

A LEGISLATIVE APPROACH TO HEALTHY PUBLIC POLICY IN LOCAL GOVERNMENT

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Overview

This paper tells a story from Victoria about the role that legislation can play in creating “healthy public policy” in the local government context.

In some ways it is not a unique story, as many of you will relate to this as a general policy development process. In other ways it is unique in that Victoria to our knowledge is the only jurisdiction in Australia that uses legislation in this way.

The paper is based on a practice perspective of implementing legislation, not on legal expertise.

The paper will give an overview of the history of the municipal public health planning section of the Health Act, reflect on the experiences of implementing this provision, explore a case study, and consider lessons learned which may be relevant to others.

Why Local Government?

The first question is why does Victoria have a focus on local government. The Public Health Group within the Department of Human Services works with local government because they are one of a number of players whose actions impact on health and wellbeing. As the level of government closest to the community it serves, it has a unique capacity to make a difference.

Councils have a role in creating:

- safe and healthy places to live
- social networks and support services
- opportunities to participate in decisions affecting the community
- good infrastructure such as land use schemes (Department of Human Services, 2003).

The Health Act Section 29B

In Victoria, the *Health Act 1958* is the principal legislation aimed at protecting and promoting public health (Department of Human Services, 2004). The Act requires local councils to develop Municipal Public Health Plans, with the provision for this as follows:

Section 29B:

1. Every council must, in consultation with the Secretary, prepare at 3 year intervals a municipal public health plan.

2. A municipal public health plan must -

(a) identify and assess actual and potential public health dangers affecting the municipal district; and

(b) outline programs and strategies which the council intends to pursue to –

(i) prevent or minimise those dangers; and

(ii) enable people living in the municipal district to achieve maximum well-being; and

(c) provide for periodic evaluation of programs and strategies.

3. Every council must review its municipal public health plan annually and, if appropriate, amend the plan.

The early history of municipal public health planning

Where did this provision come from?

In October 1985 the Victorian government began a review of the Health Act 1958, and as part of this, considered the public health role of local governments. This review stated that the aim of public health programs is to “create a physical, social, economic and cultural environment which

enables people to achieve maximum well-being” (Health Department Victoria, 1986). This broad definition was in line with the “new” public health thinking of the time.

In 1988, amendments to the Health Act were passed which established functions for local governments (prevent disease, prolong life and promote public health) and made provision for the first time for councils to prepare Municipal Public Health Plans. The intention for this was to provide a mechanism for proactive public health practice at the local level, albeit in partnership with the state Health Department of the time. The discussion paper released in 1986 discussed the aim to establish “a new role for local government in combatting lifestyle related diseases associated with poor nutrition, lack of exercise or excessive alcohol or tobacco consumption”. It noted that state and local government planning should be “coordinated ...through the submission by councils of annual health plans” (Health Department Victoria, 1986). This provision was regarded as ambitious, with the aim of changing public health culture in local government and indeed state government (Smith, 1995).

The requirement for Municipal Public Health Plans did not come into legal effect until 1993. In the meantime, the state government initiated a pilot and then a phased approach to support councils to develop their plans. There were also other related initiatives being implemented during the same time period, including a VicHealth Healthy Localities Project, which funded selected local councils to undertake health promotion, and an Integrated Local Area Planning initiative through the Australian Local Government Association (Smith, 1995).

| Summary of early introduction of Municipal Public Health Plans | |
|---|--|
| Pre-1988 | Local Government health functions focus on environmental health and human services |
| 1988 | Health (General Amendment) Act – functions for local government and new provision for Municipal Public Health Plans – to take legal effect in 1993 |
| 1989-1993 | Municipal Public Health Plan Pilot Program – Four stages |
| Other: 1990, 1992 | VicHealth Healthy Localities Project and Australian Local Government Association Integrated Local Area Planning initiative |

Where this section of the paper has provided an overview of the legislated requirement for Municipal Public Health Plans, the next section will reflect on experiences with implementing this requirement.

The early experience with implementation

Jim Smith from La Trobe University completed a review of Municipal Public Health Plans in 1995. The review found that there had been a strong take-up rate, with 76% of councils having formulated a Municipal Public Health Plan. However the review noted that many councils focused on developing the plan, rather than implementing it. In addition it noted “there is a general lack of council ownership of Municipal Public Health Plans with much of the primary responsibility for the plan and its implementation defaulting to Environmental Health Officers (EHOs) thus the perception is that the plan is a council health department plan and not a municipal public health plan”. The report also noted that many of the Municipal Public Health Plans either contained activities that councils “were going to do anyway” or contained “detailed and large” lists of strategies, leading to a question of the feasibility of implementing the plan (Smith, 1995).

