

A Public Health Partnership Protocol

between

**Public Health Services (Queensland Health),
Local Governments of Queensland and the
Local Government Association of Queensland Inc.**

2000



Queensland Government
Queensland Health

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**Queensland
Government**
Queensland **Health**

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This Protocol was launched on 28 August 2000.

Parties to the Protocol

This Protocol is between:

- Local Government Association of Queensland Inc. (LGAQ)
- Local Governments
- Public Health Services (Queensland Health)

Components of the Protocol

Part A

Outlines the purpose of the Protocol, the understanding on which this Protocol is based, and general roles and responsibilities of Public Health Services (PHS), Local Government Association of Queensland Inc. (LGAQ), and Local Government in relation to the provision of public health services to the population of Queensland; details the principles for its implementation; and provides guidelines for the application and interpretation of the document.

Part B

Contains the Action Plans for the resolution of issues of common interest to PHS, LGAQ and Local Government. The Protocol Advisory Group (see Schedule 1) determined these priority areas with representatives from the Parties, and collaborative working groups developed the Action Plans.

The Action Plans provide a framework by which PHS, LGAQ and Local Government will undertake joint activity on issues of common interest. Local activity on each of the priority areas will be determined by local need.

Preamble

Public Health Services (Queensland Health) and Local Governments are both primary providers of public health services in Queensland¹. As such, there has been a long history of various levels of collaboration, communication, consultation and information sharing in the pursuit of public health goals. At times, however, Public Health Services (PHS), Local Government Association of Queensland Inc. (LGAQ), and Local Government have each experienced difficulties in these relationships, particularly with regard to expectations of services to be provided, funding, access to information, and participation in strategy development and policy directions for specific issues. A proactive approach to addressing these issues and enhancing collaborative relationships will minimise duplication, improve the coordination of services and potentially increase the range and quality of services provided across the state. In addition, enhancing the relationship between State and Local Government requires that the portfolio of public health be actively promoted and marketed. These organisations, as key public health service providers, must fulfil a strategic role in raising the profile of public health and developing capacity to enable the advancement of the health of Queenslanders.

A number of joint planning initiatives such as municipal or community public health planning have been established in the recent past. This process places 'health' on the agenda at the local level and provides a process for community participation.

This Protocol represents the commitment made by the Local Government Association of Queensland Inc., Local Governments and Public Health Services to the public health objectives of:

- protecting health
- preventing disease, illness and injury
- promoting health and well-being
- supporting the development of the community capacity to positively influence decision making in a sustainable manner that improves the health status of Queenslanders.

This is a voluntary agreement which aims to facilitate discussion and joint action by the Parties on issues of common interest.

Purpose

The Protocol provides for the:

- establishment of a mechanism and processes to enhance collaborative and/or complementary action in the delivery of public health services, including an enhanced capacity to engage other agencies
- articulation of the respective public health roles and responsibilities of LGAQ, Local Government and Public Health Services

¹ It is recognised that most public health activity will involve multiple stakeholders beyond the Parties to this Protocol. This Protocol is restricted to the roles and responsibilities of LGAQ, Local Government and PHS.

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- identification of mutual priorities and development and implementation of joint Action Plans to address them
 - establishment of a mechanism for the regular review and evaluation of the Protocol generally and its Action Plans specifically, to enable the Parties to continually improve their collaborative action.

This Protocol is intended to strengthen the working relationship between LGAQ, Local Governments and Public Health Services in their approach to public health issues, by providing a guide to and process for:

- harmonising working arrangements to minimise duplication and gaps
- improving coordination of service provision to minimise duplication and gaps
- formulating policies and procedures for service development and implementation
- planning, delivering and evaluating collaborative/complementary services/programs.

Understandings

The Parties acknowledge:

- their important complementary roles and responsibilities in the management of public health issues, and the potential benefits for the people of Queensland of working collaboratively
- that contemporary management of public health issues requires a multidisciplinary, evidence-based approach; the contribution of government, non-government and the private sector; and a range of knowledge, skills and abilities
- the need to balance the regulatory approach to public health issues with a risk-management approach, and to incorporate a broad range of strategies in managing contemporary public health issues
- that public health needs vary significantly within and between Local Government areas in Queensland and Local Governments differ significantly in their capacity to provide public health services. The contents of this Protocol cannot be interpreted as binding individual Local Governments or Public Health Services to provide specific services, rather it suggests direction for state and local level planning and negotiations
- that Local Government in Queensland is recognised as a legitimate sphere of government
- that respective operations of each Party occur within their own political, organisational and policy context which shape the organisation's direction and capacity. It is agreed that this Protocol operates within the parameters of this context
- that planning and working together on public health action should occur in a way that strengthens community capacity, supports social cohesion, ensures equity and values ecological sustainability and equity
- that this Protocol operates within the policy, capacity and resource constraints of each Party.

Public health roles and responsibilities of each party

Public Health Services (Queensland Health)

Public Health Services is a statewide service comprised of 10 units with statewide roles and 3 Public Health Unit Networks (PHUNs). It provides statewide public health policy and planning functions, statewide, zonal and local service delivery, and coordination and rapid response to public health emergencies. In collaboration with key partners, Public Health Services provides an integrated, specialised capacity for organised community and population-wide responses for the protection of health, prevention of disease, illness and injury, and promotion of health and well-being.

