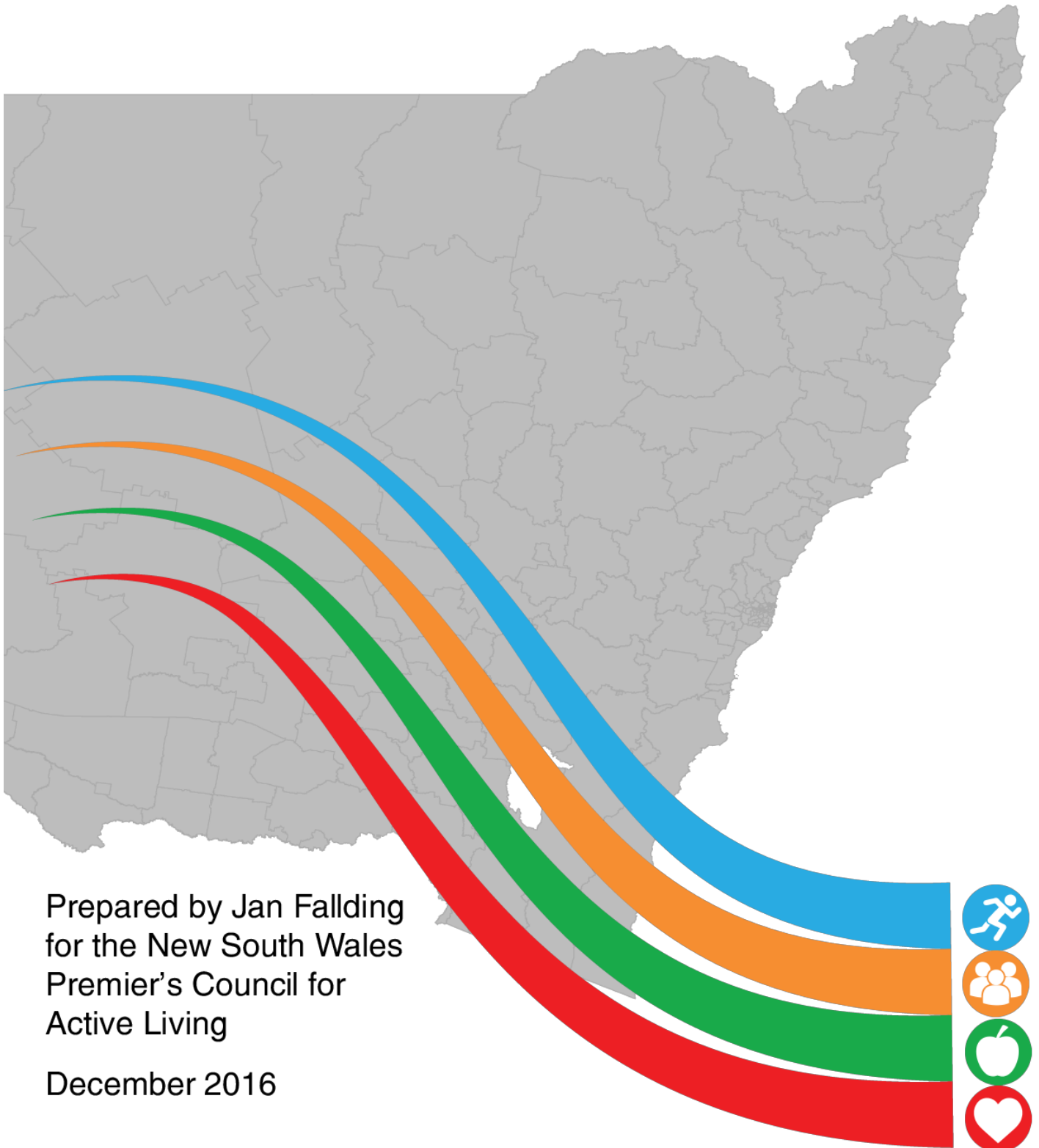


A baseline of healthy eating and active living within NSW local government Community Strategic Plans and selected Delivery Programs



Prepared by Jan Fallding
for the New South Wales
Premier's Council for
Active Living

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Abbreviations and Key Terms

Key terms and abbreviations used in this project are listed below, with a brief explanation of each. Further detail of each is found in the full report.

