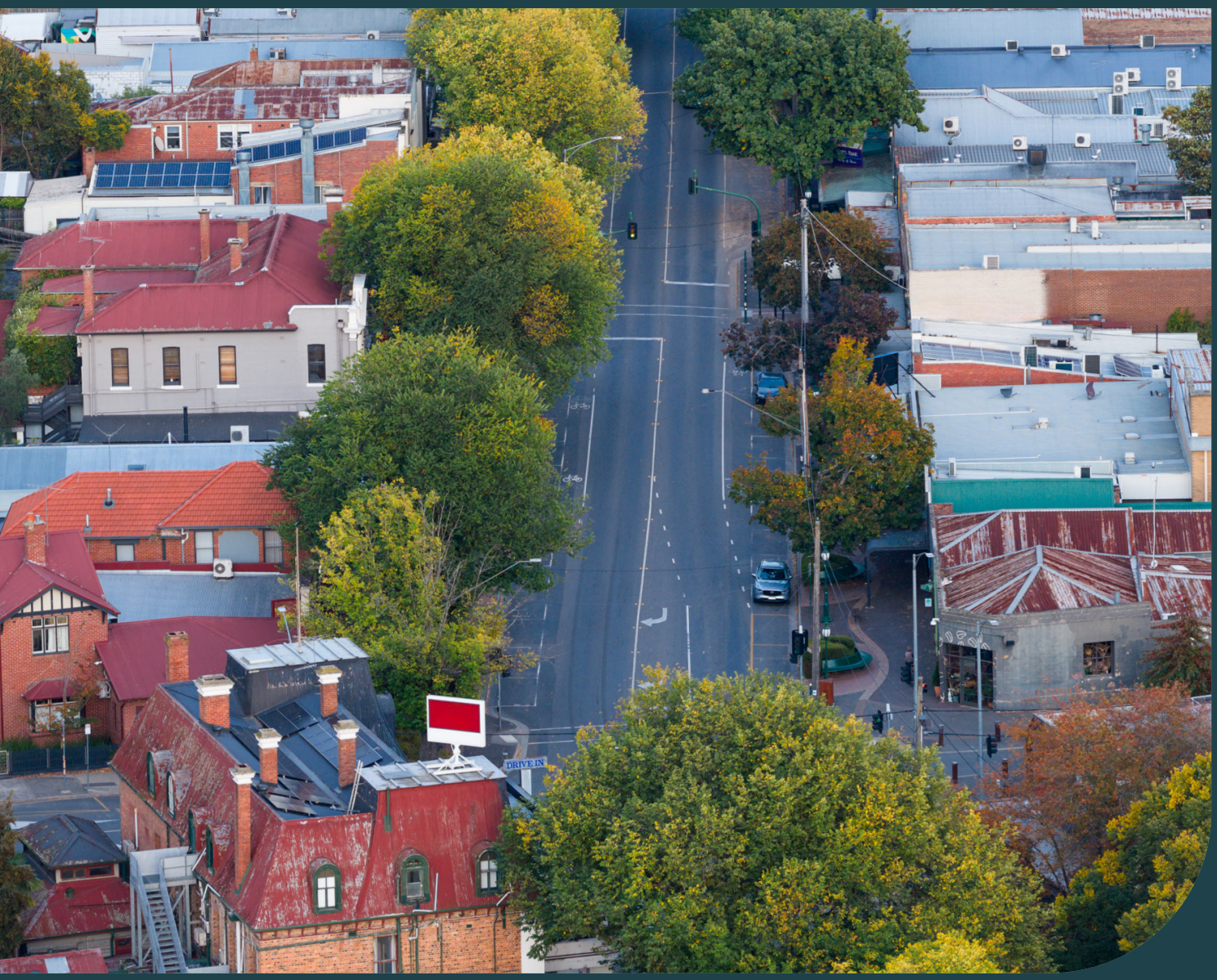
Better Together

Fostering local-state partnerships for healthier communities



Esther Koh, Ryan Martin, Nicole Ducker,
Maria Cardoso & Clifford Eberly

CENTRE FOR POLICY DEVELOPMENT

About CPD

The Centre for Policy Development (CPD) is an independent, not-for-profit policy institute with staff in Sydney, Melbourne, Canberra and Jakarta.

Our vision is a fair, sustainable society and wellbeing economy that serves current and future generations in Australia and Southeast Asia.

Our mission is to help create transformative systems change through practical solutions to complex policy challenges. We tackle the hard questions, working towards change that is systemic and long-term.

Through our work, we aim to contribute to governments that are coordinated, collaborative, and effective, with an eye to both the near and longer term. We strive to build a social services system that helps people and communities to thrive now and in the future, and drive shifts in policy making practice with a focus on wellbeing and sustainability rather than primarily economic growth.

CPD uses a distinctive Create-Connect-Convince method to influence government policy making. More information about CPD is available at cpd.org.au

We acknowledge and celebrate Australia's First Peoples.

Published by the Centre for Policy Development

Cite this paper as: Esther Koh, Ryan Martin, Nicole Ducker, Maria Cardoso and Cliff Eberly (2026) *Better Together: Fostering local-state partnerships for healthier communities,* Centre for Policy Development.

The authors would like to thank state and local government public servants, local government associations, academics and others for their feedback and input into the report.

Table of Contents

Executive summary

Health and wellbeing is shaped by the conditions in which people live, grow, learn, work, and age. Improving health and wellbeing across the population requires effort from government and non-government institutions: from federal, state and local government to primary health networks and community health organisations.

Within this diverse ecosystem, the local government sector plays a critical role in enabling healthy communities and preventing ill-health. The sector's core functions have the potential to influence key systems – built, natural, economic and social – that impact health and wellbeing. As the closest tier of government to communities, councils are positioned to address both local needs and broader priorities of the state and nation.

Without councils playing its part in communities, rubbish wouldn't get collected, community centres and libraries wouldn't be active hubs, and local streets and recreation facilities wouldn't be maintained. And, nationally, without the preventive work of councils, our multilevel health and welfare systems would be under even greater pressure and the social fabric would fray beyond repair.

Multiple government inquiries at federal and state levels have flagged issues with the financial sustainability of councils, with increasing pressure to do more with less. Some councils are advocating for a return to a scope limited to "roads, rates and rubbish". Other councils are handing back contracts, removing themselves from non-legislated roles. In some communities, councils are already the provider of last resort, straining already stretched resources.

To respond to these pressures and risks, levels of government alongside the broader public health ecosystem need to work better together. This report examines local-state partnership approaches in health and wellbeing, with a particular focus on Victoria and South Australia where some examples have operated for a number of years. Alongside these partnership approaches, both states have a legislative framework and planning instrument designed to foster a consistent agenda across local and state levels. Our findings present four complementary strategies to build effective local-state partnerships that strengthen the role of each level of government:

- establishing shared mandates and partnership agreements between state governments, local governments and local government peak bodies
- designing partnership programs for local longevity with arrangements built for flexibility and transitions
- building local and state government capability for partnership through communities of practice and codified learning
- centring local knowledge and expertise through planning, community engagement and place-level data.

These strategies are underpinned by the principles of a wellbeing approach to government where decision-making is holistic, long-term, preventive and participatory.

An important step of a partnership, and the report's underpinning recommendation, is for federal and state governments to establish formalised agreements with the relevant local government peak body in each jurisdiction, whether it is for planning instruments (i.e. local public health plans) or for every major service system where local government is a funded delivery partner. This will ensure partnerships are bound by a commitment to shared objectives, clear mutual and distinct roles and responsibility. Sole programs and initiatives would also benefit from outlining similar agreements as part of their governance.

With a growing focus on fiscal sustainability and the need to control costs at every level of government, it is important to remember that preventing health and wellbeing issues before they begin not only costs less in the long run, but enables people to live happier and healthier lives.

About this report

This report is written for all Australian jurisdictions at various points of the journey towards healthier communities. It draws on examples based in Victoria and South Australia – jurisdictions that share a similar combination of legislative mandates, role of statutory bodies and local government associations that help to enable partnerships. From the analysis, we observe several types of partnerships across levels of government: sector-based, program-based, region-led and council-led. Not all of them are driven by a public health planning mandate, though all are driven by complementary priorities and responsibilities that are shared to a degree. While examples of partnership are mostly between local and state governments, the federal dimension is important in terms of providing national strategies, frameworks and funding. The recommendations and learnings should also be considered in adjacent service systems and sectors.

