



30 June 2015

The Hon. Jill Hennessy
Minister for Health
Victorian Department of Health and Human Services
Email: prevention@dhhs.vic.gov.au

Ask for: Natalie Walker
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Our Ref: A2164471

Dear Minister

Victorian Public Health and Wellbeing Plan 2015-19: Consultation

Hobsons Bay City Council welcomes the opportunity to contribute to the development of the Victorian Public Health and Wellbeing Plan 2015-19.

Partnerships between state and local government are key to the improved health and wellbeing of local communities. Underpinning Council's current Community Health and Wellbeing Plan 2013-17 is a partnership approach involving various state government departments including Department of Health and Human Services. With the development of this new plan, we look forward to the opportunities it provides to strengthen these relationships and work together to improve health for all.

Responses to the consultation questions are provided in the attached document. Should you wish to discuss this submission further, please contact Natalie Walker, Director Strategic Development on 9932 1096 or email nwalker@hobsonsbay.vic.gov.au.

Yours sincerely,

Chris Eddy
Chief Executive Officer



Hobsons Bay City Council's opinion of the proposed scope and narrative of the Plan as outlined in the consultation paper

In reviewing the consultation paper, it is pleasing to see that there appears to be a stronger emphasis placed on some of the social determinants of health, which was missing from the previous Victorian Public Health and Wellbeing Plan. In addition Council supports the focus on addressing health inequities across the life course and prioritising investment in children. It is recommended that the plan articulate underlying values, one of which should be to improve health equity, this needs to be implemented across all actions that are delivered through the plan.

A key gap within the consultation paper is the lack of direction and framework guiding the long term objectives and medium term priority areas. It is not only best practice to specify the underlying framework but it also assist stakeholders such as local government to see their relationship to the plan and their role in its implementation. It is suggested that a framework such as the Environments for Health Framework and or the Ottawa Charter for Health Promotion be used to guide the objectives and priority areas, with a population health approach underpinning the plan.

Integrated planning is key to addressing any long term change on the social determinants of health. With the development of the Victorian Public Health and Wellbeing Plan 2015-19 (VPHWP or the plan) the Department of Health and Human Services (DHHS) has an opportunity to provide state level leadership in integrated planning for health and wellbeing, which is what stakeholders require from the department. As such, the plan should specify how the DHHS will work with other state government departments such as the Metropolitan Planning Authority, Department of Education and Training, and the Department of Economic Development, Jobs, Transport and Resources. To make a sustainable change, this plan needs to be a whole of government plan, rather than just a DHHS plan, as it currently reads.

The scope of the plan also needs to acknowledge a whole of systems approach and articulate the role of state government across all aspects of health and wellbeing: from reorienting health services and the service system to address treatment and intervention needs at a tertiary level, through to behaviour change priorities, settings and environments, and ultimately towards articulating the role of state government in primary prevention and advocacy for change in the social determinants of health and wellbeing. For those determinants where DHHS does not have a clear role, working towards integration with other state government strategies is crucial and the plan needs to make this relationship very clear.

Currently the scope of the plan is negatively framed, rather than being framed towards a positive outcome. For example it states that the plan will focus on "reducing ill health that is avoidable – that can be prevented or its impact delayed or mitigated". In order to ensure health is addressed holistically the focus should be flipped to focus on promoting, sustaining and increasing health and wellbeing. This change in language would allow for more opportunities for partnerships and integration with other stakeholders focused on social determinants of health and liveability such as integrated transport, housing, employment, education and health services.



The core narrative of the plan relates to the “two way relationship...between physical and mental health and wellbeing, and education, social and economic participation”. Whilst the interrelated nature of physical and mental health is acknowledged, the notions of education and social and economic participation are unclear in this instance and needs to be further articulated. If these terms are to be used as the core narrative, it is recommended that they look outside the health sector e.g. education in terms of primary, secondary and tertiary educational opportunities as well as lifelong learning through libraries and community centres, rather than just individual education about health. Couching the plan within a framework such as the Ottawa Charter, and clearly articulating the role of state government, would help to clarify these areas, which are currently open to interpretation.

