, i.e. Hepatitis C, Local Health Promotion Networking, etc
- Supported communities to promote public health (E.g. Ethnic Communities Mental Health Forum).

4.1.3 Highlighting Local Health Issues

The third-most frequently identified positive feature of MPHPs was their role in highlighting local health issues and providing a vehicle by which to address them:

- They contain actual specific activities addressing particular health issues of importance for the local community
- The document reflects the needs and attitudes of the community
- Provided for the first time an accurate picture of local health needs and an accurate measure of access to local health services
- Sets policy direction of public health at the local level and thus reflects local needs
- Some councils are obtaining excellent data and completing useful Community profiles which can determine areas needed to be focused on in plans and increase knowledge of local health issues
- Development of local health profiles.

4.1.4 Council Role

In addition to appreciation of the value of external partnerships was the acknowledgement that to have maximum impact, MPHPs need to embrace – and be embraced by – all sections of Council. Accordingly, MPHPs were seen as having the potential to:
- Involve a whole range of internal and external partners
- Improve collaboration within Council and with outside organisations and local agencies.

A whole-of-Council approach was identified as an important positive feature of MPHPs:
- Across-Council commitment
- Whole-of-Council, whole of community approaches
- Integration of health plan within Council
- Linking MPHPs to other plans maintains ongoing commitment
- Improved (to varying degrees) the 'whole-of-Council' approach to public health through an internal 'Implementation' Committee.

Other respondents noted that MPHPs are serving to increase internal and external awareness of Councils' role in promoting public health.

4.1.5 Community Involvement and Ownership

Many respondents associated a positive value to MPHPs that promote community involvement and ownership:
- Enhance opportunities for local development of social capital
- Community based and owned plans which translate into an overall commitment from the community to the plan
- Commitment of community groups and individuals to furthering public health principles and preparedness to contribute
- Opportunities for more people and organisations to participate in the creation of health, rather than traditional health plans, which had a tendency to simply allocate all tasks within the plan to council officers.

4.1.6 New View of Health

Several respondents supported the impact of MPHP in enabling Councils to integrate a social model of health into public health planning. For example:

> The document reflects the new direction of public health planning. The Plan recognises the importance of a social model of health, and covers areas such as Community Health and Education, Community Development and Support, Community Safety and Security, Healthy Lifestyles and Healthy Environment (unidentified LGA in DHS Hume Region).

Other responses included:
- MPHP focuses on social aspects of health and well-being rather than disease focused
- Links to the World Health Organisation's Social Determinants of Health
- Endorsement of the Healthy City Charter by many organisations and community groups.

4.1.7 Integration of MPHP with State and National Issues

A number of respondents identified the value of MPHPs being linked to regional, state and national priorities:
- Completion of a municipal health profile that addresses need, based on the National, State and Local health priorities prior to completion of MPHP
- Incorporation of cross-border issues in MPHP viewed positively by Council

A far greater number of comments were received on this topic in response to specific questions about planning issues (See Section 4.3).

4.1.8 Other Comments

A range of general comments was received that fell into no particular category. One respondent identified that MPHPs have provided Councils with that "ability to influence other processes and plans (variable aspects) from a public health perspective". Another commented that MPHPs have resulted in "plans that are a forerunner to the standards and guarantees in customer service."

One general comment from Moreland City Council may serve as a useful summary of the positive features identified above:

> "Some of the benefits Council anticipates achieving through the implementation of the MPHP include:
> - Through a focus on community development and intersectoral activities, provide people with opportunities to participate in the life of the community, and to advocate to other levels of government for incentives to support community groups, promote school retention, create employment opportunities, promote a healthy built and natural environment, and work within health promotion settings such as schools and workplaces
> - Through its ongoing partnership and consultative approach, ensure accountability of Council to residents
> - Improved coordination and integration of health services and health promotion within [the municipality]
> - Improved health status of [local] residents over time
> - Improved population health planning that links into primary care reforms in Victoria."

4.2 Successful Processes Experienced or Observed

Comments received in response to this question were grouped into the following themes, listed in decreasing order of frequency, and displayed in Figure 3 below:

- Strategic Planning
- Partnership Development
- Community Involvement
- Working Arrangements
- Whole-of-Council Approach
- Other

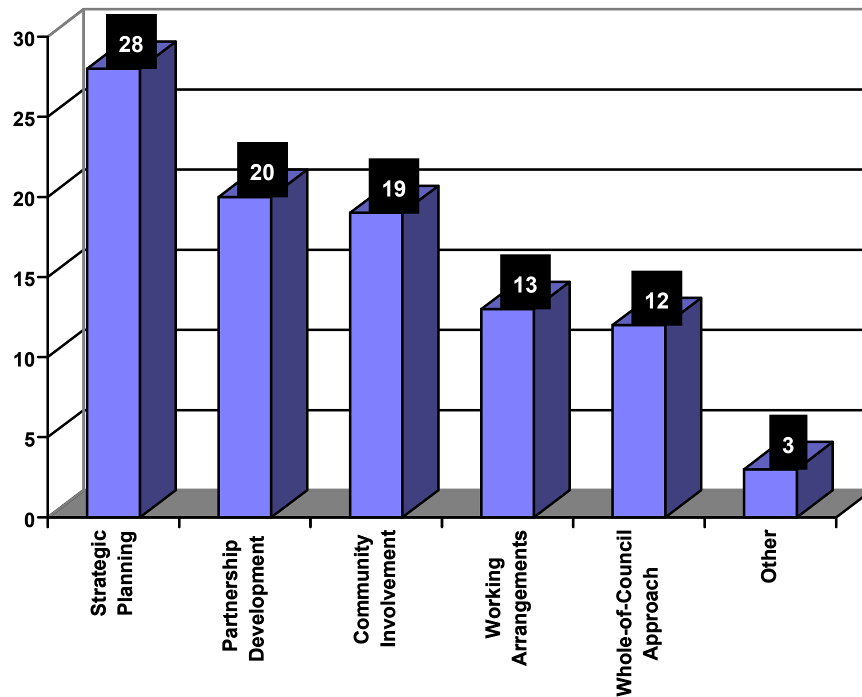

Figure 3. Successful Processes Experienced in MPHPs

4.2.1 Strategic Planning

Within the broad theme of strategic planning were nested four sub-themes:

- The benefits of achievable plan with clear strategies and measurable outcomes (12 responses)
- Linking and integrating plans – especially the Corporate Plan (8 responses)
- Soundly researched health profiles (6); and
- Policy development (2).

Examples of comments relating to each aspect of strategic planning are provided below.

4.2.1.1 Achievable plan with clear strategies and measurable outcomes

Responses in this category identified the importance of plans containing clearly identified priorities that can be attained and are linked to feasible strategies. Plans need to identify intended outcomes and describe the monitoring and evaluation strategies that will be used to assess performance:

- Adoption of a framework / model that remains flexible for inclusion of new / emerging issues – assisted in addressing issue of making sure all specific issues covered
- Implementation Model – using work groups to develop specific action plans as opposed to attempting to incorporate all within the Plan
- Key milestones need to be built into plan to ensure that community is informed of each stage.

4.2.1.2 Linking and integrating plans – especially Corporate Plan

These responses identified the benefits of linking the MPHP to other strategies being undertaken internally and externally, with particular emphasis given to the Council Corporate Plan:

- Plans that are linked with other relevant plans within Council such as the Corporate Plan.
- Incorporation of health promotion into Corporate Plan, goals and strategies
- When the MPHP was linked with the [regional] Health Promotion Strategy the process became easier to manage, e.g. All agencies became involved in addressing the Skin Cancer priority.

4.2.1.3 Soundly researched health profiles:

Several respondents identified the importance of preparing a plan based on sound research and valid, reliable data. Health priorities were seen to need a "valid foundation" (City of Melbourne). Specific comments included:

- Formulation of strategies based on current research, statistical information and municipal demographics
- Health Profile – an attempt at developing a health profile of local health needs / status report assisted in decision making process
- Process that engenders/provides the opportunity for both qualitative and quantitative research to be undertaken at the local level.

4.2.1.4 Policy development

Two responses identified development of sound policy as a planning issue:

- Policy development focusing on primary prevention i.e. The City's Shade Policy and SEPA (Supportive Environments for Physical Activity) project
- Policy Development – adoption and agreement on a policy statement early on in the process provided the steering committee with clear council direction

4.2.2 Partnership Development

Partnership development was the second-most frequently identified positive process, with 20 responses recorded. A partnership approach was seen as integral to MPHP implementation by facilitating:

- Internal and external interaction between departments and health service providers facilitates the setting of common goals
- Development of a common planning protocol and cycle so that other organisations "own" the plan and have key strategies to report on and implement.

A partnership approach was also seen as:

- Successfully gaining commitment from external agencies such as community groups by treating MPHP as municipal-wide plan, rather than Council-owned program
- Bringing public health providers together. Promotes dialogue regarding joint ventures and better outcomes through combined resources
- Affording Council an opportunity to demonstrate a leadership role in responding to health issues and engaging others in the process.

4.2.3 Community Involvement

Of virtually equal importance to partnership approach was the related theme of community involvement. Community consultation (which was frequently identified as involving not only citizens but also service providers) was seen as a core process in developing trustful relationships, obtaining valid data and developing useful plans. A proactive and detailed embrace of community involvement was adopted by the City of Port Phillip, which vouched for:

> "Greater participation in the development of the plans by the people for whom they are intended. This has been evidenced by involving citizens as researchers (both in paid and voluntary capacities), including residents (business, service and individual citizens) working together to steer processes of development and implementation."

