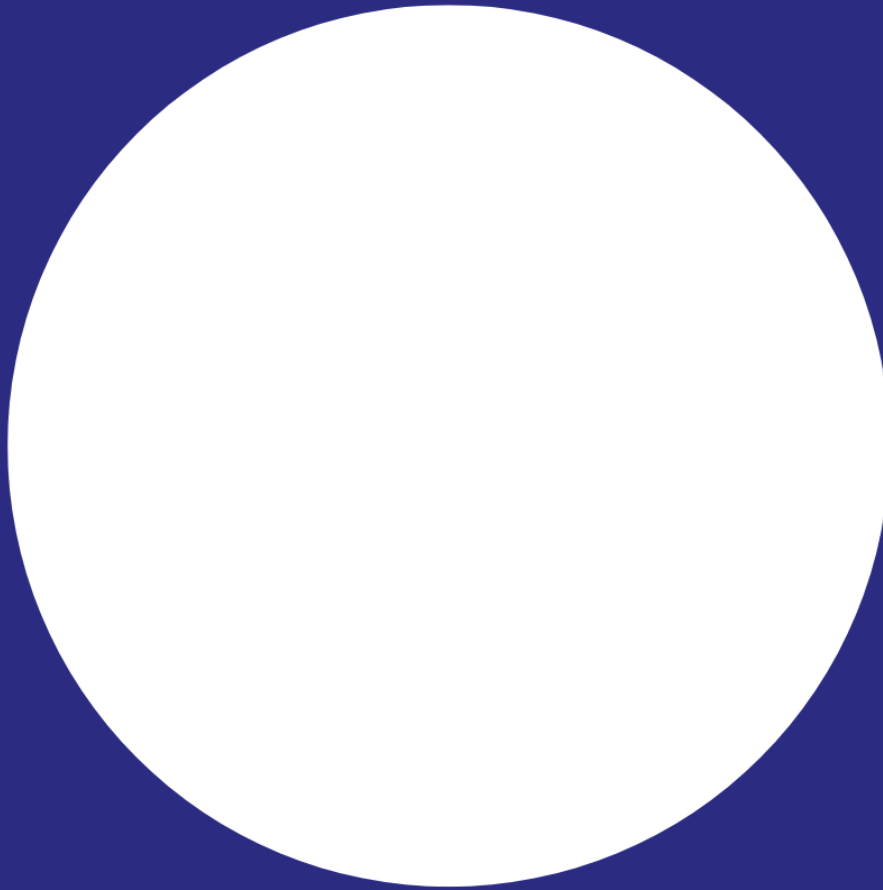


Helping local government  
build stronger communities.



# LGA Submission Draft 2025 State Public Health Plan

November 2025



## Recommendations

A summary of LGA's recommendations are provided below.

1. That State Government allow longer timeframes, at least 8 weeks, when consulting with local government to allow for council administrations to have submissions endorsed by their chambers.
2. That the Department of Health and Wellbeing (The Department) support local government's role and capacity to progress regional public health planning by way of a local government grant program.
3. That the Department provide guidance as to the next steps and the actions they will be taking to operationalise the Plan.
4. Ensure that the final Plan is available in Easy Read format and as a plain Word version without infographics, ensuring compatibility with screen readers and improving access for people with disability and low literacy.
5. That the Department update the table in Appendix 1 to include local councils and Regional Local Government Association's as partners, in addition to LGA South Australia.
6. That the Department provide further guidance on the alignment of the strategic plan developed under the *Preventive Health Act 2024 (SA)* and the *South Australian Public Health Act 2011* for the purposes of regional public health planning.
7. That the Department ensure that the new platform (SMART PH) supports local government level data to enable councils to access the most up to date health and wellbeing data to inform decision-making and monitor impact.
8. That the Department, through the Plan, advocate to develop a statewide, web-based tool to support councils collect environmental health data, obtained through their surveillance activities and that resources for this data collection activity be provided to councils.
9. That data sharing mechanisms are improved to give councils access to relevant and localised health data that is regularly updated.
10. That the Department develop relevant communications campaigns in line with the identified priorities, that local councils can amplify. Examples include campaigns to challenge misinformation and disinformation about vaccinations or campaigns to promote healthy eating and physical activity.
11. That the Department continue to work with LGA and councils to address environmental health workforce shortages.

