Municipal Public Health and Wellbeing Plans

2025–2029

Analysis & Review: Summary Report

MAV
MUNICIPAL ASSOCIATION OF VICTORIA

Overview

Analysis of all 79 Victorian council Municipal Public Health and Wellbeing Plans (MPHWPs) and integrated Council Plans for 2025–2029 shows strong sector-wide alignment with the Victorian Public Health and Wellbeing Plan (VPHWP) 2023–2027, alongside a continued shift toward more integrated and strategically embedded wellbeing planning.

Across the sector, councils are increasingly embedding wellbeing within broader social, environmental and economic planning frameworks, while expanding beyond traditional public health priorities to include infrastructure, housing, food systems, climate resilience, social connection and equity.

Health and wellbeing priorities

Five VPHWP priorities were consistently embedded across almost all plans:improving mental wellbeing, active living, preventing all forms of violence, tackling climate change and healthy eating.

Increasing active living and improving mental wellbeing were included in all plans. Preventing all forms of violence was included in 92%, tackling climate change and its impacts on health was included in 85% of councils' plans and 84% of plans included healthy eating.

Reducing tobacco-related harm was included in 61% of plans, followed by reducing harmful alcohol and drug use in 59%.

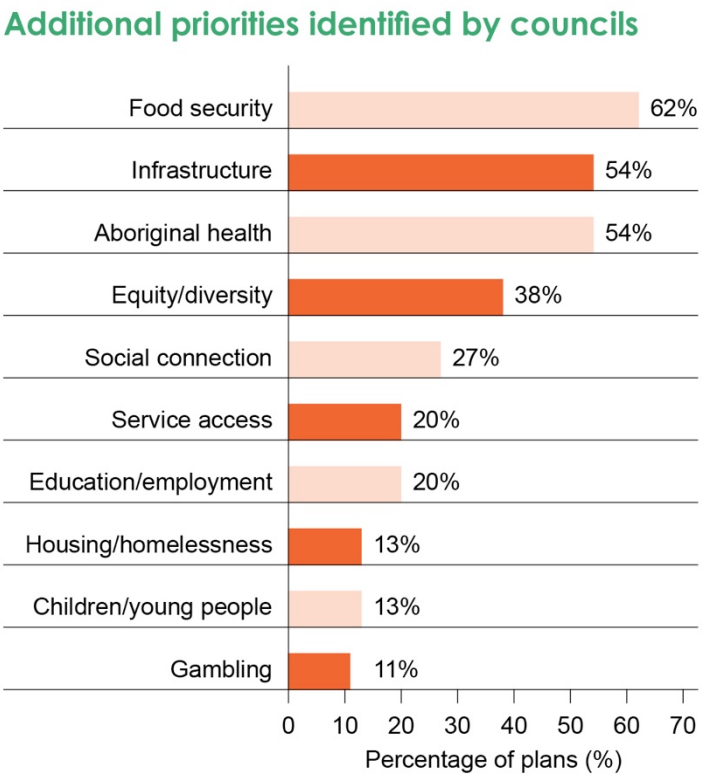
Reducing injury appeared in 30% of plans. Improving sexual and reproductive health appeared in 13% of plans, and reducing the risk of drug-resistant infections was included in only 1% of plans.

As in previous cycles, VPHWP priorities were often combined in council plans rather than listed as separate stand-alone priorities. For example, healthy eating and active living were frequently grouped under broader healthy lifestyles or prevention priorities. Mental wellbeing was often combined with social connection and inclusion, while prevention of violence was commonly linked with gender equality, safety or social cohesion.

The number of health and wellbeing priorities identified by councils ranged from three to 10, with most councils including around six to seven priority areas.

The findings suggest strong statewide alignment at the level of strategic priorities, with increasing variation emerging through implementation approaches, planning structure and delivery maturity.

Additional priorities included in plans



In many cases, councils included additional health and wellbeing priorities that were not named in the VPHWP but were clearly important in their municipality.

Across the dataset, councils consistently identified a broader range of wellbeing drivers extending beyond the formal VPHWP priority areas, particularly in relation to infrastructure, housing, food systems, social connection and climate resilience.

Food security emerged as a significant cross-sector issue, appearing in 62% of councils' plans either as a stand-alone priority or integrated within broader healthy eating, prevention or resilience frameworks. The findings suggest councils increasingly recognise food access as both a public health issue and a broader social determinant of wellbeing.

Infrastructure, including services, facilities and transport, and Aboriginal health and reconciliation were each included in 54% of plans. Equity and diversity, or reducing disadvantage, appeared in 38% of plans, followed by social connection and inclusion in 27%.

Service and facility access, and learning, education, employment and economic development, were each identified in 20% of plans. Housing and homelessness, and children and young people, each appeared in 13% of plans. Other additional priorities included community safety, older people, gambling and public health emergencies.

Together, these findings suggest councils are increasingly framing wellbeing through broader social, environmental and structural determinants.

