

APPENDIX 1. ORGANISATIONAL ENVIRONMENT

The organisational environment was an important factor influencing the success of the Good Practice projects. The Good Practice program promoted integrated planning according to the social model of health and an ‘all of Council’ response to public health issues. The success of those Good Practice projects requiring involvement across all levels of Council, often depended on the culture and pre-existing corporate understanding and commitment to the social model of health. Some Good Practice projects operated in a ‘fertile’ and very supportive environment. These environments often had one or a number of characteristics that include: a high level of understanding and commitment to integrated planning, cross-departmental communication, and senior management and/or Councillor involvement. Conversely, some projects operated in a less supportive environment and were much harder to progress.

This Appendix describes the impact of the organisational environment on the Good Practice projects, in particular:

- Councillor and senior management involvement;
- project design factors;
- the function of the steering committee;
- internal and external initiatives and how these complimented or hindered the progress of projects;
- the VicHealth Leading the Way training package;
- the *Environments for Health* framework;
- resources and supports.

The impact of the cultural and corporate environment and the difficulties associated with the reforming nature of the Good Practice projects as experienced midway during the projects are also reported in the *Second Evaluation Report*. This report can be downloaded from the DHS Local Government website <http://www.health.vic.gov.au/localgov/>

Councillor and Senior Management Involvement

The level of involvement by Councillors and management seemed to have significant influence on the ease of implementation and level of impact of the Good Practice projects. Reports from projects seemed to indicate that the higher the level of management involved in the project (e.g. senior managers, CEOs or Councillors), the higher the corporate understanding and acceptance of the social model of health, and the greater the level of organisational support for the initiative. In addition, senior management involvement and support strengthened the status and credibility of the project within Council and with partner organisations.

Some Councils experienced considerable staff, management or Councillor changes during their project, which inevitably lead to delays. For a number of Councils, the CEO or a member of the senior management team moved on, delaying the projects until a replacement was appointed. The new CEO or senior manager had to be briefed and engaged in the project in the context of their other competing demands and priorities. On the other hand, faced with newly elected Councillors in March 2003, one project found the new Councillors to be much more receptive to the social model of health, and hence more supportive of the project.

Another Council found their elections a distraction for progressing the project. Elections impacted on the level of involvement by Councillors in the Leading the Way training. Some Councillors who attended the Leading the Way training were not re-elected. The lesson here is to postpone the Leading the Way training till after the elections if they are looming near.

Project Design and Implementation Factors

There was a range of ‘project design and implementation’ factors which projects noted as impacting on the success of their projects. These separate, but related, issues included:

- The function and representation of the steering committees (or working parties);
- Project management strategies which ensured that the project timelines/milestones were met;
- The staffing profile of those undertaking the project;
- How the project was implemented and embedded in the organisation to ensure sustainability.

The function and representation of steering committees and project management strategies to ensure milestones are met are discussed in the next section.

Staffing

Staffing was critical to project success, and a range of different configurations was used. Some projects used consultants to undertake a component or the entire project. Others used existing staff and backfilled their positions, while some staff undertook the project as a fraction of their existing workload. No one model was the stand out success, and the key factor seemed dependent on ensuring the person had both the time available, and the skills necessary, to undertake the task in the required timeframe. Ensuring a good match between the person and the required skills was often a challenge for projects. The use of consultants seemed to work better in some projects than in others. In projects where the use of a consultant did not work so well, the activities undertaken and the project itself were often not well integrated into the Council, creating an issue of poor learning transfer and project sustainability.

One project reflected how having Environmental Health Officers (EHOs) leading the development of the MPHPs was problematic in terms of time availability and skills:

- *Time* – It was considered that EHOs had difficulty in fitting the task into their already crowded work. One Council in the project backfilled and the other outsourced. These two strategies required the input of significant external resources (Good Practice funds). This had implications for the review of the plans and future development of the next phase of plans.
- *Skills* – It was considered that EHOs do not, by training, have skills that are a natural match for the task which require knowledge of sectors, places to source information, and the social model of health. Skills are also required in needs assessment, planning processes, negotiation and group skills.

In two projects, success was particularly attributed to the skills of the staff employed to undertake the project.

For a number of projects, a change in the project leader resulted in considerable loss of knowledge and momentum. In one joint Council project there were considerable senior level changes between the writing of the funding application and the commencement of the project.

Thus whilst there was initially considerable senior level commitment and a shared understanding of the expected outcome, as the project was to commence considerable time was taken up in selling the project concepts and developing a new understanding of what was proposed. Staff turnover in another project resulted in there being three project officers over the duration of the project. Continuity and handover of knowledge was handled better in some projects than in others.

There were specific staffing issues raised by some of the rural and regional Councils. Staff retention is a major rural issue. It took nine months of advertising and active recruitment for one of the Councils to appoint a consultant to undertake their project. It was also highlighted that rural and regional Councils have a broader range of responsibilities in comparison to metropolitan Councils. Staff found that managing this diversity was an important time factor that impacted upon their availability for other initiatives.

It was also suggested that staff members who occupy positions with little power or influence within the organisation were unlikely to have the capacity to lead the degree of organisational change required to develop commitment to integrated planning. It was suggested that integrated planning needs a vocal champion in the process who will advocate for changes and positive reinforcement from senior levels such as the Councillors, the CEO and senior management. It was also suggested that integrated planning requires leadership, engagement, education and 'relationship building' to shift approaches and processes, and needs to be seen as pertinent and relevant to a spectrum of Council operations.

Strategies to ensure sustainability

Projects considered strategies for 'embedding' their practices, resources or learnings organisationally. This was most often done on completion of the project though some projects recognised the need to plan for the sustainability of their project's achievements at the early phase of project planning. For example, the involvement of partners, both internal and external, usually increased the relevance and ownership of the project, thereby increasing the likelihood of project sustainability.

Function of Steering Committees

The purpose of the committees varied from having an operational, strategic, and/or advisory function. One important contributor to committee success reported by projects was the degree of alignment of committee representation to the purpose of the committee. While it was felt necessary to identify representatives with the right expertise, commitment and involvement from the beginning; these characteristics could be developed through committee participation. This was reported to have occurred for a project steering committee working on indicator development.

For projects relying on external partners, it was often difficult to recruit partners with the appropriate roles, knowledge and skills. Similarly for joint Council projects, the level of commitment and participation in the project varied from project to project.

The most successful committees reported a good relationship between its members, and that representation on the project committee added value to participating organisations and Council departments.