Other consultation methods identified included:

- Engagement of non-English speaking background groups in developing strategies
- Community consultation phase successfully involving community members in initial stages of Plan development
- Involvement of local community groups in planning and implementation enhances the level of community participation as well as effectiveness of health promotion programs
- Process undertaken to involve the community in building on the plan is as/more important as the creation of the plan per se (original emphasis).

4.2.4 Working Arrangements

In acknowledgement of the fundamental importance of community and stakeholder involvement, respondents identified the centrality of well-resourced steering committees and working groups to the implementation of the MPHP. Council strategies include:

- Establishing a Municipal Health Planning Network to 'effectively monitor and ensure implementation of specific strategies and the plan's overall aims'
- Having specific sub-committees / working groups for each priority area, and advisory committee to oversee actions of sub-committees
- Working groups to oversee implementation of the key strategy areas, which will develop 12-month month action plans to ensure greater ownership and flexibility of the plan.

Inherent in this variety of names and functions of management groups is a range of delegated power and control held by the management group over the process of developing, implementing and overseeing the MPHP program or feature.

4.2.5 Whole-of-Council Approach

A holistic Council approach was the other main positive planning process identified by respondents. The whole-of-Council approach was variously described as including:

- Encouraging and facilitating participation in and commitment to public health across Council
- Executive support so that plan will be implemented across Council
- Bringing political players – Councillors – into the public health planning process
- Increased Councillors and senior staff's awareness of the MPHP and processes. Improved internal communication and team building skills within organisation.

4.3 Other Planning Issues Concerning MPHPs

This question was designed to elicit responses to other planning issues concerning MPHPs. A prompt was provided: "eg relationship to other plans." Ninety-three responses were received, 62 of which did indeed relate to other plans. The main themes that emerged, listed in decreasing order of magnitude, were as follows:

- The need for a holistic Council approach
- Local, regional and state issues
- Resource Issues
- The relationship of MPHPs to the Community Health Plan
- Template/Framework
- Data issues

Figure 4 overleaf displays the relative frequencies of responses within these themes.

4.3.1 The Need for a Holistic Council Approach

Of the 28 responses that were grouped under this theme, 10 dealt specifically with the relationship of the MPHP to a Council's Corporate Plan. A further 18 responses discussed issues pertaining to other Council plans and planning issues.

4.3.1.1 Need for MPHP to be linked to Corporate Plan

Responses strongly advocated that MPHPs be directly linked to the Corporate Plan:

- Linking the corporate plan to the MPHP had successfully increased recognition of the MPHP within one Council
- The relationship of the Municipal Public Health Plan to the Corporate Plan needs to be carefully considered: i.e. in what ways does the Corporate Plan enhance the health of the community? At what level within Council does the Health Plan need to sit?
- Corporate Plans are able to take on some more global issues relating to social determinants of health such as economic development, community participation, and housing
- Make MPHP the lead public health document with other Action Plans coming from it.

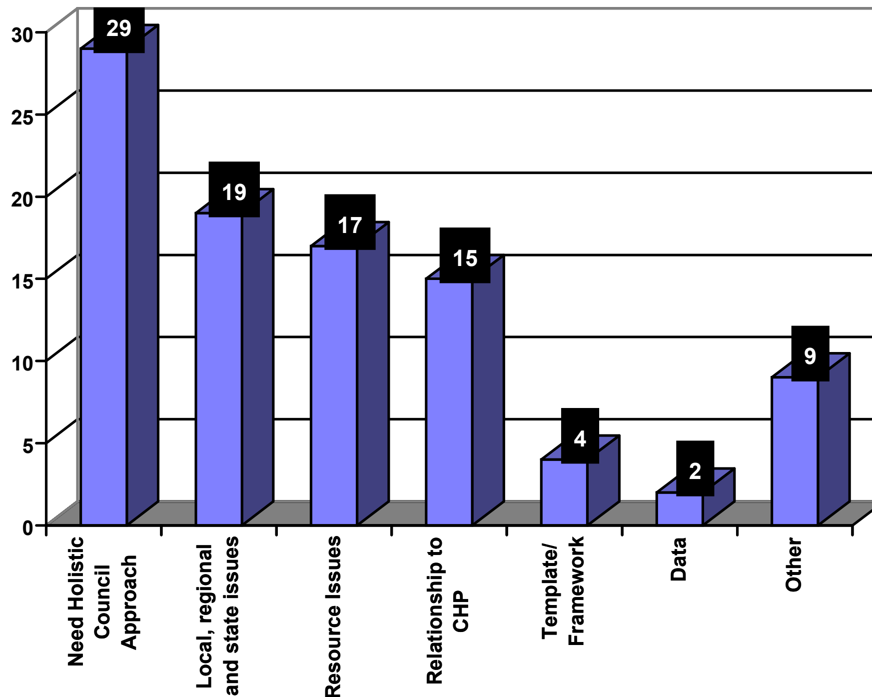

Figure 4. Other Planning Issues Concerning MPHPs

4.3.1.2 Relationship to Other Council Plans

Related to comments that MPHPs be linked to Councils' corporate plans was a more general concern that MPHPs be linked and integrated with all other Council planning functions. It was argued that MPHPs need to be seen as an overarching plan for Councils, or an umbrella document, with which other, more specific strategic plans connect (eg community safety, community development strategies):

- The MPHP should have a relationship with a number of other plans both internal to Council and external. Community Health Plans, Community Health Service Plans, and Road Safety plans in particular
- Municipal public health planning processes provide an excellent opportunity to develop a comprehensive picture for a number of issues that determine health and wellbeing. There needs to be greater recognition that MPHPs are the statutory document that can provide the strategic direction for many other strategies. Therefore rather than continually creating more and other strategies it would be beneficial to encourage regular revision to incorporate the identified issues i.e. Community Safety, Drug Strategies etc under the umbrella of MPHP
- Commit resources to one health planing process, to integrate issues of public health and community health. In the final plan/s make strong cross references to other related plans and strategies already adapted by Council, eg Disability Policy, and Safer Shires Strategy and Action Plan

4.3.2 Local, Regional and State Issues

Many comments were received about the need for MPHPs to be linked to regional, state and national health priorities:

- There needs to be a common process identified in order for plans to be coordinated across regions. For example common data sets need to be used to compare local needs and identify common needs amongst neighbouring municipalities. This is particularly important with the development of Primary Care Partnerships
- Identify the link between MPHPs and the Metropolitan Strategic Statement, and the linkages to Council urban planning and environment departments.

It was felt that stronger leadership is required from the State Government in linking national, state and regional health priorities with Local Government and the MPHP planning and implementation process.

4.3.3 Resource Issues

The following resource issues were identified as a major concern:

- The lack of qualified health planning / promotion staff employed specifically to manage MPHP
- Building an integrated plan is resource-intensive. Full-time worker and resources required for development, maintenance, implementation and review
- MPHPs need to have resource allocation to ensure interdepartmental and (therefore) an integrated approach. This is often an issue for smaller Councils
- Ability of Health Plans to effectively influence and reorientate local directions given resources driven by other processes.

4.3.3.1 Organisational pressures

Symptomatic of resource constraints was the identification by four respondents of the organisational pressures involved in, and constraints to, implementing a MPHP:

- A large workload associated with reforms
- Pressures around timing of process when other major processes running
- Long, difficult process that consumes a lot of others' time
- Issues about capacity of organisations to manage multiple programs

4.3.4 Relationship to Community Health Plan

Also acknowledged was the need for Council's MPHP to be linked not only with internal plans, such as the corporate plan, but also with other planning, such as community health planning. A number of questions and issues were raised, as cited below:

- Where do MPHPs fit in with Community Health Plans? There is still a need for MPHPs to target local issues. What are regional health plans based on?
- At present there is a fair degree of commonality between all of the Municipal Public Health Plans developed by Councils in one Region. This commonality of themes, elements and a demonstrated understanding of the social model for health provide a strong basis to progress to a common planning approach for health
- A clear understanding or structure is required which clarifies how MPHP, PCP, Community Health Plans and Regional PHP all fit together.

Arising from the uncertainty during the current period of reform, concerns were raised about the possible duplication of effort between CHPs and MPHPs. It was felt that clarification is needed about future relationships between MPHPs and CHPs.

4.3.5 Template / Framework

Four responses were received in relation to the framework initiative:

- Concern that a template approach would become top-down, rather than a community-driven approach
- Will it be mandated to follow the template?
- There is no guidance in terms of developing MPHPs – don't know what the boundaries are.
- Lack of consistency of plans.

Comments appeared to arise primarily from uncertainty about the term 'template'. The new appellation, 'framework' was intended to relieve concerns such as these about any potential rigidity of MPHP development and implementation.