From strategy to delivery

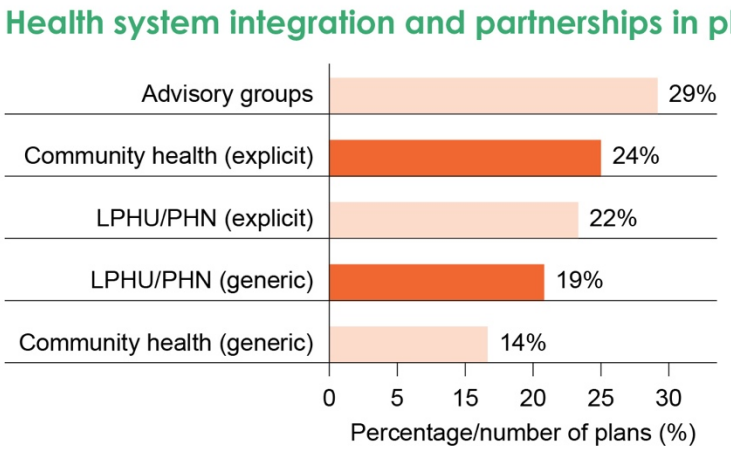
Across the 79 plans reviewed, 21 were assessed as highly detailed, 37 as medium in detail and 21 as lower detailed planning approaches.

While strategic alignment across councils was relatively strong, implementation clarity, governance visibility and accountability structures varied substantially.

This variation highlights significant differences in implementation maturity across the sector. Some councils articulated clear delivery frameworks, accountability mechanisms and measurable outcomes, while others focused more heavily on strategic direction and high-level intent.

Forty-three plans did not reference a separate action plan. Twenty-three plans had a separate action plan available, and a further 12 indicated that one would be developed.

Partnerships



Working in partnership with local, regional and state organisations remains central to councils' health and wellbeing work.

All plans referred in some way to collaboration with local organisations, service providers or community groups. However, the level of specificity varied considerably.

Community health was specifically named in 24% of plans and mentioned generically in a further 14%. Local Public Health Units (LPHUs), Primary Health Networks (PHNs), or legacy Primary Care Partnership references were specifically named in 22% of plans and mentioned generically in a further 19%.

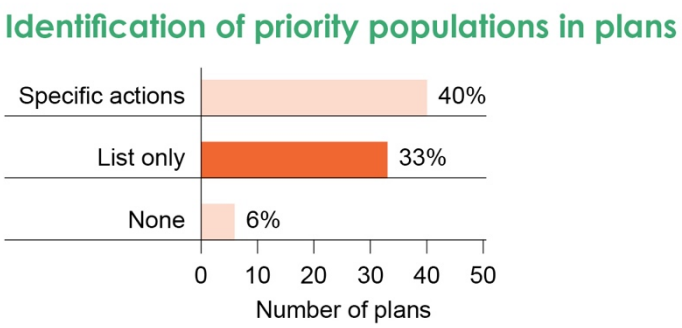
Approximately 40% of plans referenced an LPHU or PHN in a health planning role, such as contributing data, informing priorities, participating in governance, or supporting development of the plan. Twenty-nine plans stated that the plan was guided or informed by an advisory, reference or steering group.

These findings suggest that while partnerships remain a consistent theme across the sector, health system integration is not always clearly articulated in the plans themselves.

The findings suggest partnership integration and broader health system coordination remain uneven across the sector, with some councils clearly articulating governance and planning roles while others referenced partnerships more generally.

References to Local Public Health Units and Primary Health Networks are not consistently defined, with some councils clearly identifying their role in planning and coordination, and others referring to them only generally or not at all.

Priority populations



Most plans identified priority populations, although the level of implementation detail and targeted responses varied considerably across the sector.

Forty councils identified priority populations and linked these to specific health and wellbeing actions. A further 33 plans included a list of priority populations, but without clearly tailored actions. Only six plans did not clearly identify any priority populations.

The most identified priority populations were Aboriginal and Torres Strait Islander communities, followed by LGBTIQA+ communities, people with disability, culturally and linguistically diverse communities, young people, older people and children.

The findings suggest councils are increasingly moving beyond population identification toward more explicit equity framing, although the consistency and operational maturity of these approaches vary across the sector.