Key lessons regarding the functioning of Steering Committees

Representation on the committees

The Ballarat Good Practice project found it important to ensure a good initial matching of the skills and expectations of the reference committee with the tasks required.

One project had a strong ‘organisational change’ focus. As a consequence, the senior composition of the project management team was found to be important to facilitate organisational change.

Moreland recommended the reference group to be cross-functional and that internal and external representatives be included.

Functions

One project stressed the need to clarify the function of the committee (e.g. whether the role of the reference committee was to be operational and managerial or to provide conceptual advice and direction) prior to its establishment to ensure the appropriate recruitment of members.

A number of projects changed the structure of their reporting arrangements a number of times throughout the period of their projects. For example, one project established sub-committees or smaller working groups as needed. These groups met more frequently than the larger steering committee.

The Dandenong project had a small core working group, and involved other staff in planning processes as needed.

The Manningham project suggested that rather than operate a large steering committee, specific workshops or forums to engage stakeholders, access information, gain feedback, or to decide on recommendations for future action may be more useful.

In order to get the project on track during a period of slow progression, the Pyrenees, Grampians and Ararat project found it useful to set up a small group committee that met frequently.

The Shepparton project also recommended having a flexible approach to the organisation of meetings. Initially, Shepparton had meetings involving all responsible officers (plus the coordinator), however, this arrangement was later supplemented with one-to-one meetings between separate officers and the coordinator, supported by bi-monthly joint ‘team’ meetings. This approach was found to better reflect the project and the management of tasks being achieved.

Review Processes

Project management strategies to keep the progress of the project on track were also raised by the Good Practice projects. Steering committee structures to support project accountability and the meeting of timelines and milestones are described above. For example, the use of smaller working parties that operate more frequently during a period of slow progression was recommended.

The Banyule Good Practice project stressed the need to build reflection/review processes into the meetings. The Wodonga project suggested the committee agree to an action plan and remain accountable to the plan. The Pyrenees, Grampians and Ararat Good Practice project recommended setting a specific time as well as a date for receiving documents which were to be read prior to the next meeting to ensure documents were received before the close of the business day.

Ensuring commitment

The Baw Baw and South Gippsland projects emphasised the need for commitment and involvement from all parties prior to making an application for funding. According to these projects, early involvement in scoping and setting the direction of the project ensures its relevance to the key stakeholders, and increases the likelihood of commitment and support. Clearly defined outcomes help to ensure the project maintains its direction.

The Bendigo project stressed the importance in obtaining a shared commitment and understanding of the project by all committee members. According to the project, members selected for the committee must have something to contribute to the process and be clear on the role and function of the committee.

The Campaspe Good Practice project stressed the importance of strong group commitment to a successful committee. According to this project, volunteers with a strong commitment to the project should be encouraged, rather than seconding people from different departments who may not be interested.

The Colac Otway Good Practice project reported that a significant factor in its success was the high level of participation and the contribution of all agency representatives. This was attributed to two factors. Firstly, the same organisations (and often the same people) have convened in different combinations for many projects. Secondly, there was also a high level of commitment to the project as the indicators being developed and information being gathered were considered a valuable resource and benchmark for a range of other organisations.

The Moreland Good Practice project recommended:

- That the meeting schedule be set well ahead of time with some flexibility for project timeline changes;
- Having clear records of meetings/outcomes;
- Sharing the responsibility for reporting back on components – this process builds a much more active commitment to the outcomes of the project;
- Obtain senior management support.

The Swan Hill project also believed that flexibility in approach was paramount. As purported by the project, time for planning takes time away from direct responses to and by services, and considerable time is needed to support Council staff and relevant agencies (e.g. through site visits and training in planning processes). This, in turn, creates a greater awareness across a wider range of staff.

The Melbourne project believed that prior to the commencement of an organisational change initiative, it was important to begin building trust between members of the project's Reference Group, and increasing their understanding of the social model of health and integrated planning. It was also considered useful to engage external sources of influence, such as

eminent leaders in public health from VicHealth and the Public Health Division DHS, early in the project.

Another project reported the need for the steering committee to respond to changing organisational issues and relationships, and for the organiser to facilitate an understanding of the relationship of each department to community health and wellbeing.

New members

The Cardinia/Casey project highlighted the need for a careful handover of the project to new incumbents, to ensure regular attendance at meetings and maintain capacity to participate. The Yarra Ranges project recommended allocating sufficient time to assist and update new staff.

Internal Initiatives

A range of internal initiatives had impacted on the Good Practice projects. Shifting organisational structures and policies, existing frameworks or planning processes, other related projects, funding sources, or new communication structures were reported by projects to have either complemented or hindered project progress.

Organisational Restructure

Five of the 26 Good Practice projects had experienced a change in Council CEO during the term of their projects. Organisational restructures and senior management or Councillor changes often resulted in delays and a period of uncertainty in a number of other projects. For one project though, organisational restructure led to a more fully integrated system.

In one Council, a shifting approach to corporate planning negatively impacted on the project's scope and timelines. The changes in Council resulted in some months of uncertainty and confusion about the broader direction of the project. For other Good Practice projects, changes in senior management also caused considerable delay. In some situations it resulted in members of the project team stepping up into acting positions, thereby reducing their capacity to be involved in the project. The new CEO or senior manager had to be briefed in the project. Commitment depended on other competing demands and priorities, which were often considerable for the new incumbent.

There were reported positives to changing corporate environments. For one project, the change had affirmed and increased the interest in the 'triple bottom line' (TBL) approach, and consequently the link of TBL with broad population health issues, including indicators. While frameworks had changed, the fundamental concept of integrating the broader strategic plans (i.e. the MPHP, the Economic Strategy and the MSS) continued to be a priority. According to this project the changes provided an environment for people to think more creatively, resulting in some timely and fresh approaches.

Links with existing planning processes

For a number of Good Practice projects, the links between the Good Practice projects and other Council documents such as the corporate plan and the MSS lead to some challenges, and some important opportunities.

The timing of the project activities in relation to other planning activities was also important. For one Council, Leading the Way training should have occurred prior to, not following, the development of the Council Plan. It was felt that the priorities of the Council Plan might have differed had Leading the Way been presented to Councillors prior to priority setting.

In contrast, for the Campaspe Good Practice project, the development of the MPHP and the Corporate plan were closely linked. As a result the project was able to inform the Corporate Plan through the development of the MPHP and issues raised in setting up the Corporate plan influenced the development of the MPHP.

In Moreland's case, the MSS and MPHP sit 'side by side', linking the broader Council objectives concerning social, economic, and physical environments; and governance. The indicator work of the Good Practice project had been felt to assist the MSS work in a very direct way by developing complementary objectives and tasks based on these indicators.