The key roles and responsibilities of Public Health Services are to:

- coordinate and provide leadership for statewide, zonal and local public health planning, strategy development, implementation, monitoring and evaluation
- develop, monitor and enforce public health legislation, guidelines and standards
- provide specialist public health advice to other spheres of government, other departments, the non-government sector and other key public health stakeholders regarding policy, service planning, purchasing, performance monitoring and the development and review of appropriate public health legislation
- coordinate and/or advocate for the development and provision of relevant public health training
- collect, analyse, and disseminate key public health data and other sources of information to enhance corporate and service provider decision-making in collaboration with the Information & Business Management Branch
- represent and advocate for Queensland on national and international committees and other relevant forums of public health significance
- participate in research and development initiatives which enhance service planning and outcomes
- develop appropriate guidelines in consultation with Local Government to assist them in interpreting, administering and enforcing specific public health legislation such as *Health Act 1937*, *Food Hygiene Regulations 1989*, and the *Food Act 1981*.

The Southern, Central and Tropical Public Health Unit Networks are recognised as the primary units within Public Health Services which work with the service delivery units of Local Governments, and are best placed to negotiate and shape local collaborative service delivery arrangements. The specific roles of these networks are to:

- develop, coordinate and support public health interventions for priority health issues of statewide, zonal and local significance
- undertake health surveillance including the collection, analysis, monitoring and dissemination of information on health status and disease trends
- coordinate within a statewide context, local and zonal disease control in response to disease notifications
- address local environmental health issues through the provision of advice, investigations and enforcement of legislation, and planned projects
- provide specialist public health advice to, and assist in developing the capacity of health services, other sectors and the community to collaboratively plan and implement effective public health programs.

Local Government Association of Queensland Inc.

The Local Government Association of Queensland Inc. is the peak body in Queensland ensuring effective representation of Local Government in its dealings with other governments, unions, businesses and the community, with a view to achieving appropriate information exchange to enhance the quality of Local Government involvement and access to information.

The key roles and responsibilities of the Local Government Association of Queensland Inc. in relation to public health are to:

- facilitate the dissemination of information to Local Governments via mechanisms such as LGAQNet, District and Regional meetings, and Councillor Training
- facilitate the review and development of policies to enhance and strengthen Local Government's performance and role in relation to community public health planning and action
- recognise and support Regional Organisation of Councils and encourage Local Governments to review issues such as public health on a regional, cooperative basis.

Local Governments in Queensland

There are 125 Local Governments, 15 Aboriginal Community Councils and 17 Island Community Councils. Local Governments have been providing services such as roads, waste management, water supply and sewerage, environmental health and local environmental protection. However, increasingly Local Governments are now involved in the social, economic and cultural development of their communities and in improving local living environments.

The key roles and responsibilities of Local Governments are to:

- represent the views of local constituents and, specifically, ensure that these are taken into account in planning for public health services at local, regional and state levels
- play a principal role at local and state levels, in partnership with Public Health Services and other key stakeholders, in the planning and coordination of public health services
- ensure that public health issues are considered in planning, coordination and infrastructure provision
- develop, formulate and implement locally relevant and applicable policies, legislation and services
- contribute to policy development on public health issues that affect the interests of local communities
- implement appropriate public health legislation.

Agreement Principles

Agreement between the Parties

The Parties agree to commit to actively participating in the establishment and implementation of formal mechanisms to improve collaborative and/or complementary public health action throughout Queensland.

Implementation

The Parties agree to:

- establish and maintain an Advisory Group to oversee implementation of this Protocol, and monitor and evaluate its progress in improving and/or harmonising the working relationship between the Parties
- progress the Protocol's Action Plans by developing and implementing projects that improve working relationships and service delivery
- be responsible for the communication of progress/outcomes of the Protocol and other related activities to organisational executive members, staff and other significant stakeholders.

The Parties acknowledge that:

- local level implementation of this Protocol requires further negotiation and consultation between individual Local Governments and Public Health Unit Networks. The Parties agree to use all appropriate local mechanisms to enable this to occur.
- certain Local Governments are not affiliated with LGAQ. Consequently, this Protocol cannot extend beyond affiliated Local Governments. Public Health Services undertakes to endeavour to adhere to the terms of the Protocol in their dealings with those Local Governments not affiliated with LGAQ to the extent that they support its intentions.

Review, Update and Reporting of the Protocol

The Parties agree that the Advisory Group will:

- undertake a mid-year review of progress and an annual review and update of the Protocol based on progress and other relevant information. During this process, aspects of completed Action Plans will be incorporated into Part A of the Protocol and new issues of common interest identified will be progressed via the development of new Action Plans.
- report back on progress to both the Public Health Services' Board of Management and LGAQ's Executive following all formal reviews of the Protocol
- ensure LGAQ represents the views of and reports back to all Local Governments of Queensland on the relevance of the priority issues and progress of the Protocol.

Application and Interpretation

- 'Protocol' means '*A Public Health Partnership Protocol between Public Health Services (Queensland Health), Local Government, Local Governments of Queensland and the Local Government Association of Queensland Inc. 2000*'.
- 'Parties' means:
 - Public Health Services, Queensland Health
 - Local Government Association of Queensland Inc.
 - Local Governments in Queensland affiliated with LGAQ
- 'Advisory Group' means the representative group that has been formed to advise on, develop, monitor implementation of and review this Protocol (see Schedule 1)
- The matters primarily subject to this Protocol are arrangements for the strategic planning and delivery of services between the Parties in areas of common interest
- The Parties to this Protocol acknowledge that no claim or dispute made under or in relation to this agreement or any part thereof shall be justifiable. Disputes will be settled by a mutually agreed process
- Questions of interpretation of this partnership are to be raised with the signatories
- This Protocol does not create a legal relationship between the Parties and there is no intention to carry on a business together. Public health services referred to in this Protocol are to be planned and reviewed jointly, and there is no view to profit
- Neither Party to this Protocol can bind the other Party in word or in deed, to undertaking specific services.