4.3.6 Data

Two comments pertained to access to sufficient data to assist planning:

- Poor data availability, so evidence based planning still a medium term objective
- Health data, indicators and effective evaluation issues come up constantly - and have been the focus of reports and projects. This continues to be a challenge across all health plan processes – quality management system

4.4 Recommendations for Improving the Implementation of MPHPs

One-hundred-and-sixty-three suggestions were received for improving the implementation of MPHPs. Data was organised into the following thematic categories, which are listed in decreasing order of frequency, and presented in Figure 5 below:

- Planning Issues
- Enhanced Resourcing
- Intersectoral Collaboration
- Community Involvement
- Template / Framework
- Internal Council Issues
- Regional Boundary Issues
- Reporting / Communication
- Other

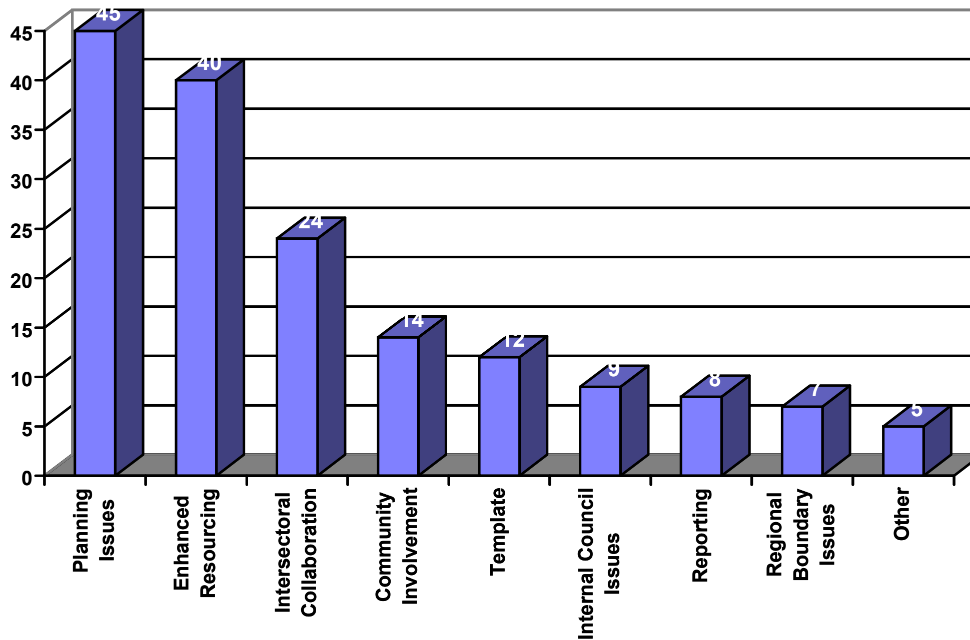

Figure 5. Areas of Improvement Identified for Implementation of MPHPs

4.4.1 Planning Issues

Forty-five recommendations were received in regards to the need for improved planning. Several sub-themes emerged. These were:

- Whole of council approach (13)
- Data (12 responses)
- Evaluation (9)
- Practicality (6)
- Theoretical grounding (5)

It might be suggested that access to quality data, whole-of-council approach, and evaluation ranked approximately equally as first-order priorities, followed by theoretical grounding and practicality as approximately equal second priorities. Clearly, these sub-themes inform and complement each other.

4.4.1.1 Whole-of-Council approach

As foreshadowed in earlier questionnaire items, responses called variously for MPHPs to be:

- Linked directly to the City Plan and corporate planning processes
- Linked to branch plans and business planning within Council and to other key commitment areas of Council
- Integrated with funding cycles
- Building goals into: Council Plans, Department Plans, Individual Work plans
- Linked more clearly to other Council plans and initiatives (eg. Poverty Study, Road Safety Plan etc).

4.4.1.2 Data

The need for MPHPs to be based on sound data and research was widely appreciated. Respondents recommended that municipal public health planning:

- Be evidenced based and preferably with a disease prevention focus
- Incorporate an awareness of (and responsiveness to) the mobility of the populations
- Have available statistical information that is particular to individual Councils
- Be able to draw on good regional data for MPHP and CHP common planning.

4.4.1.3 Evaluation

Embedded in a whole-of-council approach that had access to quality data was the related recommendation that MPHPs embrace a holistic evaluation strategy. Evaluation approaches should be that is developed and embedded at the planning stage, engages internal and external stakeholders, and produces information that can be used to enhance future plans:

- Devising an evaluation framework to measure and strengthen the impact of the plan
- Include health and well-being indicators and outcomes for evaluating MPHP strategies
- State-wide evaluation on the outcomes achieved.

4.4.1.4 Practicality

Plans were seen as needing to be realistic and achievable:

- Must have a practical and realistic applicability
- Define the key priority areas, in terms of providing some more details for the strategies and the relevant action plan areas
- Need to set objectives based on the resources (financial and workforce) available in the Council
- Identify processes required to achieve integration and deploy appropriate resources
- The MPHP should be action orientated but also provide strategic directions.

4.4.1.5 Theoretical grounding

Linked with the need for MPHPs to have a measurable impact on the community and to draw on valid data sources, is the need for MPHPs to be based on a soundly researched and documented theoretical model. Respondents recommended variously that municipal public health planning should:

- Integrate knowledge of social determinants of health
- Incorporate a different model and framework for health promotion (eg. Life-stage planning)
- Develop a clearer theoretical framework to underpin a population-based health-planning approach. This framework requires consistency across local governments whilst retaining local issues and flavour.

4.4.2 Enhanced Resourcing

Of almost equal magnitude to planning in terms of strength of responses was the issue of improved access to resources to enable MPHPs to be developed and implemented more effectively. Forty responses called for adequate resources to ensure a capacity to

- Collect local data and conduct local research
- Enable community representatives to participate fully and effectively, eg training opportunities for representatives of community organizations involved in health promotion
- Ensure adequate resources for implementation and evaluation of the plan
- Provide ongoing funding to assist the implementation and operation of national and state priority programs
- Support local reference groups who are fundamental to the implementation of each section or issue in the MPHP.

4.4.2.1 Specific mention of State Government role

Several respondents identified DHS and the State Government as the source of enhanced financial and other resources:

- Need to match the legislative requirements of Councils with resource allocation
- More assistance from DHS and MAV is needed to increase MPHP profile in local government
- Consistent statistical information needed across Victoria that can be easily interpreted and evaluated.

4.4.3 Intersectoral Collaboration

The third most frequent type of recommendation for improved municipal public health planning, with 24 responses, concerned enhanced intersectoral collaboration. Respondents called for a collaborative partnership approach between Council and other stakeholders:

- Effective implementation is an outcome of an effective planning and consultation process and is achieved when the both the Community, Key Stakeholders, Local Government and State Government expectations of MPHPs are congruent
- Continue to strengthen existing partnerships which involve the smaller stakeholders as well as the larger ones – smaller stakeholders often pick up localised needs and issues
- Important to reinforce the essential links between the broader sector and those responsible under legislation. Perhaps this needs to be taken up within government and other organisations such as the MAV
- Must integrate rather than duplicate effort of PCPs etc – synchronise planning cycles amongst PCP Groups
- Incentives for Divisions of GPs and Community Health Centres to plan jointly and to link their strategic plans to the Health Planning process

4.4.3.1 Information sharing and skill development

Inherent in the call for enhanced stakeholder collaboration was a desire for the detailed information sharing that comes from strong networking. This form of peer education was seen as not only important for individual stakeholders but an integral component of continual service monitoring and enhancement. Such a process taken to the State level would be a key resource for MPHP framework development and evaluation:

- More sharing of the process and how issues have been tackled between LGAs would be beneficial. There seems to be no forum for this apart from one to one contacts
- Use of regional, state-wide and professional networks to provide professional development and support for local government health planners, sharing of information, and consultant research to improve local planning processes, for example the North East Health Promotion Centre LG network consultant's project
- Identifying and learning from 'good practice' and effective models across Councils and communities.

4.4.4 Community Involvement

Several respondents identified the importance of meaningful community involvement at all stages of development to ensure valid and dynamic MPHPs:
- The MPHP should be more community focused and particularly more inclusive of community participation in the development of the document
- New models of community consultation need to be incorporated into developing MPHPs to ensure diverse community participation, particularly of less powerful and vocal minority groups , eg Community Development approaches to build community capacity
- Use more culturally inclusive consultation methods in the development of the plan.

There appears to be a need for discussion about what constitutes 'appropriate', and meaningful consultation:
- Need to find ways to improve and hasten the public consultation process
- Developing strategies for ensuring that the structures for participation are sustainable.

4.4.5 Template / Framework

Several respondents identified the need for a planing framework and supported their introduction:
- Templates are now vital because of the link to CHPs and the need to define the boundary of each planning process
- Development of uniform health indicators for future comparison (throughout the State)
- Development of the proposed template to clearly define a common structure for the plans, indicate the scope of the MPHP and which core elements should be included, and promote best practice examples.

4.4.5.1 Template / framework components

Two submissions were received that provided suggestions for framework components. One respondent argued that templates:
- Are only useful if they are very simple and offer guidance
- Will fail if they are overly prescriptive
- Simply include examples of a project plan or outline; a consultation process plan; and health plan models, including themes, strategies and implementation plans.

Based on their analysis of regional questionnaire data, staff from DHS Eastern Metropolitan Region offered a more detailed proposal for a 'good' MPHP, suggesting nine components:
- A health status report/profile on the community
- Balance between health promotion and health protection

- Evidence of community consultation processes
- Measurable indicators for progress/achievement of objectives
- Timelines for progress/achievement of objectives
- Agency/Program/Persons responsible for implementation
- Partnerships
- Evidence of follow-up Evaluation Processes (assessed by whether evaluation documentation had been received by the Regional Office)
- Resources necessary for the achievement of objectives.

4.4.6 Internal Council Issues

Nine respondents suggested internal council changes that might improve municipal public health planning:

- Raising the profile of the importance of MPHPs to Councils' corporate planning process to increase Councillor / Director involvement and commitment to the plan, including regular reviews of plan
- Promotion of Councils' accountability to produce Plans
- Inclusion of all identified and agreed upon strategies into individual work plans

4.4.7 Regional Boundary Issues

Several respondents called for enhanced coordination of efforts between sub-regional LGAs:

- Need Municipal Public Health Planning to be specific to local populations, but also to relate and respond to improve common public health priorities at a regional level
- Greater regional cooperation on health planning – eg working groups between similar councils and regional areas
- Pooling research resources and expertise regionally
- Regional collaboration seen as a necessity in rural shires with smaller populations and fewer resources.