Although neither the South Gippsland nor the Bass Coast Shires have yet developed their new MPHPs, both Councils are using the *Environments for Health* framework in other Council documents. For example, the South Gippsland Shire Council Plan 2004-2006, and the Bass Coast Municipal Early Years Plan and Youth Strategy are structured around the four environments for health.

The development of the Council's Municipal Strategic Planning framework occurred during another Good Practice project. The Municipal Strategic Planning framework assisted in setting the direction of the Health and Wellbeing framework (MPHP). During the development of the Municipal Strategic Planning framework, the Council required a social planning framework and it soon became apparent that the Health and Wellbeing framework could meet that purpose. Whilst this had significant benefits in raising the profile of the Health and Wellbeing framework, it also resulted in some challenges for the project in linking it with two other frameworks: the Council Social Policy and the *Environments for Health* frameworks.

Another project found that while Council's primary strategic planning document was implicitly underpinned by many public health objectives and addressed many social determinants of health, linkages with the Council's core functions were not explicitly made to public health outcomes or the social determinants of health within the document. Senior managers believed that explicit references to these were more suited to the MPHP.

One project questioned the role of the MPHP in the context of a multitude of internal and external initiatives that demand a co-operative planning approach. These included, but are not limited to, Council's Community Safety Plan, Graffiti Plan, Affordable Housing Strategy, Drug Strategy, New Arrivals Action Plan, Homelessness Response Environmental Plan, PCPs, Hospital Admission Risk Program (HARP), community mental health and early intervention initiatives, and a range of VicHealth health promotion projects. These often require a whole of Council and whole of community approach, integrated planning, and active citizen engagement. This project felt that these initiatives diluted the relevance and role of the MPHP, and that given the level of additional planning and governance burdens now required by State Government, as conditions of core funding and new initiatives, the MPHP has become another unresourced burden.

The extent of an established integrated planning ethos

Reports from many of the projects seem to suggest that where there was a precedence and culture of integrated planning or cross-Council departmental co-operation, Good Practice projects were much easier to implement. Where there was not this culture or history of cross department communication, significant resources were expended on promoting the benefits of integration. A number of projects reported that they had found vertical integration within their Council Division much easier to achieve than horizontal integration across different Divisions. The culture generated by the practices of Compulsory Competitive Tendering (CCT) was reported by some projects to have been one reason for this. The culture of the semi-autonomous 'Business Unit', promoted by CCT was a barrier to cross-departmental co-operation, and the operation of the Council as one whole integrated organisation.

A new Council focus on integrated planning was reported to have had a positive influence on a Good Practice project. A review of a Council's Community Plan involving public consultation had been found to have a positive impact on the Yarra Ranges Good Practice project. The review reinforced the need for the project and its integrated approach. Although Councillors were already aware of the issue and the need for more integrated solutions to waste water management, the review made the Councillors, and the broader leadership group within Council, more aware of the Good Practice project.

Building on existing projects

The Nillumbik and Port Phillip projects reported that they were only able to complete their projects within the 12 month timeframe by being able to build on existing projects.

The Nillumbik project was able to use the Nillumbik Community Planning Think Tank to assist with conducting their forums and interviews. The Think Tank was already well established, and provided access to extensive community knowledge and networks.

The Port Phillip community indicators project was built upon an existing Port Phillip initiative involving community visioning, action and reflection to track signs of the community's sustainability for at least 10 years. The Sustainable Community Progress Indicators (SCPI) project involved engaging community members to monitor and evaluate the health and sustainability of their social, built, natural, economic and cultural environments.

Funding sources: linking projects

Forging links and pooling resources with existing projects proved beneficial for the Baw Baw Good Practice project. The Healthy Communities project, funded by the PDPC (Premier's Drug Prevention Council) for drug and alcohol related issues was conducted in the Shire of Baw Baw over the period of the Good Practice project. These two projects had strong links with each other. Consequently, this pool of funding and resources was used to facilitate both projects.

Funding sources: promotion of cross departmental leadership

As reported by the Moonee Valley Good Practice project, a range of cross Council funding opportunities provided a vehicle to facilitate cross-departmental leadership in health

promotion. As a consequence, a lead was taken by a non-traditional health promotion area of Council to successfully put up a submission for funding for external health promotion funds (e.g. Walking School Bus).

New mechanisms for communication or planning

According to the Melbourne Good Practice project a Managers' Sustainable Futures Forum provided an avenue for introducing the social model of health to many senior managers at one time.

For the Shepparton Good Practice project, the establishment of a cross-directorate Implementation Team had been crucial in achieving positive project outcomes. It was reported that this team would continue with the purpose of facilitating the implementation of the second year of the Health Plan.

Other useful strategies adopted by the Shepparton Good Practice project included forging a partnership with the Melbourne University School of Rural Health who provided evaluation support for the team; and including MPHP actions as a formal key performance requirement for all four participating officers.

Triple Bottom Line

Greater linkage with Triple Bottom Line reporting was raised by five projects. As some Councils are now required to report against the Triple Bottom Line, the links with the MPHP and the *Environments for Health* framework needed to be more explicit.

According to one project, the Triple Bottom Line (TBL) approach to reporting could be more explicit in its referencing to health outcomes and the determinants to health. Nevertheless, senior decision makers felt that health issues were adequately addressed by the TBL approach to reporting.

Another project in its attempts to promote integrated planning, tried to assist other Council departments to find their natural connections within the TBL. Finding these connections proved difficult and it was felt that TBL was too rigid in its construction because it compartmentalised inter-related environments.

In contrast, for another project, the link of TBL with broad population health and wellbeing indicators was clearly understood by those within Council.

External Initiatives

A number of external initiatives had an impact on the Good Practice projects. In a number of cases, projects found established links with local organisations (e.g. PCPs), agencies and the community greatly assisted their progression. Others found external projects or reports/documents beneficial to their project. External initiatives often complemented the projects and in some cases they also compensated for deficiencies in available resources.

Community groups

The Baw Baw Good Practice project reported that the LAECG (Local Aboriginal Education Community Group) had provided access to the Koori community that would have otherwise taken much longer to establish. Although it was a newly established group, the LAECG provided a stepping stone for the Good Practice project by providing access to Koori Elders and community organisations with links with the Koori community.

Primary Care Partnerships/Community Health Committees

A number of projects listed Primary Care Partnerships (PCPs) as an important external influence. This was especially noted by those involved in developing a health profile, undertaking community consultation, and projects which involved developing a MPHP across two or more municipalities.

