MUNICIPAL ASSOCIATION OF VICTORIA

Municipal Public Health and Wellbeing Plans 2021–2025: Snapshot

February 2022

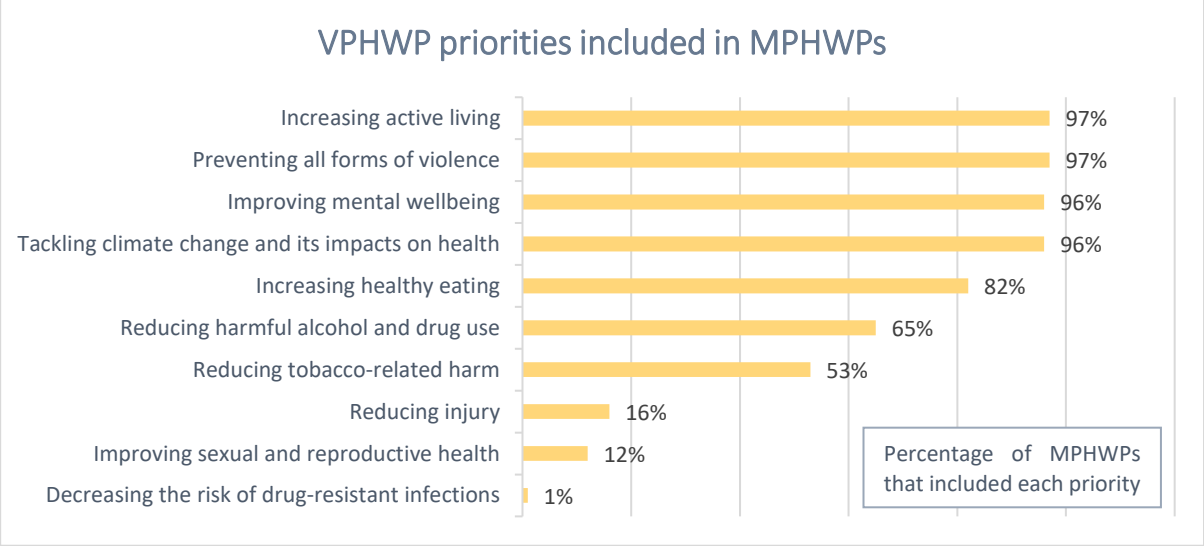
Victoria's 79 councils lead a wide range of initiatives to promote the health and wellbeing of their local communities. Actions are based on local health and wellbeing indicators and state policy and determined in consultation with community members and local partner organisations. Initiatives are diverse, such as the provision of quality open space encouraging walking and cycling, community-based programs to foster community connection and mental wellbeing, education and food system changes to promote healthy eating, future planning to reduce the impacts of climate change on health, and initiatives that prevent family violence and create safer communities.

Councils have a statutory requirement to document these issues and initiatives in a municipal public health and wellbeing plan (MPHWP) every four years, with regard for the *Victorian Public Health and Wellbeing Plan 2019–2023* (VPHWP). In 2021, 41 councils prepared a stand-alone MPHWP and 38 included the MPHWP within the council plan.