PCAL	New South Wales Premier's Council for Active Living
LGA	(NSW) Local Government Area
HEAL and HEAL Principles	Healthy Eating and Active Living (HEAL) is defined at section 1.3.1 and HEAL principles are defined at 1.4.2. The framework by which HEAL principles have been categorised into HEAL Domains and Subdomains is explained at section 1.5.4.
IP&R	Integrated Planning & Reporting [Manual or Framework] The IP&R <i>Manual</i> was published by the NSW Office of Local Government in 2013 to accompany the requirements of the Local Government Act 1993 relating to IP&R. More details are at section 1.5.1. The IP&R <i>Framework</i> refers to the suite of IP&R documents as described in the figure on page 24.
CSP	Community Strategic Plan, as published by each council in NSW in approximately 2013, after the introduction of the IP&R Legislation. The CSP is the primary IP&R document produced by each council, with a minimum 10-year planning horizon.
Objective or Strategic Objective	Objectives are items within a CSP that directly address issues identified by the community during community engagement. They are further defined by the <i>Integrated Planning & Reporting Manual</i> . Termed 'Layer 2' by the project.
Strategy	Strategies are items within a CSP that outline how an Objective will be achieved and are further defined in the <i>Integrated Planning & Reporting Manual</i> . Termed 'Layer 3' by the project.
DP	Delivery Program, as published by each council in NSW in approximately 2013, after the introduction of the IP&R Legislation. The DP accompanies the CSP and covers a 4-year period commencing on 1 July following each ordinary election.
Activity or Principal Activity	Item within a DP as defined by the <i>Integrated Planning & Reporting Manual</i> . Termed 'Layer 4' by the project
Item	Either an Activity or Principal Activity, Strategic Objective or Strategy in a CSP or DP, as defined by the <i>Integrated Planning & Reporting Manual</i> .
Layers 1, 2, 3 and 4	<p>Levels of information (or 'items') within Community Strategic Plans (CSPs) and Delivery Program (DPs), as defined by the project at section 2.1.3 being:</p> <p>Layer 1 – 'Vision' or equivalent of a CSP Layer 2 – 'Strategic Objective' or 'Objective' or equivalent of a CSP Layer 3 – 'Strategy' or equivalent of a CSP (sometimes also in a DP) Layer 4 – 'Principal Activity' of a DP</p> <p>The diagram illustrates the hierarchy of layers within Community Strategic Plans (CSPs) and Delivery Programs (DPs). It shows four layers arranged in a descending staircase pattern from top-left to bottom-right. Layer 1 is a blue box labeled 'Vision Statement'. Layer 2 is a grey box labeled 'Strategic Objectives'. Layer 3 is an orange box labeled 'Strategies'. Layer 4 is a brown box labeled 'Principal Activities'. A vertical bracket on the left side of the first three layers is labeled 'Community Strategic Plan'. A vertical bracket on the right side of the last two layers is labeled 'Delivery Program'. Each layer has a small label 'Layer 1' through 'Layer 4' respectively, positioned below the main box.</p>

* Section and page references within this summary document relate to the full report.

Summary of the Project

Project Overview and Framework

This project was commissioned by the New South Wales (NSW) Premier's Council for Active Living (PCAL) to identify the presence of healthy eating and active living (HEAL) within Integrated Planning and Report Framework (IP&R) documents published by NSW councils in 2013. The project establishes the first baseline measurement of HEAL across all 152 NSW local government Community Strategic Plans (CSPs) and examines 15 selected Delivery Programs (DPs) for further evidence of the translation of CSP Objectives into Principal Activities within DPs.

The project found that the majority of NSW councils and their communities have addressed HEAL via the Objectives contained in their CSPs, however many appear to have had difficulty in translating these broad Objectives into detailed Strategies and Activities within the subsequent IP&R framework documentation.

By establishing who, how, where and why local government in NSW are addressing HEAL, this report will serve as a valuable resource...

CSPs and DPs are required to be prepared by all NSW councils, as part of the requirements set in 2013 by the *NSW Local Government Act* and supported by the accompanying *Integrated Planning and Reporting Manual* (IP&R Manual), prepared by the NSW Office of Local Government. The Manual outlines an IP&R 'Framework', including requirements and suggestions to be followed by NSW councils in preparing their CSPs and DPs. In particular, the Manual dictates a logical sequence of plans, with the CSP "sitting above all other plans and policies in the planning hierarchy" with its intent 'cascading' down to the Plans below it (the DP being the next plan in the sequence).

This report and its accompanying databases (available on request, details on page 2) aims to provide a baseline measurement of HEAL, but does not aim to benchmark the HEAL principles identified in these documents.