The Bendigo Good Practice project found the Bendigo Loddon PCP Community Health Plan a crucial link for the Good Practice project. Since the Community Health Plan also addresses the health and wellbeing needs of the community in a broader geographic context, the project recognised the importance of linking this document with the MPHP. According to the project, the simultaneous development of both documents allowed for greater information sharing, reduced the potential for duplication and provided a consistent approach to planning.

Similarly, the Campaspe Good Practice project reported the benefits of linking with the PCP. PCPs can have well established links with providers and mechanisms for community consultation.

Integration of the CHP and the MPHPs across two or more municipalities was the focus of three Good Practice projects. The Mount Alexander and Central Goldfields Shires, and the Central Victorian Health Alliance PCP established a process for integrating planning between the Councils and the PCP. They developed separate MPHPs for each municipality but worked together on a number of projects and priorities. The Pyrenees Shire, the Northern Grampians Shire, the Ararat Rural City Council and the Grampians Pyrenees PCP developed a joint MPHP, which they called the Pyrenees Healthy Communities Plan. In keeping with the regional focus, activities that only related to one municipality were badged as an 'Agency Action Plan' rather than a specific Council MPHP. The implementation and monitoring of the plan is expected to be undertaken through the PCP structure. The South Gippsland and Bass Coast Shire Councils worked with the South Coast Health Services Consortium PCP to develop a Health and Wellbeing Issues paper and a draft Strategic Planning framework to guide the development of consistent plans that addressed strategic issues and gaps for the local area.

The Ballarat Healthy Community Committee acted as an important external driver for the development of Ballarat's MPHP. The committee, seeking WHO Healthy City status, aims for the MPHP to meet the Healthy City planning prerequisites.

External programs/projects

Since the commencement of the Colac Otway Good Practice project, there has been the formation of another steering group which consists of representatives from the G21 Health

Pillar Group (five local government areas which are looking at regional issues and how they will be managed in the future. This has support from the mayors and CEOs of each local government agency). The G21 Local Government Health Planning group has met on several occasions to plan for a regional MPHP. This will be developed using the five local government area MPHPs as the local public health issues. Common issues within these MPHPs will be used to form the regional health plan. It is proposed that all five local governments will have a MPHP completed in 2005, and that they are reviewed and rewritten at the same time as each other, thereby creating a strong, relevant and current regional health plan. It is expected that this plan will replace the Community Health Plan developed by the sub-regional PCPs.

The Melbourne Good Practice project found the Corporate Learning and Development Program (provided by consultant Deakin Prime for City of Melbourne employees) to be useful. This program was reported to have provided a mechanism to introduce the social model of health to staff members.

As reported by the Shepparton Good Practice project, the Greater Shepparton Health Plan is the umbrella document for two significant externally funded public health projects (i.e. Greater Shepparton Community Building project and Greater Shepparton Best Start Demonstration project). As a result of the Greater Shepparton Community Building project, new conduits have been established between the community and Council to achieve long term improvements to three designated 'communities' within Greater Shepparton. Best Start is just commencing and aims to significantly improve access to universal health services for disadvantaged families.

Over the last two years since the commencement of the Good Practice program, there has been considerable activity in community health indicators being undertaken in Victoria by other organisations which include: the Department of Victorian Communities, VicHealth and DHS. There may also be opportunities in the Office of Local Government survey process to include some qualitative questions in a cyclic period over three to five years. The activities of these organisations will progressively provide background data and resources that will assist future local government efforts in the development of health and wellbeing indicators.

External Policies/Documents

A number of external factors were reported to have favourably impacted on the Yarra Ranges Good Practice project. Heightened government and community awareness of the issues around Waste Water Management seemed to promote stakeholders' awareness of the need to work with local government and others to resolve waste water concerns and find solutions. Specific State government and Municipal Association of Victoria (MAV) documents which assisted the project included the:

- Launch of State Government's 'Green Paper' on water;
- New Environment Protection Authority (EPA) Septic Tank Code of Practice;
- MAV Domestic Wastewater Management - A guide for local government;
- Victorian Stormwater Action Plan – Round 3:
 - ◊ Community and Education Awareness Program,
 - ◊ Innovative information database,
 - ◊ Innovative domestic wastewater management options; and
- Review of State Environment Protection Polices (SEPP) with regard to wastewater management plans and connections to reticulated sewers.

Resources

The Melbourne Good Practice project found the Sustainability and Health (SaH) learning materials produced by a consortium of universities with Commonwealth funding (Public Health Education and Research Program (PHERP) Innovations SaH project) to be useful. The resource was reported to provide excellent links between health and sustainability that could be incorporated into internal staff training programs.

The Moonee Valley Good Practice project found case examples, research, information and state-wide forums (e.g. urban planning) useful in building stronger partnerships across Council departments.

Leading The Way

Seventeen of the twenty-six Good Practice projects used and reported on the VicHealth 'Leading the Way' training package. Specifically designed for Councillors, the Leading the Way training complemented the agenda of the Good Practice Program by providing information on the social model of health and the considerable potential for Council activities to improve the health of their communities. Two of the Good Practice projects indicated that the 'Leading the Way' training package was not used as the principles espoused in the package were already embedded in their Council.

The audience, promotion strategies, benefits gained as observed from the projects, and three case studies are described below.

Audience

Twelve of the seventeen projects that received the Leading the Way presentations involved Councillors. All projects involved senior management, and three involved external partners (e.g. PCPs and Public Health Advisory Committee). The audience size ranged from twelve to fifty.

Promotion

Projects promoted the Leading the Way training package in different ways. One found that a great deal of promotion was required to ensure attendance. Some projects developed a briefing paper or report to management that provided an overview of the package and its value. Others utilised the opportunity to use the package during MPHP information and dissemination sessions. One project sent an email to all staff inviting them to a free two-hour workshop. The email was titled 'Are you curious?' and then asked, 'Are you curious as to how these four things (four photographs representing the four environments) can impact upon your health?'

For one rural based Good Practice project a 95% turnover of Councillors provided a good opportunity to provide all new members with a shared understanding of the issues forwarded in Leading the Way.

Value

Only two Good Practice projects formally evaluated the impact of their Leading the Way training, with other Councils anecdotally reporting on their training. Nearly all Councils reported that the training provided a start to broadening the understanding of the social model of health but that much more effort was needed for this to translate to changes in practice. One Council reported that the use of the Leading the Way training has had mixed results with some Councillors showing interest and others showing a definite lack of interest.

