GOVERNMENT OF WESTERN AUSTRALIA

Sustainable Health Review

Public Submission Cover Sheet

Please complete this sheet and submit with any attachments to the Sustainable Health Review Secretariat

Your Personal Details ***This information will be used only for contacting you in relation to this submission***	
Title	Mr ☒ Miss ☐ Mrs ☐ Ms ☐ Dr ☐ Other ☐
Organisation	Environmental??Health??Australia?? Western??Australia??
First Name(s)	Vic
Surname	Andrich
Contact Details	[redacted]

Publication of Submissions

Please note all Public Submissions will be published unless otherwise selected below

☐ I do not want my submission published

☐ I would like my submission to be published but remain anonymous

Submission Guidance

You are encouraged to address the following question:

In the context of the Sustainable Health Review Terms of Reference listed below, what is needed to develop a more sustainable, patient centred health system in WA?

- Leveraging existing investment in Primary, Secondary and Tertiary healthcare, as well as new initiatives to improve patient centred service delivery, pathways and transition;
- The mix of services provided across the system, including gaps in service provision, sub-acute, step-down, community and other out-of-hospital services across WA to deliver care in the most appropriate setting and to maximise health outcomes and value to the public;
- Ways to encourage and drive digital innovation, the use of new technology, research and data to support patient centred care and improved performance;
- Opportunities to drive partnerships across sectors and all levels of government to reduce duplication and to deliver integrated and coordinated care;
- Ways to drive improvements in safety and quality for patients, value and financial sustainability, including cost drivers, allocative and technical efficiencies;
- The key enablers of new efficiencies and change, including, research, productivity, teaching and training, culture, leadership development, procurement and improved performance monitoring;
- Any further opportunities concerning patient centred service delivery and the sustainability of the WA health system.

Submissions Response Field

Please type your response into the field below. Alternatively you may provide your submissions as a separate attachment (Suggested Maximum 5 pages).

Environmental Health Australia (EHA) is the premier environmental health professional organisation in Australia which advocates environmental health issues and represents the professional interests of all environmental health practitioners.

EHA is committed to the professional development and status of its members and the enhancement of environmental health standards and services to the community through advocacy, promotion, education and leadership, and will therefore contribute to the Sustainable Health Review.

As recoginsed by the World Health Organization (in 2014), environmental health addresses all the physical, chemical, and biological factors external to a person, and all the related factors impacting behaviours. It encompasses the assessment and control of those environmental factors that can potentially affect health. It is targeted towards preventing disease and creating health-supportive environments, so is therefore essential to maintain sustainable health of the population.

Environmental health officers (EHOs) assess risk and develop, regulate, enforce and monitor laws and regulations governing public and environmental health for both the built and natural environment, in order to promote good human health and environmental practices. Many environmental health professionals are employed in State Government Departments (Department of Health, Department of Water and Environmental Regulation, etc.). The majority of environmental health officers in Western Australia, are employed by Local Governments to ensure approvals and compliance with health and environment legislation. A final proportion of EHA members are working in the private sector, as consultants, health and safety experts or other roles.

Environmental Heath Australia (WA) submits the following responses in relation to each Sustainable Health Review Terms of Reference below:

1. *Leveraging existing investment in Primary, Secondary and Tertiary healthcare, as well as new initiatives to improve patient centred service delivery, pathways and transition;*

   The fundamental principle of any sustainable health process is to 'prevent the cause of the ill health in the first place'. Preventative health strategies are critical in this review. Preventative health is divided into two categories –1. individual impacts that the individual has some control (eg: obesity, nutrition, smoking, chronic disease, etc.) –2. individual impacts that the individual has no control over (public and environmental impacts on human health eg: air quality, food standards, water quality, etc.). The Sustainable Health Review must formally recognise and acknowledge public and environmental health and provide an avenue for these aspects to be included in any future government strategy.

   By enhancing environmental health services, the communities need for additional Primary, Secondary and Tertiary healthcare investments become more efficient, or could even be interpreted as reducing on-going costs to the community, by maintaining higher

Submissions Response Field

Please type your response into the field below. Alternatively you may provide your submissions as a separate attachment (Suggested Maximum 5 pages).

levels of health in the population. Additionally EHOs can assess the approvals and compliance of healthcare facilities (new buildings, maintenance, services, etc.) to ensure the new investments provide delivery of basic health standards.

