

Summary framework – State Public Health Plan  
2019-2024

# Overview of consultation findings



July 2018

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## 1. Executive Summary

Consultation on the summary framework for the next State Public Health Plan occurred from April 2018 to July 2018, involving a broad range of stakeholders. The purpose of the summary framework was to outline and explain the broad architecture of the State Public Health Plan 2019-2024, including its vision, goals, priorities, deliverable areas and indicators. The summary framework was proposed as the base from which the second State Public Health Plan would be developed. The framework was used as a tool to enable consultation discussions with a broad range of stakeholders such as SA Health, local councils, non-government organisations (NGOs), other government departments, universities, professional associations, Aboriginal stakeholders and other community members. The consultation feedback will be used to inform the development of the full Plan.

Stakeholders were provided with multiple opportunities to contribute feedback. Over 600 individuals and organisations contributed to the consultation, including at least 57 local councils, 12 State Government Departments and more than 25 NGOs, universities and professional associations. There were 290 survey responses via YourSAy and forums held in partnership with the Aboriginal Health Council of South Australia (AHCSA) and Health Consumers Alliance of South Australia.

Overall, feedback was positive about both the look and feel as well as the content of the summary framework. There were high levels of support for the:

- readability and logical structure of the framework
- concise and clear presentation of information
- focus on the social determinants of health
- high level and inclusive nature of the framework
- ongoing system building focus and link to the inaugural Plan
- 'Plan on a page' style summary of the architecture of the Plan.

It was evident from the consultation process that further consideration needs to be given to:

- slight changes to the wording of the vision statement
- the wording and framing of the 'priorities'
- the best placing of climate change either within a priority or as a separate priority
- imagery that reflects the diversity of South Australian communities.

Additionally, the following aspects need to be strengthened as the full Plan is developed:

- mental health and wellbeing across a number of priorities
- a planned approach to addressing the impacts of climate change on public health, with deliverables across all of the priorities
- consideration of new and emerging public health challenges (ie antibiotic resistance) as well as regard for other relevant plans, policies and legislation
- explanation about the improved measurability of the Plan and linkages with the South Australian Public Health Indicator Framework and Chief Public Health Officer's Report
- further explanation of implementation and governance structures as well as SA Health commitments
- the roles of various stakeholders across the spectrum of public health action, in order to achieve the vision and goals of the Plan
- addressing the unique health needs of vulnerable populations, including a focus on the specific health and wellbeing needs of Aboriginal communities (using a determinants of health approach)
- partnerships and the future role of Public Health Partner Authorities.

The recommendations from consultation on the summary framework will form the basis for the development of the full State Public Health Plan 2019-2024.