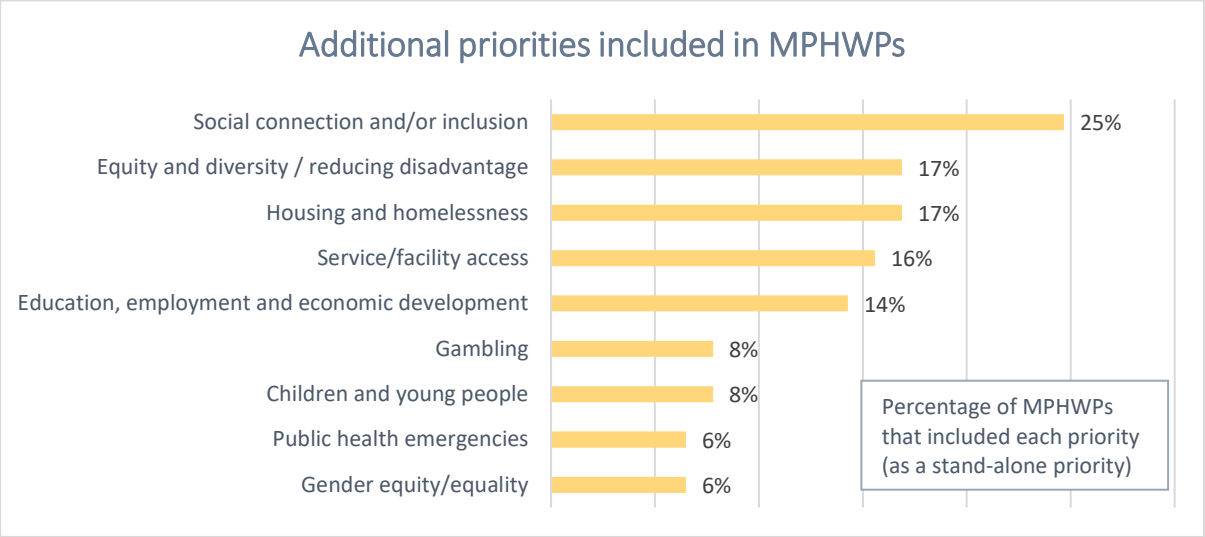
The MAV supports councils in their work to progress the development of healthy, diverse and thriving communities with their key partner agencies. It has conducted an analysis of the key themes and priorities in the MPHWPs, summarised here. This review included 77 of the 79 plans.

Health and wellbeing priorities

There were four VPHWP priorities that were included in almost all plans: increasing active living (included in 97% of MPHWPs), preventing all forms of violence (97%), improving mental wellbeing (96%), and tackling climate change and its impact on health (96%). Increasing healthy eating was a priority in 83% of plans, followed by reducing harmful alcohol and drug use (65%) and reducing tobacco-related harm (53%). VPHWP priorities were frequently combined in the MPHWPs and council plans, for example, combining active living and healthy eating as one priority area.



The number of health and wellbeing priorities chosen by councils ranged from three to 27. In many cases, councils included additional health and wellbeing priorities that were not named in the VPHWP but were shown to be important in their municipality. The most common of these priorities was social connection/inclusion, followed by equity and diversity, housing and homelessness, and service access (see next page). *



These figures reflect MPHWPs that included these issues as stand-alone priorities. Analysis of the wording of the VPHWP priorities shows that many plans combined VPHWP priorities with the additional priorities listed above, for example, combining mental wellbeing and social connection (13%), preventing violence and promoting gender equality (19%), and reducing harm from alcohol and gambling (10%).

Social connection/inclusion, and its link to mental wellbeing, was a prominent theme across the plans. This focus is likely to be a result of the COVID-19 pandemic, with analysis of the MPHWPs showing mental health and social isolation to be the most frequently cited issues linked to COVID. It is notable that while 97% of plans included improving mental wellbeing as a priority, 25% included social connection/inclusion as an additional, stand-alone priority, giving the broader area of mental and social health a double emphasis.

Partnerships

Working in partnership with local, regional and state organisations is key to councils' work, especially in promoting community health and wellbeing. All plans included statements about the importance of partnerships and on working with local organisations, and 65% included a list of key health and wellbeing partners. The most frequently listed local partners (other than the Victorian Government) were Primary Care Partnerships (named by 71%) and community health (named by 61%). Other common partner organisations included women's health services, hospitals, community service organisations, neighbourhood houses, Aboriginal community controlled organisations, police, sports organisations and family violence services.

Twenty-four plans stated that the plan was guided or overseen by an advisory/reference group or a consortia of local organisations. (Note, this is a minimum figure, as other councils might have similar reference groups but may not have named them in the plan.)

Priority populations

The MPHWPs and council plans included local data about health issues, often including data on specific population groups. Some councils went beyond this, by identifying priority populations. While not a requirement of an MPHWP, about a third of plans chose to identify priority population groups, either via a list or by naming a target group in a health and wellbeing priority. The most common priority populations were Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse backgrounds, people with a disability, LGBTIQA+ communities, young people, older people and children.