2. *The mix of services provided across the system, including gaps in service provision, sub-acute, step-down, community and other out-of-hospital services across WA to deliver care in the most appropriate setting and to maximise health outcomes and value to the public*;

   EHA suggests this term of reference be applied to the *Public Health Act 2016* requirement for each local government to prepare a Public Health Plan. It is recommended each plan details align with the State Government's requirements, with confirmation of applicable health activities based on each local governments different residential population size, commercial, industrial or rural areas and geographic and climatic locations.

   It is essential that the Sustainable Health Review link with the State Public Health Plan ensuring that public and environmental health indicators and clearly articulated and that they are binding on local governments. This is essential as local governments are best placed to provide data on actual health risks and impacts on local populations.

3. *Ways to encourage and drive digital innovation, the use of new technology, research and data to support patient centred care and improved performance;*

   EHA supports the inclusion and use of new technology particularly with 'Environmental Health Promotion' in addition to general 'Health Promotion' field. This would provide information on how to avoid or mitigate health risks to the state's population and thus reduce the burden on the health service. Environmental Health promotion is supported and assisted by the environmental health professionals in many ways. Health promotion is currently provided in many forms of documentation, publications, education and other types of information, and will assist greatly if incorporated into data in new forms of technology. Technology needs to be integrated with other data sets particularly with environment and land systems.

4. *Opportunities to drive partnerships across sectors and all levels of government to reduce duplication and to deliver integrated and coordinated care;*

   As with EHA response to item 1, it is essential that the Sustainable Health Review forge strong links with the preventative health sector (public health, environmental health, chronic disease prevention, etc.). It should note only set up stakeholder consultation but

Submissions Response Field

Please type your response into the field below. Alternatively you may provide your submissions as a separate attachment (Suggested Maximum 5 pages).

develop MOU's or some other formal arrangement with those sectors to ensure all are committed to establishing a truly sustainable health system. Consideration should also be given to establishing a structure to ensure a qualified workforce to service the health system. With workforce, focus tends to be on only clinical services rather than the wider preventative health sector (eg: toxicologist, environmental health practitioners, epidemiologists, etc.)

5. *Ways to drive improvements in safety and quality for patients, value and financial sustainability, including cost drivers, allocative and technical efficiencies;*

Again, EHA recommends the Sustainable Health Review acknowledges the importance of 'environmental health' as the basic means to drive improvements in health and safety of the population by avoiding illnesses and injuries from the environment (physical, chemical or biological factors) or from individuals or communities behaviour or safety factors. As such, a health-supportive environment will reduce the health industries needs for financial costs, increased staff allocations, additional technical facilities etc.

6. *The key enablers of new efficiencies and change, including, research, productivity, teaching and training, culture, leadership development, procurement and improved performance monitoring;*

EHA confirms that State Government and Local Government environmental health teams are key enablers. EHA is committed to ensuring that all our activities are undertaken consistent with the objectives of the EHA Constitution and with our associations values:

- Professionalism - we perform our tasks and derive outcomes to the best of our ability, with optimum use of resources and with a focus on continuous improvement, productivity and professional development;
- Integrity and Ethics - we deal with each other, our members and stakeholders on the basis of trust, understanding and respect for differing views and interests. We find solutions that best reconcile diverse interests and provide optimum value to our members and stakeholders in the interests of enhancing environmental health;
- Transparency - we are open and honest in our dealings with each other, members and stakeholders;
- Accountability - we serve the needs of our members in a professional, responsible and accountable manner;
- Responsiveness: we engage with our members and stakeholders to enable members

Submissions Response Field

Please type your response into the field below. Alternatively you may provide your submissions as a separate attachment (Suggested Maximum 5 pages).

and stakeholders to play a participative role in policy development and decision making process; and,

- Sustainability and Stewardship: we acknowledge our responsibility for resources, the environment and ensuring our natural resources are sustainably managed for our own quality of life and for future generations.

7. *Any further opportunities concerning patient centred service delivery and the sustainability of the WA health system.*

Environmental health practitioners engage across all sectors of society and are ideally placed to facilitate cross-jurisdictional cooperation. As EHA has members throughout the state we are able and will to engage with the Sustainable Health Review to further the goals of this review.

It is essential that environmental and public health be acknowledged and firmly entrenched in this health service review. A sustainable health service is not achievable when the environmental causes of ill health are not addressed. Prevention is the most cost effective way of reducing the cost burden on the heath service. Preventive and environmental health has long been dismissed as less important, however the increasing costs of the health service is evidence that the service can no longer ignore preventative health strategies.