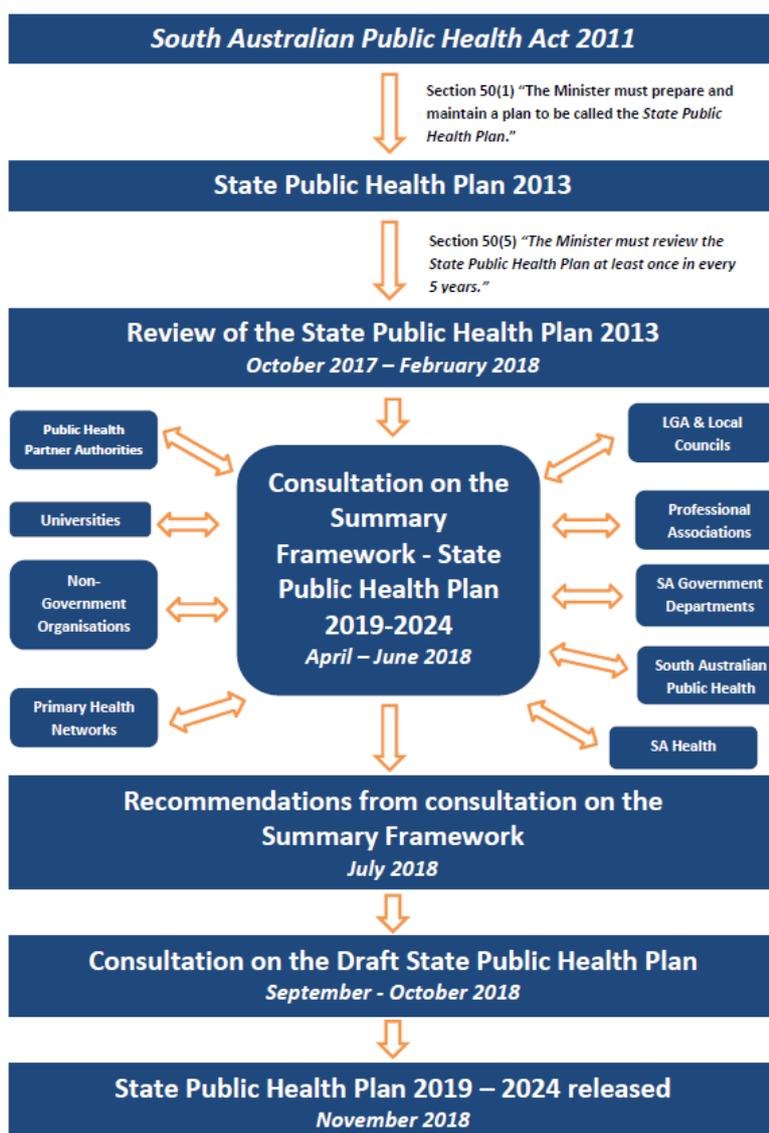
## 2. Background

Consultation on the summary framework for the State Public Health Plan 2019-2024 followed an extensive consultation process on the review of the inaugural State Public Health Plan 2013 *South Australia: A Better Place to Live*.

Section 50 of the *South Australian Public Health Act 2011* prescribes that the Minister must prepare and maintain a State Public Health Plan and that the Minister must review the Plan at least once in every five years.

The review of the 2013 State Public Health Plan occurred from October 2017 to February 2018, involving a wide range of stakeholders. As well as being a legislative requirement of the *South Australian Public Health Act 2011*, the review provided an opportunity to engage with a range of stakeholders to consider changes and achievements that have occurred over the past five years and plan for the future. The findings from the review can be found at [www.sahealth.sa.gov.au/statepublichealthplan](http://www.sahealth.sa.gov.au/statepublichealthplan)

The recommendations from the review were then considered in the development of the summary framework for the draft State Public Health Plan 2019-2024. Feedback from this consultation process on the framework, will then be incorporated into the development of the full Plan. The diagram below shows the process undertaken to date and the planned process for the future.



### 3. Consultation process and participants

The purpose of consultation on the summary framework for the draft State Public Health Plan 2019-2024 was to check back in with stakeholders after the review, ensuring that the key recommendations had been incorporated prior to the development of the full Plan and final consultation process. The summary framework consultation process also enabled engagement with a broader range of stakeholders than the review. Feedback was sought on the general look and feel, readability and structure of the summary framework, as well as the vision, proposed priorities, deliverable action areas, measurability and gaps in content.

Appendix 1 summarises the way in which stakeholders were engaged in the consultation process through workshops, invitations to provide written feedback and the opportunity to respond to an online survey via the YourSAy portal. The consultation methods were tailored to each stakeholder.

Over 600 individuals and organisations provided feedback on the summary framework (Appendix 2). This included contributions from at least 57 out of 68 (84%) local councils, in addition to the Local Government Association. Twelve State Government Departments and more than 25 NGOs, universities and professional associations contributed. Over 25 senior Aboriginal Health stakeholders also provided feedback through a formal consultation session in partnership with AHCSA.

Additionally, there were 290 responses to the survey monkey questions administered via the YourSAy website. From these responses, 61% identified as community members (176 responses), followed by 26% from State Government Departments (76 responses). The remaining 13% were NGOs (4%), local government (3.5%), university (3.5%) and professional associations (2%).

Community members were also encouraged to provide feedback through attendance at a Health Consumers Alliance workshop, responding to an online survey at YourSAy and through leaving comments at Council Library services. This extensive consultation process has resulted in the collection of a large amount of information that is summarised in the following sections.

The consultation process was also promoted via social media posts on YourSAy, SA Health and the Local Government Association's (LGA) Facebook and Twitter accounts.

## 4. Summary of findings

### 4.1 Feedback about the structure of the summary framework

Feedback about the structure and visual appeal of the summary framework was gathered from stakeholders via workshops, meetings, written submissions and survey monkey responses. The findings from this part of the consultation are summarised below.