Part B – Action Plans

Public Health Planning

Background

Organisations require clear, actionable plans to enable them to be effective. Evidence indicates that all stakeholders should have input into the planning process, as this will enable the plans to make the transition from concept to action. Involvement in planning and goal setting is likely to result in commitment to achieving the planned outcomes.

The establishment of public health planning mechanisms at the local level provides opportunities for communities to articulate their needs and, with relevant local agencies, work through the range of competing priorities to set their agenda for public health action. It can be an integrating process, as all relevant health issues, national and state priorities, have to be considered in the context of local relevance and need. There are many illustrations of public health planning at a community level, each with a different auspice, methods of community engagement, and the role of state and national priorities in setting the local agenda. Examples include, Municipal Public Health Planning, Healthy Cities, APEX/PH and Local Area Planning.

The introduction of the Integrated Planning Act 1997 (IPA) into Local Government and the increased interest among the Parties in community public health planning processes, ensures that a coordinated approach to planning would be beneficial to the provision of public health interventions in Queensland.

All Parties to the Protocol currently undertake a series of planning activities within their organisations. However, to date there has been limited interaction between the organisations in strategic goal setting and planning.

Purpose

- To enhance mechanisms and opportunities for collaborative community public health planning
- To enhance the extent to which planning, by each of the Parties, informs the strategic and work program of participating agencies
- To increase the level of community public health planning in Queensland
- To improve the quality of community public health planning processes occurring across Queensland.

Scope

This Action Plan is limited to the formalised planning processes (that is, strategic and operational processes which are a legislative requirement or are best practice in relation to public health planning) that are undertaken by the Parties to establish strategic direction and annual priority setting. It does not relate to the planning undertaken for specific interventions, which result from the formalised planning processes.

The existing planning processes are:

- **Local Government Corporate Plans**

- All Local Governments are required by *The Local Government Act 1993* to develop a Corporate Plan
- The Corporate Plans are usually developed by the City Governance (corporate services) section of Local Governments. These documents provide the strategic direction for the Local Government and the budget is assigned based on the contents of this plan. The plans are developed for a minimum three-year timeframe. Operational plans are developed annually to implement the strategic plan
- The Act requires specific sections to be included in all Local Government Corporate Plans; however, Local Governments are able to include additional areas. Although the only section under which specific public health interventions are currently captured is Environmental Management; it is recognised that other aspects of the plans have the potential to impact positively or negatively on public health.

- **Integrated Planning Act Planning Schemes**

- There is a legislative requirement for Local Governments to develop a planning scheme and that it be reviewed every six years
- These plans address land use and development issues. Local Governments are required to articulate the Desired Environmental Outcomes (DEOs) which all developments must address. These DEOs include health outcomes, including social and health impact. The aim is for Local Governments to consider land use and development issues in an integrated manner, that is, considering the impact on the community and the environment.

- **Regional Communities Program**

- The State Government has developed the Regional Communities Program which provides a means for regional communities to identify and prioritise their issues and needs, and enable the Government to be better informed on how to respond to those needs. This Program aims to strengthen regional community participation in Government decision making.
- The Program includes the development of seven regional plans. These are:
 - SEQ 2001 (South East Queensland)
 - Wide Bay 2020
 - FNQ 2010 (Far North Queensland)
 - Townsville-Thuringowa Strategy Plan
 - WHAM 2015 (Whitsundays, Hinterland and Mackay)
 - Gulf Regional Development Plan
 - CQ a New Millennium (Central Queensland)

- **Municipal Public Health Planning (or Community Public Health Planning)**

- Municipal Public Health Planning provides the opportunity for Local Government to take a leadership role in the implementation of a process of engaging the community, government and non-government organisations in identifying, prioritising and addressing public health issues in their local area
- The process of Municipal Public Health Planning is very participatory and provides a valuable mechanism to inform other Local Government and Public Health Services' planning processes

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- An increasing number of Queensland Local Governments are undertaking this process. More recently, Public Health Services has identified the value of these plans and is committed to supporting the process and responding to the issues identified within existing resources.
 - It is recognised that a number of other community public health planning processes are being implemented across Queensland. These have varying levels of involvement from Local Government. Public Health Services will be investigating the relative strengths and weaknesses of each of these processes as identified in strategy 1a) of this Action Plan.

(Please note, it is recognised that other community public health planning processes are also occurring in Queensland)

- **Public Health Services Integrated Planning, Monitoring and Reporting System (IPMRS)**

- Public Health Services' planning is undertaken systematically through the Integrated Planning, Monitoring and Reporting System (IPMRS). The aim of the system is to enable a more systematic, integrated and outcomes-oriented approach to how Public Health Services does business as one statewide service. Under this system the collective work of Public Health Services (both ongoing and specific projects) is clearly identified as contributing to:
 - 15 health issue outcome areas
 - six partnership areas (The focus on partnerships enables PHS to strengthen current efforts to collaborate intersectorally; Communities and Local Government are one such area)
- Each year, the three-year strategic plans for each of these areas are updated. Local, state and national priorities inform these plans.
- These strategic plans provide the basis for each Public Health Unit Network and Statewide Unit's annual business plan
- Public Health Services is committed to continuously improving planning processes in a way which effectively involves and responds to the needs of Local Government and other key partners.

- **LGAQ Annual Work Plans**

- LGAQ develops work plans and priorities for action as a result of annual conference motions from member Local Governments and Community Councils.
- LGAQ is involved in the planning processes of Local Governments, Public Health Services and other agencies to address public health advancements.