4.4.8 Reporting / Communication

Eight respondents recommended enhanced reporting and communication of outcomes:

- Develop a system for regular reporting – perhaps to DHS – of the status of MPHP strategies, including the implementation process being undertaken by Council
- Introduction of a reporting mechanism linked to service agreements making Councils more accountable to the MPHP process
- Raise the public profile of MPHPs through marketing and information dissemination "of excellent work done."

4.5 Barriers or Constraints to Effective MPHP Development

Respondents provided 150 comments about perceived barriers to effective MPHP development. Comments were categorised under the following themes, as presented in Figure 6 below:

- Resources
- Planning Issues
- Council Issues
- Community Involvement
- Stakeholder Partnerships
- Information
- DHS Issues
- Other

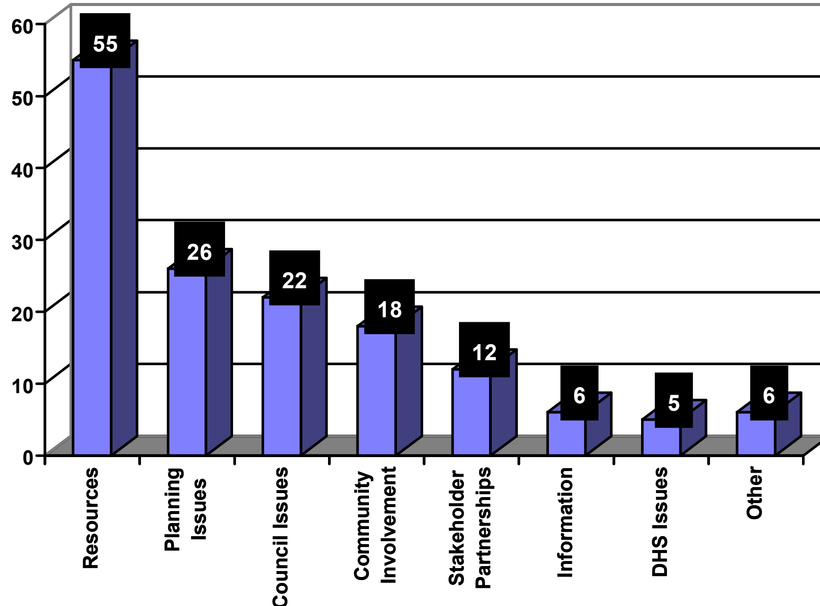

Figure 6. Perceived Barriers to Effective MPHP Development

4.5.1 Resources

Respondents identified resource constraints as the pre-emptive barrier to effective MPHP implementation, with 55 comments. The sub-themes of funding issues and general concerns over 'resources' each received 17 comments, followed by limited human resources (13), and insufficient time (8). A sample of the issues raised is presented below:

- Council funding constraints limit the activities that can be carried out. It is possible to seek funding from other sources, however this is often time consuming and therefore avoided.
- Lack of consistent approach by VicHealth and DHS. Emphasis on short-term funding. Focus on top-down funding rather than funding for community development to meet identified local health needs. Lack of local funding and developed local programs for

National/State priorities. Over-emphasis on pilot projects with lack of commitment to ongoing programs.
- Resourcing is a major constraint, particularly in rural municipalities where it is not feasible to employ a health promotions officer to co-ordinate and implement the MPHP. It becomes the Environmental Health Officer's role, which is difficult as health planning is a very small part of the EHO's duties, particularly with the current emphasis on food safety. For this reason, it is difficult to spend the time and effort in coordinating the health plan and keeping a steering committee motivated and active.
- Barrier regarding lack of resources for creating the plan when the same staff member is often involved in the development of the waste management plan, environmental plan, MPHP, CHP, corporate plan, business plan, departmental plan and the emergency management plans
- Time and resource constraints make it difficult to take the time to develop the plan and to liaise with all local community groups and relevant sectors to ensure that all issues and needs are identified and included in the plan

4.5.2 Planning Issues

Second in order of magnitude to concerns over resources were those about planning. These included several comments about a perceived disparity among MPHPs and the need for a planning framework. A range of comments across a number of sub-themes is provided below to highlight their diversity.

4.5.2.1 Framework

- Knowing clearly what topics/programs should be included in a MPHP
- Lack of consensus as to what plans should encompass
- No clear guidelines for MPHP format
- Lack of common planning tools.

4.5.2.2 Regional integration

- Clarity regarding whether plans are 'local' based initiatives or whether they should reflect state / regional priorities / approaches
- Differing needs of rural and metro Councils for development and implementation
- Lack of implementation models suitable for interface Councils
- Interface with other plans (both internal and external). Other areas of Council need to include the MPHP in their operations, identification of where in the tree of strategic plans the MPHP fits.

4.5.2.3 Synchronisation of complementary plans

- There is a lack of synchronisation of plans within the current process. This makes tracking and monitoring of plans difficult and reduces scope for sharing between Councils
- Needs to be more in synch with the corporate plan and Community Health Plan
- Fragmented health planning – i.e. service planning processes that individual organisations undertake are separate from the MPHP process

4.5.2.4 Responsiveness / flexibility

- Responsiveness of MPHPs to newly emerging health issues: how are new priorities included in a 3-year MPHP, after an annual review (if at all)?
- Annual review as dictated in the Health Act can be a restraint. If a steering committee is meeting bimonthly, this means a review is being conducted every 6 meetings, which is too frequent. Perhaps clear guidelines to conducting a review would help to clarify what should be done as part of a review.

4.5.3 Council Issues

Comments in this theme referred mainly to the perception that health and MPHPs are frequently seen as activities outside the mainstream of Council planning, and, in some Councils, are given insufficient acknowledgement and commitment:

- Lack of internal and community recognition of municipal public health planning as key local government role
- Lack of commitment and support by Councillors and senior council staff for the process and the product; this may be due in part to resourcing issues
- Shifting priorities and competing agendas within councils
- Council-owned document rather than a community owned document.

4.5.4 Community Involvement

Perceived barriers to community involvement included:

- The complexity of planning at the local level in terms of engaging the community
- Retaining meaningful community involvement and ownership of the Plan and its strategies
- Costs of conducting comprehensive community consultations that ensure strong input from all groups – eg ensuring sufficient resources and training opportunities to encourage community organisations to participate in consultations
- Acceptance by the broader community that plan is a whole-of-community plan
- Diverse communities add to the complexity/difficulty of fostering participation – eg consultation with NESB communities

4.5.5 Stakeholder Partnerships

Several barriers to building stakeholder relationships were identified. These included:

- Different – and shifting – community and service provider priorities
- Engaging key stakeholders
- Other stakeholders mutual suspicion and hidden agendas
- Inadequate involvement of internal and external key stakeholders.

4.5.6 Information

The issue of insufficient data was again identified as a barrier to effective municipal public health planning:

- There is difficulty in obtaining some data from DHS
- Lack of awareness of sources of data for researching priorities
- Not having current, relevant data and reports on hand (eg census out of date)
- Lack of readily available VIMD, morbidity data at LGA level

- Municipalities lack service profiles of the communities to which MPHPs apply – we don’t know enough about programs, how they relate to one another and which groups might be missing out

4.5.7 DHS Issues

Five comments related specifically to perceptions of, and concerns about, DHS and the need for it to provide effective support and involvement. Access to information from DHS was seen, on occasions, difficult due to internal changes at DHS. Greater support was needed from regional offices, such as participating at high level strategic planning.

4.5.8 Other Perceived Barriers

Most remaining comments appeared to reflect concerns about the theoretical approach underpinning MPHPs:

- Traditional interpretation of ‘Public Health ‘ – as being only medical model – need to expand interpretation to social model of health
- No clear distinctions between the population health approach and the individual actions often suggested.

4.6 Other Issues Raised

Thirty-one additional comments were received for this general question. Comments were grouped into the following thematic categories, with frequencies shown in Figure 7 below:

- Planning issues
- Reservations
- PCPs and CHPs
- Issues facing smaller Councils
- DHS role
- Data collection
- Other

4.6.1 Planning Issues

Some noteworthy comments on planning were made that had not arisen elsewhere in the questionnaire:

- Plans date very quickly – may be more effective at a higher policy level rather than specific strategy level
- Variation among Councils on approach taken with respect to traditional vs. social health approach: Depends on historical issues, skills and preferences of the council and officers, available resources and local issues
- How likely is it that local governments will adjust their 3 year plans to fit the MPHP template when it is developed?
- Sustainability is often not occurring. Plans are active over three-year period. How are projects maintained beyond this time?
- Important that whatever new template/s may arise to ensure quality, sufficient flexibility in the template remains to allow focus on issues of local importance.