#### Structure

The majority of feedback from all consultation processes about the structure of the summary framework was very positive. This is highlighted by 88% of survey monkey respondents either agreeing or strongly agreeing that the summary framework was well structured and easy to understand. Stakeholders described the document as being easy to read, with a logical flow and having clear and simple language that is understandable to a wide audience. Feedback indicated that the simpler, more appealing layout made the framework user friendly, navigable and a document that draws you in to reading. The succinct nature of the framework was appreciated, but there was recognition that details were missing that still need to be included in the full Plan.

#### Visually appealing and appropriately illustrated

The summary framework was viewed as a visually appealing, fresh looking document, with eye catching colours, diagrams and layout that engaged the reader. There was feedback that the different colours relating to the different priorities was useful and there was a good balance of text and images. The front cover image was generally well received, with suggestions that it could be improved by representing regional areas and older people. The 'plan on a page' was seen as a good visual representation and summary of the key components that should be retained for the full Plan.

Suggestions for improvements to the structure and visual appeal included increasing the font size, eliminating jargon or acronyms and ensuring the images of the full Plan reflect the diversity of the South Australian population (age, culture, geographical location), including remote, regional and socio-economic diversity and that not all communities live in the way that is depicted in the imagery.

### 4.2 Feedback about the content of the summary framework

Feedback about the content of the summary framework was also gathered from stakeholders via workshops, meetings, written submissions and survey monkey responses. The feedback about the content of the framework is summarised below.

#### Vision

There was overall support for the vision, with stakeholders feeling that it responded to feedback from the review consultation process which recommended a new, aspirational vision that described what a healthier South Australia should look like in the future. They felt it was positive, inspiring and linked well with the priorities of the framework as well as the strategic plans of Councils and other key stakeholders. The majority (84%) of survey monkey respondents either agreed or strongly agreed that the vision statement was aspirational and 78% agreed or strongly agreed that it promoted a shared understanding of the purpose of the State Public Health Plan. There was mixed feedback in relation to the terms 'liveable' and 'socially connected' and suggestions for other words that needed to be considered included 'safe', 'inclusive', 'vibrant', 'prosperous', 'sustainable' and 'engaged'. Additionally, edits to the explanatory paragraph (following the vision statement on page 9) were suggested to ensure greater inclusivity and the incorporation of content described above.

#### Priorities

There was good support for the four priorities and their alignment to the priorities of the 2013 State Public Health Plan. Feedback suggested that the priorities were appropriate and provided a strong foundation and focus for public health planning and action into the future. 84% of survey monkey respondents felt that the four strategic priorities encompassed the broad range of disciplines and factors that contribute to public health and wellbeing and many organisations reported good alignment to their strategic priorities.

Whilst stakeholders agreed with the priorities (promote, protect, prevent, progress) some commented that these were actually groupings of public health work areas rather than 'strategic priorities'. It was also suggested that these single 'P words' may not be necessary but that the explanatory statements were more valuable. Feedback indicated that emerging issues needed to be clearly articulated within the priority areas, enabling the Plan to reflect new business as well as maintaining investment and effort in current essential public health action.

Within the Aboriginal stakeholders' forum, an additional priority of 'Preserve' was suggested. The basis of this priority was to recognise "the inherent birth right of First Nations people to Country and Culture, including access to waterways and traditional practices and building upon the principles and values of the oldest living culture in the world".

In the refinement of the priority areas for the full Plan, consideration should be given to new priorities and deliverables in relation to mental health and wellbeing, sexual health, early childhood development, education, climate change and substance abuse. It should also be noted in the full Plan that there is over lap and inter-relationships between the priorities (ie they are not separate or discreet areas).

- **Promote – Create healthier neighbourhoods and communities**

There was positive feedback about this priority and the way it focussed on the determinants of health and impact of the built, natural, social and economic environments on our health and wellbeing. Ninety five percent of survey monkey respondents indicated their support for the priority and Councils, as well as other stakeholders, recognised the important role they play in actions that sit under this priority. There was strong feedback about the need to strengthen the mental health and wellbeing aspects under this priority and give consideration to climate change mitigation and sustainable practice. Addressing racism was also raised in the consultation with Aboriginal health stakeholders. Broadly, there were also suggestions about including community safety and resilience either in the title of the priority or for additional content to be considered under the deliverables. Feedback also suggested that the term 'neighbourhoods' was not necessary but that perhaps communities and environments would be an improvement to ensure the Plan was relevant to metro/urban, rural, remote, and very remote communities.