Towards the new century

During the 1990s a variety of activities took place that supported councils in their planning.

Then in 1999, there was an independent review undertaken on a related initiative, Victoria's redevelopment of primary health and community support services. This review was a key milestone in spurring further developments in municipal public health planning. The review made a recommendation for a template/framework for Municipal Public Health Plans. The aim was to achieve greater consistency and quality across the state, to serve as a basis for primary health planning (Raismith, 1999).

Following this recommendation, the Department of Human Services formed a partnership with the Municipal Association of Victoria, the peak representative body for local governments, and other stakeholders to develop the new framework.

Environments for Health

The *Environments for Health* framework was released in 2001 (Department of Human Services, 2001). The framework shows how core council business can be done in a health promoting way. A key recognisable feature of the framework is that it proposes councils promote health across a range of environments: built, social, economic and natural.

The framework has been well-received by councils. Importantly though, it has also been supported with a number of implementation activities, including:

- Department of Human Services: Good Practice Program, Regional support, web site, forums, Primary Care Partnerships, etc.
- VicHealth: Leading the Way initiative, focused on CEOs, Mayors, and senior managers. The program uses the *Environments for Health* framework to help councils seek opportunities to positively affect the health and wellbeing of their communities. This important initiative focuses on the leadership level of local government and has complemented the work of the Department of Human Services.
- Other initiatives focused on healthy urban design: Planning Institute Australia: Planning for Health, Heart Foundation: Healthy By Design.

Snapshot of current environment: 2005

In 2005, almost 20 years on from the introduction of the legislation, over 80% of councils have current plans. The remaining councils are either "between" plans (their previous plan has expired and they are currently developing the next plan) or they have been participating in Good Practice Program activities. Some of the positive developments we have seen include:

- more emphasis in plans on practical strategies/actions, rather than large lists of strategies
- more emphasis on proactive health promotion strategies
- many councils integrating health into other council planning, such as their corporate plan and land use plan
- councils working in partnership, including networks of councils in metropolitan areas and joint planning by councils in rural areas.

Some of the ongoing issues and challenges include access to resources and staff changeover. The funding support from the Department of Human Services is in the form of one-off grants, and councils need to leverage other resources through their plans.

Case Study

One council in rural Victoria demonstrates some of this story. This council is Pyrenees Shire in the state's west.

Back in the early 1990s, this council was made up of a number of smaller councils, prior to Victorian council amalgamations. Some of these smaller councils had Municipal Public Health Plans. Actions involved in these early plans were not necessarily aimed at fulfilling the aims of

“new public health”. Actions were very much about the responsibilities of the Environmental Health Officer (for example inspecting septic tanks) and the timeframes for the actions were often ongoing.

When we look today, we see an evolution in the approach of Pyrenees Shire. Through a number of mechanisms, including involvement in the Good Practice Program and the Primary Care Partnership Strategy, Pyrenees has developed a stronger capacity to do health planning. Today, along with their neighbouring councils, they are developing specific actions to promote health across the built, social, economic and natural environments. An example is a strategy currently being developed to strategically create, maintain and promote local playgrounds, with the aim of increasing physical activity and strengthening community connections.

Through their health planning the council is working to integrate a focus on health and wellbeing into their council business.

Review of the Health Act 2004-05

This year the Department of Human Services is undertaking a review of the Health Act, including the provision for Municipal Public Health Plans. A discussion paper was released in September 2004 (Department of Human Services, 2004). The issues for discussion include:

- retaining and expanding the role of councils in protecting, improving and promoting health
- continuing the requirement for Municipal Public Health Plans
- placing a greater emphasis on implementing and reviewing Municipal Public Health Plans
- achieving closer links to other council planning to integrate health into council core business.

This review is still currently underway. An early look at the submissions received show support from councils and others for retaining municipal public health plans, but many ideas about changes and updating to reflect current thinking and challenges.

Lessons learned

The first lesson learned from Victoria’s experience and the main conclusion of this paper is that yes, legislation can be an important enabler in developing healthy public policy. Many councils in Victoria are doing health planning which they probably would not do if the legislation was not in place. The legislation also helps health planners put health on the agenda within their councils.

However, building healthy public policy requires more than just adopting a new section within an act of Parliament. This also needs to be supported with skill development, capacity/resources and partnerships across council and with external organisations.

Other lessons learned include

- Supporting the legislation needs to be about not just compliance, but quality.
- Ongoing political/internal advocacy is needed to keep local government/public health on the agenda. Twenty years on, there is still a need for cultural change at both the local and state government levels.
- Implementation of the legislation can only be successful if other stakeholders such as the Municipal Association of Victoria agree with its aim and promote it through their work.

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