Objectives and Strategies

1. **Increase** the extent to which each of the Parties informs the planning processes of the other Parties

Strategy

- a) **Articulate** the planning processes currently undertaken by each of the Parties and the relationship between these processes in relation to public health service provision in Queensland

Coordinating agency: LGAQ

2. **Seek to promote** public health content in Local Government corporate plans

Strategies

- a) **Work** with the Department of Communication and Information, Local Government, Planning, and Sport to identify strategies to encourage the identification of public health activities in Local Government corporate plans
Coordinating agency: LGAQ
 - b) **Identify** and review the training provided to Local Governments in relation to the corporate planning processes with the aim of incorporating and/or enhancing the public health aspects
Coordinating agency: LGAQ
 - c) **Identify** strategies to target the section of Local Governments with the key responsibility for developing Corporate Plans to consider public health issues
Coordinating agency: LGAQ
3. **Increase** the knowledge and understanding of local community public health planning activities occurring across Queensland

Strategies

- a) Review and promote the existing community public health planning processes and provide feedback to Local Governments, public health service providers and other agencies
Coordinating agencies: PHS and LGAQ
- b) **Assess** and provide feedback on new planning process and issue specific instruments, such as the EnHealth guidelines for impact assessments
Coordinating agency: Advisory Group
- c) **Articulate** Public Health Services' support and role in community public health planning by including this into the '2000-2003 Plan for Achievements'
Coordinating agency: PHS
- d) **Present** on community public health planning processes (and their linkages to Corporate Plans and IPA) at relevant conferences (for example, AIEH, town planning, community development)
Coordinating agencies: LGAQ, PHS, and Local Government
- e) **Include** information on the linkages between the planning processes in the LGAQ councillor training
Coordinating agency: LGAQ
- f) **Identify** the value of community public health planning and linkages between the processes within the IPA information being developed by Public Health Services
Coordinating agency: PHS

Performance Criteria

Prior to the review of this Action Plan in mid-2001, achievement of the following is anticipated:

- a) Identification and establishment of linkages between Local Government and Public Health Services' planning processes
- b) Support from the Department of Communication and Information, Local Government, Planning and Sport for public health indicators to be included in Local Governments' Corporate Plans
- c) Public Health Services' agreement regarding support of community public health planning established.

Communication and Consultation

Background

Public Health Services and Local Governments are both primary providers of public health services in Queensland. As such, there has been a long history of various levels of collaboration, communication, consultation and information sharing in the pursuit of public health goals. At times, however, Public Health Services, Local Government Association of Queensland Inc., and Local Government have each experienced difficulties in these relationships, particularly with communication and consultation with regard to expectations of services to be provided, access to information, and participation in strategy development and policy directions for specific issues. Each of the Parties recognises the need for effective communication and consultation processes to assist in enhancing collaborative relationships to minimise duplication, improvement in the coordination of services and potentially increase the range and quality of services provided across the state.

Public Health Services and Queensland Local Government accept that the adoption of a strategic approach by both spheres of government in the area of communication will be achieved through a process of consultation and cooperation between agencies.

Purpose

The purpose of this Action Plan is to ensure ongoing, effective communication between stakeholders and facilitate a consistent approach to consultation on public health issues in a transparent environment. This will guarantee timely information exchange and conjoint problem solving occurs as well as decision-making based on a full appreciation of public health needs.

Scope

The communication and consultation process used between the spheres of government and the community has the potential to be enhanced in relation to issues of shared interest. One of the areas addressed by the Action Plan is the development of a mechanism to improve this process. The Action Plan also considers the role of consultation in the development of statewide campaigns that are supported by both sectors, which may have variations in implementation to suit local needs. It is acknowledged that a review of existing methods and education on available systems is a key strategy for effective communication.

Undertaking a review of the existing communication and consultation methods, and introducing new elements to refine the communication process, will provide a sound basis upon which regular enhanced and open communication can occur.

Objectives and Strategies

1. **Develop** a mechanism for effective communication between agencies to ensure effective consultation on matters of public health significance

Strategies

- a) **Review** existing communication measures used within and between agencies
Coordinating agencies: LGAQ and PHS
 - b) **Develop** a collaborative model for effective communication based on principles of consultation, participation and timeliness
Coordinating agencies: LGAQ and PHS
 - c) **Develop** a model for consultation which removes barriers and advocates consistency
Coordinating agencies: LGAQ and PHS
 - d) **Advocate** use of the preferred model in future planning by ensuring that the model is disseminated and actively promoted across Public Health Services, Local Governments and LGAQ
Coordinating agencies: LGAQ, PHS and Local Government
2. **Ensure** an efficient process exists to address enquiries made to any of the Parties regarding public health issues and legislative responsibilities

Strategies

- a) **Develop, distribute and review** Local Governments' key contact lists for public health issues for each Public Health Unit/Network
Coordinating agencies: LGAQ and PHS
- b) **Develop, distribute and review** Public Health Services' key contact list for each Local Government
Coordinating agencies: LGAQ and PHS
- c) **Develop, distribute and review** Local Governments' and Public Health Services' list of external public health professionals for public health issues addressed in this Protocol
Coordinating agencies: LGAQ and PHS
- d) **Develop and maintain** a shared protocol for handling enquiries between each organisation
Coordinating agencies: LGAQ and PHS

3. **Promote** the consultative role of Regional Organisation of Councils in public health issues

Strategies

- a) **Organise** for Public Health Services to participate in the Regional Organisation of Council meetings for discussions on public health issues
Coordinating agencies: LGAQ and PHS
- b) **Identify**, through Regional Organisation of Councils, best practice examples of effective, collaborative public health action for utilisation and inclusion in a marketing strategy
Coordinating agencies: LGAQ, PHS and Local Government

Performance Criteria

Prior to the review of this Action Plan in mid-2001, achievement of the following is anticipated:

- a) Existing communication processes reviewed and report produced
- b) Collaborative model for effective communication developed, endorsed and distributed
- c) Collaborative model for effective consultation developed, endorsed and distributed
- d) Key contact lists developed and distributed
- e) Ongoing participation by Public Health Unit Networks in Regional Organisation of Councils' meetings.

