Municipal Public Health and Wellbeing Plans

2025–2029

Analysis & Review: Full Report

MAV
MUNICIPAL ASSOCIATION OF VICTORIA

Executive summary

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 place-based wellbeing planning.

Active living and mental wellbeing appeared in all plans reviewed, while prevention of violence appeared in 92% of plans and climate change in 85%.

Councils also placed stronger emphasis on the broader social, environmental and structural determinants of health, including infrastructure, housing, food systems, social connection and equity.

The current planning cycle further reflects increasing recognition of climate resilience, sustainability and planetary health within local government wellbeing planning.

Wellbeing planning is increasingly being embedded as a whole-of-council responsibility rather than a discrete public health function, with councils more frequently linking health outcomes to broader social, environmental and economic conditions.

While strategic alignment across the sector is now strong, significant variation remains in how councils structure priorities, articulate implementation approaches and translate strategic intent into operational delivery.

As councils expand wellbeing planning into areas such as infrastructure, housing, climate resilience and food systems, expectations around implementation, governance and cross-sector coordination are also increasing.

The findings suggest the next phase of sector development will focus less on identifying priorities and more on strengthening implementation maturity, evaluation capability and coordinated delivery.

Overall, the findings suggest Victorian local government health 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 action.

Introduction

What we looked at

The review

- VPHWP's priority inclusions (10)
- Additional priorities
- Priority populations
- Partnerships
- Level of detail in the plans

The development of Municipal Public Health and Wellbeing Plans remains one of the most important mechanisms through which Victorian councils engage with communities, interpret local evidence and identify priorities for improving health and wellbeing outcomes.

Developed under the *Public Health and Wellbeing Act 2008* and informed by the Victorian Public Health and Wellbeing Plan (VPHWP) 2023–2027, these plans provide insight into how councils understand wellbeing, prioritise prevention and position themselves within broader health and community systems.

This report reviews all 79 Victorian council MPHWPs and integrated Council Plans for the 2025–2029 cycle. The analysis examines how Victorian councils are interpreting, integrating and operationalising health and wellbeing priorities within broader strategic planning frameworks.

Methodology

The analysis combined quantitative coding with qualitative thematic review to identify statewide planning patterns, emerging priorities and implementation trends across Victorian local government.

This analysis reviewed all 79 Victorian council Municipal Public Health and Wellbeing Plans (MPHWPs) and integrated Council Plans prepared for the 2025–2029 cycle.

Plans were assessed using a structured coding framework examining alignment with VPHWP priorities, emerging and additional priorities, integrated versus stand-alone planning approaches, implementation maturity, partnership and governance arrangements, priority populations, Aboriginal and Torres Strait Islander inclusion and broader determinants framing.

Priorities were classified according to whether they were explicitly addressed, combined within broader themes, acknowledged or not addressed.

As councils vary significantly in planning structure, detail and terminology, the findings should be interpreted as indicative of statewide sector patterns rather than direct one-to-one comparisons.