12. That the Department, in collaboration with Preventive Health SA, develop a short course in health promotion and the determinants of health, tailored for local government to build workforce capacity and understanding of public health planning.
13. That the Department clarify the roles and responsibilities of State Government and local government more explicitly in the Plan.
14. That the Department include a Strategic Direction around food systems Suggested wording - *Promote healthy, sustainable, resilient and equitable food systems that connect local producers to local consumers.*
15. Re-word Strategic Direction number 2 to *Reduce harm from alcohol and other drugs, including tobacco and vapes, by developing evidence-based prevention and harm reduction initiatives.*
16. Re-word Strategic Direction number 4 to *Strengthen social cohesion by supporting action and initiatives that foster inclusive connected communities to reduce social isolation and loneliness.*
17. Re-word Strategic Direction number 6 to *Leverage digital technologies to improve mental health and wellbeing, through accessible, evidence-based tools and platforms—while proactively addressing digital risks such as misinformation, screen fatigue, and social disconnection through policy, education, and design.*
18. That the Department support councils delivering immunisation services by advocating for increased federal funding.
19. That the Department develop communication and marketing materials to support Strategic Direction number 1.
20. Re-word Strategic Direction number 2 to *Strengthen data systems to improve injury surveillance and inform evidence-based policies and programs for injury prevention and community safety.*
21. Re-word Strategic Direction number 4 to capture other forms of violence such as elder abuse – e.g. *Address the determinants of domestic, family, and sexual violence and elder abuse so all South Australians can live with respect and dignity.*
22. That the Department review the Strategic Direction's in this priority area to explicitly recognise the urgency of climate-related health risks and leverage planning and transport strategies to protect against climate-related health risks.
23. That the Department refine Strategic Direction's 5 and 6 or provide more context about them in the commentary section of the Priority area.

# Contents

|                                                                  |          |
|------------------------------------------------------------------|----------|
| <b>Recommendations .....</b>                                     | <b>1</b> |
| Local government and public health .....                         | 5        |
| LGA Policy.....                                                  | 6        |
| General feedback .....                                           | 7        |
| Timeframes .....                                                 | 7        |
| LGA recommendation .....                                         | 7        |
| Doing more with less – a comment on resourcing and funding ..... | 7        |
| LGA recommendation .....                                         | 8        |
| Implementation of the Plan .....                                 | 8        |
| LGA recommendation .....                                         | 8        |
| Considerations for planning public health actions .....          | 9        |
| Public health principles .....                                   | 9        |
| Determinants of health .....                                     | 9        |
| Aboriginal perspectives reflected in the Plan .....              | 9        |
| Equity in public health .....                                    | 10       |
| LGA recommendation .....                                         | 10       |
| Public health actions.....                                       | 10       |
| Promote, Protect and Prevent.....                                | 10       |
| Public health enablers .....                                     | 10       |
| Partnerships and collaboration .....                             | 10       |
| LGA recommendation .....                                         | 11       |
| Governance and frameworks .....                                  | 11       |
| LGA recommendation .....                                         | 11       |
| Surveillance, epidemiology, research and evidence .....          | 11       |
| LGA recommendations .....                                        | 12       |
| Reporting and public communication .....                         | 13       |
| LGA recommendation .....                                         | 13       |

|                                                            |    |
|------------------------------------------------------------|----|
| Workforce capacity.....                                    | 13 |
| LGA recommendations .....                                  | 14 |
| Public health priority areas.....                          | 15 |
| LGA recommendation .....                                   | 15 |
| Promote healthy living to reduce chronic disease.....      | 15 |
| Strategic directions .....                                 | 15 |
| Food systems.....                                          | 16 |
| LGA recommendation .....                                   | 17 |
| Improve mental health and wellbeing.....                   | 17 |
| Strategic Directions .....                                 | 17 |
| LGA recommendations .....                                  | 17 |
| Prevent and control the spread of infectious diseases..... | 18 |
| Strategic Directions .....                                 | 18 |
| LGA recommendations .....                                  | 19 |
| Reduce the risk, burden and severity of injury .....       | 19 |
| Strategic Directions .....                                 | 20 |
| LGA recommendations .....                                  | 20 |
| Healthy environments for healthy people .....              | 20 |
| Strategic Directions .....                                 | 21 |
| LGA recommendations .....                                  | 21 |
| Conclusion .....                                           | 22 |

## About LGA South Australia

LGA South Australia (LGA) is the peak body for local government in South Australia, representing all 68 councils across the state and the Anangu Pitjantjatjara Yankunytjatjara.

The *Local Government Act 1999 (SA)* recognises LGA as a public authority for the purpose of promoting and advancing the interests of local government. LGA is also recognised in and has prescribed functions in 29 other South Australian Acts of Parliament.