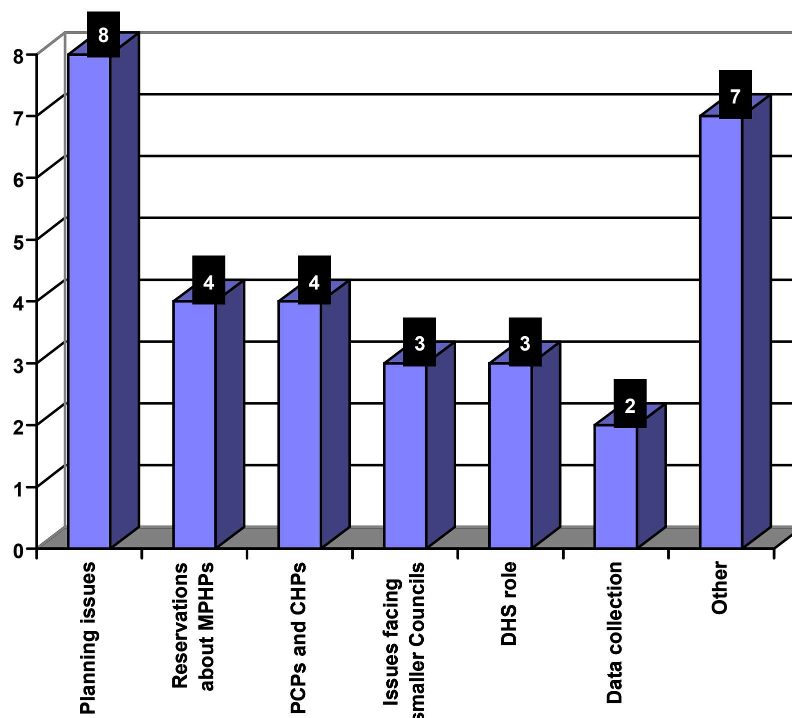

Figure 7. Other Issues Raised Regarding MPHPs

4.6.2 Primary Care Partnerships and Community Health Plans

Four additional comments related to this issue:

- Need to be careful not to focus on PCP clientele alone rather than whole of community
- Current changes / development of community health plans and extent to which plans will drive or be driven by each other
- Ensure that Municipal Public Health Planning is recognised in other processes such as PCPs and Community Safety Plans
- Concern that the roll out of Primary Care Partnerships, Municipal Public Health Plan framework and Community Health Plans is not happening in a logical sequence. The logical sequence would be development of common data sets, development of Municipal Public Health Plan framework, development of actual Municipal Public Health Plans with common framework and synchronised timing, and lastly development of the Community Health Plans

4.6.3 Reservations About MPHPs

Some reservations were received:

- I was involved in the first pilot and have been responsible for preparing two plans. I have reservations about their future. Superficially groups are to work together, in reality they do not
- I perceive it to be a process undertaken as a statutory requirement but having little, if any, relevance to the day to day operations of Council

- It would appear that the development and implementation of MPHPs are only undertaken because of the requirement to do so in the Health Act

4.6.4 Need for DHS Assistance

Additional comments argued for an enhanced role by DHS:

- There needs to be ongoing training courses to assist professionals in developing, implementing and evaluation MPHPs
- Support is required to ensure MPHP have a legitimate place in public health planning at both a local & regional level. Increased DHS support is required to firmly establish these links through designated funding programs & service agreements

4.6.5 Other Comments

Finally, several general comments were made, including:

- Timeline for full implementation of the new template: Most municipalities in EMR have either recently developed a new MPHP or are at the point of developing their new MPHP. As the MPHP template may be available from June 2001, it may not be until 2004 that the template outcomes will be reflected in all EMR MPHPs
- Level of resources committed to planning vs. implementation
- A standardised template would be most useful as considerable time and resources are utilised regarding developing model of plan
- Is it better to engage a consultant to do the MPHP or do it in-house?

5 Planning Components

5.1 National Health Priorities

MPHPs were analysed for the extent to which they included reference to the National Health Priority Areas of:

- Cardiovascular disease
- Cancer control
- Injury prevention and control
- Mental health
- Asthma; and
- Diabetes mellitus.

National health priorities were reported in 42 of the 59 detailed returned surveys, a response rate of 71%. Nineteen responses were for metropolitan Councils; 19 for rural; two for rural cities, and two for Councils on the urban fringe. A breakdown of the relative frequencies of each national issue is provided in Figure 8 below. It can be seen that injury prevention and mental health rated most highly.

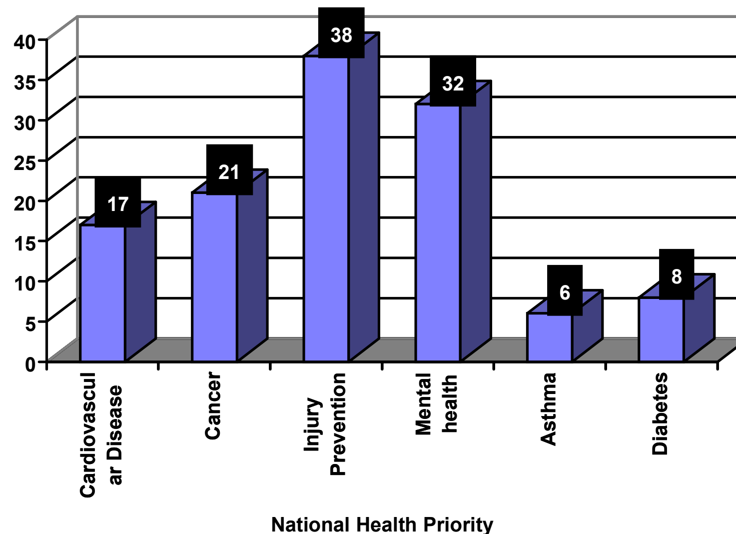

Figure 8. Frequencies of Identified National Health Priorities

An analysis of the relative frequencies of the national priorities for metropolitan and rural Councils is provided in Table 2 below.

Table 2. Comparison of National Health Priority among Metropolitan and Rural Councils

	Metropolitan Councils		Rural Councils	
	Frequency	Percentage	Frequency	Percentage
Cardiovascular disease	11 out of 19	58%	6 out of 19	32%
Cancer	10	53	11	58
Injury prevention and control	19	100	15	79
Mental health	16	84	12	63
Asthma	4	21	1	5
Diabetes mellitus	7	37	1	5

From this analysis it can be detected that for the Councils providing usable data for this question, rural priorities concentrated on cancer, injury prevention and mental health. In comparison, metropolitan Councils focused more attention than rural Councils on cardiovascular disease and diabetes, and also asthma. This disparity might be indicative of rural Councils needing to rationalise available resources to focus on specific issues. Because of the very low response rates, rural cities and urban fringe Councils were not included in Table 2. However it should be noted that only injury prevention and mental health were identified by any of the four Councils returning data for these categories.

5.2 Local issues

Of the 59 Councils returning comprehensive questionnaire data, 44, or 73%, provided data on local issues identified in their MPHP. Local issues identified were grouped according to several Core Elements for MPHPs. These Core Elements were outlined to Council CEOs by the Department through the Regions in August 1995, and also identified in Link: Partnerships for Public Health Planning in Local Government[1]. Core Elements comprised the following:

- Health Protection (food safety, immunisation, water quality, disease control, other health risks)
- Health Development: Health Promotion approaches comprising:
    - Identification of priority disease/risk factors
    - Activity settings in which health development interventions might be based or focused, eg sport, schools, hospital, primary care)
    - Target groups identified according to age, ethnicity gender, etc
- Service Integration Issues, comprising
    - Access to services
    - Service mapping
    - Service coordination
- Emergency management, comprising disaster management planning and/or linking MPHPs to Council emergency management plans.

A fifth element arose during the data analysis – that of Integrated Planning. Many responses referred to goals pertaining to linking MPHPs to other Council planning functions, or to broad goals that lay beyond the scope of the core elements. Analysis of responses across all five of these elements is presented below.

[1] Health and Community Services, Issue 1, 1996, pp. 6-7.

5.2.1 Health Protection

A wide range of health protection issues were identified and are summarised in Figure 9 below.

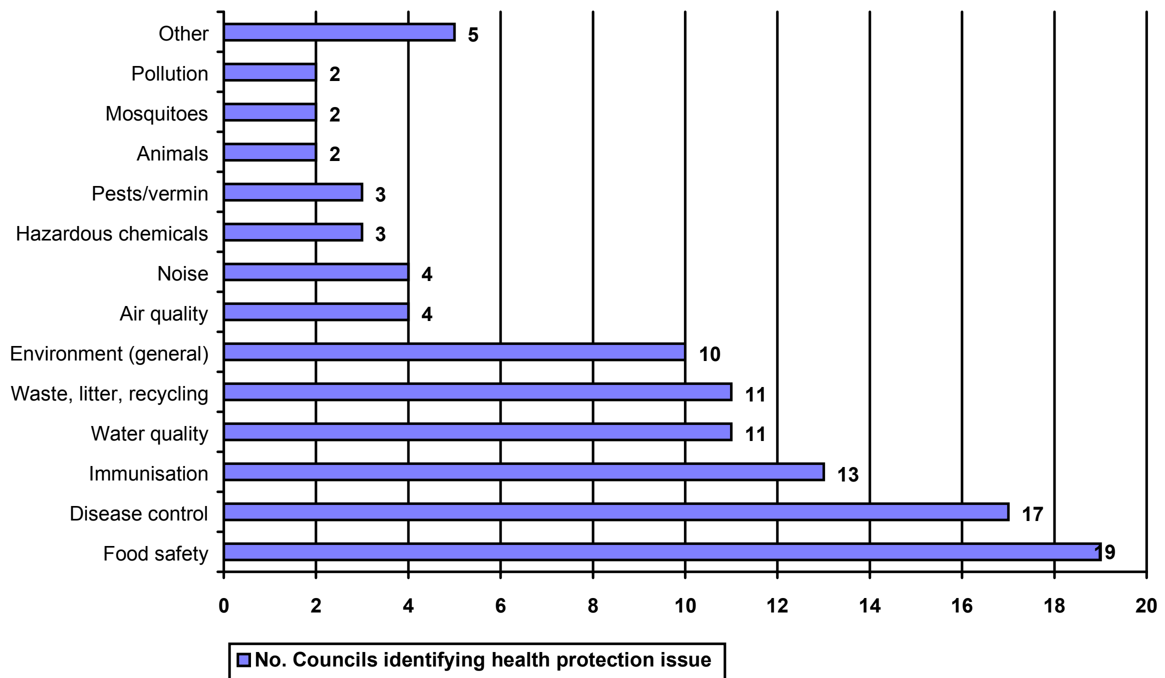

Figure 9. Health Protection Issues Identified

5.2.2 Health Development

5.2.2.1 Disease / Risk Factors

Councils identified a wide range of disease or risk factors in their MPHPs, as demonstrated in Figure 10 below. The risk factor of 'Cancer' included four mentions of skin cancer. 'Injury Prevention' included five references to falls prevention.