'HEAL principles' were categorised into one or more of the following domains and subdomains, as shown below:

DOMAIN	SUB-DOMAIN
Getting People Active	Facilitating utilitarian physical activity
	Facilitating recreational physical activity
	Facilitating both utilitarian and recreational physical activity
Connecting & Strengthening Communities	Facilitating incidental neighbourhood interaction
	Making community spaces
	Building for crime prevention
Healthy Eating	Providing healthy food options
	Promoting responsible food advertising
Supporting Healthy Lifestyles Generally	(no subdomain)

(Based on domains by Kent, Thompson & Jalaludin, 2011 and reiterated by Paine & Thompson, 2016 and as modified for the project)

The continuing cost to individuals and the NSW community of unhealthy eating and sedentary lifestyles places this project in sharp focus. By establishing who, how, where and why local governments around NSW are addressing HEAL, this report will serve as a valuable resource for local government practitioners seeking to improve policy outcomes, state government policy makers seeking to support HEAL activities and non-government organisations seeking to assist in improving the health of local communities.

Project context with other documents

This project, its framework and methodology is based on the frameworks within key NSW legislation, NSW health policy and significant previous research in the area of HEAL, being primarily:

- NSW Local Government Act 1993
- NSW Office of Local Government's *IP&R Manual* (IP&R Manual) which outlines an *IP&R Framework* to be followed by NSW councils
- Work previously published by PCAL in the area of 'healthy eating and active living', particularly that aimed at NSW local government
- The extensive HEAL research and frameworks established by Healthy Built Environments Program at the UNSW
- NSW Government Health and Transport policies

Project Components

The project consisted of the following key components. Detailed information about the method of each of these components is given in section 1.4 (Framework) and section 2 (Method).

A. Community Strategic Plan HEAL Database

A database was prepared to identify the Objectives and Strategies from all 152 CSPs that directly related to HEAL. These items were also categorised into their relevant HEAL domains and subdomains. Each NSW council was also placed into one of 14 'classifications' based on each local government area's (LGAs) population and geographical characteristics. The themes of each CSP were also identified (based on the IP&R Manual's categorisation of Social, Environmental, Economic and Governance, and with the additional project categories of 'Infrastructure' and 'Mixed') and Objectives and Strategies categorised into these themes.

B. Delivery Program HEAL Database

A second database was prepared to identify all Principal Activities from 15 selected DPs that directly related to HEAL. These items were categorised into their relevant HEAL subdomains. Additional information was also identified about the 'method by which council will deliver each Activity' and 'whether or not each Activity provided further detail of how its relevant CSP Objective or Strategy would be implemented'.

The two project databases are available on request from PCAL, see page 2 for details.

To provide context around components A and B, the project also observed other general information (non-HEAL related) relating to the structure and other characteristics of each CSP and DP.

C. Analysis and report

The two databases were analysed in numerous ways by the various characteristics described above, aiming to present meaning from the large amount of data gathered by the project, and to give specific understanding as to how councils incorporated HEAL principles in their CSPs and DPs. The results are presented in this report, from sections 4 to 7, along with selected excerpts of text from CSPs and DPs that illustrate aspects as discussed.

Limitations

The analysis and report has its limitations, as given in section 2.3.

The wide variation in the way that CSPs and DPs are structured and written meant that there were various difficulties encountered in setting the project methodology and in categorising some of the CSP and DP text.

Community Strategic Plans analysis

There are an unlimited number of ways of analysing the information in the CSP database, and it is recognised that only a limited number of aspects could be covered in this report. Likewise, there are approximately 3,000 examples that could be quoted from the database, and this report therefore only lists a small proportion of the total observed.

General observations of CSPs are firstly discussed below, to give context to the reporting of HEAL principles that follows.

General observations about CSPs

A summary of general observations of the 152 CSPs follows. Details are at section 3.1.