Recommendations

Establish shared mandates and partnership agreements	**Recommendation 1:** State and federal government departments establish formal partnership agreements (MOUs or equivalent) with the local government peak body in their jurisdictions. **Recommendation 2:** Mandate intergovernmental (state and local) public health planning through state public health acts and provide implementation support.
Design partnership programs for local longevity	**Recommendation 3:** Design flexible funding arrangements that enable adaptability to local contexts. **Recommendation 4:** Have transparent plans for ceasing or transitioning program partnerships, with consideration for council resources and community impact. **Recommendation 5:** Monitor and evaluate short and long-term impacts, and invest in continuous learning, innovation and local adaptation.
Build government capability for partnership	**Recommendation 6:** State governments resource health promotion agencies and local government associations to strengthen the capability and leadership of the council workforce. **Recommendation 7:** State health departments, health promotion agencies and/or local government associations are well placed to host communities of practice for council officers. **Recommendation 8:** State health departments, health promotion agencies and/or local government associations codify and disseminate good practice for partnership programs.
Centre on local knowledge and expertise	**Recommendation 9:** State health departments together with local government associations guide and support councils to map out how council plans and functions contribute to public health priorities. **Recommendation 10:** Councils establish deliberative engagement processes with their communities and stakeholders to set priorities for public health planning. **Recommendation 11:** Councils use place-level indicators and statewide frameworks to strengthen their council planning and public health planning, through state-funded data projects.

The role of governments in enabling healthy communities

Protecting and promoting healthy communities goes beyond the presence or absence of disease and injury. It involves addressing multiple factors that influence health, including social, environmental, structural, economic, cultural, biomedical, commercial and digital.[1]

All levels of government are grappling with how to improve health and wellbeing in communities. Yet no particular level of government or department alone has the responsibility, resources or capability to achieve this. It requires a whole-of-system effort across a wide range of institutions and sectors: from federal, state and local government to primary health networks, community health organisations and communities themselves.

Among others, Local government is a key partner in enabling healthy communities and environments. Councils shape the systems that improve health and wellbeing – the built, natural, economic and social.[2] Through statutory and strategic planning, environmental health functions such as encouraging physical activity and active travel through planning and infrastructure; fostering community development through libraries and community centres; creating healthy environments through food regulation and immunisation; access to clean air, water and sanitation; and leading efforts to mitigate or adapt to climate change.[3]

There are currently 537 councils across Australia that deliver a range of services, provide protective health infrastructure, hold local knowledge and perspectives, and play a facilitatory role for local partnerships and provision to their community. While responsibilities and provisions vary between individual councils and across states, councils deliver a wide range of services that are wholly or partially funded by, or operate under the frameworks of, state and federal government. Table 1 illustrates this using Victoria as an example, outlining 24 distinct local government service areas that reflect this funding and governance arrangement.[4]

Table 1: Local government service areas in Victoria that are wholly or partially funded by, or operating under the frameworks of, state and federal government.

Children and families • Child care • Kindergarten • Maternal and child health • Playgroups • Immunisation	**Health and wellbeing** • Disability services • Home maintenance • Home and community care • Meals on wheels • Food safety	**Household** • Planning permits • Building permits • Pet registrations • Rubbish and recycling • Graffiti removal
Sport and leisure • Sportsgrounds • Swimming pools • Leisure centres • Parks and gardens • Festivals and events	**Roads and safety** • Roads and footpaths • Car parks • Street lighting • School crossing supervisions • Emergency management	**Community** • Libraries • Volunteering • Theatre and the arts • Grants • Community centres

When councils deliver quality services and foster participation and belonging, the benefits also occur across mental health; community safety and resilience; economic participation; and social cohesion and inclusion. This provides an imperative for state and federal governments to invest in the protective health infrastructure that councils provide. For example, state or territory and local government managed maternal child health (MCH) services are among the highest rated provider types on measured quality indicators.[5] Councils are embedded in their community, where contact is proximate and frequent, which serves as an important accountability and feedback loop. Notably, councils in Victoria have been delivery partners in MCH over the past hundred years.

These are important aspirations for the role of local government. However, if councils are not fiscally and sustainably able to serve communities in this way, it also puts the health and wellbeing of people at risk. This is a prominent issue at both the state and local level. Most states are currently facing net operating deficits, leading to a growing focus on budget repair and financial sustainability.[6] Financial sustainability is the biggest challenge that councils face, with increasing pressure to do more with less. The portion of tax revenue received by local governments has halved since the 1990s, from 1% to 0.49% in 2026-27.[7]

Furthermore, not all councils are operating from the same baseline. Growth areas, rural and regional councils have smaller rate bases and are challenged with service and infrastructure deficits. It is in these areas where there are greatest disparities in liveability, which consequently determine poorer health and wellbeing outcomes. Commonwealth and Victorian parliamentary inquiries into local government show that for many councils, their funding base has not kept up with growing demands and expenditure, resulting in the cutting or underfunding of services.[8] Many councils continue to experience a need for more services, roads, and social infrastructure, particularly in emerging growth areas and regional areas.

The cost-shifting of responsibilities from other levels of government and gaps in the market of service delivery can lead to expanding responsibilities, which puts significant pressure on council budgets. In some cases, councils become a service provider because there are no viable alternatives, adding to their cost base. In other cases, councils exit services altogether, which might be good for the bottom line initially, but erodes prevention and early intervention, costing councils and other levels of government more in the long-run.

Broader reform, along with long-term thinking, is needed for the sector's financial sustainability and there are direct measures that many have been collectively calling for, such as untied funding streams for enabling infrastructure and capability building.[9]

Box 1: The role of local government in disaster recovery with other levels of government

The importance of partnership between levels of government applies beyond the domain of health and wellbeing. The impacts of climate change, such as natural disaster events, can severely affect communities and councils' capacity to recover. An independent review of Commonwealth Disaster Funding found that while state and territory governments have primary responsibility, locally-led recovery is the best approach. Councils serve a critical role in the prevention, preparedness, response and recovery. Australia has become more reliant on councils and the community, however it is often the level with the most limited capacity and capability. Alongside these constraints, the unclear expectations and support for their role should be a cause of concern. The capability uplift for the local level should be the responsibility of state governments and be done in partnership.[10]

In fiscally constrained environments, it is critical to identify ways to do things differently. An over-emphasis on funding and staffing cuts, and an under-emphasis on innovation through partnerships, often makes budgets appear better but without improving outcomes. Strong partnerships enable coordinated effort towards shared priorities and improve decision-making. This should be backed by shared mandates and partnership agreements, sustaining locally grounded programs, building capability in the local government sector, and cultivating local leadership. There are four types of partnerships across levels of government that this report observes: sector-based, program-based, region-led and council-led. Each has its place and purpose.

When it comes to identifying priorities for health and wellbeing in communities, there is strong alignment across what councils and governments are doing, which indicates an opportune foundation for stronger partnerships.

For example, for the 2025-2029 period in Victoria, active living and mental wellbeing appeared in all 79 council MPHWPs that were reviewed, while prevention of violence appeared in 92% of plans and climate change in 85%.[11]Getting levels of government pulling in the same direction on the issues that matter most to communities is the emphasis of this paper and its recommendations.

"The Australian and Victorian Governments working in partnership with local government to deliver community-based preventive and public health programs will significantly improve population health outcomes, reduce long-term healthcare costs and relieve pressure on hospitals and emergency departments. Investment in preventive health measures should be at least 5% of health budgets". – Resolution passed by representatives of Victorian councils at the MAV State Council, October 2025.

Establish shared mandates and partnership agreements

Every partnership should be underpinned by a mutual understanding and commitment to shared goals, roles and responsibility. Establishing a shared mandate and agreement to work together is an essential first step, though it is not the sole driver for effectiveness. It can be in the form of legislation such as Public Health Acts with planning instruments, or a formal Memorandum of understanding (MOU) between departments or levels of government. The latter may operate independently of legislation, although as discussed below, legislative frameworks are desirable. Victoria and South Australia provide examples of this in practice.