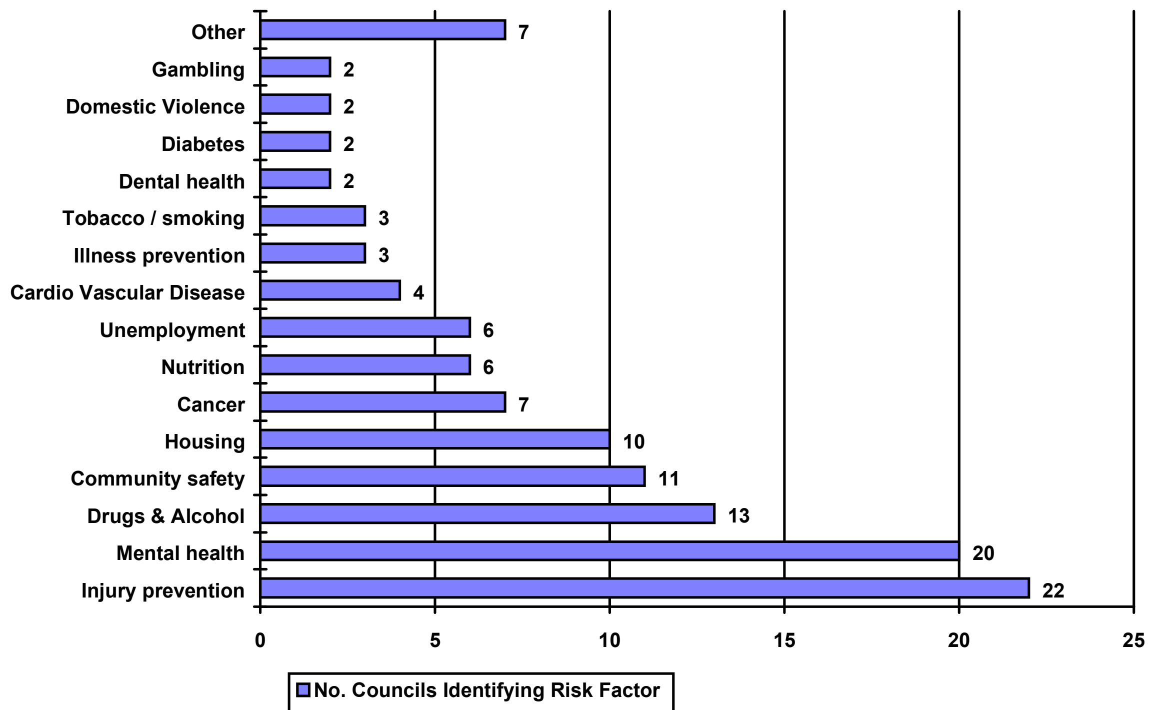

Figure 10. Disease / Risk factors Identified in MPHPs

5.2.2.2 Settings for health development

The following settings for health development were identified:

Figure 11. Health Development Settings Identified in MPHPs

5.2.2.3 Target groups

A wide range of target groups was identified for health development action, as displayed in Figure 12. The category of 'older people' included one council targeting older people with disabilities. The category of 'families' included one program aimed at young families. Target groups included in the 'other' category included single councils identifying: adults aged 25-39, all ages, city workers, Kooris, low income earners, migrants, minorities, new arrivals to the local government area, parents, residents, small communities, students, transient / disadvantaged people, and visitors

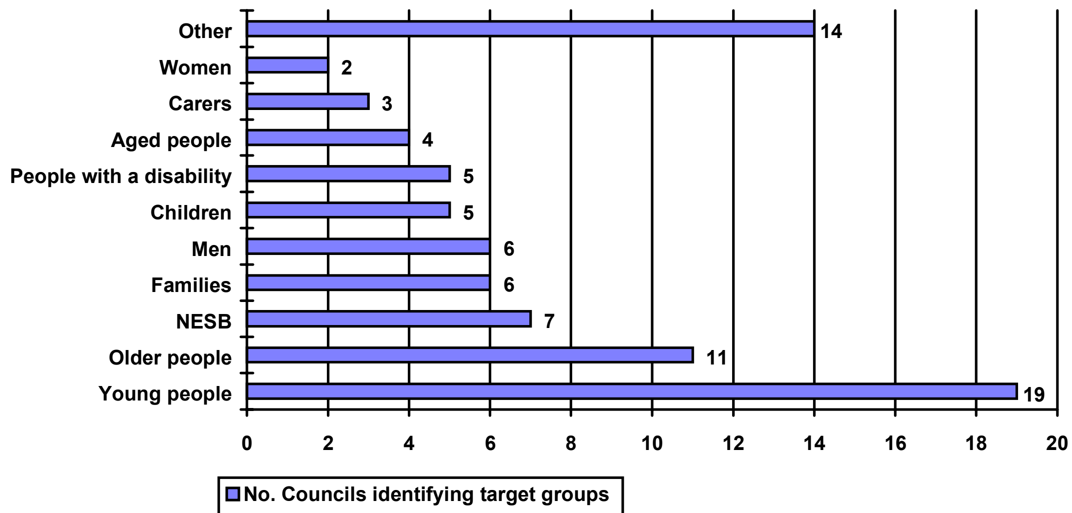

Figure 12. Target Groups Identified in MPHPs

5.2.3 Service Integration Issues

Twenty-five Councils identified enhanced service coordination as a priority under their MPHP. Access to services was identified by 19 Councils, and service mapping by eight. Sixteen Councils identified two or more of these community care issues in their MPHP.

5.2.4 Emergency Management

Four Councils, or nine per cent of the 44 that returned usable data on local issues, identified emergency management plans in their MPHPs.

5.2.5 Integrated Planning

A range of integrated planning goals was identified by 26 Councils, as demonstrated in Figure 13 below.

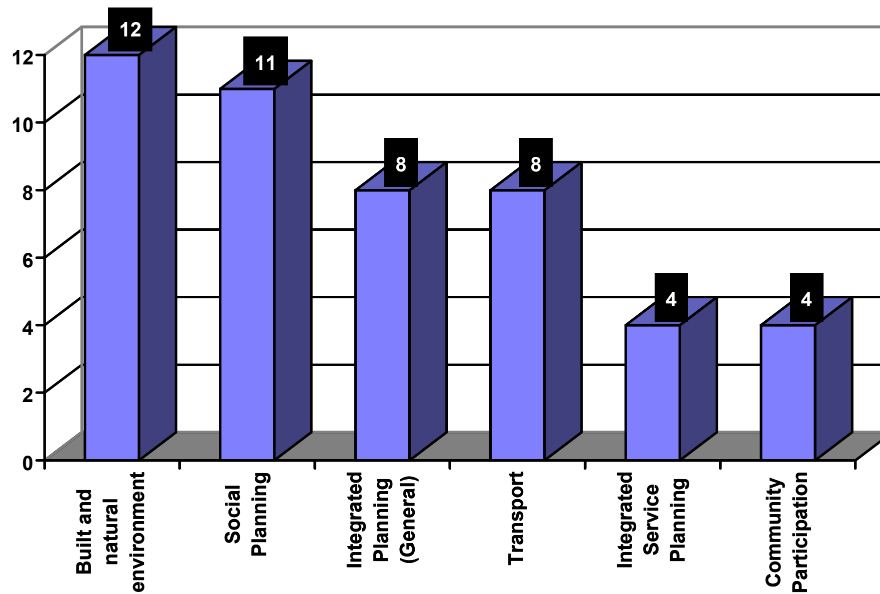

Figure 13. Integrated Planning Areas Identified in MPHPs

'Built and Natural Environment' included goals such as:
- Tree Planting
- Open space
- Parks and gardens
- Parks next to new housing estates
- Street and park amenity
- Rural and urban planning
- Healthy public buildings
- Environmental sustainability
- Environment conservation and management

'Social Planning' encompassed goal statements including:
- Community spirit
- Community wellbeing
- Community development and support
- Social cohesion
- Pride in local neighbourhoods
- Community meeting places
- Rural support
- Social health issues
- Culturally diverse and affordable recreation
- Diversity

General Integrated Planning included broad goal statements such as:
- Community and customer focused organisation
- Leadership & innovation
- Priority issues and strategic direction
- Community, economic and urban development

- Health education
- Health promotion and education
- Preventative health
- Public health and tourism

Transport included goals related to community transport, VicRoads, transport to acute hospitals and other service providers, and public transport.

Integrated Service Planning included the following goals:
- Ambulance Services
- Blood bank closure
- Facilitate liaison between services and education providers
- Loss of some services as a result of the amalgamation of community health centres and restructuring of Local government.

Community Participation included goals directed at community involvement/action and participation in decision-making.