1. There was a wide variation in the way that CSPs were structured, written and the complexity and detail of their content.
2. The level of detail in each CSP was usually a function of how the CSP was structured.
3. There was a wide variation in the length of the documents (2 to 124 pages) and the time frames that they applied to (4 to 27 years).
4. CSPs varied widely in the terminology, complexity and grammar of their Visions, Objectives and Strategies, for example there were 36 different names used for the equivalent IP&R term of 'Strategy'.
5. From the 4 CSP themes suggested by the IP&R Manual (Social, Economic, Environment and Governance), there were almost 600 different theme names used in the 152 CSPs, and many of these spanned more than one of the four given by the IP&R Manual.
6. The IP&R Manual requires that CSPs "must identify assessment methods for determining whether the objectives are being achieved". This requirement was interpreted widely in the CSPs, with 124 CSPs providing some type of 'assessment method' (e.g. a set of indicators). The level of detail and complexity of these stated methods varied widely.
7. The content, grammar and length of each CSP's Vision varied considerably, from snappy five-word 'slogans' to lengthy visions covering more than a page. The Visions of 39 CSPs included words that used the 'explicit' language of HEAL (e.g. health, activity, etc.). Section 3.2 contains details.

The wide variety in the general structure and content of the CSPs, as listed above, had a clear influence on the way in which HEAL principles in those documents were expressed.

HEAL principles in CSP Objectives

1,071 unique CSP Objectives contained HEAL principles. Objectives were classified into the following HEAL domains in the following numbers (note that many Objectives were categorised into more than one domain):

HEAL Domain	Number of Objectives
Getting People Active	603
Connecting and Strengthening Communities	394

Supporting Healthy Lifestyles Generally	127
Healthy Eating	108

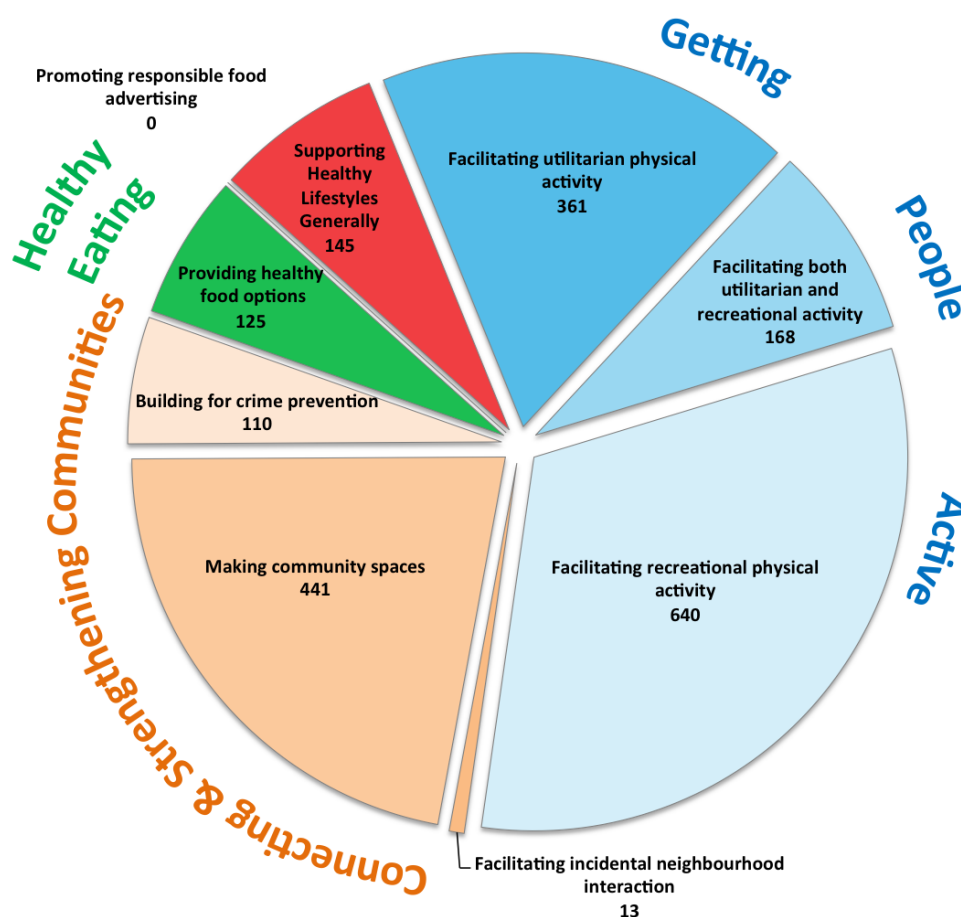
The report provides specific examples of Objectives in these domains at Section 3.3.

HEAL principles in CSP Strategies

1,991 unique CSP Strategies contained HEAL principles. Section 3.4 provides details of these CSP Strategies.

The number of Strategies relevant to HEAL that were observed in any one CSP varied between 73 (Sydney City Council) and minimal occurrences (i.e. under 5) in some small rural councils.