The evolution of local government health planning

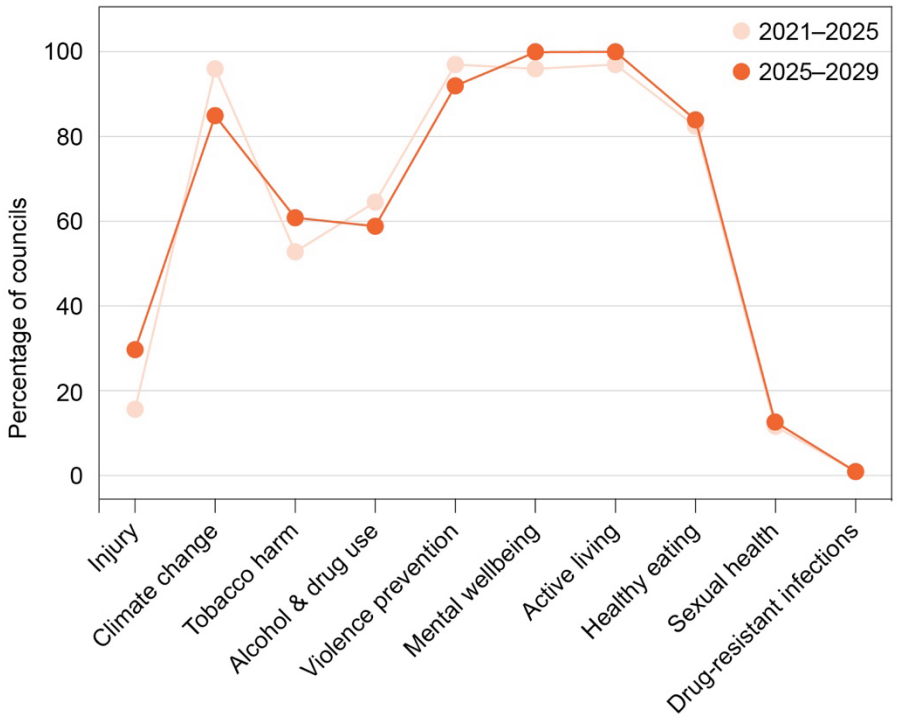
The operating environment

- Post-COVID recovery phase
- Increasing demand on local government services
- Broader definition of health and wellbeing
- State policy direction (VPHWP 2023–2027)
- Financial and delivery pressures on councils

Image: MAVlab Innovation Case Study Library

Changes from 2021-25

Change in priorities (ordered by magnitude of change)



One of the clearest findings emerging from the 2025–2029 planning cycle is that Victorian councils are increasingly moving beyond narrow public health framing toward broader place-based wellbeing approaches.

Historically, council health planning has often focused on discrete public health issues such as physical activity, healthy eating or tobacco reduction. While these priorities remain important, the current planning cycle demonstrates a much broader conceptualisation of wellbeing.

Comparison with the previous planning cycle

Compared with the 2021–2025 planning cycle, the current plans demonstrate a notable shift away from issue-based public health framing toward more integrated wellbeing approaches. In the previous cycle, COVID-19 recovery strongly influenced council planning, particularly through increased focus on mental wellbeing, loneliness, food insecurity and social vulnerability.

While those issues remain visible in the 2025–2029 plans, councils are now increasingly embedding them within broader strategic frameworks focused on resilience, liveability, inclusion, infrastructure and long-term prevention. This suggests local government wellbeing planning is becoming more integrated, determinants-focused and strategically embedded across organisational planning systems.

Across the sector, councils increasingly recognise that health outcomes are shaped by interconnected social, environmental and economic conditions including housing security, infrastructure, climate resilience, transport access, food systems, inclusion and participation. This reflects a continuing shift toward more integrated and prevention-oriented wellbeing planning approaches.

The increasing use of integrated Council Plans rather than stand-alone MPHWPs is one of the most visible structural shifts in this planning cycle. Forty-eight councils integrated health and wellbeing priorities within broader Council Plans, while 31 prepared stand-alone MPHWPs. This trend reflects a broader organisational shift toward embedding wellbeing across all areas of council activity rather than treating health planning as a discrete function.

Although COVID-19 is less explicitly referenced in the current planning cycle, many councils continue to embed themes associated with pandemic recovery, including social connection, resilience, vulnerability and mental wellbeing. This suggests the long-term impacts of the pandemic continue to shape local government wellbeing priorities, even where recovery language itself has receded.

Alignment with state priorities

Strongest statewide priorities

Active living and mental wellbeing were included in all 79 plans reviewed. Prevention of violence appeared in 92% of plans, while climate change and its impacts on health appeared in 85%.

Healthier eating was included in 84% of plans, while tobacco harm and alcohol and drug harm appeared less consistently.

Other VPHWP priorities, including injury prevention, sexual and reproductive health and antimicrobial resistance, remained significantly less prominent across the sector.

Variation in implementation and delivery

Variation across the sector emerged more clearly through differences in implementation approaches, planning structure, operational detail, governance maturity, partnership integration and the treatment of secondary priorities.

The findings suggest the key point of variation across Victorian local government is no longer which wellbeing priorities councils identify, but how clearly those priorities are translated into implementation, governance and measurable delivery.

Many councils grouped VPHWP priorities within broader frameworks such as prevention, resilience, inclusion and liveability rather than presenting them as stand-alone themes. This reflects increasing integration between traditional public health priorities and broader wellbeing planning frameworks across the sector.