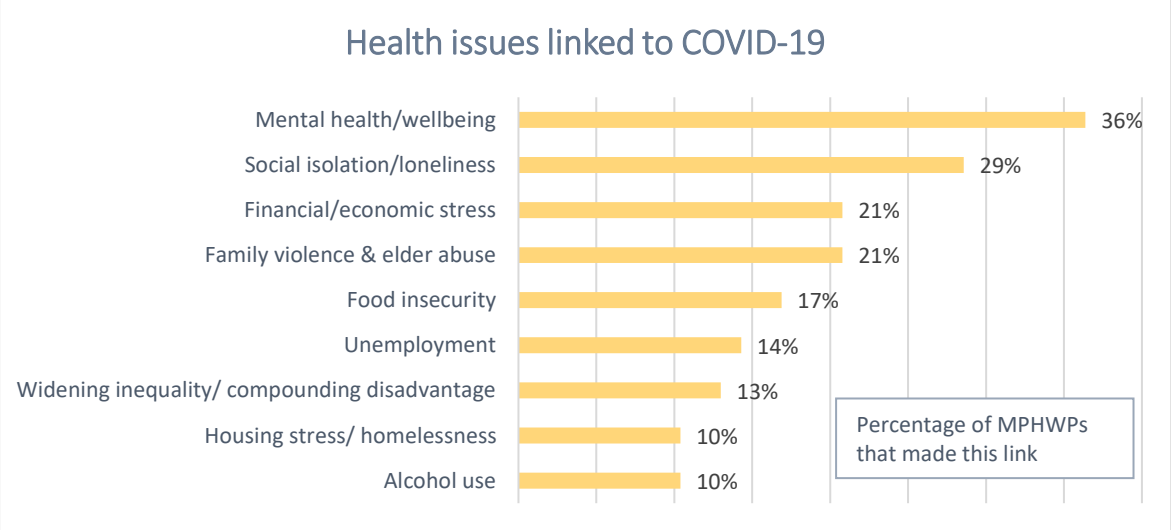
Inclusion of Aboriginal and Torres Strait Islander communities

The importance of addressing the health and wellbeing of Aboriginal and Torres Strait Islander communities was recognised in many council plans and municipal health and wellbeing plans. Overall, 84% of plans included Aboriginal and Torres Strait Islander communities either through partnerships, priority groups or targeted strategies. There were 57 plans (74%) that included one or more strategies to strengthen Aboriginal and Torres Strait Islander health and wellbeing, with a total of 153 strategies across all plans. Many of these strategies related to reconciliation, strengthening partnerships and recognising Aboriginal cultural heritage and connection to land.

Method of including/prioritising Aboriginal and Torres Strait Islander communities	Percentage of MPHWPs
Aboriginal corporation/service named as a key partner	32%
Aboriginal and Torres Strait Islander people named as a priority group (in priority group list, in a discussion section, or as an overarching priority/goal)	42%
Includes strategies that aim to strengthen Aboriginal and Torres Strait Islander health and wellbeing (including strategies to strengthen partnerships, recognition and/or health).	74%
Plans that include one or more of the above	84%

Impact of COVID-19

The significant impact of COVID-19 on community health and wellbeing was seen across the plans, with 94% of plans including discussion of COVID. Forty-six plans (60%) linked specific health and wellbeing issues to COVID. Of the issues linked to COVID, the impact on mental health and wellbeing was the most frequently listed concern, followed by social isolation and loneliness, financial stress, family violence, food insecurity, unemployment and widening inequality.



Seven plans included responding to public health emergencies (citing COVID) as a high-level priority: five as a stand-alone priority and two combined with tackling climate change. Actions that specifically referred to COVID mostly related to general COVID recovery or business support, with six aimed at increasing vaccination.

** In addition to the priorities and actions in MPHWPs, councils conduct many other health and wellbeing protection activities, such as maternal and child health services and monitoring food safety and tobacco sales. These are often not included in MPHWPs because they are considered part of standard council operations.*