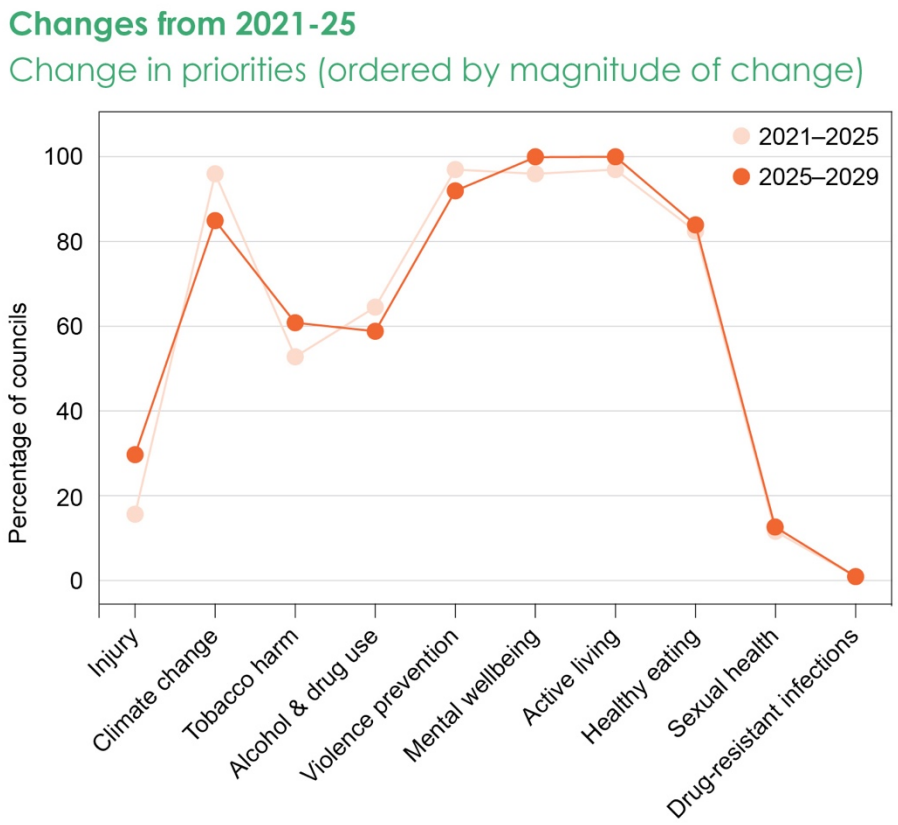
Inclusion of Aboriginal and Torres Strait Islander communities

Overall, 86% of plans included Aboriginal and Torres Strait Islander communities through partnerships, priority group identification or targeted strategies. Aboriginal and Torres Strait Islander people were named as a priority population in 87% of plans.

Nineteen plans named an Aboriginal corporation or service as a key partner. Thirty-six plans included one or more strategies addressing Aboriginal partnerships, recognition and/or health, with more than 70 Aboriginal-specific strategies identified across the dataset.

Many of these strategies related to reconciliation, strengthening partnerships with Traditional Owners or Aboriginal organisations, recognising Aboriginal cultural heritage and connection to Country, and improving culturally safe access to services and programs.

Comparison with 2021–2025 plans



A comparison with the 2021–2025 Municipal Public Health and Wellbeing Plans shows a high level of continuity in the priorities identified by councils.

The four core Victorian Public Health and Wellbeing Plan (VPHWP) priorities — increasing active living, improving mental wellbeing, preventing all forms of violence, and tackling climate change and its impacts on health — remain the most consistently included across both planning cycles.

In 2025–2029, increasing active living and improving mental wellbeing are included in all plans, while prevention of violence and climate change continue to be included in a large majority of plans, although at slightly lower levels than in the previous cycle.

Other VPHWP priorities show more variation between the two periods.

Reducing tobacco-related harm has increased in prominence, appearing in a higher proportion of plans than in 2021–2025. In contrast, reducing harmful alcohol and drug use has declined slightly as a standalone priority. Reducing injury has increased from a relatively low base, while improving sexual and reproductive health and reducing the risk of drug-resistant infections remain low across both cycles.

Increasing healthy eating remains a consistently strong area of focus, with similar levels of inclusion across both planning periods. As in previous cycles, this priority is

often combined with active living under broader prevention or healthy lifestyle themes.

The comparison suggests the strongest changes between planning cycles are now occurring through integration, implementation and broader determinants framing rather than through major shifts in core priority areas.

More broadly, the 2025–2029 plans reflect a continued shift toward integrating VPHWP priorities with wider, place-based considerations. Priorities such as social connection, equity, infrastructure, access to services and Aboriginal health and wellbeing are more consistently reflected across plans, often in combination with the core VPHWP areas.

This suggests that councils are increasingly framing health and wellbeing within a broader context of social, environmental and structural determinants, rather than as a set of discrete issues.

Key observations

The 2025–2029 plans show strong sector-wide alignment with core VPHWP priorities, particularly active living, mental wellbeing, prevention of violence and climate change.

At the same time, councils continue to expand the health and wellbeing agenda beyond the VPHWP. Infrastructure, equity, reconciliation, housing, social connection and access to services are increasingly being embedded within broader local wellbeing frameworks.

The findings highlight significant variation in implementation maturity across the sector, particularly in relation to governance visibility, delivery frameworks, accountability structures and measurable outcomes.

Overall, the findings suggest Victorian local government wellbeing planning is entering a more mature and integrated phase, increasingly defined not by whether councils prioritise wellbeing, but by how effectively they translate complex wellbeing agendas into coordinated, measurable and deliverable outcomes.