- **Protect – Protect against public and environmental health risks and adapt to climate change**

There was broad recognition and support for the 'protect against public and environmental health risks' aspect of this priority, understanding the important role of foundational public health functions to community health and wellbeing. Differences of opinion remain about whether climate change should be a priority in the State Public Health Plan, whether it should remain under the protect priority or a separate priority. There is, however, general consensus that climate change is an issue that cuts across all of the currently stated priorities of the summary framework. In relation to the wording 'adapt to climate change', there was feedback that this was an improvement from 'prepare for' but there were suggestions that 'adapt' was not proactive enough and that 'respond to' or 'mitigate' should also be included. The terminology of climate risk management is well used in local councils. Promoting and protecting Connection to Country, protecting the community-controlled health model and the right of choice for where people lived were also raised as important issues by Aboriginal health stakeholders. Considerations for additional content under this priority and deliverable areas will be considered as the draft Plan is developed.

- **Prevent – Prevent chronic disease, communicable disease and injury**

The prevention of chronic disease, communicable disease and injury was seen as a priority in the feedback provided by stakeholders. There was strong support for a greater emphasis on the risk factors of these diseases and ensuring an early intervention focus to prevention. Additionally, screening and early detection were highlighted in the feedback as important aspects that needed to be highlighted further. The overlap between the prevent and promote priorities was also recognised.

Feedback suggested this area could be strengthened with the recognition of the importance of prevention in relation to alcohol and other drugs, mental illness, harm and prevention of

environmental damage. It was also suggested that falls prevention initiatives should be explicit under this section. Stakeholders felt there was a need to highlight the socio economic status gradient of the burden of disease and have focussed deliverables addressing this and mitigating the determinants of health, particularly for Aboriginal and other vulnerable populations. Including content about preventable disability, antimicrobial resistance and rheumatic heart disease also needs to be considered.

- **Progress – Further develop and maintain the state-wide public health system**

The purpose and scope of this priority was strongly supported by a range of stakeholders, especially the enablers identified as necessary to strengthening the public health system. Ninety two percent of survey monkey respondents indicated their support for this priority. However, stakeholders felt that consideration needed to be given to the wording of the priority to ensure clarity, especially in relation to the term 'state-wide public health system'. The ongoing focus on partnerships and strengthening collaborative efforts was welcomed. As was evident in feedback to the review, NGOs are very interested in how they can work in partnership to proactively contribute to public health and wellbeing. Other suggestions for strengthening this section included:

- development of a diagram to explain the 'public health system' and where various stakeholders fit within this system
- information about collaborating with researchers and academics
- data sharing and consistency in collection
- more detail about how the enablers will be further supported in the future, and
- strengthening community and citizen engagement
- including reference to how this Plan aligns with related health plans, including the three chronic disease plans within the SA Aboriginal Chronic Disease Consortium Road Map for Action.

### **Priority populations**

There was support for the priority populations identified in the framework and suggestions were made about additional populations to consider such as; older people, young children, rural and regional communities and people experiencing mental illness. It was also noted that there needs to be consistency in terminology used, either referring to vulnerable populations or priority populations.

### **Roles**

Only some stakeholders provided feedback on this section of the document. Those that did were encouraged by the broad range of government and NGOs mentioned, the partnership approach and the way that the framework was relevant to this broader audience. Whilst acknowledging that this section will be further developed, feedback focussed on the need for the full Plan to clarify the roles of stakeholders in greater detail, SA Health's leadership and commitments and include reference to the role of business and industry (private sector) in public health. Feedback from local councils also indicated that it would be helpful to have greater detail about public health partner authorities, how they are operationalised, how they can be leveraged and the outcomes of these partnerships.

### **Deliverable action areas**

Feedback to the consultation indicated that the deliverable action areas were relevant, broad and high level enough to be appropriate for a State Public Health Plan. Local council stakeholders felt that the deliverable action areas spoke to a broad range of other areas of council and were useful in describing the breadth of public health work. Feedback showed that the deliverables gave stakeholders clear ideas and that it was helpful to have the rationale ('why is this important?') for each section. This section could be improved by clarifying who the deliverables are relevant to, adding additional content missing from the summary framework, reflecting commitments of SA Health and other State Government agencies and articulating which of the deliverables represent maintenance of investment and which are new deliverables.