Background

Public health is distinguished from other roles of the health system by its focus on the health and wellbeing of populations rather than individuals. While the relative focus of public health activities changes over time, its objectives of:

- protecting health
- preventing disease, illness and injury
- promoting health and wellbeing

have remained constant, underpinned by epidemiological analysis and multidisciplinary research.

A broad range of stakeholders has an interest in the attainment of public health goals. Local Government and State Government are two of the largest public health service providers in Queensland.

Unfortunately, 'public health' is often confused with the frequently used term 'public health system' (meaning the public *sector* health system). This has created problems in relation to key stakeholders and the community's perception of what is 'public health'. The Advisory Group felt that it was important to develop and promote the work that occurs in the field of public health to:

- increase public understanding of the services provided
- increase the acceptance of public health activities as being core business
- increase the range and quality of public health activities occurring throughout Queensland
- increase awareness and use of effective collaborative public health activities.

The effectiveness of the Protocol in improving dealings between the Parties is dependent upon knowing of its existence and implementing the strategies identified in the Action Plans.

Purpose

The purpose of this Action Plan is to identify strategies which will:

- improve consistency of interpretation of public health
- improve the profile of public health activities throughout the Parties, and the community
- disseminate information about effective collaborative activities which can be replicated throughout the state
- increase awareness and use of the Protocol among the Parties.

Scope

This action plan does not identify strategies to improve communication between the Parties. It is solely focused on addressing the purpose as outlined above.

Objectives and Strategies

1. **Increase** awareness of the field of public health among senior management of the Parties

Strategies

- a) **Include** information about public health and the public health activities undertaken by Local Government solely or in collaboration with the other Parties in the councillor training program conducted by LGAQ
Coordinating agency: LGAQ
- b) **Provide** joint training to relevant Public Health Services and Local Government staff on effective use of the media (including ‘what makes a good story’), to promote public health issues and collaborative public health action
Coordinating agencies: LGAQ and PHS
- c) **Develop** a mechanism for the routine inclusion of public health articles in relevant newsletters and other publications (including Health Matters, Sector Wide, Council Leader)
Coordinating agencies: LGAQ and PHS
- d) **Review** existing arrangements and future potential to have public health issues as a standing agenda item at relevant meetings (including Regional Organisation of Councils, Regional Managers’ Forums, zonal District Manager meetings).
Coordinating agency: LGAQ

2. **Increase** awareness and use of effective, collaborative public health activities throughout Queensland

Strategies

- a) **Develop** a recognition program to reward effective collaborative public health activities conducted in Queensland which could be replicated in other locations²
Coordinating agencies: LGAQ and PHS
- b) **Publish** case studies of effective public health interventions. Focus should be on the priority issues being addressed in the Protocol. The responsibility for the collection of the case studies is with the priority area working groups
Coordinating agency: LGAQ

² To be jointly managed by PHS and LGAQ with the presentation to award recipients to occur at the LGAQ annual conference. Could be modelled on the Benjamin Awards for work in the alcohol, tobacco and other drugs area or the Local Government Excellence Awards. Public Health Partnership Protocol between Public Health Services (Queensland Health), Local Governments of Queensland and the Local Government Association of Queensland Inc. 2000

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- c) **Review** use of the Parties' intranets and identify means to utilise them to increase the distribution of information about effective interventions. The review of the intranets should include access issues, ideal locations for case studies, tools to enhance access, etc.

Coordinating agency: LGAQ

- d) **Investigate** effective means for distributing information between the Parties, for example, intranets, email, training provided by LGAQ, conference presentations, etc

Coordinating agency: LGAQ

3. **Increase** awareness and use of the Protocol

Strategies

- a) **Include** information about the Protocol in the councillor training program conducted by LGAQ

Coordinating agency: LGAQ

- b) **Include** articles about the Protocol in relevant newsletters and other publications (including Health Matters, Sector Wide, Council Leader, Australian Institute of Environmental Health newsletters)

Coordinating agencies: LGAQ and PHS

- c) **Present** the Protocol at relevant meetings (including Regional Organisation of Councils, Regional Managers' Forums, zonal District Manager meetings)

Coordinating agencies: LGAQ and PHS

- d) **Include** information about the Protocol on the Parties' intranets

Coordinating agencies: LGAQ and PHS

- e) **Organise** a launch of the Protocol by the LGAQ President and the Minister for Health

Coordinating agencies: LGAQ and PHS

Performance Criteria

Prior to the next review of this Action Plan in mid-2001, achievement of the following is anticipated:

Prior to the next review of this Action Plan in mid-2001, achievement of the following is anticipated:

- a) Mechanism developed for the routine inclusion of public health articles in relevant newsletters and other publications
- b) Framework for recognition program developed
- c) The Parties well represented at Protocol launch
- d) Common terminology of public health articulated through the media, Local Government, Queensland Health, Australian Institute of Environmental Health and Regional Organisation of Councils.

Mosquito Control

Background

Queensland has a high incidence of endemic mosquito-borne diseases and with its tropical and sub tropical climate, is vulnerable to the importation of other exotic mosquito-borne diseases such as yellow fever and dengue fever.

Key mosquito-borne diseases of concern in Queensland include:

- Ross River virus was first described in Queensland in the 1960s and the state is still leading Australia in the number of cases of Ross River virus infection reported annually.
- Dengue fever has occurred as epidemics at regular intervals in north Queensland since its reintroduction into Australia in 1981. North Queensland will remain vulnerable to epidemics of dengue fever as long as *Aedes aegypti* remains endemic.
- The first outbreak of Japanese encephalitis (JE) in Australia resulted in three cases with two fatalities in the Torres Strait in 1995. Further cases occurred in 1998 in the Torres Strait (1) and on Cape York Peninsula (1).
- Epidemics of malaria have occurred in Queensland in the past, as has the importation of malaria to the Torres Strait Islands.