Projects for whom the Leading the Way seemed to have had the most impact were those where the training was part of an overall agenda and strategy rather than a one off initiative.

The range of comments from projects included:

The training was extremely valuable in setting the scene for participants at the workshop to start thinking about health in a broader context. The training has highlighted the importance of public health planning and the role that Council should play in health and wellbeing. It has promoted the Health and Wellbeing framework and educated people around health not just being about the role and function of the Environmental Health Officer. (Bendigo Good Practice project)

The training reinforced understanding of the determinants of health generally, and the interrelationship of factors affecting health. It also helped to build support for the broad social model of health approach of the MPHP. The workshop style session was used as a 'spring board' for Councillor input to the MPHP development. The session also assisted the senior management team's understanding and their input to the MPHP and Indicators project. (Moreland Good Practice project)

Most participants have increased their knowledge of the social model of health to varying degrees as a result of the Leading the Way training. Work is being undertaken to connect the theory and practice. (Moonee Valley Good Practice project)

The presentation was enough to assist with providing Councillors with a background... to adopt the social model for health. (City of Yarra Good Practice project)

Reports of change in the level of understanding or practices within Council as a result of Leading the Way were mainly based on anecdote. Some adopted more formal evaluations of the training.

The Campaspe Good Practice project stated that as a result of the Leading the Way:

- *the new MPHP now focuses on the determinants of health;*
- *corporate planning processes now use the social model of health;*
- *the Council Report now requires attention to the effects of Council practices on the determinants of health.*

The Manningham Good Practice project, observed during discussions with Directors, that the training influenced the thinking and knowledge of divisions/units of Council and consequently the decision making process.

Feedback received from the Moreland Leading the Way presentation indicated that Councillors had a better understanding of the social model of health following the session. Some Councillors have also been observed to use the concepts across a range of settings.

The Nillumbik Good Practice project reported that the Leading the Way resource has been useful to get key concepts across to others in Council, not immediately involved in the project. The concepts are explained clearly and simply. Some of the quotes and diagrams have been used when explaining a particular approach or promoting a joint initiative, eg. collaborative submissions.

The Pyrenees Good Practice project reported that the Leading the Way resource has provided some context for both officers and Councillors in respect of the *Environments for Health* framework. At the project committee level, the presentations were considered as a start in a longer process of change within Council. ‘Organisational Capacity Building’ has been identified as a key issue in their MPHP and building on Leading the Way was seen as one way to build organisational capacity in both Council and non-Council agencies.

The Leading the Way package was used in conjunction with the *Environments for Health* framework by the South Gippsland Good Practice project to educate Council officers and the community reference group.

The Swan Hill Good Practice project (which involved the Swan Hill, Buloke and Gannawarra Shire Councils, and the Southern Malley PCP) reported increased awareness of the social model of health. An increase in Councillor attendance at health meetings was seen to be a reflection of the increased awareness gained from the training. Similarly, the request by Councillors for Council to implement the Walking School Bus Program was seen to be a reflection of this new awareness.

For most projects, apart from observations such as increased attendance by Councillors at meetings, or use of language during planning meetings, it was too early to notice any change in practices.

Issues

The experience of one project led it to suggest that Leading the Way be provided to Councillors prior to the development of the Council Plan. Without the benefit of the Leading the Way training, corporate priorities selected by Councillors (and thus the allocation of Council funding) were based on the ‘traditional’ issues around roads, rubbish, recreation and economic development.

Another project felt that the Leading the Way tool did not clearly articulate its link to the Social Model of Health and that more references to the term could be made.

Case Study #15: Melbourne Good Practice project

The Leading the Way package was delivered in April 2003 as part of a Managers' Sustainable Futures Forum that also included presentations from the VicHealth CEO and the State Director of Public Health. It was chaired by one of the City of Melbourne's five directors and attended by 26 senior staff members from across Council covering the following work areas

- Social planning issues
- Traffic engineering
- Sports planning
- Triple bottom line reporting
- Strategic planning
- Cultural development
- City research
- Health services
- Parks and recreation
- Sustainable regulatory services
- Engineering services group
- Youth and community services
- Urban design.

Change to participants' level of understanding of the social model of health

Staff who attended the Forum were given the opportunity to provide comments about the event soon after. This follow-up by email indicated a greater awareness of the concept of the social model of health.

Case Study #16: Shepparton Good Practice project

In the course of implementing the Public Health Plan, the City of Greater Shepparton adopted the 'Leading the Way' seminar as a strategy to achieve the following objectives:

- To enhance cross-directorate integration in planning;
- To promote the newly adopted Greater Shepparton Public Health Plan as an integral part of Council planning processes; and
- To increase awareness amongst the Councillors and senior staff of social, economic and environmental factors in the determination of community health.

A total of 26 people attended: all Councillors (7), Chief Executive Officer and 18 senior Council staff from 12 different departments.

Pre and post-seminar questionnaires were developed as an evaluation tool. The aim of the evaluation was to assess the level of awareness and understanding of the Greater Shepparton Public Health Plan, integrated planning and 'Social Determinants of Health' and attitudes towards the application of these concepts.

- The majority of attendants, claimed to have had a changed level of understanding of integrated planning after the presentation.
- There was a 22% increase in attendants, who 'agreed' that 'integrated planning is essential to their work performance'.
- Poor information access and the lack of a mechanism for joint project participation between Council departments were important issues raised.
- More than two thirds of attendants believed that the presentation changed their understanding of the term 'Social Determinants of Health (SDOH)' and a majority said they could make use of the 'SDOH' model to improve community health.

A cross-directorate working party with responsibility for developing an integrated planning policy is to be set up to progress the new awareness to improved practices.

Case Study #17: Whitehorse Good Practice project

Council elections in March 2003 resulted in training with the Councillors being delayed, however subsequently, eight of the ten Whitehorse Councillors completed Leading the Way training at a MAV Councillor Induction weekend in Lorne in July 2003. VicHealth also offered training to Council staff.

In conjunction with VicHealth, the City of Whitehorse conducted two Leading the Way workshop sessions for staff in March and June 2003. Council's Social Health Officer designed a two-hour workshop. VicHealth consultants presented material from *Leading the Way* for the first half hour. This was followed by a small group activity, where each group was given four topics and a sticky note pad. The group had to decide under which environment their issue fit (either one environment or all four) and place their sticky note under that environment at the front of the room. This activity highlighted that one issue was often multifaceted and could be linked to many environments. The third part of the session focused upon each small group receiving a fabricated scenario. Each scenario was multifaceted and generally humorous. The group had to identify the key stakeholders, both internally and externally and then explore what actions could be taken to solve the issue.