Proposed Preventive Health Partnership Agreement between Local Government and the State and Federal Governments

Executive Summary

All Local Government Authorities (LGA's) in WA have for many years provided Public Health services and programs largely accepted as Public Health Compliance (PHC) as core business "must have/essential" statutory functions. These services and programs are delivered and enforced by Local Government (LG) to comply with State legislation principally the Health Act. The new Public Health Act will require all LGA's to develop and implement a Local Public Health Plan which is predicted to result in LGA's increasing services aimed at Health and Wellbeing with potential increased expenditure. The extent of this increase is the key issue for discussion.

The cost of health services in Australia continues to increase unsustainably. The aging population and lifestyle disease, especially obesity and diabetes, contribute a significant percentage of these costs. Almost all of the funding and focus on health services goes on GPs (Primary Health) and hospitals. Both of these are treating patients with symptoms. There is a critical need for a greater focus and funding of initiatives to prevent lifestyle disease before people become patients.

In 2013–14 the Australian Institute of Health and Welfare (AIHW) reported that $2.2 billion, or 1.4% of total health expenditure ($155 billion), went to public health activities, which included prevention and health promotion. This did not include spending in non-health sectors such as road safety, the environment, and schools. The proportion of health expenditure allocated to public health has been declining since it peaked in 2007–08 (2.2%) (AIHW 2016). A 2016 analysis of the possible reduction in healthcare expenditure which could occur if vegetable consumption in Australia increased by 10% estimated that Government health expenditure could decline by close to $100 million per year (in 2015–16 dollars) as a result (*1*).

There is very strong agreement in the Local Government Public Health sector over 30 years of experiencing the growth of lifestyle disease, that Local Government is the only organization that can effectively, efficiently and economically deliver preventive health in Australia. The new Public Health Act in WA for the first time recognizes the need for preventive health and places some legal obligation upon Local Government to allocate resources to a new function or services. Local Government has three choices.

l. We can refuse to accept this new obligation and label it as cost shifting from the State Government, or

2. We can reluctantly accept that we have a role to play in preventive health, but ensure our expenditure and effort are very limited, or

3. We can offer to become a partner in the public health system for the first time, and permanently through a Preventive Health Partnership Agreement

This partnership agreement would see Local Government in WA agreeing to comply with a series of metrics and targets that measure the provision of environments that encourage healthy lifestyles (active parks, walking and cycling infrastructure and more, see appendix 1). In return the State and/or Commonwealth Governments would provide (across WA) $10 million a year for 10 years for Health and Wellbeing Officers and coordinated initiatives/services to support healthy lifestyles. Without this partnership and funding Local Government should choose options one or two above.

Discussion

The new Public Health Act in WA and the requirement for Public Health Plans (PHP) has already occurred in other States and is an opportunity for LG to be recognized as a major partner in Health. This will require a recalibration of the existing role of LG in the Health system. If LG is to fulfill its potential as the key custodian and the focus of preventive health then it is essential that additional funding be provided by Commonwealth and/or State Government.

What Public Health services does LG currently provide?

Public Health Compliance (PHC) services are core business in every LGA in WA. The level of service roughly equates to about 1 Environmental Health Officer (EHO) for every 10,000 population in the Perth metro area. From the perspective of the WA DoH, the principle function of LGA's in terms of Public Health has been PHC , and the new Public Health Act is predicted to maintain this function. EHO's are able to deal with issues that arise in every community including food, water, air pollution, waste, diseases, pest control, noise, asbestos and hoarders.

Existing recognition of Lifestyle Disease and Preventive Health in LG

Some LGA's especially in the Perth metro area have recognized that Lifestyle Diseases (LD) such as obesity and diabetes, and mental health cases are also Public Health issues that require attention. Some Communities, some Council officers and some Elected Members have pushed for Council resources to be allocated to these issues.

Of the 31 LGA's in Perth about half have already implemented plans and actions targeting LD and about 7 have employed a Health Promotion Officer (HPO). About half have adopted PHP's. Budgets allocated to these functions are typically about $80,000 for salaries and $20,000 - $50,000 for programs/services. The investment in Health and Wellbeing through indirect costs such as dedicated Healthy Lifestyle web pages, promotion of Live Lighter messages and alcohol free and smoke free events, better footpaths and cycle paths, and fitness tracks in parks, and a large range of community services are difficult to quantify.