5.3 Data Sources

Councils were requested to indicate the sources of data that had been used in the formulation of their MPHP. Data was sorted into a range of categories, as summarised in Table 3 below.

Table 3. Data Sources Used in Municipal Public Health Planning

Data Source	Examples
ABS	Census 1991, 1996
Burden of Disease	
Other State Statistics	Crashstats
VIMD	Morbidity – hospital admissions 1994
Local needs assessments	Moira Health Needs Analysis – Clark Phillips 1998
Other local sources	Local government's annual Household Satisfaction Survey
Local strategy documents	Shire's road safety strategy Shire food safety policy
State Strategy Documents	ACCV SunSmart Policy Victoria's Health: Second Report 1995
National Strategy Documents	Health for All Australians
International Strategy Documents	WHO Ottawa Charter

Of the 59 Councils that returned comprehensively-completed questionnaires, 41 Councils, or 69%, provided data on the data sources they had used. Frequencies are provided in Figure 14 below.

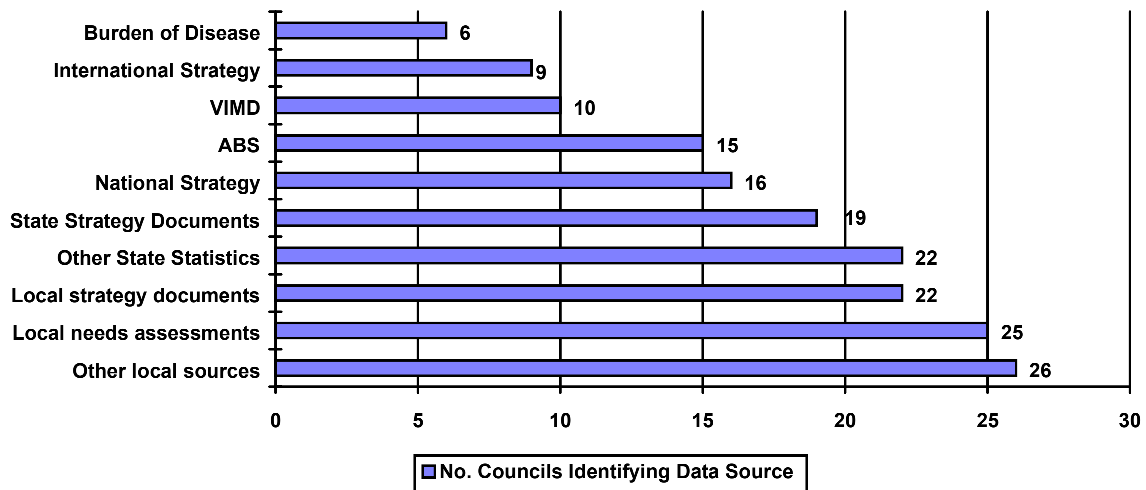

Figure 14. Data Sources Used in Municipal Public Health Planning

It should be noted that 18 Councils identified 'other' data sources. Of these, 11 pertained to community consultation. Other responses included identified conference papers (2); and 'consultants' (2). One identified the MPHPs of the three LGAs that existed prior to amalgamation; another, 'public health service mapping'.

6 Planning and Management Processes Used

To aid interpretation of data for this section, responses were drawn from a selection of regions, both metropolitan and rural, in which DHS regional offices and individual Councils had returned collated, electronic responses and provided detailed examples of good practice. In total, 19 questionnaires were analysed.

6.1 Consultation in Planning

One Council described its consultative approach to population health planning as incorporating:

- "An inclusive and consultative approach intended to encourage and nurture partnerships for health;
- Consultation with residents and analysis of resident health needs;
- A foundation of social justice principles, targeted towards groups in the community who experience health inequities; and
- An awareness of the broader planning context, at a regional planning level with other local governments and at the state-wide level of primary health care reforms."

The Councils investigated identified a wide range of stakeholders and consultation processes. A summary is provided in Table 4 below.

Table 4. Stakeholders Consulted and Associated Consultation Processes

Consultation Process	Examples
Dedicated planning group	MPHP advisory / steering committees established to oversee development and implementation of Plans
Service providers	• Community health centres • Family day care • Hospitals, public and private • Rural health team • Community houses
Agencies	• DHS • Aged Services Council • Divisions of general practice • Regional health care networks • State / federal government • Professional associations • Regional organisations
Community representatives	• Service Users • Local advocacy groups • Multicultural community leaders • Churches • Residents • Service Clubs • Schools • Community groups and agencies • Sports Clubs • Business / industry
Council Stakeholders	• Mayor and councillors • General managers • All council directorates and relevant staff • Rural Reference Groups
Associated forms of consultation	• Focus Groups conducted for MPHP, including, in the case of one Council, focus groups with the wider community facilitated by community researchers, trained as part of the Health Plan development. • Draft documents being placed on public display • Workshops • Surveys • Submissions • Publicity

6.2 Plan Management

The coordinating process described by Moreland City Council, outlined in Figure 15 below, serves as a strong example of municipal public health planning in terms of:

- The nature of steering committee established
- Links formed to council committees
- The reporting process to council
- The manner and frequency in which steering committee meetings are held
- Council officer support/input, senior management involvement
- Regional officer support/input

The **Moreland Municipal Public Health Plan 1999 – 2001** has been developed through the establishment and maintenance of inter-sectoral working partnerships. These provide a process for the promotion of healthy lifestyles and encourage a population-wide approach to health promotion:

- The Moreland Municipal Public Health Plan Working Party, established to guide the development of the Plan brings together, for example, Divisions of General Practice, schools, Migrant Resource Centres, Youth Projects and Melbourne City Mission. The Working Party meets on a monthly basis.
- Health promotion activities are being undertaken 'in partnership', for example, working with carer groups and organisations to improve community supports to carers and plan health promotion activities; ways of promoting respiratory health are being developed with state-wide and local asthma and health advocacy bodies; and mental health promotion work is being done in collaboration with mental health services and groups.
- Minutes of the Municipal Public Health Plan Working Party's bi monthly meetings are submitted to Council
- Council reports about policy and service developments in national, state and local health issues and policy are submitted on a regular basis, for example, reports have been submitted in 2000 about community representation on Community Health Centre Boards, the Review of Health Care Networks in Victoria.

Council support and involvement is provided through the Councillor with portfolio responsibility for Social Development **and the MPHP ,** and through Council officers at management and operational level. Specifically, this includes the Director Social Development, the Manager Social Policy and Health Support; Human Services Strategy Coordinator and Health Services Development Officer.

Figure 15. Moreland City Council Plan Management Approach

Noteworthy features from other Councils' MPHP management committee processes are provided below:

- Steering committee meetings held monthly
- Progress reports presented to council
- Links to council committees
- Linked to council through office involvement and chair
- Council officer support/input, senior management involvement
- Consultant worked with health promotion officer on development
- Policy and plan presented to Council
- Director involved in Monitoring Committee
- Implementation model adopted and being used to manage and develop plan
- Working Groups
- Advisory Committee for implementation
- DHS Regional Officer has been continuously involved
- Cross-functional Plan development team (operational plan management shared by social planners and environmental health officers)
- Public Health Committee commenced following the adoption of the plan. Linked to Council via Counsellor, Medical Officer of Health and Shire Staff Health and Community Services. Reports and makes recommendation to Council and organizations on Public Health issues
- The consultative committee that developed the plan assumed the role of managing its implementation. Working groups were formed, each convened by a member of the consultative committee, and tasked with implementing a strategy for a public health priority. These groups met regularly and reported back to the consultative committee on progress, difficulties and constraints encountered

- A senior MPHP full time position dedicated to coordination of municipal public health planning; a Municipal Public Health Plan Advisory Committee; and a MPHP Implementation Committee.

6.3 Regional Office Input

Of the 19 questionnaires selected for analysis, this section drew the least response. Several respondents left this section blank or wrote ‘no comment’, ‘no’, ‘not at this stage’ and ‘nil’. The mixed response highlights the importance of regional office input. Other, more optimistic responses detailing the ways in which DHS regions participated included:

- Assistance in data interpretation and analysis, and preparing health status profile
- Contribution to regional public health planning (involvement in steering group, comment on MPHP drafts, implementation and review)
- Council is working in partnership with other Councils in the Region to develop a common approach to local government social planning and to develop health plans, as well as contributing to the MAV’s development of a state-wide template. Regional Health Promotion Officer is on this steering committee
- Regional Office input has been involved in all processes (but not significant involvement in interpretation or analysis of data.)
- Regional Environmental Health and Planning Officers were included in the list that acknowledged the assistance with public health programs, consultation, workshops, strategies and plan development

6.4 Implementation of Plan

This section of the questionnaire asked Councils to identify:

- The outcome measures included in the plan
- Whether an annual review of the plan was undertaken
- The nature of the evaluation process undertaken

Unfortunately, this section produced data of limited value. Respondents largely indicated merely whether they had included outcome measures and evaluation processes in their plans, without actually detailing them. This in part reflects limitations in the questionnaire construction, which did not explicitly ask respondents to list outcome measures or explain evaluation processes. The one response received that did attempt to detail outcome measures in fact identified process measures, such as:

- Conduct a series of health promotion workshops
- Establish health support groups
- Complete investigation and cost analysis of employing a person to carry out this study
- Completion of investigation
- Development of networks with local General Practitioners
- Implementation of information kit

This type of response highlights the difficulty in measuring demonstrable health outcomes that may be long-term in nature. Furthermore, outcome measures in health are frequently couched in terms of deficit reduction, as opposed to competency development.