The figure below shows the number of Strategies found in all CSPs that could be classified under each HEAL subdomain.



HEAL Principles by CSP Themes

HEAL-related Objectives and Strategies were categorised under the following CSP themes (as categorised by the project), being: Social (30%), Infrastructure (16%), Economic (15%), Environment (13%), Governance (2%), and Mixed Themes (24%). Section 3.5 provides further details of how Strategies were classified under the various CSP themes.

Differences in the approach to HEAL principles between LGA classifications

Another key aspect of the project was to determine whether the approach to HEAL principles in CSPs varied by the 14 LGA classifications that were set as part of the project method (as set out in section 2.1.2). Section 3.6 provides the results of this aspect.

Across the 14 Local Government classifications, the ‘Getting People Active’ domain was addressed in some way through Objectives in 100% of all CSPs. The ‘Connecting and Strengthening Communities’ domain was least represented in rural LGAs (74%) than in regional LGAs (94%), metropolitan fringe (90%) and metropolitan and capital (100%). The ‘Healthy Eating’ domain was least represented by capital and metropolitan LGAs (0% and 23%) and most represented by rural LGAs (51%).

CSP Strategies by HEAL Domains and subdomains

The report provides a discussion of the findings of the Strategies by domains and subdomains, with graphs and many specific examples of CSP text (sections 4 to 7). The following highlights some of the main points observed in these sections.

DOMAIN: GETTING PEOPLE ACTIVE

Subdomains:

- **Facilitating both utilitarian and recreational physical activity** - 168 Strategies (selected examples at Section 4.2)
- **Facilitating utilitarian physical activity** - 361 Strategies (selected examples at Section 4.3)
- **Facilitating recreational & physical activity** - 640 Strategies (selected examples at Section 4.4)

Many Strategies were applicable to both facilitating utilitarian AND recreational physical activity, so a third subdomain of that name was thus created. These Strategies were predominantly related to issues surrounding walking and cycling. Paths (which are used for both utilitarian and recreational walking or cycling) featured heavily, as did Strategies relating to ‘connecting spaces’ (for either recreational or utilitarian use).

Strategies relating to ‘*Facilitating utilitarian physical activity*’ were concerned primarily with active transport options and issues, as well as some integrated land use and transport planning issues. Many of the Strategies also related to encouraging utilitarian walking or cycling.

Strategies relating to ‘*Facilitating recreational physical activity*’ were concerned with open space, sport and recreation in its diverse forms. There were a significant number of LGAs with comprehensive sets of Objectives and Strategies relating to this domain. Sport was an important feature (162 occurrences), with not only provision of infrastructure mentioned, but also the facilitation of local sporting groups, and the desire to attract large sport events to LGAs. Exercise and fitness was barely mentioned (3 occurrences).

DOMAIN: CONNECTING & STRENGTHENING COMMUNITIES

Subdomains:

- **Facilitating incidental neighbourhood interaction** - 13 Strategies (selected examples at Section 5.1)
- **Making community spaces** - 441 Strategies (selected examples at Section 5.2)
- **Building for crime prevention** - 110 Strategies (selected examples at Section 5.3)

Strategies relating to *making community spaces* were the most numerous in this domain and covered a wide range of issues relating to activating the public domain and generally making public spaces welcoming and attractive to be in (thereby encouraging outdoor physical activity).

DOMAIN: HEALTHY EATING

Subdomains:

- **Providing healthy food options** - 125 Strategies (selected examples at Section 6)
- **Promoting responsible food advertising** – No Strategies

This domain had the lowest number of Strategies recorded of all the Domains.

There were a limited number of CSPs that included comprehensive Strategies relating to Healthy Eating. Several CSPs contained Strategies relating to the promotion, availability of, and access to local produce, mainly through the CSP themes of Economics and Social.

DOMAIN: SUPPORTING HEALTHY LIFESTYLES GENERALLY

145 Strategies (selected examples at Section 7) (**No Subdomains**)

Most of the Strategies in this ‘general’ category expressed ‘supporting active and healthy lifestyles’, or variants of those words, without specifically mentioning any issues relating to the previous domains.

Delivery Program analysis

The DPs of the following LGAs were analysed: Sydney, Wollongong, Gosford, Marrickville, Blue Mountains, Pittwater, Maitland, Wingecarribee, Bathurst, Kempsey, Leeton, Temora, Carrathool, Brewarrina and Wollondilly.

The most difficult aspects of the project analysis were encountered in this section of the project, which was primarily related to the wide variation in DP structures, detail and complexity, making categorisations and comparisons between DPs problematic.