A total of 21 staff attended the sessions and completed evaluation forms asking:

- About their awareness of the Municipal Public Health Plan (MPHP);
- To name three things they learnt from the workshop;
- Whether they will use the concepts in their daily work;

Evaluation forms for both sessions were sent via email. Greater Shepparton City Council provided a sample of the evaluation form they had used and this was modified for Whitehorse Council. Despite small numbers attending, those that did participate provided positive feedback about the process and indicated that they would utilise workshop concepts in their daily work practice.

Environments for Health

The *Environments for Health* framework will be more formally and widely evaluated in 2005, but since the Good Practice initiative was framed around the implementation of the *Environments for Health* framework, the Good Practice projects were asked to reflect on the usefulness and application of both Section A (Concepts), and Section B (Planning Tools) of the framework.

Nearly all projects reflected that not only was the *Environments for Health* framework useful for communicating and setting the context for their Good Practice project within their organisation and with partners, but also for the MPHP in general. The framework provided a platform to consider Council activities within a broader social health model, thereby encouraging people to think more broadly about their role in health. The *Environments for Health* framework document was also used as an education tool by some Councils. The framework had also been used to develop the list of stakeholders, relevant to each of the environments for health, for a particular issue; for recruiting participants to ensure a broad cross section of participation to attend community forums; and for data collection and analysis.

The framework was not always used in isolation. One project linked the framework with a number of others (e.g. National Public Health Partnership framework, WHO 'Determinants for Health' framework and 'Just Vibrant and Sustainable Communities' by the Australian Local Government Community Services Association).

Three projects found the framework useful for identifying how each of the social, built and natural environments impact on a particular health issue. The framework was also used in community consultations to frame questions, organise the data that was gathered, and develop strategies relevant to each of the environments.

The *Environments for Health* framework was reported to have provided the fundamental structure for all of the health status profiles. For one of the profiles, a chapter of the report addressed each of the environments for health, and for all the profiles the framework shaped the collation of the information to ensure that information was gathered for each of the four environments.

Many of the joint Council projects focusing on integration reported using the *Environments for Health* framework as the basis for integrating their MPHPs and CHPs. Similarly the framework was used as the basis for integration with other internal Council planning documents such as the Youth Strategy and the Municipal Early Years Plan.

One project reported the framework too restrictive because it compartmentalised the environments and the way that they inter-related. One of the outcomes of this project was to devise and offer another form of construction. This is described below.

As a guide to its use, another project reported that while the framework can be used to broaden people's thinking it is best used as a background framework, rather than to force or compartmentalise the issues into each environment.

Many of the suggestions for improvement were based on the perceived need to increase the capacity of Councils to implement the framework. Suggestions for capacity building included the provision of an incentive for its local adoption, more examples of strategies that incorporate the four dimensions, and training for Councils in its use. In addition, a number of projects reported a need for more local level data for each of the four dimensions. More

explicit links with Triple Bottom Line was also requested as this is now a reporting requirement of some Councils. There were two suggestions that the framework would be more useful if it also considered cultural environments (i.e. elements that give a community its distinctive character), rather than just social environments (i.e. relationships between people).

A request for State government assistance and direction was made to strengthen the linkage and positioning of the *Environments for Health* framework (and also MPHPs) with other guiding documents and frameworks (e.g. the Municipal Strategic Statement, Triple Bottom Line, Melbourne 2030, Sustainability frameworks).

Another project recommended that Councils establish an integrated planning group that had representation from all areas of Council who would be responsible for developing/updating major Council policies and strategies such as the Corporate Plan, Municipal Strategic Statement, Transport Strategy etc. and to use the *Environments for Health* framework as a guiding document.

An alternative framework was suggested by one project. This still involves the three key dimensions; environment, social and economic; but involves a number of different subunits. These are described below.

The use and impact of the Environments for Health framework

Ballarat

The Ballarat Good Practice project developed an alternative approach to the *Environments to Health* framework, in response to limitations identified during its trial in guiding the development of a wellbeing matrix.

The challenge for this project in developing a wellbeing matrix or map based on the *Environments for Health* framework was for staff to find their place and the connections with other business units within the framework. It was felt that the framework compartmentalized inter-related environments and that this worked against a whole of community response to an issue. The alternative approach also uses the three environments: social, economic and environment, but breaks these down into different subunits as follows:

Environmental Elements

- Water Quality
- Air Quality
- Land Quality
- Biodiversity

Social Elements

- Basic Human Needs
- Safety and Security
- Social Needs
- Esteem Needs
- Fulfilment

Economic Elements

- Economic Resources
- Workforce Development

- Education and Training

Banyule

The Banyule Good Practice project used the framework to identify potential environmental, social and economic stakeholders for the project.

While the framework was useful in identifying stakeholders, a number of limitations became apparent to the project with regard to their involvement. Difficulties were experienced in recruiting stakeholders from very different sectors and in developing shared agendas. A lack of targeted resources and no political mandate for cross sector partnership actions were reported as hindering these efforts. Despite these issues, the project steering committee decided to use the framework in other health plan working groups and planning processes. This is possibly fuelled by the positive experience reported from the project for a physical activity program. Partners within the Physical Activity Working Group were reported to have gained a greater understanding of the multiple factors that have an impact on physical activity behaviours (i.e. affordability, transport, safety, accessibility etc.).

It was reported that one of the framework's strengths is its promotion of an integrated planning approach that also reflects the moves within the Council. It was noted, that the shift towards greater integrated planning was taking place elsewhere (e.g. other LGAs, government and non-government organisations).

Baw Baw

The four dimensions (built environment, natural environment, social environment and economic environment) were used by the Baw Baw Good Practice project in preparing their funding submission. It was reported that the environmental dimensions within the framework assisted them in conceptualising and addressing the project's achievements.

Bendigo

The framework was used by the Bendigo Good Practice project to inform best practice. It had been used as a background document to set the direction of the project within the steering committee and Council. The framework assisted by encouraging people to thinking more broadly about their role in health, which may not have been apparent to them previously.

Campaspe

The *Environments for Health* framework was used by the Campaspe Good Practice project in the development of the MPHP and throughout the project. It was found to be an extremely useful framework that helped inform many Council staff of what was possible to include in a health plan.