Apart from the suffering and economic loss endured by persons with these diseases, additional pressure is placed on the public and private health systems as well as the private sector. As no vaccines are currently available against dengue fever and Ross River virus infections, mosquito control, legislation, and behavioural change are the only means of limiting disease incidence.

Currently, Local Government and Public Health Services are both involved in mosquito control management. Through the *Health Regulation 1996, Part 8, Mosquito Prevention and Destruction*, which is legislation under the *Health Act 1937*, the responsibility for mosquito control is devolved to Local Government to superintend and execute. Queensland Health assists Local Government in this role through the provision of advice, training, health promotion material and assistance from entomologists and Environmental Health Officers where necessary.

Queensland Health (Public Health Services) and Queensland Local Government accept that the adoption of a strategic approach by Parties to this Protocol for the management of mosquito control on all land, including State land, will be achieved through a process of consultation and cooperation between agencies.

Purpose

Undertaking a review of the existing methods and resources currently used by both State and Local Government, and introducing new elements, will facilitate a collaborative approach. This will ensure sound decision-making occurs, supported by the use of agreed benchmarks, so that consistent and high quality mosquito control management programs are implemented across the state.

The aim of this Action Plan is to provide a mechanism through which a collaborative approach to addressing this issue is adopted throughout the state.

Scope

Parties to this agreement recognise that the Department of the Premier and Cabinet are reviewing the issue of mosquito control management across the state. Representatives from the Department of Primary Industries and the Environmental Protection Agency are also involved. Parties to this agreement accept that a consolidated approach will assist the resolution of issues of relevance being considered.

This Action Plan will also enable the Parties to resolve mosquito control issues beyond the scope of the Department of Premier and Cabinet to enhance mosquito control management in Queensland.

Objectives and Strategies

1. **Participate in and support** the Department of the Premier and Cabinet's working group to review issues associated with the management of mosquito control across the state

Strategies

- a) **Assist** with the identification and documentation of roles and responsibilities of all agencies/regional groups in mosquito control management through the Department of Premier and Cabinet Mosquito Control Working Group
Coordinating agencies: LGAQ and PHS
- b) **Review** existing forums/committees and determine whether issues are being appropriately progressed
Coordinating agencies: LGAQ and PHS
- c) **Ensure** timely feedback to all Local Governments and Queensland Health on the outcomes of the Department of the Premier and Cabinet Mosquito Control Working Group
Coordinating agencies: LGAQ and PHS

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- d) **Ensure** full consultation between PHS, LGAQ and Local Government to ensure that issues of concern addressed through the Department of the Premier and Cabinet Mosquito Control Working Group are being progressed to the satisfaction of all Parties
Coordinating agencies: LGAQ and PHS

2. **Identify** best practice case study examples of collaborative or independent mosquito control management by Local Governments and Queensland Health

Strategies

- a) **Document** best practice local case study examples
Coordinating agencies: LGAQ and PHS
- b) **Disseminate** information to all Public Health Units and Local Governments
Coordinating agencies: LGAQ and PHS
- c) **Market** success of case study examples.
Coordinating agencies: LGAQ and PHS

Performance Criteria

Prior to the next review of this Action Plan in mid-2001, achievement of the following is anticipated:

- a) Existing mosquito control management structures reviewed
- b) High level ongoing participation in the Department of the Premier and Cabinet Mosquito Control Working Group
- c) Circulars included on LGAQNet and QHEPS at least monthly, raising awareness and seeking input on information developed
- d) High level of awareness regarding the development of the mosquito control protocol between Local Government and Queensland Health.

Fluoridation

Background

Dental caries (tooth decay) in Queensland – a public health problem

Dental caries is a highly prevalent disease within the community which results in a range of consequences including difficulty in eating and speaking, pain and discomfort, poor self esteem and economic costs associated with lost productivity, resulting in a decrease in quality of life, and in some cases leading to life-threatening conditions.

Queensland children have the highest level of dental caries in Australia.³ Although the oral health status of the population of Queensland has improved since the 1960s, a considerable proportion of the population continue to suffer from poor oral health.⁴

Many factors have been suggested to explain the improvement in oral health over the last 30 years. It is widely accepted that regular exposure to fluoride has been a major factor in reducing the extent of tooth decay in the population. It is no coincidence that oral health throughout the world has improved markedly since the introduction of fluoride toothpaste in the early 1970s. However, there remains significant scope for improvement.

There is now growing evidence that dental caries is becoming increasingly polarised within the community. Research suggests that approximately 80 per cent of tooth decay occurs in approximately 20 per cent of the population.⁵ This finding has been observed in a number of developed countries, and suggests that a significant proportion of Queensland children should be regarded as an at-risk group with regard to dental status. Poor oral health is often associated with poverty and socioeconomic deprivation. Research indicates that, while all persons will benefit from water fluoridation, those in the lower socioeconomic groups will gain the greatest benefit.⁶

Strategies for preventing dental caries

A wide variety of strategies exist to promote dental health and to reduce dental caries. These can be divided into two main strategies:

- increasing the resistance of the enamel surface of the teeth to demineralising acids produced in dental plaque
- reducing the exposure of the teeth to the main factor contributing to tooth decay – extrinsic dietary sugars.

³ Armfield, JM., Roberts-Thomson, KF. and Spencer, AJ. 1999, The Child Dental Health Survey, Australia 1996. AIHW Dental Statistics and Research Unit Series No. 20, The University of Adelaide, Adelaide.