This analysis incorporates less than 10% of the total of 152 DPs in NSW, and cannot therefore be taken as representative of the total number of DPs. However, even this relatively small sample highlighted some of the problems in the translation of CSP Objectives and Strategies through to the Delivery Program stage.

General observations about DPs

The general structure, content, detail and complexity of DPs all had an effect on how the DPs were analysed through the lens of HEAL. A summary of general observations follows. Details are given in section 8.1.

1. Some DPs incorporated both the DP and Operational Plan in the same document, often with components of both being given in the same tables.
2. Some DPs simply repeated all the Strategy information from the CSP as their DP Principal Activities.
3. Some DPs abandoned the CSP themes that had been constructed by the CSP process.
4. Councils used varying terminologies for the IP&R Manual’s ‘Principal Activities’.
5. There was wide variation in how ‘performance measures’ were used, ranging from the use of simple community surveys through to complex indicators.
6. There was also a wide variation in the number of DPs (and CSPs) addressing performance measures.
7. The effectiveness to which DPs ‘had a clear link to the Objectives and Strategies of the CSP’ varied considerably. The links between the documents were often difficult to understand, or meaningless.

DPs and HEAL Principles

There were a total of 400 unique ‘Principal Activities’ identified in the 15 selected DPs that could be classified under one of the HEAL domains.

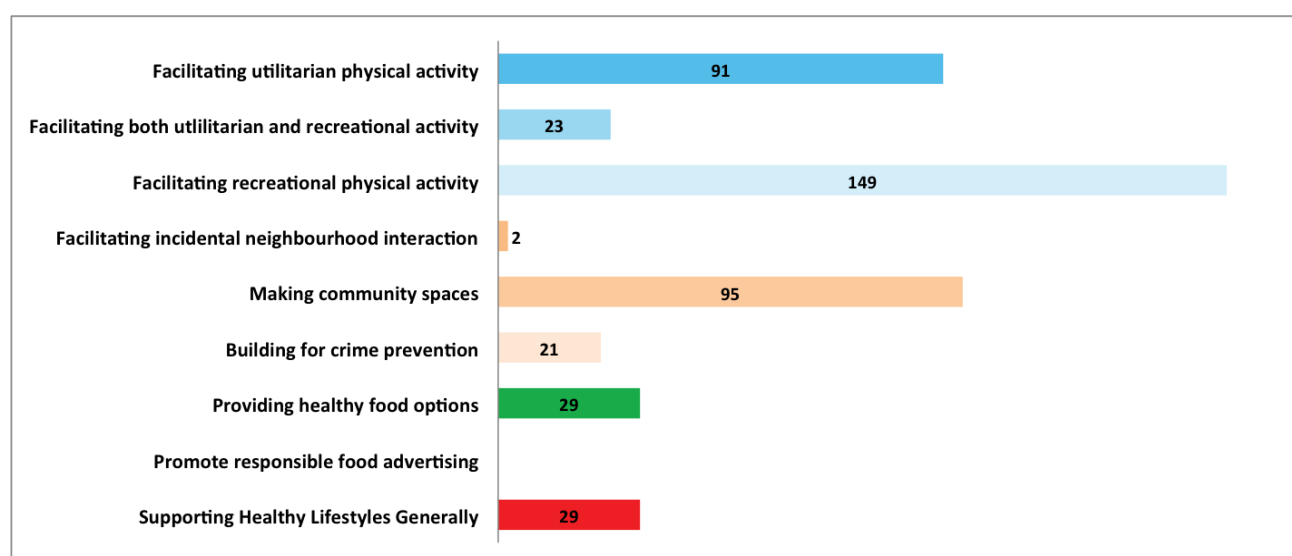
One of the project aims was to try to determine whether the DP Principal Activities analysed actually ‘translated’ well from their corresponding CSP Objectives and Strategies. In the difficult circumstance of having DPs with inconsistent structures and terminologies, the problem was slightly reframed to ask ‘does the DP Activity provide further detail of how the relevant CSP Strategy will be implemented?’ Of the 400 Activities, less than half (165) could answer ‘yes’.

There were some DPs that showed excellent translation and a logical progression from their CSP HEAL-related Objectives and Strategies to the DP Principal Activities. Others were deficient in this respect, some showing no links back to relevant CSP Objectives, or categorising individual Activities to several Objectives, and often just stating the Objectives' identification numbers, rather than explaining the context in words.