What is preventive health?

It is absolutely critical to understand that preventive health happens **before a person becomes a patient** with symptoms to cause a visit to a GP or a hospital.

There are 3 sectors in the health system in Australia, these are:-

1. hospitals and similar institutions where patients are admitted, costs are extremely high,
2. Primary Health providers including GP's where patients are usually either showing symptoms of illness/disease or are identified as at risk, cost are high
3. the Preventive Health sector which is a disparate group of organizations who knowingly or otherwise help people to remain out of the 2 other sectors, costs are extremely low when compared to sectors 1 and 2

It is in the nation's interest that we should try and keep people healthy because the cost of providing medical/hospital services is growing unsustainably especially given the ageing population. Currently no stakeholder is responsible for coordinating preventive health initiatives in WA. It appears that there is inadequate coordination between the Commonwealth and State Health Departments and other than reducing smoking rates, the key LD statistics are not reversing and health costs continue to rise unsustainably.

Why should LG invest resources on preventive health?
The simple answer to this question is, because LG is the best placed organization to provide these services. LG CEO's would be right to resist any proposal to shift responsibility for the provision of Primary Health or Hospital/medical services from the other two tiers of Government. But it is very clear that LG is the only organization that is capable of providing preventive health services.

Using the new Public Health Act it is likely that the WA Department of Health (WADoH) will place some expectation upon LGA's to consider LD as part of their Public Health responsibilities. Current funding for PHC services in LG is unlikely to change and there is almost no scope to redirect funds from PHC services to LD services.

Consequently the provision of the new Preventive Health function must involve fresh funding in Local Government. The extent of these new preventive health services to be provided by LG is likely to be directly proportional to the funding provided by State and Commonwealth Governments.

Initial indications from DoH is that the new PHP regime will be introduced as a partnership arrangement where LGA's will be allowed many years to gradually increase services targeting LD. This may have been acceptable if the statistics were not so bad and the medical costs so high. In terms of adults overweight/obesity, if you compare the City of Cockburn with the 326 LGA's in England, only 2 of the 326 LGA's have worse statistics (2) (3). Almost 75% of all adults in Cockburn are overweight or obese and this is going to cost a fortune in medical treatment as diabetes rates soar higher.

More needs to be done because the current scale of initiatives are not proving effective. LD is passed on from generation to generation therefore the longer

we take to increase services/programs aimed at reversing the statistics, the greater the task, the longer it will take, and the more it will cost, all of us. LG should link the new Public Health Act with a willingness to be a full partner in PH and lobby for funds to be provided to allow a significant increase and improvement in Preventive Health services.

Given adequate funding LG could use its existing resources including Recreation Centres, Libraries, Youth and Senior Centres, Child Care facilities, public halls, Mens Sheds and other buildings to expand into the provision of PH services and programs **in every suburb**. LG sources of funds and its place in the community are permanent and enduring.

Need for common targets and standardized services in all LGA's

Using the Cockburn obesity statistics as an example. There are many similar examples where the specific health statistics provided by the DoH for a LGA suggest that they need to focus special attention on an issue because the numbers are statistically significantly worse that the state average. This provides a compelling case to support a grant funding application but in truth almost all LGA's have statistics that justify some action. We all have higher than acceptable levels of obesity and we should all be doing more. Appendix 2 is a table of the rate of incidence of chronic conditions for all 15 LGA's in the south metropolitan area. The most notable aspect of the table is the similarities across every LGA and this supports the case for standardized baseline services to be provided at every LGA.

Standardized services may include the Fresh Start Quit Smoking course, HEAL (Healthy Lifestyle Course), Foodcents and similar courses should be available in every suburb, sporting clubs should get more support, the Better Health Program should be available at every primary school with assistance from the LGA where local facilities are needed. Every LGA should participate in Act Belong Commit to ensure that baseline mental health promotion services are provided in every community in WA. Clients of DoH Mental Health services would receive direct support in their local communities from Youth based programs and Seniors centers and the like.

All suburbs should be audited against LD criteria, and infrastructure and services improved where identified as necessary. There must always be capacity for innovative new programs but based upon the scenario of core LD services already being provided.