⁴ AIHW Dental Statistics and Research Unit (2000). Child Dental Health Survey, Queensland 1997.

⁵ Toumba KJ, Curzon ME. Slow-release fluoride. *Caries Res* 1993;27 Suppl 1:43-6.

⁶ Jones CM, Taylor GO, Whittle JG, Evans D, Trotter DP. Water fluoridation, tooth decay in 5 year olds, and social deprivation measured by the Jarman score: analysis of data from British dental surveys. *BMJ* 1997 Aug 30;315(7107):514-7.

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An alternative approach is to divide the strategies into two broad categories based on the need for behaviour change.⁷ Examples of strategies requiring some degree of behavioural change include:

Increasing tooth resistance	Reducing exposure to dietary sugars
Encouraging regular toothbrushing (with fluoride toothpaste)	Modifying dietary habits (eg reducing sugar consumption)
Using fluoride tablets or drops (especially for babies and young children)	Using dentists (and dental therapists and hygienists) directly for prophylactic treatment (eg fissure sealants) and/or indirectly in a health education/promotion role.
Using fluoridated mouthrinses (for adolescents and adults)	

The major shortcoming of these approaches is their requirements of sustained behavioural change, as it is often extremely difficult to effect such changes in the people who are likely to benefit most. This can be for a variety of reasons such as lack of money, lack of awareness and education, and custom and culture.

Water fluoridation

Water fluoridation provides an alternative strategy which does not require behavioural change. During the twentieth century a considerable amount of research worldwide has shown that this is the most cost-effective way of promoting oral health, preventing disease and reducing the need for treatment. The estimated cost of fluoridating the Brisbane water supply is \$1.50-\$2.00 per household per year.⁸ A public sector emergency oral health treatment costs, by way of comparison, over \$100 per occasion of service.

Recent research indicates that water fluoridation reduces lifetime caries experience by 20-40 per cent.⁹ Currently, approximately 95 per cent of the Queensland population do not benefit from water fluoridation, whereas approximately 66 per cent of the population in other states and territories of Australia have the benefit of water fluoridation.¹⁰

Water fluoridation reduces the socioeconomic inequalities in dental caries and provides community-wide exposure benefiting all ages.¹¹ The US Centres for Disease Control and Prevention in 1999 recognised water fluoridation as one of the greatest public health achievements

⁷ Sanderson, D (1998): Water fluoridation - an economics perspective. York Health Economics Consortium, University of York, York.

⁸ Report to the Lord Mayor's Task Force on Fluoridation. Considerations associated with the dosing of fluoride into the Brisbane Region Water Supply. Brisbane Water, 1997.

⁹ Newbrun, E (1989). Effectiveness of water fluoridation. J Public Health Dentistry:49,279-289.

¹⁰ Spencer, AJ., Slade, GD. and Davies, M. 1996, Water fluoridation in Australia, Community Dental Health, 13, Supplement 2, pp. 27-37.

¹¹ NHS Centre for Reviews and Dissemination. Fluoridation of Drinking Water: a Systematic Review of its Efficacy and Safety (Final Draft Report). NHS Centre for Reviews and Dissemination, University of York, York, 2000.

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of the twentieth century.¹² Water fluoridation has been endorsed as a public health measure by more than 150 science and health organisations including the National Health and Medical Research Council (NHMRC), Federation Dentaire International (FDI), International Association for Dental Research and the World Health Organisation (WHO). Water fluoridation is a proven reliable and safe public health measure that is cost-effective.¹³

Alternatives to water fluoridation include milk fluoridation, salt fluoridation, and fluoride tablets and drops. Milk and salt fluoridation have not been introduced into Australia. Queensland Health does not support the use of fluoride tablets and drops in children under 4 years who are at low risk of caries in view of the potential for dental fluorosis.

Purpose

To facilitate informed debate on water fluoridation and other realistic options to reduce the prevalence of dental caries within the population of Queensland.

Scope

This Action Plan focuses on improving the oral health of all residents of Queensland through the optimal use of fluoride. It is recognised that the distribution of tooth decay in the population is not uniform, and that communities identified as having a high prevalence of dental caries should be targeted as a priority.

Objectives and Strategies

1. **Actively** pursue options for the optimal use of fluoride in consultation with the community

Strategies

- a) Appoint a project officer to examine the economic, environmental, legal, and social issues relating to fluoridation and prepare an options paper/s

Coordinating agency: PHS

- b) Establish a steering committee of key stakeholders including community representatives to discuss/oversee activities of the Project Officer

Coordinating agency: PHS

¹² Centers for Disease Control and Prevention (CDC). Fluoridation of drinking water to prevent and control dental caries in the United States. MMWR Morb Mortal Wkly Rep 1999;48:933-940.

¹³ US Department of Health and Human Services. Oral Health in America: A Report of the Surgeon-General. Rockville, MD: US Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health, 2000. Public Health Partnership Protocol between Public Health Services (Queensland Health), Local Governments of Queensland and the Local Government Association of Queensland Inc. 2000

2. Increase the proportion of the population benefiting from fluoridation

Strategy

- a) Provide expert advice on fluoridation and the Code of Practice for Water Fluoridation Plants to ensure that its public health benefits are maximised

Coordinating agency: PHS

3. Identify areas of high risk for dental caries in Queensland

Strategy

- a) Establish regular epidemiological monitoring of caries prevalence in children in Queensland using recognised methodologies and protocols to determine areas at high risk for dental caries

Coordinating agency: PHS

Performance Criteria

Prior to the next review of this Action Plan in mid-2001, achievement of the following is anticipated:

- a) Completion of the options paper/s
- b) Local Government in communities with a high prevalence of dental caries actively investigate the possibility of investing in water fluoridation and other fluoridation options.