There were also instances uncovered where seemingly comprehensive HEAL-related CSP Objectives and Strategies were negated by their treatment in the DP. For example, some DPs had no corresponding Activities for some HEAL-related CSP Strategies. There were other cases where the DP Activity was very general (non-HEAL related) and did not 'match' the intention of their corresponding CSP HEAL-related Objectives and Strategies. Occasionally, a 'new' HEAL principle was uncovered in a DP Activity that had not previously been mentioned in a CSP Objective or Strategy. Section 8.2 provides further details of these issues.

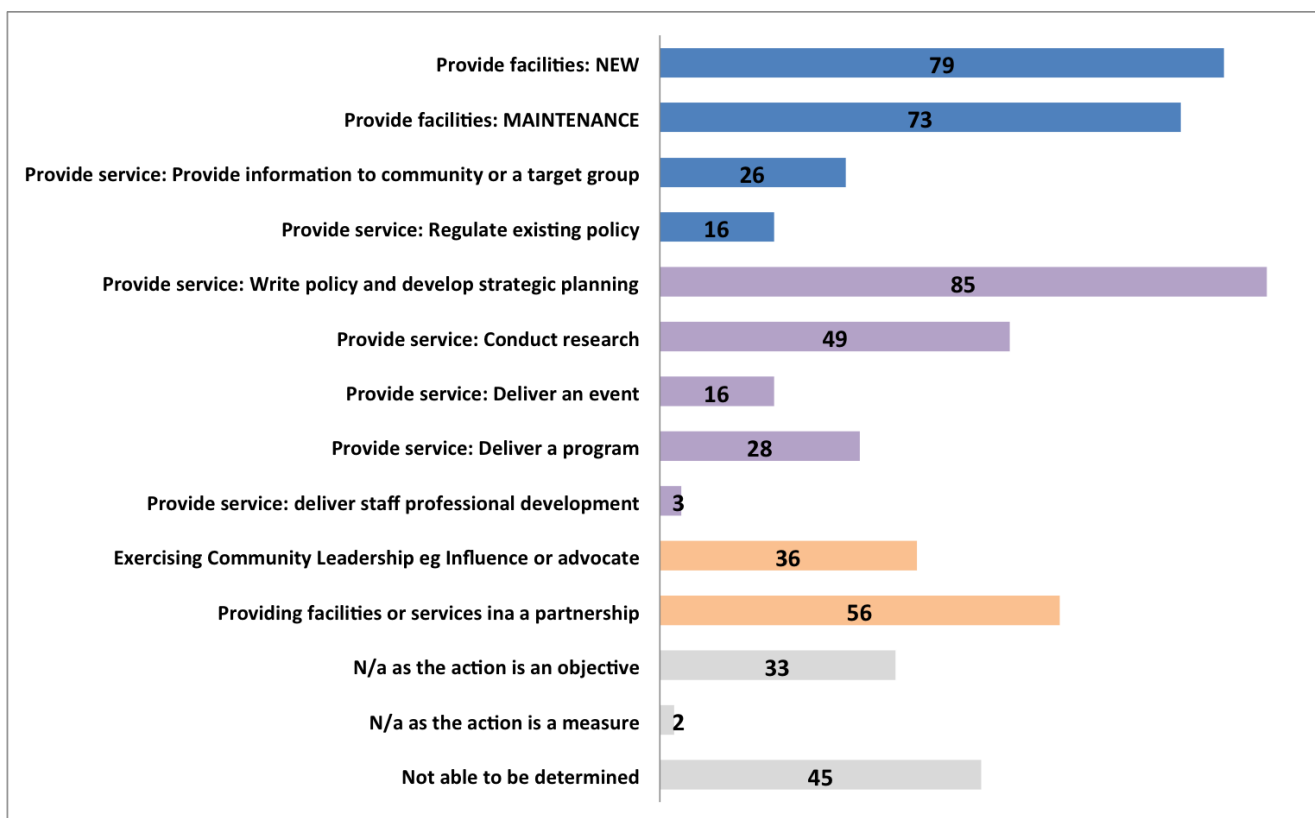
DP Activities by HEAL subdomains

The figure below shows the number of unique Activities in the 15 selected DPs that could be classified by HEAL subdomains. Note that some Activities were relevant to more than one Subdomain.