Strong and consistent messages for Health Promotion

Marketing messages and information provided about HL by a large range of well-meaning stakeholders is fragmented and inconsistent. Much of these messages are provided via web sites and mobile apps which are becoming more and more interactive and expensive to design and maintain. Many stakeholders including some LGA's have invested resources on web based information. The ideal model is for the Commonwealth to develop an innovative HL web site and for LGA's to simply provide links on their web sites. Messages and media delivered locally would align with the resources on the Commonwealth web site. This could be included in the State PHP and

would ensure that strong and consistent evidence based messages and information are provided to the community which is currently confused.

Who will lead Preventive Health in Local Government?
Most PHP's acknowledge that much of the LD work is done through the provision of facilities in parks, recreation centres, youth and seniors centres, transport planning and infrastructure and the like. The challenge is to link the efforts and resources allocated to these functions with Preventive Health statistics. There is evidence to show that obesity is more likely where a suburb has few destinations to encourage walking and cycling, that residents will use footpaths and buses more often if they are actively promoted, that communities will have less mental health issues if they are cohesive and supportive.

All LGA's in WA today will claim that they are already doing this work to some extent. Town Planners are aware of the value of walkability, Parks planners are making parks more active, and fitness tracks are common now, engineers are building better cycle paths and footpaths. Councils have Community Development Officers with plans and strategies specializing in children, youth, seniors, aboriginal, disabled and other groups. The intent of the partnership agreement is to coordinate and make consistent these activities and functions across all LGA's. In most cases current expenditure by LG should not increase significantly but greater focus will be given to ensure that current expenditure is properly targeted to achieve preventive health goals and targets.

All of the PHP's developed to date have maintained the existing PHC services. There is no likelihood that the status quo will change due to the requirement for LGA's to develop and report on their PHP's. The PHC element of PHP planning and reporting is simple, because it will be done by the Principal EHO. The issue is who in each LGA will decide on the extent of LD or Preventive Health function to be provided?

In most LGA's the custodian of Public Health for the last 40+ years is the Principle Environmental Health Officer (PEHO) sometimes titled Manager Health Services. The PEHO should be aware of the long term direction and priorities of the Public Health profile in his/her Council.

There is a need for an officer at at least Coordinator level at every LG to ensure that key functions such as Planning, Parks and Engineering give attention and priority to infrastructure and services that encourage Healthy Lifestyles. This officer could be the PEHO or the title of this officer may be Healthy Lifestyle Coordinator (HLC) or Health and Wellbeing Coordinator. In the first round of Local PHP's it is likely that the key custodian of most LGA's PHP's will be the PEHO due to their long established understanding of Public Health issues and relationships with the DoH.

What will be in the State PHP?
The Public Health Act requires that local PHP's must be consistent with the State PHP. An interim State PHP is scheduled to be released in mid-2017 and

the likely content is listed in Appendix 3. The initial focus will be on transition of PHC functions from the old Health Act 1911 to the new Public Health Act. In addition WADoH indicate that the State PHP will make reference to the Health Promotion Strategic Framework which lists LD issues including Physical Activity, Diet, Smoking, and Alcohol.

Local PHP's will be expected to include the known statistics relevant to each issue and an action plan aimed at meeting a measurable target at some date in the future. Local PHP's will be incorporated into the planning framework set down in the Local Government Act but there will always be a need for a separate Local PHP to identify specific actions aimed at achieving targets established in the State PHP.

Proposed Preventive Health Partnership and Funding Model

There is the constant pressure from CEO's and Elected Members to restrict funding for services that are non-statutory "nice to have" discretionary services. Often these services are within the Community Services Directorate where programs come and go with funding from State or Commonwealth Governments. Some community surveys indicate strong support for initiatives that promote healthy lifestyles and prevent lifestyle disease, but there would be many ratepayers who would oppose Council expenditure on these issues because they are not considered to be Councils responsibility.

Although there are three tiers of Government in Australia, in 2008 when the National Partnership Agreement (NPA) was developed to focus on preventive health, LG was seen as a stakeholder rather than a partner to the agreement. Commonwealth funding was provided to the three acknowledged settings (Community, Education, Workplace). LGA's across Australia applied for grants to provide Health Promotion based projects, programs and services. The funding was based in the community setting and precluded services aimed at children or workers. The funding ceased in 2014 and many LGA's reverted back to "business as usual" as services were discontinued.