Key partners

Health promotion agencies

Jurisdictions across Australia have established statutory health and wellbeing agencies, particularly in Victoria, South Australia, Queensland, and Western Australia. Given their remit, these statutory agencies can often work toward and address longer-term prevention priorities that protect and promote health and wellbeing. They can advocate and influence decisions across sectors, e.g. commercial or built environment, which also have significant impact on health and wellbeing. These agencies are well placed to support councils through providing evidence and advice, funding and resourcing, and building networks and capability.

Preventive Health SA (previously Wellbeing SA) is South Australia's prevention agency established by the *Preventive Health SA Act 2024*. The agency leads evidence-informed and innovative preventive health action, and embedding the prevention agenda as an essential part of the health system for long term and sustainable outcomes.[12] It is separate to the SA Department for Health and Wellbeing but reports to the same Minister – working across priorities such as obesity prevention, tobacco and vaping, substance use, mental health and wellbeing, suicide prevention, determinants of health, and Aboriginal health and health equity.[13] Preventive Health SA supports councils in relation to preventive health priorities, thereby supporting the Department for Health and Wellbeing's strategic directions and obligations for public health.

In Victoria, the Victorian Health Promotion Foundation (VicHealth) is a statutory body established by the Victorian Parliament as part of the *Tobacco Act 1987*.[14] VicHealth has an independent chair and board of governance that reports to the Victorian Minister for Health and to the State Parliament. VicHealth is one component of Victorian Government investment in prevention and health promotion, with other programs and funding delivered by the Department of Health.

Local government associations

Councils are also supported by local government peak bodies that are important intermediaries between local and state government. Local government peak bodies play an intermediary role in negotiations of partnership agreements, sector capability building, and partnership coordination. In addition, peak bodies engage in advocacy on behalf of councils regarding policy and legislative matters.

Local Government Association of South Australia (LGA South Australia) is the legislated local council peak body in South Australia, recognised under the *Local Government Act 1999*. It advances public health by supporting and representing local councils as they plan and deliver health and wellbeing initiatives. It also provides guidance and resources to support local councils to integrate public health into their community planning.

In Victoria, the Municipal Association of Victoria (MAV) is the legislated peak body for local government (through the *Municipal Association Act 1907*) and advocates for councils while also supporting them with policy advice, training, and guidance in the development of the Municipal Public Health and Wellbeing Plans (MPHWPs). The MAV also plays an intermediary role between local and state governments.

Victoria's Department of Health works closely with the MAV, which coordinates and leads the bi-monthly Social and Health Planning Network. Through this network they provide advice to health planners delivering the municipal health plan under the Act. Also, the Victorian Local Governance Association (VLGA) is an independent organisation that, while not legislated, plays an important role in supporting councils and councillors in Victoria.

Intergovernmental agreements

Intergovernmental agreements, such as MOUs or an equivalent, are key ways to establish how governments and key bodies work together. Some good examples are noted below in the different ways to partner. This can be for distinct purposes – such as establishing shared regulatory responsibilities, different levels of government jointly funding local service delivery, or simply creating a platform for shared governance and coordination.

Across Victoria and South Australia, there are agreements between local government associations (on behalf of local government) and departments regarding early years, education, the environment, immunisation, food safety and health and human services. In Victoria, while the responsibility for local–state partnerships is shared, the lead coordinating role within the Victorian Government sits with the Department of Government Services.

Agreements should articulate roles, funding principles, consultation and engagement obligations, information-sharing arrangements, dispute resolution pathways, and review cycles. Acts other than the Public Health Act help to create a supportive authorising environment for these agreements e.g. food safety legislation.

Engagement principles to embed in intergovernmental agreements

- **early and genuine consultation** – new responsibilities, regulatory obligations or service expectations should be accompanied by consultation and funding agreements before the policy or funding decision is made. This can involve peak bodies as the initial contact for consulting the wider sector.
- **recognition of the peak body intermediary role** – local government associations should be engaged by departments for matters across the local government sector.
- **respect for statutory roles** – councils' statutory obligations should be recognised by other levels of government and conflicts with those obligations minimised.
- **joint accountability for outcomes** – this can be in the form of reporting and accountability arrangements that reflect the shared nature of the partnership.
- **dispute resolution and escalation** – ensure there are appropriate information-sharing arrangements and dispute resolution pathways.

If the partnership is directly tied to funding, multi-year funding certainty and transition arrangements should be considered. This is explored further in the section, *design partnership programs for local longevity*.

Recommendation 1: State and federal government departments establish formal partnership agreements (MOUs or equivalent) with the local government peak body in their jurisdictions.

Legislation for public health governance and planning

Legislation is one of the significant drivers of how state and local governments approach public health and wellbeing. Legislation can create mandates, and assigns responsibility and decision-making power to different government institutions regarding functions for public health and wellbeing. However, it is also important that new mandates are accompanied by adequate resourcing, such as government funding and guidance. In South Australia, the public health legislation was crafted deliberately for much local scope to respond flexibly to public health issues. In Victoria, the Local Government Act enables deliberative engagement and community leadership. This varies across Australia at the time of this report, with all jurisdictions having a public health act and some requiring a local-state public health planning framework (Table 2). This mandate is present and fairly mature in Victoria and South Australia, with Western Australia officially mandating that part of the act in 2024.

Table 2: Local-state planning frameworks across public health legislation across Australia (excluding the ACT).

Jurisdiction	Legislation	State and regional / municipal public health plan required
VIC	Victorian Public Health and Wellbeing Act 2008	Yes
SA	South Australian Public Health Act 2011	Yes
WA	Public Health Act 2016	Yes
QLD	Public Health Act 2005	No
TAS	Public Health Act 1997	No
NSW	Public Health Act 2010	No
NT	Public Health and Environmental Health Act 2011	No

Public health acts recognise that governments have a significant role in health prevention, promotion and protection. This includes protecting public health and preventing disease, illness, injury, disability or premature death; and promoting and protecting an environment in which people can be healthy; particularly vulnerable and disadvantaged social and physical environments. For example, the objectives in the *South Australian Public Health Act 2011* is to 'promote, protect, prevent'.

One of the ways the Victorian Act seeks to enable this is through mandating the development of public health planning at both the state government and local government levels. At the state level, the Victorian Department of Health holds responsibility for the Victorian Public Health and Wellbeing Plan (VPHWP), and at the local level, local councils develop public health and wellbeing policy for their municipalities through developing a Municipal Public Health and Wellbeing Plan (MPHWP).

Under the Act, the VPHWP and MPHWP is prepared every four years, with the aim of promoting an integrated approach to public health and wellbeing planning in Victoria.

In South Australia, the Chief Public Health Officer oversees both the State Public Health Plan and Regional Public Health Plans (RPHPs) for South Australia's 68 Local Government Areas. With the State Public Health Plan developed by the Department for Health and Wellbeing, councils are required to create a RPHP that considers the State Plan and its discrete public health priorities (and others required by the Minister). The RPHPs must assess current public health risks, opportunities for health promotion and outline strategies for meeting the identified needs for the relevant region, and these are reviewed at least once every five years. These local-state planning frameworks in South Australia and Victoria are discussed further in the report's section about *centring on local knowledge and expertise*.

Recommendation 2: Mandate intergovernmental (state and local) public health planning through state public health acts and provide implementation support.

Different ways to partner

There are four types of partnerships across levels of government that we observe: sector-based, program-based, region-led and council-led. Each level has its place and purpose. Partnership needs to embed engagement principles in partnership agreements and in ongoing leadership. It involves maximising resources, by identifying distinct value adds and gaps, minimising duplication and coordinating where it is most necessary.