Councils' roles in implementing DP Activities

Lastly, one of the useful ways of understanding how HEAL-related DP Activities translate to 'reality on the ground' was to show the myriad of ways that councils intend to implement their Activities. Section 8.4 details the number of occurrences in all HEAL related DP Activities where councils' 'role or method of action' in implementing the Activity could be identified, listing them by that role/method. It is summarised in the figure below.



'Providing a service' (being 'writing policy' or 'developing strategic planning') was the most common method by which HEAL related DP Activities are implemented by councils (85 Activities), followed by 'provision of new facilities' (79) and 'maintenance of facilities' (73).

However, there were a significant number of Activities where councils' 'role or method of action' in implementing the Activity could not be identified. This was sometimes because the Activity was drafted not as an Activity, but as an Objective or measure, meaning that its implementation was unclear.

Conclusions and recommendations

Conclusions

The analysis shows that in general, NSW councils have embraced HEAL principles in their IP&R documentation, with a considerable range of HEAL related principles and specific items being included in the 152 CSPs and 15 selected DPs. The accompanying two databases include almost 3,500 examples of such items, with 1,071 unique Objectives, 1,991 unique Strategies and 400 unique Principal Activities.

However, the range in structure, detail and complexity of these documents means that there is an equally wide range of how effective the implementation of these principles and items will be. This is despite the clear guidance and 'Essential Elements' provided for councils in the IP&R Manual. There is much work to be done in addressing this issue, as detailed in the recommendations below.

CSPs were observed that displayed a high level of detail relating to HEAL principles, with councils at the other end of the scale having minimal recognition of HEAL.

The 'translation' of the good HEAL intentions set by the Objectives and Strategies in the CSPs resulted in inconsistent outcomes in the 15 accompanying DPs that were analysed.

Nonetheless, this report was able to provide many specific examples of HEAL principles in CSPs and DPs, although it does not endorse any of them. These examples provide an opportunity for councils to learn from each other and to apply some of the findings of this report in their future planning.

Recommendations

There are a range of recommendations that arise from this project which are summarised below. Full details of these recommendations are given at section 9.2.

The recommendations will be of interest to a range of organisations involved in promoting, researching and implementing HEAL principles in NSW, including but not limited to PCAL, individual councils, the NSW Office of Local Government (OLG), NSW Health, Local Government NSW (LGNSW) and other researchers. However, this report does not specifically allocate organisation(s) to be the responsible body for each recommendation.

Table 1: Summary of recommendations of report

<ul style="list-style-type: none"> • That further investigation is undertaken into the processes that led to the inclusion of HEAL principles within CSPs, including analysis of the Community Engagement Strategy and its findings.
<ul style="list-style-type: none"> • That the IP&R Manual for local government in NSW be reviewed and updated to clarify the specific requirements for councils when preparing IP&R documentation. This update should showcase examples of best practice from across NSW local government including metropolitan, regional, rural and remote local government areas.
<ul style="list-style-type: none"> • That comprehensive support and guidance be given to NSW local government to improve the structure, clarity and strategic nature of CSPs and DPs. Assistance should aim to improve the accessibility of the documents and facilitate the delivery of objectives as identified in CSPs.
<ul style="list-style-type: none"> • That attempts are made to better understand the processes by which a community's vision and objectives within a CSP is translated into actions within a DP by council.
<ul style="list-style-type: none"> • That future research attempts to understand how successfully HEAL actions are built or delivered by NSW local councils.
<ul style="list-style-type: none"> • That greater focus be directed toward capacity building around healthy planning principles for decision makers in council.
<ul style="list-style-type: none"> • That the methodology of this project's baseline analysis be replicated in the future to measure the continued application of HEAL principles in CSPs and DPs.
<ul style="list-style-type: none"> • That additional research into the application of HEAL principles in local government CSPs and DPs be undertaken in the areas of: application of HEAL performance indicators, CSP Themes and Delivery Programs.
<ul style="list-style-type: none"> • That the HEAL database be further analysed to determine patterns in the use of HEAL principles in CSPs and DPs by various local government characteristics.
<ul style="list-style-type: none"> • That a system of benchmarking HEAL principles in CSPs be established.
<ul style="list-style-type: none"> • That the promotion of HEAL principles and their implementation within NSW councils continues and the mechanisms to demonstrate the practical application of these principles be further advanced.
<ul style="list-style-type: none"> • That a greater understanding of how councils can implement healthy eating and food policy in a local government context be explored through the provision of incentives to encourage the piloting of ideas.

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Note also that the two project databases accompanying this report are available on request from New South Wales Premier's Council for Active Living.

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