Cardinia/Casey

The Cardinia/Casey Good Practice project considered the framework a critical element in how they framed the project proposal and its implementation. The project used the framework to guide the research questions and ensure they included the social, built and natural environment (e.g. questions about the impact of the natural and built environment on mental

health.). The project will use the four environmental dimensions to frame advocacy and implementation of the research findings.

Colac Otway

The Colac Otway Good Practice project used the *Environments for Health* framework as a fundamental document for the process. It gave representatives, unfamiliar with the health planning process and what it encompasses, an understanding of the relevance and opportunities of a health plan. The framework informed the collection of indicator data and forms the basis of the MPHP.

Dandenong

The *Environments for Health* framework was used by the Dandenong Good Practice project to map the needs and capacities of the funded community strengthening projects in the context of the four environments. The use of framework highlighted the issues and complexities faced by community groups, and was thus useful in Council's consideration of how the community's capacity to meet their own needs could be strengthened and supported.

Darebin

The DAREBIN*health* Stories Poster, Profile and Postcards Series was anchored in the four environments for health. The *Environments for Health* framework was used initially to ensure a cross section of representation at community forums and was then used as the basis to categorise the collection of local data and information. People who attended the forums were reported to have provided positive remarks about the representation from a broad range of sectors.

Manningham

The *Environments for Health* framework provided the Manningham Good Practice project with the fundamental structure of the Health Status Profile Report for their community. The report's table of contents has a chapter addressing each environment dimension. According to the project, the framework promoted the inclusion of all areas that impact on health into the health status profile unlike those espoused by the traditional disease based model. One of the challenges was to incorporate aspects of all four environments and collect the relevant information within the planned timeframe and allowed by available funding.

Melbourne

The Melbourne Good Practice project found Section A of the framework useful for raising awareness of the social model of health during discussions with staff across various branches and units prior to the commencement of the Good Practice project. The *Organisational Checklist for Embedding Health Promotion* in Section B was also found to be useful. This checklist was adapted and used as a tool to conduct a public health audit of the organisational capacity for public health. The *Environments for Health* framework was reported to have provided valuable contextual information about the social model of health with practical examples of strategies that can be utilised in planning processes.

Moonee Valley

The Moonee Valley Good Practice project considered that the *Environments for Health* framework formed the basis for their project, with the internal workshops reflecting the framework in conjunction with the Ottawa Charter. The principles of the Health Incorporated project are reported to be a core part of developing the Municipal Public Health Plan 2004-2007, which has used the *Environments for Health* framework.

In addition, the *Environments for Health* framework was found to have had a positive response within Council. It supported the project by providing a common framework in which public health could be discussed in an inclusive manner.

Moreland

The Moreland Good Practice project found *Environments for Health* a critical framework for developing their MPHP and consequently the indicators project. It was complemented with the National Public Health Partnership framework, the WHO 'Determinants for Health' framework and 'Just Vibrant and Sustainable Communities' by the Australian Local Government Community Services Association.

The framework was also found to be useful in developing the content for the MPHP and describing population health planning to partners not very familiar with it. The framework gave credibility to the project and assisted in making connections between different operational areas of Council.

It was reported that the comprehensive nature and breadth of the framework helped the project to clarify and discuss how the MPHP was different to other broad Council plans, especially the Council Plan (i.e. it helped to clarify the distinctive purpose and scope of the MPHP).

Mount Alexander and Central Goldfields

The Mount Alexander and Central Goldfields Good Practice project found the *Environments for Health* framework very useful. In the initial 'blocking' of the plan, the dimensions were listed for each strategy and it enabled the focus to remain on all the dimensions. Many strategies had multiple dimensions and that provided for good discussion and reaffirmed the interconnectedness of each of the dimensions.

Nillumbik

The *Environments for Health* framework was used by the Nillumbik Good Practice project to develop their community forums, with each one focusing on a different aspect: the Hurstbridge Forum focused on the economic environment; Diamond Creek on the built environment; and Eltham on the social environment. All forums incorporated the natural environment in discussion of Nillumbik as the 'Green Wedge Shire'. Locally relevant guest speakers on these topics delivered keynote addresses at each forum. The *Environments for Health* framework was also used to develop the forum focus group questions, linking health to the 'Environments'. The framework provided a clear approach to both eliciting information (in the community consultation) and organising the qualitative data that was gathered.

Port Phillip

The City of Port Phillip operates under a four pillars of sustainability framework (i.e. social equity, economic viability, environmental responsibility and cultural vitality) which is very similar to the *Environments for Health* framework. Both of these frameworks raised the project's consciousness of its impact on these environments.

Pyrenees, Northern Grampians, and Ararat

The *Environments for Health* framework was as an integral part of the planning process for the Pyrenees Good Practice project. The project used it as a template tool for analysing agency activities and issues. The project attempted to bring Community Health Planning and Municipal Public Health Planning processes together and the framework was used as a tool to achieve this integration. The Pyrenees Good Practice project reported how the *Environments for Health* framework was an important part of the organisational capacity building theme in the plan, and a useful tool for all of the agencies within the PCP alliance. Staff who prepare funding submissions were reported to consider the framework as a useful context for program and project development.

Shepparton

The framework was used by the Shepparton Good Practice project as a general reference resource by staff and members of the Health Plan Advisory Panel in preparing the MPHP. The concepts espoused by the framework are embodied in the Greater Shepparton Health Plan and associated documents such as the Municipal Strategic Statement and Corporate Plan. There is also notable recognition of the framework in various Council planning tools. The framework was reported to have provided a good reference resource for various stages of planning and implementation (e.g. integration and evaluation).

The themes in the framework were used to support Councillor awareness and understanding of the MPHP. The framework document was not used to its entirety as the level of detail was not considered relevant in all instances (e.g. when communicating to Councillors).

South Gippsland and Bass Coast

The South Gippsland Good Practice project used the *Environments for Health* framework as a guide to set up their project process, thus ensuring a consistent planning approach for the two LGAs involved. South Gippsland Shire Council structured their Council Plan 2004-2006 around the four environments for health, and was using the same four environments within other Council documents. Bass Coast Shire Council has used the four environments to write their Youth Strategy and their Municipal Early Years plan.

Swan Hill, Buloke and Gannawarra

The Swan Hill Good Practice project reported finding the *Environments for Health* framework useful to demonstrate the tangible links between the Social Model of Health and existing initiatives within Council. The framework allowed Council staff and Councillors to gain a broader understanding of health planning processes. It assisted in promoting an agreement by the Swan Hill Council to have greater input into, and actively seek funding for

environmental projects such as the Walking School Bus program. It was reported that the framework promoted Councils' appreciation of a holistic approach to community needs.