Certainly there should be scrutiny of any proposal for Local Government (LG) to increase spending on services that are Health related because Health Services are the role and responsibility of State and Commonwealth Governments, with significant funds raised and spent for this purpose. LG already plays its role in this field though PHC and more importantly through many functions that are often not recognized as having a direct impact on Public Health such as Recreation and Leisure Services, Community Services, Town Planning, walking and cycling infrastructure and the like. Many of these services fall under the label of preventive health with the result of reducing the number of people who develop preventable LD and whose lives are compromised, as they demand expensive health services often in hospital.

A determination of the capacity of Local Government to provide a coordinated Preventive Health function has been carried out by a number of working groups with wide consultation. The proposed model is deemed to represent a quantum of activity necessary to reduce the unhealthy statistics across WA. Each LG will need at least one Health and Wellbeing Officer plus some funds

for programs. Officers may be shared by small regional Councils. The model must be coordinated centrally by the DoH to ensure it is standardized as much as possible and that additional funding is targeted to LGA's where data proves the need for attention.

The partnership agreement would be established as a 10 year binding agreement with all LGA's to deliver against targets to provide improved levels of infrastructure to encourage healthy lifestyles (active parks, walking and cycling infrastructure and more). A working group would be established to develop the schedule of metrics and targets that LGA's must attempt to achieve. Much of this body of work is already occurring but would be more coordinated and accelerated. A period of 10 years is necessary to prove that the partnership and the model are effective. A review after 5 years may be undertaken.

The annual cost of the proposed preventive health partnership agreement is $10,000,000. This is not considered to be high in light of the consistently increasing cost of health services nationally and the significant savings that will be achieved when the rates of obesity and diabetes and suicide are seen to fall. Options of allocating funds from tobacco tax or new levy's on sugary soft drinks should be seriously considered to fund the proposed agreement.

Funding provided for Health and Well Being Officers would commonly be used for Health Promotion Officers (HPO) but may also be allocated to part time staff in Seniors or Youth Centers to provide support and inclusion for patient referred by mental health services. The term Health and Well Being Officer refers to any staff appointed to achieve the aims of the agreement.

Staff and program costs

Each LGA within the Perth metropolitan area with a population up to 25,000 would receive funding of $50,000 for a 0.5FTE officer plus $10,000 for programs. Councils with populations between 25,000 and 50,000 would receive funding of $90,000 for an officer plus $20,000 for programs. Councils with populations between 50,000 and 100,000 would receive funding of $90,000 for an officer plus $30,000 for programs. Councils with populations between 100,000 and 150,000 would receive funding of $180,000 for two officers plus $50,000 for programs. Councils with populations more than 150,000 would receive funding of $270,000 for three officers plus $80,000 for programs.

This equates to a total of 38.5 officers in Perth metro and Mandurah at an annual cost of $3,465,000. It is proposed that Councils through the rest of WA would employ an additional 25 officers at a combined annual cost of $2,250,000. The total annual cost of new staff would be $5,715,000.

The total annual cost of programs in Perth metro would be $920,000. It is proposed that the rest of WA would be allocated $500,000 for programs. The total annual cost of programs would be $1,420,000. The combined total annual cost of the model would therefore be $7,135,000. It is recommended that the model be funded to $10,000,000 to ensure that it is properly

established and to cover the cost of programs aimed at disadvantaged populations, and developing new programs and web sites and the like. The additional funds would allow the partnership to be coordinated and administered, plus the opportunity for additional funding for cycling/walking infrastructure.

Model for staff and programs in Perth Metropolitan Area

Number of LGA's in Perth metro & Mandurah	Population size	Number of HPO's each LGA	Cumulative number of HPO's	Cost for programs per LGA	Cumulative costs of programs
9	<25,000	0.5	5.5	10,000	90,000
9	25,000 - 50,000	1	9	20,000	180,000
5	50,000 - 100,000	1	5	30,000	150,000
5	100,000 - 150,000	2	10	50,000	250,000
3	> 150,000	3	9	80,000	240,000
			38.5	190,000	920,000

List of LGA's in Perth Metropolitan area

Less than 25,000 (9 total) Funding $60,000
Peppermint Grove, Mosman Park, East Fremantle, Cottesloe, Claremont, Bassendean, Subiaco, Serpentine-Jarrahdale, Nedlands.

Between 25,000-50,000 (9 total) Funding $110,000
Perth, Cambridge, Fremantle, Kwinana, Vincent, Victoria Park, Mundaring, Belmont, South Perth.