6.4.1 Example of Outcome-oriented Plan: City of Port Phillip

The City of Port Phillip serves as one example of a municipality that has embraced a social model of health in its MPHP and has developed objectives that lend themselves to outcome measures that reflect development of competencies. The Goal of Social Cohesion is provided in Figure 16 below as an example.

What We Want to Achieve: Goal

Citizens in our city will live in a society that encourages and values their contribution and participation. This will be evident when:

- Differences are accepted through positive action, such as when people report a reduction in racist and or discriminatory behaviour toward them. This is clearly noticeable for people from different ethnic backgrounds, indigenous Australians and the many other groups who experience exclusion due to their difference.
- A broader range of people are attending Council meetings, meetings of other organisations and community events.
- Business and communities act together to create opportunities which aim to improve wellbeing including health, safety and security. This will be demonstrated through affirmative action on employment, sharing public spaces and increasing their capacity to actively participate in community affairs.
- Communication is a more open and accessible process, eg. more day to day information available in languages other than English, and when it is not reliant on the ability to read.
- Street or neighbourhood relationships emerge. This may be around common interests such as the environment or children's activities.
- Good news is reported more frequently because good things are happening.

Objectives:

1. By the end of 2003, response to the City of Port Phillip household survey will indicate that 35% of citizens identify as being connected to their community; the development of 12 new neighbourhood or street-based (a block or a street) groups initiated by the community and an increase in local sporting club membership.
2. All signatories to this plan by 2005 will have actively committed resources and policy directions to address the long-term improvement or resolution of social fragmentation, building relationships, racism, discrimination, communication and information.
   Comprehensive communication and information provided to the community by signatories will by 2002 be in languages accessible to speakers of languages other than English. Each organisation will provide information and in the primary language of their major group of speakers other than English, with a commitment to incremental implementation of other language groups.
3. Business and trader associations in each of the eight shopping centres by 2002 will have taken action to ensure that people are not discriminated against based on colour, race, creed, disability, age, sexuality or beliefs.

Figure 16. Extract from City of Port Phillip's MPHP, Indicating Outcomes to be Measured

It should be stressed that the City of Port Phillip's Health and Community Safety Plan is oriented to process as much as outcomes. The community participation process embraced in the Plan's development, and the implementation of all related projects and programs, has used structures and processes aimed at furthering social cohesion.

7 Summary

7.1 Elements of an Effective MPHP

From the responses received from Councils participating in this survey, and the additional comment received from several regions, the following summary of the elements that make up an effective MPHP has been developed. These elements are interdependent and would need to be implemented concurrently. It is hoped that this summary will enable further discussion and inform the development of the MPHP framework.

7.1.1 Strategic Plans Containing Clear Goals, Objectives, Strategies, Intended Outcomes, Timelines, Performance Indicators and Evaluation Strategies

MPHPs need to be visible and tangible documents that incorporate community views, aspirations and issues with some measures to address them. Their adoption will create clear, concise goals, objectives, strategies, timelines, staff allocations, guidelines for work and funding priorities, and will ensure that health targets are clearly defined, measurable and achievable. Effective plans will also identify intended outcomes and describe the monitoring and evaluation strategies that will be used to assess performance. A noteworthy feature of the questionnaire analysis was the scarcity of evaluation strategies and performance indicators built into MPHPs.

7.1.2 Local Health Issues Highlighted

MPHPs play an important role in highlighting local health issues and providing a vehicle by which to address them. They provide an accurate picture of local health needs and access to local health services. They set policy direction of public health at the local level. They reflect the needs and attitudes of the community by containing specific activities addressing particular health issues of importance for the local community. By incorporating well-researched data and information, MPHPs will provide a sound platform for further planning and funding applications. Councils stressed the need for State-level assistance in collecting, collating and reporting data on local health needs and outcomes.

7.1.3 Community Involvement in Identifying, Prioritising and Acting on Local Issues

Effective MPHPs promote community involvement and ownership, which translate into an overall commitment from the community to the plan. These MPHPs present opportunities for more people and organisations to participate in the creation of health, rather than traditional health plans, which had a tendency to simply allocate all tasks within the plan to council officers. Community consultation was seen as a core process in developing trustful relationships, obtaining valid data and developing useful plans. As such, effective MPHPs enhance opportunities for local development of social capital.

7.1.4 Embrace New Public Health Principles (Social Model of Health)

Linked with the need for MPHPs to have a measurable impact on the community and to draw on valid data sources, is the need for MPHPs to be based on a soundly researched and documented model. They will allow for progressive qualitative and quantitative research to be undertaken at the local level. Effective MPHPs enable Councils to integrate a social model of health into public health planning. These plans integrate areas such as Community Health and Education, Community Development and Support, Community Safety and Security, Healthy Lifestyles and Healthy Environment

7.1.5 Whole-of-Council Involvement in Health Planning

To have maximum impact, MPHPs need to embrace – and be embraced by – all sections of Council. Linking and integrating MPHPs with other plans – especially the Corporate Plan – has the potential to involve a wide range of internal and external partners, thereby improving collaboration within Council and with outside organisations and local agencies. MPHPs are serving to increase internal and external awareness of Councils' role in promoting public health. MPHPs need to be afforded sufficient internal acknowledgement and commitment in order to bring health planning into the mainstream of Council planning.

7.1.6 Integration of MPHP with Local, State and National Health Issues

Effective MPHPs will be based on a municipal health profile that addresses need, based on the National, State and Local health priorities identified during the initial planning stages. MPHPs need to be linked not only with internal plans, such as the corporate plan, but also with other planning, such as regional community health planning. Respondents felt that clarification is needed about future relationships between MPHPs and Community Health Plans; several called for enhanced coordination of efforts between sub-regional local government areas.

7.1.7 MPHPs Foster Effective Partnerships and Networking Between Agencies

MPHPs will be instrumental in promoting cooperative and collaborative networks and partnerships throughout the municipality amongst allied workers and other stakeholders who are often working to achieve complementary outcomes. MPHPs will provide opportunities to develop partnerships and combine resources in health promotion, advocacy and service provision. Treating MPHP as municipal-wide plan, rather than Council-owned program, has the potential to gain commitment from external agencies and community groups.

7.1.8 Steering Committees and Working Groups Integral to Successful Planning

Respondents identified the centrality of well-resourced steering committees and working groups to the implementation of the MPHP. Inherent in the variety of names and functions of management groups identified by respondents is a range of delegated power and control held by the management group over the process of developing, implementing and overseeing the MPHP program or feature.

7.2 Resourcing and Capacity

Resource limitations were perceived as the major impediment to substantive municipal public health planning, implementation and management. To succeed, implementation of an effective planning framework must be linked to resource application in order to ensure sufficient skilled staff and training and project budgets to foster and support meaningful research, community consultation, visionary planning and project development, support for steering committees and working groups, and the implementation, monitoring and evaluation of these plans.

8 Acknowledgements

We wish to thank our colleagues in local government and DHS regional offices for providing a rich source of information for guiding the development of a MPHP framework.

Analysis of questionnaire data and compilation of this report was conducted by Dr Iain Butterworth, in collaboration with Andrea Hay and Ron Frew, comprising the Local Government Partnerships Team in the Public Health Division of DHS.

9 Contact Details

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10 Appendix: Questionnaire Schedule

QUESTIONNAIRE: MUNICIPAL PUBLIC HEALTH PLAN (MPHPS)

To be completed by Department of Human Services Regions in collaboration with each Local Government to establish a profile of MPHPs in each Region.

REGIONAL SUMMARY of Completed MPHPs with the date adopted by Council

Please provide the following information about current MPHPs in your Region:

Number of Local Government Authorities …………… **Number of current plans** ....

Region			
Municipality	**Date MPHP adopted by Council**	**Current Status of MPHP (eg under review, development stage etc.)**	**Never had MPHP** *(please tick)*

MUNICIPALITY: DATE MPHP ADOPTED:	Contact Person: Position Title: Date:

Analysis of each MPHP

For each of the current MPHPs, please provide details on the following:

Goals and Objectives identified in the Plan:	National and State priorities identified in the Plan	Local priorities identified in the Plan	Data sources and strategy documents utilised: (e.g. demographic, epidemiological, population profile, issue specific strategy)

MUNICIPALITY: DATE MPHP ADOPTED:	Contact Person: Position Title: Date:

Analysis of each MPHP

For each of the current MPHPs, please provide details on the following areas, using the questions below:

Consultation in planning process	**Plan Management**	**Regional Office Input**	**Implementation of Plan**
• range of stakeholders consulted (primary health agencies, non government organisations, community/service groups) • community consulted	• steering committee established • links to council committees • reports to council regularly • steering committee meetings held regularly • council officer support/input, senior management involvement • regional officer support/input	• contribution to MPHP (involvement in steering group, comment on MPHP drafts, implementation and review) • data interpretation and analysis • contribution to regional public health planning	• outcome measures in plan • annual review of plan undertaken • evaluation process undertaken

MUNICIPALITY: DATE MPHP ADOPTED:	Contact Person: Position Title: Date:

In this section we want to find out your views about the development of MPHPs

What are some of the positive features that you have seen in MPHPs

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What are some of the successful processes that you have experienced or observed in Municipal Public Health Planning (eg. Successful strategies in process management)

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Are there any other planning issues concerning MPHPs that you wish to raise (eg relationship to other plans)

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MUNICIPALITY: DATE MPHP ADOPTED:	Contact Person: Position Title: Date:

What could be done to further improve the implementation of MPHPs

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What are the barriers or constraints to effective MPHP development

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Do you have any other issues regarding Municipal Public Health Planning

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