

GOLDEN PLAINS SHIRE MUNICIPAL PUBLIC HEALTH AND WELLBEING PLAN 2021-2025

MONITORING & EVALUATION REPORT SUMMARY- YEAR 3 2023-2024

Introduction

Council is required to prepare a Municipal Public Health and Wellbeing Plan (MPHWP) every four years and review it annually. At Golden Plains Shire (GPS) we have incorporated our MPHWP into the Council Plan 2021-2025 to reflect our view that 'Health and wellbeing is everyone's responsibility'.

Five health priority areas are identified in MPHWP:

 **IMPROVING MENTAL WELLBEING**

 **INCREASING ACTIVE LIVING**

 **PREVENTING FAMILY VIOLENCE AND ADVANCING GENDER EQUITY**

 **INCREASING HEALTHY EATING**

 **TACKLING CLIMATE CHANGE AND ITS IMPACT ON HEALTH**

Methodology

GPS has an action plan bringing together the MPHWP activities of 23 partner organisations both externally and internally throughout Council.

In year 3, partners evaluated their activities in the action plan using customised reporting templates and discussed their activities at a partner workshop.

We asked partners:

- What did we do?
- How well did we do it?
- What are the changes we are seeing?

Partners also participated in facilitated discussions on the five MPHWP priorities, sharing insights, experiences and knowledge. Topics for discussion included strengths and successes, challenges, threats, solutions and new ideas.

Results

There was a high volume of health and wellbeing activities undertaken as part of the MPHWP action plan across all priority areas. A total of 318 activities were listed with 76 per cent of these activities evaluated.

Themes emerged around:

- Collective action/collaboration
- Communication and promotion
- Community engagement
- Efficient use of resources
- Program design and delivery
- Accessibility

The impacts of activities spanned the areas of:

- Improved access
- Knowledge sharing, promotion, communication
- Strengthened partnerships, networks and relationships
- Knowledge, skills and behaviours
- Increased participation
- Improved community connection and resilience
- Facilities, infrastructure and the environment
- Improved program design, processes and results

The estimated reach for all activities spanning across the 5 priority areas was 131,658. This reach estimate encompasses participation, social media and other advertising/promotions.

Discussion

Collective action, collaboration and communication have been core elements across all years of the MPHWP, and it was evident that partners recognise the significance of capacity building to enhance activities. Partners have acknowledged the importance of engaging the community in activities, recognising them as vital to what we do. These elements strongly reflect the principles of health promotion.

What worked well centred around partnering and collaboration, using existing programs and industry knowledge to deliver impactful activities. Communication and promotion were core elements, and efficient use of funding, resources and expertise contributed to success. Partners reported efficiencies in the use of resources as well as carefully planned design and delivery of activities as successes in year 3. This had not been a predominant theme in previous years where an emphasis was placed more on the resource poor environment. Although year 3 partners have certainly stressed that a lack of funding and resources limit activities, this evidence of efficient planning and design may indicate partners are becoming more adapted to delivering quality programs in resource poor environments.

What could have been done better reinforced the importance of maximising partnership and collaboration opportunities. Some community disengagement was identified with partners highlighting a need to focus efforts on broader promotion and careful target group mapping. Resourcing limitations was documented throughout resulting in programs that are too diluted and multi focused reducing overall quality. Some partners suggested a need for clearer processes and structure in programming including in the evaluation of activities.

Asking *“What are the changes we are seeing?”* has given in-depth insights into the impacts of activities. Partners are beginning to observe longer term impacts from their activities across all health priority areas. The most common method for measuring change was through informal feedback from participants. Opportunity may exist to improve on evaluation measures utilising a more rigorous and quantifiable approach to collecting impact and outcome data.

Utilising the partner workshop to discuss not only actions moving forward, but also reflecting on the year gone, identifying emerging themes and sharing new ideas, provides a valuable platform for partners to network, build partnerships, enhance collective work and improve activities.

Conclusion

This year 3 evaluation has been effective in documenting short- and medium-term outcomes, measuring the collective success of our work across our five health priority areas.

The plan for year 4 of the MPHWP 2021-2025 is continued implementation of our action plan. The annual partner workshop will continue and at the request of partners, we will develop a network for partners to communicate and share resources and contacts for their work under the MPHWP. The evaluation templates will be reviewed and improved to enhance efficiency and ease of use. This report will be shared with all partners and Council to communicate our learnings and to inform the remaining 12 months of the 2021-2025 plan.