### **Measurability and Indicators**

Improving measurability, monitoring and reporting of the State Public Health Plan remains a priority for stakeholders who provided feedback to the consultation process. The suggested method for doing this, by drawing from monitoring of indicators in the endorsed South Australian Public Health Indicator Framework, was supported. There was recognition that further work needs to occur to clarify what is being measured and how this measurement will occur, as well as describing the process indicators and measurement for the 'progress' priority. There were also suggestions for additional indicators to be considered. In addition to the biennial Chief Public Health Officer's Report, it was also suggested that an annual report is developed, so there is improved transparency with stakeholders about what is being achieved.

### **Implementation and governance**

Stakeholders felt that more detail needed to be provided in relation to both implementation and governance structures as the full Plan is developed (recognising that the information provided in the framework was limited). The idea of an annual forum was supported but it was highlighted that this is only one strategy and that other implementation and governance structures needed to be in place to ensure joint ownership and implementation of the Plan. It was recognised that the Department for Health and Wellbeing has a leadership role in governance and implementation of the State Public Health Plan and that this was in close partnership with councils, the Local Government Association and other stakeholders. One suggested governance arrangement for consideration is the establishment of a sub-group of the South Australian Public Health Council to monitor implementation. Many stakeholders also provided feedback suggesting that an implementation plan or something similar was important, aligning with the biennial Chief Public Health Officer's report (reporting on the implementation of the State Public Health Plan). There were also many comments about ensuring there is adequate resourcing to support implementation.

There was also feedback about additional content that needs to be considered as the full Plan is developed in the coming months.

## **5. Recommendations**

The recommendations from consultation on the summary framework are listed below. Overall, the broad architecture of the summary framework was well supported and content will be expanded to meet legislative requirements and updates will be made based on the feedback discussed above. Due to the broad support for the summary framework content and structure, the following recommendations highlight updates and additional content for inclusion to build on the foundation established in the framework.

Further consideration needs to be given to:

- slight changes to the wording of the vision statement as well as the descriptor that further explains the vision and includes greater consideration of regional and remote communities
- the wording and framing of the 'priorities' as areas of public health work
- the best placing of climate change either within a priority or as a separate priority
- imagery that reflects the diversity of South Australian communities.

Additionally, the following aspects need to be strengthened as the full Plan is developed:

- mental health and wellbeing across a number of priorities
- a planned approach to addressing the impacts of climate change on public health, with deliverables across all of the priorities
- consideration of new and emerging public health challenges (ie issue of substance use especially in regional communities, antibiotic resistance) as well as regard for other relevant plans, policies and legislation
- explanation about the improved measurability of the Plan and linkages with the South Australian Public Health Indicator Framework and Chief Public Health Officer's Report
- further explanation of implementation and governance structures as well as SA Health commitments

- the roles of various stakeholders across the spectrum of public health action, in order to achieve the vision and goals of the Plan
- addressing the unique health needs of vulnerable populations, including a focus on the specific health and wellbeing needs of Aboriginal communities (using a determinants of health approach).
- partnerships and the future role of Public Health Partner Authorities

In making the changes above, the following needs to be maintained in the development of the full Plan:

- readability and logical structure of the framework
- concise document with information clearly presented
- focus on the social determinants of health
- high level nature of the framework and focus on building a strong foundation for a sustainable state wide public health system
- clearly articulated purpose early in the document
- 'Plan on a page' style summary of the architecture of the Plan

## 6. Next Steps

The feedback and recommendations from this consultation process will be used to inform the development of additional content for the full State Public Health Plan 2019-2024. It is anticipated that the draft Plan will be available for consultation by September 2018. Following this, final changes will be made before the release of the State Public Health Plan 2019-2024 and supporting materials, by November 2018.