Between 50,000-100,000 (5 total) Funding $120,000
Kalamunda, Bayswater, Armadale, Mandurah, Canning

Between 100,000-150,000 (5 total) Funding $230,000
Cockburn, Melville, Rockingham, Gosnells, Swan

More than 150,000 (3 total) Funding $350,000
Joondalup, Wanneroo, Stirling

Delivery model

There is a need for the partnership and agreement to be coordinated centrally by the WADoH. Each Health and Well Being Officer in each Council will become a member of a State-wide team with similar goals and delivering common baseline programs. Each Council would be expected to include in their Local PHP their proposed capital works program to install infrastructure to encourage healthy lifestyles. Annual reports from each LGA to WADoH would show progress against the targets and metrics towards healthy communities. A basic concept of the likely delivery model is shown below but will be developed with input from WADoH.

- A small Coordinating team in DoH HQ identifies annual priorities and selects programs
- The Public Health Units (PHU's) communicate and coordinate with Health and Well Being Offiers in LGA's
- LGA's deliver programs in each suburb on a rolling program
- Evaluation of core programs and innovative pilot programs to be coordinated by PHU's
- PHU's provide regular statistical report for LGA's on key indicators including number of smokers and obesity levels etc
- LGA's simultaneously measure against targets for H&WB criteria such as number of "healthy parks", km of cycle paths etc

Why is this partnership attractive to State and Federal Governments?
This proposal presents LG as a willing partner with no claims of cost shifting. LG will provide the State and Federal Governments with access to a substantial range of assets including office accommodation, use of vehicles and fuel, use of buildings in almost every town and suburb, knowledge and connections in local communities, opportunities to share facilities/services with neighbouring Council's, Human Resources, Occupational Health and Safety and similar services for staff, Information Technology and logistical support. The involvement of LG is available immediately with no need for agencies or Not for Profit (NFP) Organisations to establish a presence within communities.

LG already has links with Health and Community services in our Council areas and we are able to quickly link more closely with Primary Health Networks and GP's to provide support services more consistently than any other agency or NFP organisation. Most importantly as the third tier of government in Australia LG are entities that will exist into the long term future. This is critical because it will take investment over several decades/generations to reverse the unhealthy statistics that have formed in many Western Societies over the past 30-40 years. Finally the State and Federal Governments should recognise that the annual investment of $10 million to establish LG as the deliverer of preventive health in WA will be one of the wisest investments in health services in Australia.

Recommendation
It is recommended that WALGA present the offer of a partnership in preventive health to the State and Commonwealth Governments as a trial program for 10 years subject to a binding agreement of funding of $10,000,000 per year.

1. From WA Health Promotion Strategic Framework 2017-21 Draft Sept 2016 - Deloitte Access Economics: The impact of increasing vegetable consumption on health expenditure. Prepared for Horticultural Innovation Australia Limited. Sydney: Horticultural Innovation Australia Limited, 2016.

2. City of Cockburn Health and Wellbeing Profile October 2012. South Metro Public Health Unit.

3. Web site Public Health England – Health Profiles – Excess weight in adults - 2015

Appendix 1 – Memorandum of understanding – Metrics to be provided annually by each LGA to the State/Federal Government

The following is a list of possible performance indicators to be reported annually by each LGA to indicate progress towards reducing key chronic disease statistics. This list would further develop over by DoH and LGA's.

Web site and mobile devices applications information alignment
LGA's web site to provide links to DoH web site for Healthy Lifestyle information
Mobile devices applications to align with DoH information and advice

Eating for better health
Food outlets audited to ensure they are attempting to provide healthy meals options and not only large portions of unhealthy meals.
Web site provides a link to main DoH Nutrition Info site
Healthy catering policy adopted and being implemented for all Council events and food outlets
Foodcents course advertised/offered to 10% of the LGA population
HEAL (Healthy Eating, Activity and Lifestyles) course advertised/offered to 10% of the LGA population

A more active WA and Maintaining a healthy weight
Kilometers of footpaths audited and confirmed to meet minimum standards for walkability
Cycle Plan approved by Council
Kilometers of cycle paths audited and confirmed to meet minimum standards
Walk Trails masterplan adopted and being implemented
Percentage of the LGA area audited to confirm that suburbs meet a minimum standard for Physical Activity and public transport, and number of residences that have at least 3 walkable destination points within 400m.
Number of Parks that provide facilities that attract users to a minimum standard adopted by DoH
Number of parks with fitness tracks
Number of members of sporting clubs
Travelsmart plan adopted and being implemented
Web site provides a link to main DoH Physical Activity Info site
Heart Foundation Heart moves course/sessions advertised/offered to 10% of the LGA population
Heart Foundation Walking Groups promoted and supported

Making smoking history
Local Tobacco Action Plan adopted and being implemented
Fresh Start (Quit smoking) course advertised/offered to 10% of the LGA population annually.