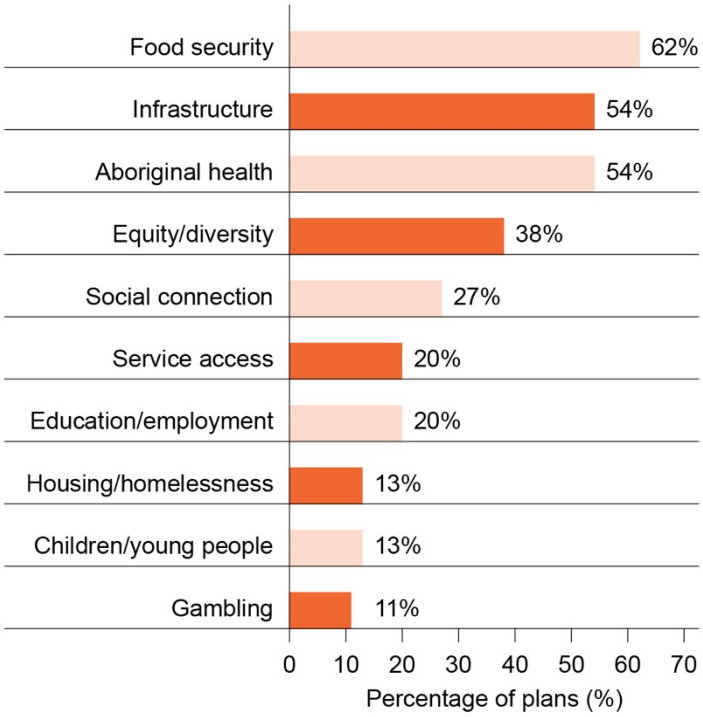
The number of health and wellbeing priorities identified by councils ranged from three to 10, with most councils identifying approximately six to seven priority areas.

This variation reflects the different ways councils grouped, integrated and structured wellbeing priorities within broader strategic planning frameworks.

Beyond the VPHWP: the expanding wellbeing agenda

Beyond the VPHWP priorities

Additional priorities identified by councils



One of the most significant findings across the 2025–2029 planning cycle is the extent to which councils are expanding wellbeing planning beyond the formal VPHWP framework.

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. Food security, food systems or equitable food access appeared in 62% of councils' plans either as stand-alone priorities or integrated within broader healthy eating, prevention or resilience frameworks.

Thirty-two councils identified food security explicitly as an additional or stand-alone priority area, while a further 17 integrated food security within broader healthy eating or prevention priorities. The findings suggest councils increasingly recognise food access as both a public health issue and a broader social determinant of wellbeing.

Councils commonly framed food security through affordability, sustainability, local food systems, emergency relief and equitable access to nutritious food.

Infrastructure, including services, facilities and transport, emerged as one of the strongest additional themes across the sector and appeared in 54% of plans reviewed. Aboriginal health and reconciliation also appeared in 54% of plans, highlighting the extent to which councils are broadening wellbeing planning beyond the formal VPHWP framework.

Equity and diversity, or reducing disadvantage, appeared in 38% of plans, reflecting increasing recognition of the relationship between wellbeing, access and structural disadvantage.

Social connection and inclusion appeared in 27% of plans as an explicit additional priority, although references extended much more broadly across mental wellbeing, resilience and inclusion frameworks.

In many plans, social connection was integrated across mental wellbeing, inclusion, participation, ageing and resilience strategies.

Service and facility access, and learning, education, employment and economic development, were each identified in 20% of plans, reinforcing the increasingly broad scope of local government wellbeing planning.

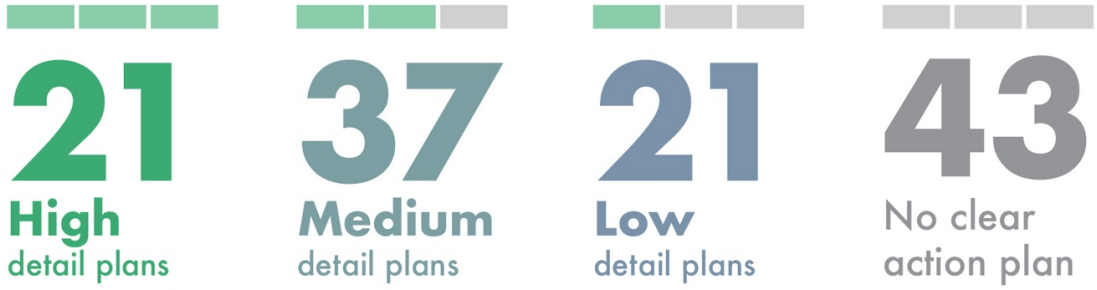
Housing and homelessness appeared as stand-alone priorities in 13% of plans. However, broader references to housing affordability, insecurity and homelessness appeared across many more plans through themes including vulnerability, social inclusion, cost-of-living pressures and community wellbeing.