1. Sector-based partnership

Partnering in joint service systems

There are a number of service systems where councils are funded delivery partners which deliver outcomes for health and wellbeing. While it differs across states, the key areas are immunisation, maternal child health, kindergarten, aged care and emergency management. These service systems are often underpinned by formalised, sector-specific partnerships between peak bodies representing local government, and with a state or federal department responsible for a service system. Formalising these partnerships with MOUs or equivalent are important as they are ongoing, and are anchored in funding and statutory relationships. A notable example is the 100-year-old partnership of maternal and child health services in Victoria, jointly delivered by state and local government.[15]

Partnering in collaborative planning and coordination

The Victorian Department of Education has come into a partnership agreement with the MAV to offer mutual support through a collaborative relationship in the planning, development and provision of initiatives, and the infrastructure and services across early childhood, schools, TAFE and training. The partnership has since brought about the development of the new Maternal and Child Health Service MOU; joint advocacy on universal access to support the continuation of 15 hours of kindergarten funding; and the establishment of the Early Years Compact.[16]

The Early Years Compact is a 10-year agreement between the Department of Education (DE), the Department of Families, Fairness and Housing (DFFH) and local government, which is represented by the MAV. The compact was established as a platform to enable the consistent coordination and collaboration of the early years system between stakeholders. It has served to identify service and system gaps and promote collaboration in information sharing regarding children's needs and opportunities to improve outcomes.[17]

The *South Australian Public Health Act* provides the establishment of Public Health Partner Authorities (PHPA) as formal mechanisms for collaboration in public health planning. The Minister for Health and Wellbeing can declare an organisation to be a PHPA for the purposes of supporting regional public health planning. These partnerships facilitate coordinated action on the systems, settings, and determinants that shape population health and wellbeing. Through the

PHPA mechanism, councils can collaborate formally with diverse organisations in alignment with the State Public Health Plan and their Regional Public Health Plans.[18]

Partnering in shared regulatory responsibilities

Local and state governments can use partnership agreements to work collaboratively on improving policy and regulatory settings. For instance in South Australia, it was recognised that councils and the Environment Protection Authority (EPA) have complementary roles and responsibilities to protect the environment and enhance the quality of life for communities. The partnership agreement between LGA South Australia (on behalf of councils) and the EPA holds each party accountable to one another and commits to clear and open communication in decision making.[19]

2. Program-based partnership

Governments can establish program-based partnerships to target specific priorities e.g. healthy eating, active living, engaging young people around health promotion; and with specific strategies to deliver, such as providing evaluation frameworks and data, or health promotion modules. Program partnerships are also embedded in a broader strategy, such as demonstrating consistency or alignment with state and/or public health plans, national preventive health strategies, or priorities in the statutory agencies.

Wellbeing Hubs and Regional Preventive Health Partnerships

The Wellbeing Hubs and Regional Preventive Health Partnerships are funded and run by Preventive Health SA. The nine Wellbeing Hubs support the physical, social and mental wellbeing of a priority population group within the local community. Preventive Health SA provides funding, data, public health expertise, evaluation frameworks and connections with other hubs while councils implement the hubs in communities. Whereas, the three Regional Preventive Health Partnerships are each supported by a staff member co-funded by Preventive Health SA and the participating councils. This staff member assists with joint governance, planning, capability building, mapping local needs and evaluation across the region. More about the Wellbeing Hubs and Regional Preventive Health Partnerships will be explored in later sections of this report.[20]

Victorian Local Government Partnership

The VicHealth Local Government Partnership (VLGP) works in collaboration with local government peak bodies and partners with health promotion experts, to provide councils with the tools and capability building they need to engage children and young people in their communities. This involved including voices of young people in local decision-making, strengthening the health promotion workforce, and embedding place-based prevention activities across a range of systems including neighbourhood and built environment, food, commercial and economic systems.

The partnership supported 36 councils to deliver more than 540 strategies, policies, and programs aimed at improving health outcomes for children and young people. It had a flexible funding model to tailor to local needs, as well as supporting initiatives that aligned with priorities in the Victorian Public Health and Wellbeing Plan, such as increasing healthy eating, active living, and others.[21] This initiative operated from 2021 to 2025 and has since evolved into VicHealth's current model, Partners in Place. More about the VLGP will be explored in later sections of this report.

3. Region-led partnership

There's a third type of partnership that has a broader focus beyond specific sectors and programs, and on cross-cutting issues between different levels and portfolios of government. Regions are an important overlay between the state and local level where planning and coordination of policy already exist. Region-led partnerships can foster collaborative relationships across a region of councils to identify shared issues and interests that would warrant a partnership.

Healthy Loddon Campaspe

Healthy Loddon Campaspe (HLC) (formerly known as Healthy Heart of Victoria) is a Victorian state government-funded initiative aimed at improving health outcomes in the Loddon Campaspe region involving six councils. The initiative emerged from the Loddon Campaspe Regional Partnership, where the community expressed concern over health outcomes. The regional partnership led a series of workshops with stakeholders from local government, state government, health services, primary care partnerships and academia to co-design solutions.

This resulted in each council having a dedicated place-based HLC health broker that developed relationships between council, local organisations and community groups; to foster partnerships and collaborations across the region; influence policy with a health and wellbeing lens; build awareness of HLC and evaluate the effectiveness of the program. It was observed that health brokers have impacted decision making at the local government level, resulting in the incorporation of a health lens in decision making and policy planning processes. All Health Brokers have also contributed to the development of Municipal Public Health and Wellbeing Plans.[22]

Regional Climate Partnerships

The Regional Climate Partnerships in South Australia were established in 2014 to develop regional climate change adaptation plans. Today, it is a network of regional, cross-sectoral groups delivering practical action aimed at strengthening the climate resilience of their communities, economies, and natural and built environments. Partners can vary in each region, and can include councils, regional organisations of councils, Regional Development Australia organisations, Landscape SA Boards, and the South Australian Government.[23]

The Partnerships have also matured into a model known as the SA Climate Ready Alliance program. It is a five-year statewide program designed for climate readiness in regions, centred on coordination, capability building and cost-effectiveness.

The program is funded by the federal government's Disaster Ready Fund, and supported by the state Department for Environment and Water and Green Adelaide.

The mission made it clear that partnership between governments is greater than the sum of its parts.

"No single organisation or level of government has the mandate, resources or reach to drive the scale and pace of change required."

– LGA South Australia.[24]

Regional Management Forums

The Regional Management Forums in Victoria consisted of local government CEOs and senior state government representatives. Their role was to identify and address critical regional issues; promote cooperation between departments and councils; and collaborate with stakeholders to set and deliver key priorities.

Membership ranged from 20 to 35, including the departmental secretary for the region (the 'regional champion'), representatives from state government departments (usually regional directors or senior officers), and local government council CEOs. Meeting quarterly or bimonthly, each forum works with regional stakeholders to identify issues benefiting from an integrated planning and service delivery approach, then develops proposals.

The strengths of the forums were that they established a collaborative relationship between state government and local government, providing a space for constructive dialogue.[25] The forums, around since 2005, evolved into the 9 Regional Partnerships in 2016. The partnerships ensure regional communities have a greater say about what matters to them and advise the government on regional priorities in policies and programs. They have been successful in bringing different levels and parts of government and community groups together to solve issues in regions by building relationships, trust, and sharing knowledge and ideas.[26]

4. Council-led partnership

When it comes to partnership on a local level, councils play a facilitatory role in bringing different local stakeholders and delivery partners together to work towards shared priorities and create healthy environments.

Regional Cardinia Shire Council Liveability Plan and Partnership

The partnership in Cardinia Shire Council accompanies the Liveability Plan, which is the council's Municipal Public Health and Wellbeing Plan. The partnership comprises four key stakeholders:

1. The partnership steering group
2. Council (health planning team)
3. Internal and external partners; and
4. Community (advisory community structures).

The council established a Liveability Partnership Steering Group to provide strategic oversight of the Liveability Plan, and consists of partners across local and state government departments and agencies, health institutions and community organisations. During the planning process, the partnership group explores the data profile and liveability indicator results; maps strength of existing partnership within the group; and workshops goals, objectives and strategies for the plan.

The latest revised partnership structure does not identify the action teams and delivery, because the delivery is beyond council's control. Instead, the council focuses on providing strategic direction, focus and trust with partners.[27] Cardinia Shire Council's Liveability Plan and Partnership is explored further in this report.

Design partnership programs for local longevity: with arrangements built for flexibility and transitions

Narrow, short cycle funding arrangements in program partnerships can limit councils' ability to generate long-term outcomes, build relevant capabilities, and embed initiatives into core operations. Abrupt cuts can result in an immediate loss of capacity associated with the program, and pressure for councils to use their own resources or stop delivering. According to the 2022 Local Government Workforce Skills and Capability Survey, councils seek longer-term grant arrangements to afford stability and predictability.[28]

While broader reform is needed for the sector's financial sustainability, these reforms will inevitably take time. In the meantime, there are several opportunities for local and state governments to improve partnership programs in a way that generates sustained outcomes. Several existing programs have demonstrated this, and their experiences offer useful learnings that can enhance practice.