Reducing harmful alcohol use

Alcohol policy adopted following the WALGA Town Planning Guidelines for Alcohol Outlets

Creating safer communities
Maintain existing initiatives and develop new programs to encourage safer communities.

Mental Health
Participate in Act, Belong, Commit (to become an expanded service across LG in WA).

Events
Key events badged with DoH campaign theme
Medical check-ups (Health assessments) provided at key events
All family based community events to be smoke and alcohol free
Sponsored sporting events such as fun runs, triathlons and the like

Links
Links developed and maintained with:-
Local schools and other educational facilities
GP surgeries
Mens Sheds
Womens Centres
Youth Centres
Senior Centres
Community Centres
Progress and Community Associations
Recreation and swimming facilities
Gym's
Sporting Clubs

Appendix 2 - Table of Chronic conditions in Perth South

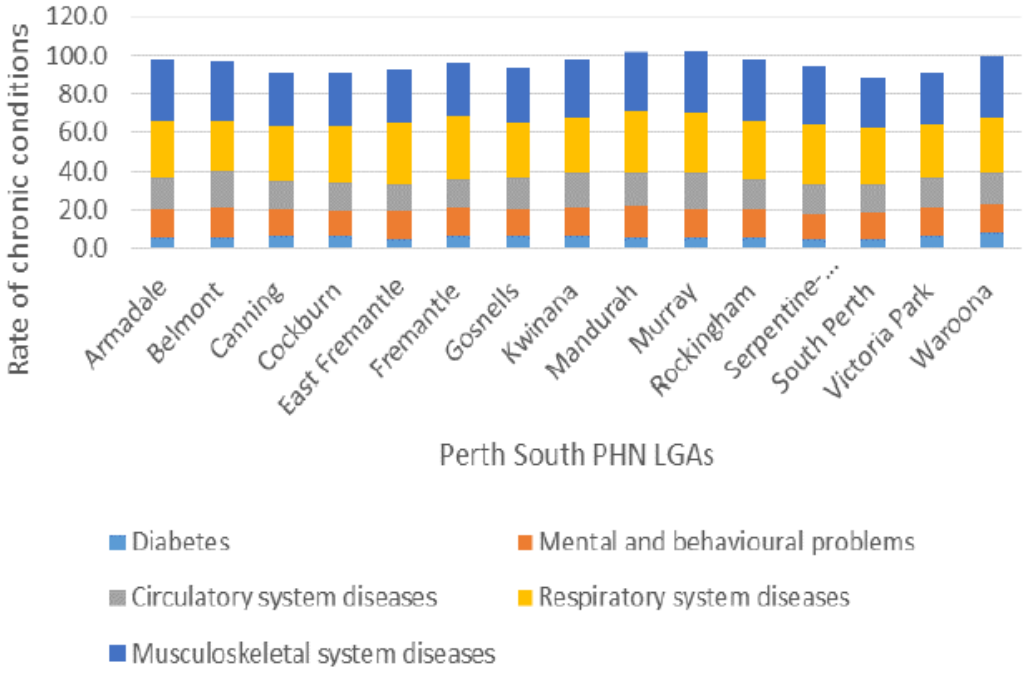

Figure 11. Chronic condition in Perth South by LGA (PHIDU, 2016).

Appendix 3

What will be included in State and Local PHP's?

WA DOH has indicated that the following will be included in the State PHP and then the Local PHP's.

The Environmental Health Compliance themes include:-

1. Safe water
2. Food safety
3. Healthy built environment
4. Pest and vector control
5. Planning for public health
6. Supporting aboriginal Environmental Health

The Chronic disease preventive health themes include:-

1. Eating for better health
2. A more active WA
3. Maintaining a healthy weight
4. Making smoking history
5. Reducing harmful alcohol use
6. Creating safer communities

The preventive health themes are taken from the WA Health Promotion Strategic Framework, but a key omission is mental health which is a major factor in Local Community Health Profiles. Therefore there is a need to include mental health as the seventh preventive health theme.

7. Mental health