Housing themes appeared more prominently in metropolitan growth areas and councils experiencing significant affordability pressures.

Councils varied considerably in how directly they positioned themselves within housing responses. Some adopted explicit housing and homelessness frameworks, while others referenced housing pressures more indirectly through broader inclusion, disadvantage or resilience narratives.

From strategy to delivery

Detail within the plans



Across the 79 plans reviewed, 21 were assessed as highly detailed, 37 as medium in detail and 21 as lower detailed planning approaches, highlighting that the strongest variation across the sector now lies in implementation maturity rather than priority selection.

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

Higher-detailed plans commonly included implementation frameworks, measurable indicators, timelines, action ownership, governance structures, evaluation mechanisms and clearly articulated partnership responsibilities.

Lower-detailed plans more commonly relied on broad strategic framing, separated action plans from strategic plans, provided limited measurable outcomes, focused more heavily on vision and intent and contained fewer delivery mechanisms.

Some councils developed implementation-oriented plans supported by measurable outcomes, timelines, governance structures and reporting frameworks. These approaches generally provided clearer accountability pathways and stronger visibility around delivery expectations.

Importantly, the findings suggest that integrated planning does not automatically result in stronger or weaker health planning outcomes. Some integrated Council Plans embedded wellbeing deeply across organisational priorities, while others diluted health-specific detail within broader strategic frameworks. This highlights the importance of implementation maturity rather than planning format alone.

Partnerships and system integration

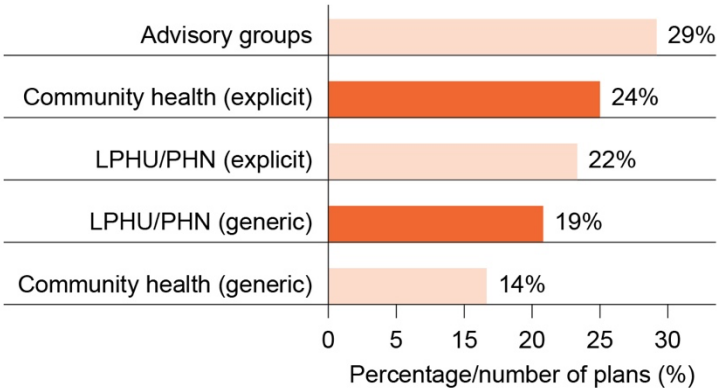
Health system integration and partnerships in plans

All plans reference partnerships

Variable clarity on:

- LPHUs
- PHNs
- Health system roles

In around four in ten plans, LPHUs or PHNs are clearly identified in a health planning role - but in others, the connection is more general or not defined.



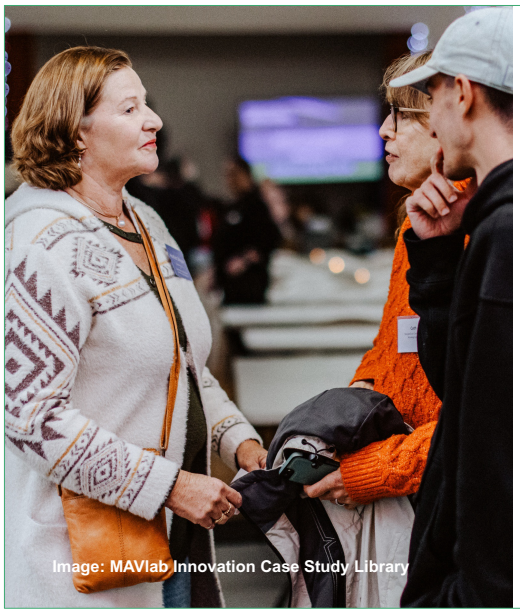
Partnerships remain central to local government health and wellbeing planning across Victoria. All plans referenced collaboration with local organisations, community groups, service providers or broader health system stakeholders.

Approximately 40% of plans referenced Local Public Health Units (LPHUs) or Public Health Networks (PHNs) in formal planning, governance or implementation roles.