Flexibility of funding arrangements in program partnerships are critical for creating place-based impact. For example, over time the VicHealth Local Government Partnership (VLGP) program evolved into having a less prescriptive approach to funding, in acknowledging that every community is different with unique local knowledge and aspirations. The program prioritised giving councils flexible tools and support that can adapt to local needs and context. This is key to supporting the leadership of council and community stakeholders.

Flexible funding arrangements were also more likely to succeed as they enabled councils to run initiatives that align with their local strategic plans, like the Municipal Public Health and Wellbeing Plan, an Active Living Strategy, or an Early Years Plan.[29] This shift towards flexibility reflected VicHealth's strategy to strengthen local prevention systems, recognising that prescriptive approaches can limit impact in complex systems and inhibit opportunities for sustained impact beyond the life of the program.

Recommendation 3: Design flexible funding arrangements that enable adaptability to local contexts.

As funding streams can be temporary, programs should consider how initiatives continue beyond the life of the initial grants to attain their long-term objectives and sustained impact. To support council sustainability, programs should develop clear strategies for the discontinuation of programs.

For example, VicHealth's Local Government Partnerships (VLGP) initiative focused on funding strategic responses that drove structural changes to improve outcomes. VLGP funding guidelines require councils to demonstrate the long-term sustainability of their proposed initiatives from the initial application stage, including how the program could be sustained by core council funding, would lead to enduring systemic change or would build local health promotion skills that could be applied moving forward.[30]

This strategic approach recognised the unique role of councils and their partners in shifting local systems and investing in positions that lead strategy and create partnerships.[31] Similarly, a South Australian council was able to continue its Wellbeing Hub using its own resources after its funding agreement with Preventive Health SA had concluded. This was because the partnership with the state focused on learning rather than dependency, and the hub was designed to be sustainable and fully run by the council.

Program partnerships should have a clear plan for sustained impact once a program ends. This might include integrating the program into a council function, transitioning the program to another institution or discontinuing the program and finding ways to codify knowledge.

Recommendation 4: Have transparent plans for ceasing or transitioning program partnerships, with consideration for council resources and community impact.

Programs with strong evidence to support their efficacy have increased chances of continuing despite a constrained funding context. For instance, Healthy Places (formerly the Achievement Program) is a free health and wellbeing program designed for an early childhood and school context, which was previously part of a large intergovernmental program known as Healthy Together Victoria (2011–2016).

When Healthy Together Victoria ended, its Achievement Program continued and became embedded within the Victorian Government's Healthy Kids, Healthy Futures strategy. With support from the Victorian Government, Cancer Council Victoria continues to deliver the Achievement Program.[32] It was highlighted that the program continued largely because it was grounded in the World Health Organization's Health Promoting Schools model, a well-established and globally recognised framework that provided credibility. This evidence base made it a high-value asset that Cancer Council Victoria was willing to continue delivering.

At the same time, programs should prioritise ongoing learning and adaptation in practice.

New challenges will inevitably emerge beyond the scope of existing knowledge, and evidence should always be continuously generated, iterated, refined and implemented. Therefore, it's important to build the capacity of communities and councils, who are at the forefront of local challenges, to generate creative solutions and leading innovations.

Operationally, this can be supported by funding models that are designed for innovation, learning and investment in capability building. For example, VicHealth's Partners in Place initiative supports shared learning for continuous improvement and piloting new ideas. The program's funding guidelines note that: successful applicants will be required to participate in and deliver on VicHealth's monitoring, evaluation and learning requirements outlined in the Partners in Place Monitoring, Evaluation and Learning Plan. This includes working with VicHealth's evaluation partner to identify relevant data for tracking progress towards intended outcomes, capturing system shifts and measuring impact using agreed tools and methods.[33]

Recommendation 5: Monitor and evaluate short and long-term impacts, and invest in continuous learning, innovation and local adaptation.

Build government capability for partnership: through communities of practice and codified learning

Councils understand their community's local needs and context, this can be leveraged in public health planning and partnerships. However, they need to be backed by adequate staffing and capabilities when it comes to implementation. The Australian Local Government Association's 2022 survey of the local government workforce found that 91% of responding councils experienced skill shortages, an inability to compete with the private sector and other councils on remuneration, and geographical disadvantages.[34] More specifically, the council staff that manage public health plans or programs vary in capability, particularly if they come from a non-health background.

Partnerships can help to combine public health expertise, statewide networks and resourcing with local understanding. For example in Victoria, the state government funds the Healthy Eating Advisory Service, which collaborates with organisations across the state, including councils, to make healthy food and drinks the norm.[35] Evaluation data reveals that its advice to council facilities in Melbourne around product choices, visual merchandising and advertising reduced the sale and availability of unhealthy items with minimal impact to overall revenue.[36]

In South Australia, Preventive Health SA's Wellbeing Hubs have a contributory funding arrangement between the council and the state government, with the state government providing funding, data, evaluation tools and public health expertise while the local council provides facilities, project staff and local connections.[37]

Preventive Health SA supports two Regional Partnerships by co-funding a council staff member dedicated to coordinated planning, implementation, and evaluation. These regional partnerships focus on building the capability of regional councils to embed preventive health into council operations and supporting collaborative decision-making between the council partners to achieve stronger community outcomes for the given region.

Importantly, they select councils with similar capacity and community health needs, which enables Preventive Health SA and the council partners to achieve the optimal wellbeing impact from their shared resources.

Recommendation 6: State governments resource health promotion agencies and local government associations to strengthen the capability and leadership of the council workforce.

Point-in-time learning for councils through communities of practice and codified knowledge

State governments and peak bodies should facilitate the exchange of good practice between councils. Departments of Health or local government peaks are particularly suited to setting up these networks due to their connections with councils across the jurisdiction.

Where there are resourcing limitations that prevent ongoing facilitation, state governments could set up these networks before passing responsibility onto a steering group made up of participating councils. A council public health officer who was involved in Preventive Health SA's Wellbeing Hubs highlighted the local government Wellbeing Hub learning network as an ideal resource for shared learning.

Recommendation 7: State health departments, health promotion agencies and/or local government associations are well placed to host communities of practice for council officers.

Codifying knowledge – either through modules or case study repositories – is important for building and maintaining institutional knowledge. This is especially the case for legacy programs or organisations that no longer exist.

For example, the Victorian Primary Care Partnerships (PCP) ran for 21 years involving various health services, networks, hospitals and councils; working together to improve access to services and continuity of care to avoid unnecessary hospital admissions. The Department of Health worked with La Trobe University to create the PCP Resource Repository, which allows users to search case studies, evaluation reports, project plans and other documents from the initiative's 21-year history.[38] The repository maintains the institutional knowledge of the PCPs after a range of their health promotion functions were transitioned into Victorian Local Public Health Units.

Intermediary institutions, such as local government associations and statutory agencies, are also essential in developing council capability through training, resources and ongoing support that are accessible formats. This can include online and publicly available research repositories that feature case studies, guidance documents or training modules that are accessible and useful for practitioners at any part of their journey. The MAV offers resources for councils as well as professional development for councillors. The MAV also partners with VicHealth to deliver this through the Leading Healthy Communities Project, which includes publication of the Councillors' Role in Leading Healthy Communities guide, delivery of the MAVLab webinar on Prevention Through Connection, and the Mayors Institute Forum on Leading Healthy Communities.[39]

VicHealth has also co-designed and developed a range of resources for councils and their community partners, including practice guides, learning modules and case studies that will be available for all Victorian councils. The modules provided how-to-guides, templates, case studies and other resources to inform the planning and implementation of health policy.[40] This grew councils' knowledge of health promotion, systems thinking and co-design.

Recommendation 8: State health departments, health promotion agencies and/or local government associations codify and disseminate good practice for partnership programs.