Whitehorse

The *Environments for Health* framework and the social model of health provided a backdrop to the process of development of the MPHP. Whitehorse Council demonstrated this by formally adopting the *Environments for Health* framework for the development of its third MPHP. The framework provided a model within which people could organise their ideas and suggestions. The framework was found to be particularly user friendly and resonated with community as well as Council staff who could easily identify how the model was relevant to their work.

Wodonga, Indigo and Towong

The Wodonga Good Practice project found that the *Environments for Health* framework provided an excellent reference tool that encouraged flexibility in approaches to planning. It had been used at a number of stages in the Wodonga Good Practice project and by other projects within Council as a reference tool to guide processes and to ensure that initiatives maintained and practiced the values of the social model of health. It had also been used to introduce the social model of health concept to new participants.

Yarra Ranges

The Yarra Ranges Good Practice project used the framework to develop the list of stakeholders relevant to their issue of waste water management. The framework was useful for framing questions and developing strategies for each environmental dimension by asking questions such as 'What impact does the issue have on the social environment?' It was recommended that the framework be used as a background framework, rather than to force the issues within each environmental dimension.

Suggestions for improving the *Environments for Health* framework.

Projects provided a number of suggestions for improving the *Environments for Health* Framework. These issues were primarily concerned with strategies to maximise its dissemination and utilisation. Suggestions for improvement include:

- Encourage networking opportunities (e.g. the Health Planners Forum; meetings between DHS Regional Directors, local government Directors and CEOs) as avenues to promote greater dissemination and communication using *Leading the Way*.
- Need greater promotion and incentive for adopting the document at a local level.
- Councils could establish an integrated planning group within Council representing all areas of Council who would be responsible for developing/updating major Council policies and strategies such as the Corporate Plan, Municipal Strategic Statement, Transport Strategy etc., and the use of the *Environments for Health* framework as a guiding document.
- Circulate the document more widely.

- More opportunities to demonstrate efforts around major planning directions within the context of the *Environments for Health* (e.g. MPHPs, Sustainability frameworks, and Melbourne Metropolitan Strategy and Primary Care Partnerships).
- Further exploration and clarification between different departments in state and local government with regard to the relationship of the MPHP to other related plans, especially the MSS.
- The *Environments for Health* framework is a planning framework which could be a useful tool for planning not purely for the MPHP. Councils often use their own language around the principles underpinning the framework such as ‘Triple Bottom Line’ that at present has been introduced only as a reporting framework. There is an opportunity to extend this into the planning framework.
- The document is very easy to use and relate to health planning. However, the main issue for this organisation is how the framework relates to ‘Triple Bottom Line’ Council reporting requirements.
- It would be more useful if it also included a culture pillar within the framework that considered cultural environments (i.e. elements that give a community its distinctive character), not just social environments (i.e. relationships between people).
- Now that the relevance of the four environments to health are embedded in Council, we need to sustain this approach.
- The framework is a useful way of analysing an issue or actions. It seems to work best where there are officers in a position to constantly bring it into focus when planning or issues are considered. Embedding its use into a policy context would ensure its continued use.
- More information on the determinants of health that have been developed for Australian societies and communities, perhaps via update links and greater accessibility to health and wellbeing indicators and data at an LGA level (eg the Burden of Disease initiative).
- Greater local content in the framework to assist Councillors in making the links between standard practice and operations under the *Environments for Health* framework (e.g. demonstrating the benefits of planting asthma friendly trees where there is a high prevalence of respiratory disease).
- Training in the use of the document would be useful.
- Expand the use of the framework by building in questions around the four environments either into the framework itself or into their Council Policy Scoping document. Examples of the actions undertaken in the four environments would be most helpful in painting the picture and broadening people’s thinking about the environments.

Resources and Supports

The Good Practice projects were asked to outline the supports they found useful and the supports/resources that would be useful for similar projects now or in the future.

Good Practice projects accessed and utilised resources developed by other projects. Networking opportunities between the Good Practice projects were provided at the state-wide Good Practice forums. Most Councils found the forums useful because they provided opportunities for networking, support, debriefing, sharing of project resources and experiences. Very few projects networked with other Good Practice projects beyond the state-wide forums.

DHS support was valued by many projects. DHS staff had been involved in the Good Practice projects by providing assistance in the form of a site visit (DHS central staff) or via support at the regional level (DHS regional staff). The DHS Central Staff site visits were reported positively. Many of the projects reported that these initial visits had assisted them in refining and refocusing their project. DHS regional staff had been actively involved with a few projects, often as members of the project steering committee. Some projects preferred alternative means of DHS regional support, particularly for internally focused Council projects (e.g. promoting integrated planning). Regional staff involvement on the steering committee was not seen as necessary for internally focused projects. One project would have liked DHS regional staff to be more involved to ensure the region had an understanding of the Good Practice project processes and key lessons. Two projects noted that regional staff had been valuable to gaining access to relevant DHS data and information. Some Good Practice projects highlighted the value of regional local government meetings to support and share ideas. A concern was raised about the merger of the Northern and Western Regions. The merger was seen to provide a potential obstacle to future liaison between regional staff and MPHP officers.

The provision of the evaluation support was considered valuable, with one project also indicating a preference for a discussion rather than completing forms.

A number of projects felt that better Councillor and senior management support would have greatly assisted their project.

Some suggestions for support or resources that might be useful include:

- Indicators and data available at a local level;
- Theory relating to integrated planning and how Triple Bottom Line can link to other planning processes;
- Clarification from DHS regarding the links with other planning documents (e.g. Community Health Plans, Municipal Strategic Statement);
- DHS organised regional forums;
- More assistance early on from DHS staff to collaboratively develop evaluation tools and success indicators for each project
- More opportunities to showcase achievements. DHS could assist to raise the profile of work undertaken. Sometimes it can be difficult to motivate peers within Council except by external recognition;
- Case studies of the process, who was involved, key facilitating factors and strategies used to overcome barriers;

- Information Resources similar to the ‘Tool Kit’ provided by the Premier’s Drug Prevention Council (PDPC) Health Communities Project;
- Regular updates on new DHS initiatives;
- DHS assistance with finding opportunities for promoting project findings across the region and internally - horizontally and vertically;
- More time to conduct the project as 12 months was insufficient for one project, (e.g. an establishment phase up to 6 months, implementation for a full 12 months, and then follow-up for another 6 months).

Resources or tools that were developed by the projects are available either directly from the projects or the DHS Local Government Good Practice website <http://www.health.vic.gov.au/localgov/goodprac/tools.htm>.