However, references to broader health system integration remained inconsistent across the sector. Some councils articulated highly developed regional governance and partnership models, while others referenced collaboration more generally without clearly defining roles, responsibilities or accountability structures.

The findings suggest councils are increasingly operating as coordinators within broader local wellbeing systems, particularly through regional food systems partnerships, climate resilience initiatives and integrated prevention approaches. However, system integration maturity remains uneven across Victorian local government.

Equity, inclusion and priority populations

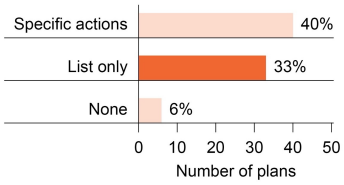


Priority populations

Most plans now clearly identify priority groups with the strongest focus on:

- Aboriginal communities
- CALD
- People living with disability
- LGBTIQA+
- Young & older people

Identification of priority populations in plans



Victorian councils are increasingly adopting more explicit equity-based approaches to wellbeing planning.

Aboriginal and Torres Strait Islander communities were the most consistently identified priority population group across the sector, followed by culturally and linguistically diverse communities, young people, older people and people with disability. The analysis identified a clear distinction between:

- identifying priority populations
- and embedding tailored responses within implementation frameworks.

While many councils referenced priority populations, fewer clearly articulated targeted responses, culturally specific approaches, measurable equity outcomes or implementation accountability mechanisms.

Equity approaches varied considerably across the sector, ranging from broad population identification through to targeted implementation frameworks, culturally specific approaches and measurable inclusion outcomes.

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

Aboriginal health and reconciliation

The analysis identified stronger integration of Aboriginal health, reconciliation and cultural recognition across the 2025–2029 planning cycle.

Across the sector, councils increasingly linked Aboriginal wellbeing with cultural safety, reconciliation, Traditional Owner partnerships, connection to Country, self-determination and culturally inclusive service delivery.

Many councils embedded acknowledgement of Country, Traditional Owner partnerships, reconciliation commitments and culturally safe service approaches within broader wellbeing frameworks.

Increasingly, councils are recognising the relationship between culture, Country, identity and wellbeing.

This reflects a broader shift away from symbolic acknowledgement alone toward more embedded recognition of Aboriginal wellbeing within strategic planning frameworks.

Despite this progress, the analysis identified considerable variation between symbolic recognition, strategic inclusion, operational partnership integration and measurable Aboriginal wellbeing outcomes.

Some councils articulated detailed partnership approaches with Traditional Owners and Aboriginal organisations, while others focused more heavily on acknowledgement and high-level commitments.

Overall, the findings suggest councils are increasingly embedding Aboriginal wellbeing, reconciliation and cultural recognition within broader strategic planning frameworks, although operational maturity and measurable outcomes remain inconsistent across the sector.

Key sector insights and implications

The analysis suggests Victorian local government health planning is entering a more mature phase, with councils increasingly embedding wellbeing within broader strategic, social and environmental planning frameworks.

As councils expand wellbeing planning into areas such as housing, infrastructure, climate resilience and food systems, they are operating within increasingly interconnected local systems involving health agencies, social services, regional partnerships and community organisations.

This is creating growing expectations around coordination, governance, implementation capability and cross-sector partnership maturity.

The findings suggest future sector capability development may increasingly need to focus on implementation and delivery maturity rather than priority identification alone.

The analysis also highlights increasing expectations on councils to operate as coordinators within broader local wellbeing systems, particularly in areas where councils have influence but limited direct control over structural drivers such as housing affordability, health service access and economic disadvantage.

Conclusion

The 2025–2029 Municipal Public Health and Wellbeing plans demonstrate that Victorian local government health planning is becoming increasingly integrated, place-based and strategically embedded across council planning frameworks.

Across the sector, councils are increasingly linking wellbeing outcomes to broader social, environmental and economic conditions including housing, infrastructure, climate resilience, food systems, inclusion and social connection.

Strong alignment now exists across the sector at the level of strategic priorities. However, significant variation remains in how councils translate priorities into implementation, governance and measurable delivery.

Overall, the findings suggest Victorian local government is entering a more mature phase of wellbeing planning that is increasingly defined not by whether councils prioritise wellbeing, but by how effectively they deliver coordinated, measurable and long-term population wellbeing outcomes.