Centre on local knowledge and expertise: through planning, community engagement and place-level data

In public administration, it is important that the mandate to work with other levels of government and partners is not simply a box-ticking exercise. Ultimately, partnership and shared planning instruments should uplift the local leadership of councils, and how they can apply the determinants of health lens across their strategic and operational capability. Councils have key levers to both enable and apply this, such as with council plans, measuring and monitoring place-level data, and local procurement.

State and local public health planning

The state plan's priorities, at least a good number of them, should be broad enough to encompass the priorities that councils already embrace or could do with support. This is particularly relevant, given that some Public Health Acts in Australia require state health departments (in Victoria) or the Minster (in South Australia) to produce a statewide plan, and councils to produce regional or municipal public health plans. The local level plans developed and reported by councils should reflect the needs and cares of their communities, as well as demonstrate some consistency with the priorities set in the state health plan.

Priorities can be framed as specific action on issues that guide collective effort around clear action areas. For example, Victoria's Public Health and Wellbeing Plan (2023-2027) (VPHWP) foregrounds 10 priority areas which are continued from the previous plan (see Table 3).[41]

Table 3: Victorian Public Health and Wellbeing Plan priorities

- Improving sexual health and reproductive health
- Reducing harm from tobacco and e-cigarette use
- Improving wellbeing
- Increasing healthy eating
- Increasing active living
- Reducing harm from alcohol and drug use
- Tackling climate change and its impacts on health
- Preventing all forms of violence
- Decreasing antimicrobial resistance across human and animal health
- Reducing injury

As every municipal plan must be articulated against the issue-centric priorities, councils may find some of them less relevant or less of a priority to their council function (e.g. decreasing antimicrobial resistance). In Victoria, it is not an expectation that councils work towards all 10 priorities. In the last few versions of the VPHWP, councils are able to identify a select few of the priorities from the plan to address based on their needs assessment and community engagement.

For the 2025-2029 period, the MAV reviewed all 79 council MPHWPs and analysed them for alignment with VPHWP priorities. Active living and mental wellbeing appeared in all plans reviewed, while prevention of violence appeared in 92% of plans and climate change in 85%.[42,43] In many cases, councils included additional health and wellbeing priorities that were not named in the VPHWP but were important in their local government area.

South Australia's 2025 State Public Health Plan is due to be released in 2026, and follows an approach akin to Victoria where there are discrete priorities for councils to consider in their local public health plan.[44]

Cardinia Consistency between local public health priorities and council plans and functions

The legislated aspect of public health and wellbeing plans can be both an enabler and a challenge. It is effective for assessing and articulating shared objectives or priorities, however by nature, legislative requirements tend to be broad rather than specific. For example in South Australia, when combined with appropriate state government support, regional public health plans can assist councils with understanding what aspects of their work and functions can enhance community wellbeing, and assist them with identifying how existing policies and programs are consistent with statewide public health priorities.

It is important for councils to understand the range of council functions and activities that contribute to their local public health plan. Both Victoria and South Australia have emphasised the role of shared, accessible, and values-based language in supporting consistency or alignment and enabling more actionable collaboration. Using language that resonates with local government practice was seen as important in building shared ownership of public health priorities.

Both Victoria and South Australia have used the Environments for Health framework, among others, to guide councils in public health and wellbeing planning.[45] In 2019, LGA South Australia published a comprehensive guide to Regional Public Health Planning to support councils. The guide articulates what public health action can look like on a local level, which can help councils to connect and articulate their consistency with state public health priorities.[46]

Similarly, the MAV breaks down the built, natural, economic and social systems that councils can influence to improve health and wellbeing (see Table 4).[47]

Table 4. Role of local government in influencing built environments

Areas of council business		Impacts on health and wellbeing
• Community facilities • Community infrastructure • Cycleways • Drainage • Footpaths • Graffiti management • Infrastructure (water sensitive urban design/stormwater) • Lighting	• Parks and public open space • Roads and streetscapes • Seating • Toilets • Traffic management • Transport planning • Urban planning and development	• Improved physical, social and mental health and wellbeing • Improved social and physical connectivity • Increased physical activity • Reduction in falls and traffic hazards • Reduction in illness and diseases • Safer environments, including roads

The 2025-29 planning cycle for MPHWPs in Victoria demonstrates that wellbeing planning is increasingly being embedded as a whole-of-council responsibility, rather than a discrete public health function. Councils were more frequently linking health outcomes to broader social, environmental and economic conditions including infrastructure, housing, food systems, social connection and equity.[48]

These linkages especially benefit from integrating the council public health plan with the council plan.

It also has the benefits of political buy-in of council and can foster a stronger sense of alignment with council business. Integration will cost less to do overall, making it a more sustainable option for councils, however there should be investment of capability and time into executing it well and keeping the potency of the standalone version, such as having clear guidance material.

In Victoria, councils can choose to integrate their Municipal Public Health and Wellbeing Plan (MPHWP) into their council plan, provided they obtain an exemption from the Secretary of the Department of Health confirming that the legislative requirements have been met. Currently, 60% of councils in Victoria have adopted this approach. In adopting an integrated approach, the *Local Government Act 2020* should be considered alongside the MPHWP to ensure alignment with the council planning framework. The benefit of this is that the plan comes under the Act and has an additional mandate for local governments and their elected membership leadership to follow and buy into.

Similarly in South Australia, there is a legislated provision for councils to integrate the Regional Public Health Plan (RPHPs) within a Strategic Management Plan or within its Strategic Management Plan Framework.[49] However this option is less present in South Australia.

Recommendation 9: State health departments together with local government associations guide and support councils to map out how council plans and functions contribute to public health priorities.

Catchment-wide population health planning

Victoria established local public health units (LPHUs) during the COVID-19 pandemic and since then have broadened their role. Today, LPHUs partner with local government, Primary Health Networks and other local organisations to deliver localised programs for chronic disease prevention and health promotion. LPHUs also develop a catchment-wide population health plan that aligns with state-wide and municipal public health and wellbeing plans.[50]

Community voice and place-level data in local public health plans

Engaging communities to identify public health and wellbeing priorities

Deliberative engagement with local communities and stakeholders should be an integral element of local public health and wellbeing planning. In states like Victoria, community engagement is an embedded practice. The community engagement principle of the *Local Government Act 2020* aims to ensure councils achieve their purpose of providing "*good governance in its municipal district for the benefit and wellbeing of the municipal community*" by ensuring all Victorians can engage with their local council on community priorities.[51]

Councils are mandated to adopt and maintain a community engagement policy for use in developing a community vision, financial and council plans, including MPHWPs. This approach to community engagement can create a strong informal authorising environment by building relationships between the community and their local council representatives. Done well, it has the potential to build trust and secure broad acceptance and legitimacy of local government approaches to public health and wellbeing. Alongside the municipal plans, the *Public Health and Wellbeing Act 2008* also requires the involvement of communities in the development, implementation and evaluation for MPHWPs.

South Australia's Act also prescribes consultation on the development of the State Public Health Plan and for councils to conduct public consultation on their draft RPHP.

Recommendation 10: Councils establish deliberative engagement processes with their communities and stakeholders to set priorities for public health planning.

Leveraging place-level data in planning and reporting

When councils identify the priorities for their council plan and public health plan, they should also monitor, evaluate and learn from the data and evidence. In Victoria, MPHWPs are required to show evidence and data about the health status and health determinants in the municipal district and identify goals and strategies based on these. South Australia's Public Health Plan is similar.

This should also feed back into planning and decision making, as a strong evidence base at the level of a community or neighbourhood can also strengthen the development of investment prospectuses. For that matter, state health governments should create capacity to review the annual municipal reports to understand the impacts generated by councils and better direct resources.

There are digital planning tools that provide domains and indicators for monitoring and evaluation that are directly linked to health outcomes. For example, the Australian Urban Observatory (AUO) has mapped liveability indicators across the 21 largest cities, spanning over 170 local government areas and 39,967 neighbourhoods (ABS SA1s).[52] The AUO is guided by the social determinants of health, and defines liveability as the underlying conditions that support health with a lens on equity. A key feature of the AUO's indicators application is the ability to develop shared measurement for collective impact, evidence-based advocacy and support integrated planning practices at a local level.