## 7. Appendices

### Appendix 1 – Consultation methods used with key stakeholders

Stakeholder group	Consultation methods
Public Health Act Implementation Group (PHAIG), SA Health	- Face to face consultation throughout the development of the summary framework
Public Health and Clinical Systems (PH&CS) staff, SA Health	- Staff consultation sessions - Individual feedback (via meetings and online survey)
Other SA Health stakeholders <ul style="list-style-type: none"> <li>- Office of the Ageing, Office of the Chief Psychiatrist, Drug and Alcohol Services SA, Aboriginal Health Strategy</li> <li>- Local Health Networks (LHNs)</li> </ul>	- Individual consultation sessions held with Office of the Ageing and Office of the Chief Psychiatrist. Drug and Alcohol Services SA have also been engaged via email correspondence - Letters sent to the CEOs of LHNs - Opportunity for all SA Health staff to respond to a survey (promoted through an Exec Check)
South Australian Public Health Council (SAPHC)	- Presentation and consultation discussion at special April 2018 meeting - Opportunity to provide out of session feedback
SA Health Local Government Working Group	- Involved in the development of the summary framework and meetings held during the consultation process as well as involvement in Council consultation sessions
Local Government Association and Local Councils	- Letters sent to the CEOs of all Local Councils and the LGA as well as an LGA Circular and Local Government Relations and Policy (LGR&P) Communique. - Five externally facilitated consultation workshops for Councils across the State
Public Health Partner Authorities (PHPAs)	- Letters sent to the CEOs of PHPAs
Primary Health Networks (PHNs)	- Letters sent to the CEOs of the PHNs
Other Government Departments	- Letters sent to the CEOs of relevant Government Departments
Non-Government Organisations, Universities and Professional Associations	- Letters sent to the CEOs of Non-Government Organisations, Universities and Professional Associations
South Australian Community	- YourSAy, consultations via Local Council Libraries and in partnership with the Health Consumers Alliance - Social media promotion via SA Health, YourSAy and LGA Facebook and Twitter accounts.
Aboriginal health stakeholders	- Face to face workshop in partnership with AHCSA, facilitated by an Aboriginal Consultant

## Appendix 2 - Summary of individuals and organisations who provided feedback

Stakeholder group	Feedback sources
SA Health	Drug and Alcohol Services SA Emergency Management Unit Office of the Chief Psychiatrist Office of the Ageing Public Health Act Implementation Group Public Health and Clinical Systems staff South Australian Public Health Council members South Australian Mental Health Commission South Australian expert Advisory Group on Antimicrobial Resistance Other SA Health staff via survey monkey
Local Health Networks (LHNs)	Country Health SA Local Health Network Southern Adelaide Local Health Network
Local Councils and the Local Government Association	57 different Councils were represented at the 5 Council consultation sessions held across metropolitan and regional South Australia. The following Councils also provided written submissions: <ul style="list-style-type: none"> <li>- Adelaide City Council</li> <li>- Wattle Range Council</li> <li>- District Council of Franklin Harbour</li> <li>- Regional Council of Goyder</li> <li>- City of Onkaparinga</li> <li>- Mid Murray Council</li> <li>- City of Tea Tree Gully</li> <li>- Port Adelaide Enfield Council</li> <li>- The Barossa Council</li> <li>- Adelaide Plains Council</li> <li>- Town of Gawler</li> <li>- Light Regional Council</li> <li>- City of Marion</li> </ul> Additionally, consultation feedback opportunities were provided through the following Council networks: <ul style="list-style-type: none"> <li>- Community Managers Network</li> <li>- Environmental Health Managers Forum</li> <li>- Environmental Health - Public Health Special Interest Group</li> </ul> The Local Government Association also provided written feedback.
Other Government Departments	Department of Human Services Small Business Commissioner Primary Industries and Regions SA Attorney-General's Department* Department for Education Safework SA SAFECOM Office of Recreation, Sport and Racing Department of Planning, Transport and Infrastructure Department for Correctional Services Department for Child Protection
Primary Health Networks (PHNs)	Country PHN

Non-Government Organisations	<p>Healthy Cities Onkaparinga          Australian College of Rural and Remote Medicine          Health Consumers Alliance – community members workshop          Bicycle Institute of South Australia          Doctors for the Environment Australia          Heart Foundation          Asthma Australia          Alcohol and Drug Foundation          Walking SA          Cancer Council</p>
Universities and Professional Associations	<p>Southgate Institute for Health, Society and Equity at Flinders University          School of Public Health – University of Adelaide          Dietitians Association of Australia          Australian Institute of Landscape Architects          Public Health Association of Australia (SA)          Australian Health Promotion Association (SA)          The Royal Australian College of General Practitioners (South Australia &amp; Northern Territory)          Australian Medical Association (SA Branch)          Planning Institute of Australia (SA Branch)</p>
Aboriginal Health stakeholders	<p>Aboriginal Health Council of South Australia (the CEOs and leadership staff at SA Aboriginal Community Controlled Health Services)          Wardliparingga Aboriginal Research Unit at SAHMRI</p>
Community members	<p>Many community members contributed written submissions as well as responding to the YourSAy survey</p>

\* Whilst the Attorney-General's Department (AGD) considered the summary framework, they determined not to provide feedback at that time and will give further consideration to the summary framework when the draft Plan is released for consultation.

## For more information

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