Sharps Disposal

Background

The provision of sterile injecting equipment, including sharps, is a proven strategy to prevent the spread of infectious diseases such as HIV/AIDS, Hepatitis B and C.

The safe disposal of sharps is becoming an increasingly important issue in the community. There have been some very effective initiatives occurring in the state that have the potential for successful replication in other locations. In addition, emerging evidence will inform the development and review of this Action Plan. It is acknowledged that education is a key strategy in comprehensive sharps management. Currently, the legislation which covers the disposal of waste rests with the Environmental Protection Agency (EPA), and amendments to existing legislation will need to be considered in the development and review of this Action Plan.

The provision of sterile injecting equipment in this State is managed by the Queensland Needle Availability Support Program (QNASP). The roles of the program include education, training, purchasing, distribution, monitoring and reporting. There are a range of outlets across the state including Queensland Health facilities (including Alcohol, Tobacco and Other Drug Services, Community Health Centres, Accident and Emergency areas of some hospitals); and user groups, who assist with the implementation of this program. Private pharmacies also have a major role in the provision of sterile injecting equipment and safe disposal.

QNASP services are currently providing counselling about safe disposal at the time of distribution. In addition, on each occasion of service the number of syringes provided, returned and disposal methods are recorded.

All QNASP facilities are required to be authorised to distribute sterile injecting equipment. This authorisation also requires providing access to safe disposal of used equipment. Other avenues include the provision of disposal bins in areas known to have high levels of injecting drug use.

Purpose

The Parties recognise that existing methods of sharps disposal have considerable potential for improvement. Undertaking a review of the existing sharps disposal methods and introducing new elements of sharps management will provide a sound basis upon which optimal disposal methods may be implemented. This will ensure access to appropriate disposal methods as well as decision-making based on a full appreciation of public health needs.

Please note, this plan does not seek to promote the use of illicit drugs.

Scope

This action plan focuses solely on the management of sharps disposal to enhance the safety and wellbeing of the community.

Objectives and Strategies

1. **Collaborate** to achieve evidence-based sharps management

Strategies

- a) **Consult** on existing sharps management strategies
Coordinating agencies: LGAQ and PHS
 - b) **Cooperate** on cost effective, safe disposal activities at a local level for which either Party may not have direct responsibility
Coordinating agencies: LGAQ and PHS
 - c) **Develop** policies and guidelines to encourage regional consistency in approach
Coordinating agencies: LGAQ and PHS
 - d) **Review** existing and establish new mechanisms for appropriate disposal which can be easily disseminated to Public Health Units, Local Governments and their officers and other appropriate stakeholders including pharmacies and other non-government organisations
Coordinating agencies: LGAQ and PHS
 - e) **Consult** on existing and developing legislation, planning and implementation relative to sharps management
Coordinating agencies: LGAQ and PHS
2. **Ensure** an efficient process exists to address enquiries about sharps management as it relates to public health responsibilities

Strategies

- a) **Develop** systems to effectively address enquiries about safe sharps disposal at a local level ensuring a realistic level of risk is communicated
Coordinating agencies: LGAQ and PHS
- b) **Develop** and **distribute** to Local Governments and Public Health Units a list of relevant external agencies (eg, relevant Environmental Protection Agency staff) to provide advice as required
Coordinating agencies: LGAQ and PHS

3. **Seek** professional advice on evidence-based sharps management

Strategies

- a) **Engage** professionals in developing or accessing evidence-based solutions for regional areas
Coordinating agencies: LGAQ and PHS
- b) **Disseminate** evidence-based effective solutions between Local Governments and Public Health Unit Networks
Coordinating agencies: LGAQ and PHS
- c) **Adapt** and **adopt** existing sharps disposal strategies for implementation at a local level
Coordinating agencies: Local Government and PHS

4. **Ensure** education is included as part of comprehensive sharps management

Strategies

- a) **Educate** the community on the importance of the provision of sharps to prevent the spread of infectious diseases and the process of safe sharps disposal
Coordinating agencies: Local Government and PHS
- b) **Advocate** for education to accompany the distribution of sharps
Coordinating agencies: LGAQ and PHS
- c) **Educate** relevant Local Government staff members involved in the collection of inappropriately disposed sharps on correct handling procedures
Coordinating agencies: LGAQ and Local Government
- d) **Engage** with the Environmental Protection Agency to identify how they will be implementing the new legislation
Coordinating agencies: LGAQ and PHS

Performance Criteria

Prior to the next review of this Action Plan in mid-2001, achievement of the following is anticipated:

- a) Existing disposal methods reviewed
- b) Environmental scan of other interested partners conducted
- c) Key contact lists developed and distributed.

Schedule 1 - Advisory Group Membership

Local Government

Principal Environmental Health Officer, Townsville City Council

Environmental Health Officer, Central West Local Governments including: Bendemere, Taroom

Councillor, Esk Shire Council

Councillor, Toowoomba City Council

Manager, Public Health Services, Logan City Council

Executive Manager Environment and Health Services, Hervey Bay City Council

Community Awareness Officer, Gold Coast City Council

Councillor, Cairns City Council

Manager Health Services, Cairns City Council

Public Health Services (Queensland Health)

State Manager, Public Health Services

Manager, Alcohol, Tobacco and Other Drug Services

Manager, Statewide Health Promotion Services

Manager, Communicable Diseases Unit

Manager, Environmental Health Services

Manager, Oral Health Unit

Manager, Southern Public Health Unit Network

Manager, Central Public Health Unit Network

Manager, Tropical Public Health Unit Network

Coordinating Epidemiologist, Public Health Services

Local Government Association of Queensland Inc.

Manager, Environmental and Health Policy

Environmental Health Policy Advisor