It can also be used as an evaluation tool for urban planners and councils to align or be consistent with and implement state plans, whether it is the Public Health and Wellbeing Plan or Plan Melbourne 2050. The platform's liveability domains and indicators reflect the Victorian Public Health and Wellbeing Outcomes Framework and support many of the key long-term targets described in it, making it suitable to use within the health and wellbeing planning context.[53]

The indicators show where the liveability strengths and weaknesses are in a given community, and are connected to specific and measurable targets that councils can use to prepare MPHWPs. The last set of indicators were released in 2024, with future indicators pending.

For example, Cardinia Shire's Liveability Plan integrates liveability indicators to support integrated planning practice. Applying AUO's indicators, the council developed a framework that has seven outcomes relating to seven liveability domains: active travel; education; employment; food; community infrastructure and services; housing; and environment and open space.

Including liveability domains aims to strengthen the connection between health planning and land-use planning, through embedding wellbeing principles in core council policies and practice, to ultimately shape the social determinants of health. In terms of shared priorities, five of the seven long-term objectives in the framework align with six of the ten priorities in the VPHWP.

Recommendation 11: Councils use place-level indicators and statewide frameworks to strengthen their council planning and public health planning, through state-funded data projects.

Local leadership in practice

Where councils do not deliver services directly, they can play a vital leadership and advocacy role for the region. No one else understands a council's context and needs more than the council itself. As introduced prior, Cardinia Shire Council's MPHWP is known as the Liveability Plan, and currently sits separate from the council plan**.** The Plan has a 12-year horizon with a view that meaningful change in community health and wellbeing requires sustained effort over the long term. While the council reviews and updates the Plan every four years according to statutory requirements, the extended timeframe functions as a longer-term vision layer that supports continuity beyond the statutory cycle.

To implement the Plan's priorities, the council formed a partnership, using a collective impact model to strengthen its local leadership with local organisations and other levels of government. In the partnership structure, which was discussed earlier in the report, the council officers provide backbone support to the partnership, while strengthening the strategic role of the Partnership Steering Group in collective governance and coordinated action. These supports have been consistent over the past eight years, but have been clarified into what partners can expect from the council. Supports include:

- access to public health data and insights
- connection to the expertise and resources of the steering group, with secretarial support and partnership coordination
- planning and delivery support of partnerships
- communication platforms for sharing regional activity to avoid duplication with other organisations and combining efforts where logical
- advice to engage community groups, including identifying advisory committees and
- access to council capabilities including a community engagement platform, communication channels, measurement and evaluation.

Over the years, the partnership saw impact multiply despite tightening resource constraints. Since 2017, the partnership has seen approximately 70 organisations involved in leading the implementation, monitoring, and evaluation of the Liveability Plan. Feedback from the partnership in 2026 found that 96% trusted the council to coordinate the partnership, 77% felt a sense of common purpose, and that the collaboration and partnerships for the delivery of actions was the main value-add for partners.

A council staff member expressed that the partnership's demonstration of value is the sheer willingness of members to contribute to sharing outcomes and to collective governance. It has led to outcomes where – in a growth (interface) area where they have fewer agencies to work with and fewer resources compared to south east counterparts – they have demonstrated some incredible outcomes in funding applications, infrastructure delivery and programs. The revised partnership intends to increase outcomes by reducing the duplication across initiatives, and focusing on generating impact through an equity lens.

Local leadership is not limited to good agreements, planning frameworks and partnership structures. Local government CEOs and councillors are also key in building strategic relationships with different parts of government and sector stakeholders, which lead to opportunities for partnership and achieving things together. By being in service of their communities and driven by local aspirations, local leadership transcends statutory requirements and bureaucratic overlays.

Enabling an environment for healthy communities is the responsibility of every level of government.

For federal and state governments, local government is an important partner in improving community health and wellbeing, with the ability to shape built, natural, economic and social systems.

They are service system partners, they provide protective health infrastructure, they have a unique, local, whole-of-community perspective, and they are able to play a facilitatory role to local partnerships. Partnership is even more crucial where there are fiscal constraints across governments, and especially the local government sector.

Especially in public administration, it is important that the mandate to plan and work with levels of government and partners goes beyond being a box-ticking exercise, although there are several reasons why that can be the case: including unclear purpose or direction, and lack of guidance that empowers discretion, or loss of institutional memory and lack of retention planning.

Local-state partnerships can be effective because they work towards shared priorities backed by clear mandates, principles, resourcing and capability building with the embedding or exit strategy in mind. Alongside improving health and wellbeing outcomes, investing in these partnerships can also result in stronger local capability and leadership.

Endnotes

[1] Commonwealth of Australia (The Department of Health). 2021. 'National Preventive Health Strategy'. https://www.health.gov.au/sites/default/files/documents/2021/12/national-preventive-health-strategy-2021-2030_1.pdf

[2] Municipal Association of Victoria. n.d. 'Leading Healthy Communities'. http://mav.asn.au/what-we-do/policy-advocacy/public-health-safety/leading-healthy-communities

[3] VicHealth. 2024. 'Councillors' Role in Leading Healthy Communities'. https://www.vichealth.vic.gov.au/resources/resources-download/councillors-role-in-leading-healthy-communities

[4] Municipal Association of Victoria. N.d. 'Council responsibilities'. https://www.viccouncils.asn.au/what-councils-do/council-responsibilities

[5] Centre for Policy Development. 2026 'Prices and quality in early learning: Evidence of a market that doesn't work'.

[6] EY. 2025. 'Structural deficits and debt threaten Australia's long-term fiscal sustainability'. https://www.ey.com/en_au/insights/economics/fy26-state-budget-publication#:~:text=States%20and%20territories%20collectively%20face,over%20the%20following%20four%20years.&text=State%20and%20territory%20governments%20spent,not%20a%20lack%20of%20revenue.

[7] ALGA. 2026. 'A mixed bag for the nation's councils in this year's Federal Budget'. https://alga.com.au/a-mixed-bag-for-the-nations-councils-in-this-years-federal-budget/

[8] Parliament of Australia. 2025. 'Interim report into local government sustainability'. https://parlinfo.aph.gov.au/parlInfo/download/committees/reportrep/RB000536/toc_pdf/Interimreportintolocalgovernmentsustainability.pdf

[9] ALGA. n.d. 'Local government financial sustainability'. https://alga.com.au/policy/local-government-financial-sustainability/

[10] NEMA. 2025. 'Independent Review of Commonwealth Disaster Funding (also known as the Colvin Review)'. https://www.nema.gov.au/about-us/governance-and-reporting/reviews/independent-review-of-commonwealth-disaster-funding

[11] Municipal Association of Victoria. 2022. 'Municipal Public Health and Wellbeing Plans 2025–2029'. https://www.mav.asn.au/__data/assets/pdf_file/0004/46759/MPHWPs-2025-2029-Full-Report.pdf

[12] Government of South Australia. 2026. 'State Public Health Plan'. https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/legislation/public+health+act/state+public+health+plan/state+public+health+plan

[13] Preventive Health SA. n.d. 'Strategic Directions'. https://www.preventivehealth.sa.gov.au/assets/downloads/strategic-plan/Preventive-Health-Strategic-Directions.pdf

[14] On 4 December 2025, the Victorian Government announced intentions to absorb VicHealth into the Department of Health in response to the Silver Review. This would require legislative change and the full detail and impact of the announcement is unknown at the point of this report.

[15] At the time of this report, there is a renewal process in progress for the MOU on Maternal and Child Health between the MAV and the Department of Health.