The pros and cons of articulating long term objectives (ten or more years) and medium term priorities (four years)

The long term objectives and medium term priorities, are not articulated in a way which demonstrates a clear link between the two. The long term objectives (which are essentially the goals of the plan) need to be high level statements. The medium term priorities (which are the objectives of the plan) need to be written to articulate how the high level statements will be implemented. The action plan will sit under the medium term priorities, articulating how the priorities will be implemented. These three levels, long term objectives (goals), medium term priorities (objectives) and the action plan all need to align and work together to achieve the outcomes. Currently they are not clearly articulating this alignment.

In relation to the long term objectives (or goals), an advantage of having them across ten years is that it acknowledges the time needed to create change in the social determinants of health. It could also support the continuation of these goals beyond a four year government term. One area which should be considered however is that the plan is currently only a four year plan, therefore every four years, regardless of the government in place at the time, the plan will need to be re-written. It is recommended that if ten year goals are to be used, then the plan be a ten year plan.

The potential disadvantage of long term objectives is that if they are not in alignment with the needs of stakeholders and communities, and or they are not well articulated, issues may arise with the level of commitment to reach objectives. As such DHHS will have to work with key stakeholders to ensure the objectives enable sustainable change and collaboration.

In relation to the medium term priority areas (or objectives), maintaining focus for four years allows for a staged approach in the achievement of the longer term objectives (or goals). This is the basis for a welcomed approach, however as stated earlier, there is currently some disconnect between the objectives and the priority areas which need to be more closely aligned.

The scope of the proposed objectives

The proposed long term objectives need to be broadened to reflect the broad range of social determinants of health and wellbeing. As it currently stands they are not based on any sound framework for action. It is recommended that a framework such as the Environments for Health be used. This framework is based around four main areas: built, natural, economic and social



environment. Within each of these environments the long term objectives should specify the social determinants, an example of this is indicated below:

- built environment: integrated transport, housing, infrastructure, health services
- economic environment: education, employment, income
- social environment: gender equity, social inclusion, cultural inclusion, social justice
- natural environment: open space, parks, climate change, food security

The scope of the proposed priorities

As articulated in question two, the priorities need to link with the objectives. Currently, as per the rest of the plan, the priorities are not based on a framework for health and wellbeing. It is recommended that the priorities be based on the Ottawa Charter for Health Promotion. This framework encompasses the full spectrum of health promotion from improving treatment and interventions by reorienting health services and the service system, through to developing personal skills via health education and behaviour change programs, and ultimately towards creating supportive environments for health through focusing on primary prevention, creating legislative policy changes to public policy influencing the social determinants.

Within the consultation paper, family violence and community violence have been placed in the same priority. It is Council's view that family violence and community violence, or safety, have different determinants and as such require very different interventions. The priority area for family violence should also specifically articulate addressing and acknowledging men's violence against women and gender equity.

Local government's contribution to achieving these proposed objectives and priorities

Councils have a legislated responsibility to develop a Municipal Public Health and Wellbeing Plan (MPHWP). These plans are based on community needs, local government's role and influence on health and wellbeing, as well as advocating for long term change which often sits outside of local government's legislative ability. If councils are to actively participate in the state health plan, the objectives and priorities need to align with the needs and issues within the local community.

In order for councils to fully contribute to the achievement of the long term objectives of the VPHWP, the legislative barriers that local governments face also need to be addressed. Currently councils' decision making regarding issues such as the location of liquor outlets, gaming machines, the implementation of affordable housing, and the location of fast food outlets is restricted by state legislation, or in the case of affordable housing, the lack of state legislation. Local governments are the closest level of government to the community, therefore are best placed to understand and plan for community needs. Legislation needs to be able to give local governments the ability to do this.

Council has adopted its budget for the next 12 months and priorities are set to addressing the priorities within the Council's Community Health and Wellbeing Plan 2013-17 (MPHWP). If state government is requiring Council to implement and or report on the VPHWP, then additional resources may be required.



Reflection of a healthy and well Victoria through the proposed high level risk and outcome measures

Both the outcome measures and the risk measures currently do not align with the objectives or the priorities of the plan. In measuring change, indicators and outcomes need to align to action. For example, one of the outcome measures is the proportion of adults with high psychological distress. If this is to be a measure in the plan, there would need to be action on the issues that may lead someone to feel psychologically distressed, and these issues often include insecure employment or housing stress/inadequate housing. As discussed in question one, some of these determinants have not been included in the long term objectives of the plan. A stronger emphasis on integrated planning would help to alleviate this gap and interim measures could be included around the success of advocacy or partnerships to address these long term issues which influence health and wellbeing.