[16] State Government of Victoria. 2026. 'Partnerships: Department of Education'. https://www.vic.gov.au/partnerships-department-education

[17] State Government of Victoria. 2026. 'The Early Years Compact'. https://www.vic.gov.au/early-years-compact

[18] LGA South Australia. n.d. 'Guide to Regional Public Health Planning'. https://www.sahealth.sa.gov.au/wps/wcm/connect/157305e3-f1b5-417d-82f3-571b572f63e8/Guide+to+Regional+Public+Health+Planning_FINAL.PDF?MOD=AJPERES&CACHEID=ROOTWORKSPACE-157305e3-f1b5-417d-82f3-571b572f63e8-nwLzIcS

[19] LGA South Australia. 2024. 'Strengthening environmental partnerships with local government'. https://www.lga.sa.gov.au/news-and-events/news/latest-news/2024/strengthening-environmental-partnerships-with-local-government

[20] Preventive Health SA. n.d. 'Wellbeing Hubs and regional partnerships'. https://www.preventivehealth.sa.gov.au/our-agency/other-prevention-work/partnerships/local-government/wellbeing-hubs-and-regional-partnerships

[21] VicHealth. n.d. 'Place Partnerships - Creating healthier communities together'. https://www.vichealth.vic.gov.au/place-based-approaches/vichealth-local-government-partnership/vlgp-impact

[22] Healthy Loddon Campaspe. 2023. 'Healthy Heart of Victoria Stage 1 report 2018 – 2021'. https://www.healthyloddoncampaspe.au/sites/default/files/2023-06/Healthy%20Heart%20of%20Victoria%20Stage%201%20Report.pdf

[23] LGA South Australia. n.d. 'Regional Climate Partnerships'. https://www.lga.sa.gov.au/members/environment/climate-change/about

[24] LGA South Australia. n.d. 'SA Climate Ready Alliances'. https://www.lga.sa.gov.au/members/environment/climate-ready-regions

[25] Andrew Wear. 2008. 'Victoria's Regional Management Forums: A Comparative Review'. https://www.researchgate.net/publication/270162049_Victoria's_Regional_Management_Forums_A_Comparative_Review

[26] Regional Development Victoria. n.d. 'About Regional Partnerships'. https://www.rdv.vic.gov.au/regional-partnerships/partnerships

[27] Cardinia Shire Council. n.d. 'Our Liveability Plan'. https://www.cardinia.vic.gov.au/info/20031/liveability_health_and_wellbeing/985/our_liveability_plan#section-1-about-

[28] Parliament of Victoria. 2024. 'Local government funding and services'. https://www.parliament.vic.gov.au/get-involved/inquiries/localgovernmentfunding/reports

[29] VicHealth n.d. 'Place Partnerships - Creating healthier communities together'. https://www.vichealth.vic.gov.au/place-based-approaches/vichealth-local-government-partnership/vlgp-impact.

[30] VicHealth. 2024. 'VicHealth Leading Healthy Communities Grant Guidelines'. https://www.vichealth.vic.gov.au/sites/default/files/2024-03/Leading%20Healthy%20Communities%20Grants%202024.pdf

[31] VicHealth. n.d. 'Place Partnerships - Creating healthier communities together'. https://www.vichealth.vic.gov.au/place-based-approaches/vichealth-local-government-partnership/vlgp-impact.

[32] State Government of Victoria (Department of Health). 2025. 'Healthy kids, healthy futures'. https://www.health.vic.gov.au/health-strategies/healthy-kids-healthy-futures

[33] VicHealth. 2025. 'Partners in Place Funding Guidelines: Enabling local governments to support children and young people's health and wellbeing'. https://assets.vichealth.vic.gov.au/m/7cf7709310354894/original/PiP-Funding-Guidelines-Councils.pdf

[34] SGS Economics and Planning. 2022. '2022 Local Government Workforce Skills and Capability Survey: Final Report'. https://alga.com.au/wp-content/uploads/2025/04/2022-Local-Government-Workforce-Skills-and-Capability-Survey-National-Report.pdf.

[35] Healthy Eating Advisory Service. 2026. https://heas.health.vic.gov.au/

[36] Blake M.R., Boelsen-Robinson T., Hanna L., Ryan A., Peeters A. 2021. 'Implementing a healthy food retail policy: a mixed-methods investigation of change in stakeholders' perspectives over time'. https://doi.org/10.1017/S1368980020002414.

[37] Preventive Health SA. 2024. 'Wellbeing Hub Implementation: Resource Guide'. https://www.preventivehealth.sa.gov.au/assets/downloads/Wellbeing-Hubs/561_WellbeingHub_ResourceGuide_2024_FINAL.pdf.

[38] Victorian Primary Care Partnerships Resource Repository. 2022. https://vicpcp.org.au/

[39] Municipal Association of Victoria. n.d. 'Leading Healthy Communities'. http://mav.asn.au/what-we-do/policy-advocacy/public-health-safety/leading-healthy-communities

[40] VicHealth. n.d. 'VLGP modules VicHealth Local Government Partnership'. https://www.vichealth.vic.gov.au/place-based-approaches/local-government-partnership/vichealth-local-government-partnership-vlgp

[41] State Government of Victoria (Department of Health). 2026. 'Victorian public health and wellbeing plan 2023–27'. https://www.health.vic.gov.au/victorian-public-health-and-wellbeing-plan-2023-27

[42] Municipal Association of Victoria. 2022. 'Municipal Public Health and Wellbeing Plans 2025–2029'.

https://www.mav.asn.au/__data/assets/pdf_file/0004/46759/MPHWPs-2025-2029-Full-Report.pdf

[43] The Victorian Family Violence Protection Amendment Act 2017 requires councils to specify measures to prevent family violence when preparing these plans, and Section 17 of the Climate Change Act requires councils to have regard to climate change when preparing their municipal public health and wellbeing plans. This is in addition the Gender Equality Act sets targets for Local Government. These prescriptions require council to include actions pertaining to the priority "preventing all forms of violence" and "tackling climate change and its impacts on health".

[44] Government of South Australia (SA Health). 'State Public Health Plan'. https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/legislation/public+health+act/state+public+health+plan/state+public+health+plan

[45] State Government of Victoria (Department of Health). 2024. 'Environments for health: municipal public health planning framework'. https://www.health.vic.gov.au/publications/environments-for-health-municipal-public-health-planning-framework

[46] LGA South Australia. n.d. 'Guide to Regional Public Health Planning'. https://www.sahealth.sa.gov.au/wps/wcm/connect/157305e3-f1b5-417d-82f3-571b572f63e8/Guide+to+Regional+Public+Health+Planning_FINAL.PDF?MOD=AJPERES&CACHEID=ROOTWORKSPACE-157305e3-f1b5-417d-82f3-571b572f63e8-nwLzIcS

[47] Municipal Association of Victoria. n.d. 'Leading Healthy Communities'. http://mav.asn.au/what-we-do/policy-advocacy/public-health-safety/leading-healthy-communities

[48] Municipal Association of Victoria. 2022. 'Municipal Public Health and Wellbeing Plans 2025–2029'. https://www.mav.asn.au/__data/assets/pdf_file/0004/46759/MPHWPs-2025-2029-Full-Report.pdf

[49] LGA South Australia. n.d. 'Guide to Regional Public Health Planning'. https://www.sahealth.sa.gov.au/wps/wcm/connect/157305e3-f1b5-417d-82f3-571b572f63e8/Guide+to+Regional+Public+Health+Planning_FINAL.PDF?MOD=AJPERES&CACHEID=ROOTWORKSPACE-157305e3-f1b5-417d-82f3-571b572f63e8-nwLzIcS

[50] NWMPHN. 2023. 'Changes in public health management of notifiable conditions in Victoria' https://nwmphn.org.au/news/update-on-victorias-local-public-health-units/

[51] State Government of Victoria. 2020. 'Local Government Act 2020'. https://content.legislation.vic.gov.au/sites/default/files/2025-02/20-9aa024-authorised.pdf.

[52] RMIT University. 2020. 'Australian Urban Observatory: Municipal Public Health and Wellbeing Planning 2021-2025 Guidance Note'. https://research-repository.rmit.edu.au/articles/educational_resource/Australian_Urban_Observatory_Municipal_Public_Health_and_Wellbeing_Planning_2021-2025_Guidance_Note/13383002/1?file=26121512

[53] State Government of Victoria (Department of Health). 2025. 'Victorian Public Health and Wellbeing Outcomes Framework and data dictionary'. https://www.health.vic.gov.au/publications/victorian-public-health-and-wellbeing-outcomes-framework-and-data-dictionary

CENTRE FOR POLICY DEVELOPMENT

CREATE. CONNECT. CONVINCE.

Published by the Centre for Policy Development © Centre for Policy Development 2026

CONNECT WITH US

Centre for Policy Development

Cpd.org.au

CONTACT

Melbourne
Level 18, 1 Nicholson Street,
East Melbourne VIC 3002
+61 3 9752 2771

Sydney
Level 14, 175 Pitt Street,
Sydney NSW 2000