LGA provides leadership, support, representation, and advocacy relevant to the needs of our member councils. We are a strong advocate for policies that achieve better outcomes for councils and the communities they represent. Councils are a partner in government and part of the solution. Working together we can make positive contributions to the health and wellbeing of our communities.

## Our submission

LGA welcomes the opportunity to provide the following feedback to the State Government in response to the Consultation on the draft 2025 State Public Health Plan (the Plan) advertised on [yourSay](#). Working together we can make positive contributions to the health and wellbeing for South Australians.

LGA acknowledges the feedback provided by members in preparing this submission. Additionally, LGA thanks the Department for inviting LGA to be a member of the State Public Health Plan Advisory Group. This enabled the sectors voice to be represented from the outset and afforded the opportunity for LGA to give informed advice, strategic insight and constructive feedback that helped shape the development of the Plan.

If you have any questions relating to this submission, please don't hesitate to contact Senior Policy Advisor Belinda Tassone at [belinda.tassone@lga.sa.gov.au](mailto:belinda.tassone@lga.sa.gov.au) or 8224 2051.

## Local government and public health

Local government has a longstanding role in environmental and public health, with much of it enshrined in public health legislation.<sup>1</sup> The *South Australian Public Health Act 2011* (SAPH Act) identifies local councils as the public health authorities for their areas, and they must take action to preserve, protect and promote public health within their area.

Councils provide a wide range of public and environmental health services which are important in maintaining the physical, mental and social wellbeing of individuals in the

---

<sup>1</sup> [https://researchnow-admin.flinders.edu.au/ws/files/35455800/Smith\\_New\\_P2021.pdf](https://researchnow-admin.flinders.edu.au/ws/files/35455800/Smith_New_P2021.pdf)

community. Council services that are in place to promote physical wellbeing include: food safety and food business inspections, school immunisation programs, wastewater control, mosquito management and health risk assessments for cases of hoarding and squalor and clandestine drug laboratories and other public health complaints.

Councils also provide a significant but often unrecognised contribution to public health by addressing the determinants of health through a range of recreational facilities and services such as playgrounds, sporting facilities, parks, good street paving and lighting. These are important public health measures which contribute to stronger healthier communities and ensure an opportunity for good health for all.

## LGA Policy

### 3.1 Public Health

*Local government acknowledges that protecting the health and wellbeing of its communities is a shared responsibility of all tiers of government and recognises the significant contributions that councils make in this area. Councils should contribute equitably to providing preventative and on-going health services, notwithstanding the significant responsibilities of federal and state government.*

**3.1.1 Health services** - *Local government recognises federal and state governments have a responsibility to provide quality health care and that council's role is limited to local or regional preventative public health activities. Councils should continue to liaise with federal and state governments to maximise the benefits of community preventative health activities offered.*

**3.1.2 Resources** - *Councils recognise the important statutory role that they play in delivering public health services. Under provisions of the Public Health Act 2011, councils shall require that they are adequately consulted on changes to the legislative framework and that federal and state governments provide adequate resources to councils to deliver local public health services.*

**3.1.3 Preventative care** - *Local government recognises the requirement for federal and state governments to improve local preventative services such as immunisation and education programs through the review of current arrangements. Councils, through the LGA, will continue to lobby federal and state governments for reviews of these services and for adequate resources.*

## General feedback

LGA commends the Department of Health and Wellbeing (the Department) on early engagement and partnership with the local government sector in the development of this State Public Health Plan (the Plan).

The Plan provides a strong overview of **public health** and the **system of public health planning** in South Australia. It effectively identifies the **role of councils** and other key **partners** who work in public health. This is important background and was lacking in the previous plan. The inclusion of the glossary is helpful and important to provide understanding.

From a stylistic perspective, **additional headings, shorter paragraphs** and **use of dot points** could improve readability.

## Timeframes

Feedback has suggested that the 5-week consultation time frame was not enough time to ensure that council submissions could be taken to their chambers. It is suggested that this resulted in a missed opportunity to help elevate the role of the public health and public health planning.

### *LGA recommendation*

1. That State Government allow longer timeframes, at least 8 weeks, when consulting with local government to allow for council administrations to have submissions endorsed by their chambers.

## Doing more with less – a comment on resourcing and funding

The Plan appropriately recognises that councils are prescribed as the public health authority for their area and references the range of functions councils perform in public health protection, promotion and prevention.

LGA supports the Plan's emphasis on partnership and collaboration; however, implementation of the Plan must ensure these partnerships are adequately resourced and formalised to provide role clarity and funding certainty.

The Federal '[Inquiry into local government sustainability](#)' highlights the strain local government is under to meet legislated roles, including the range of additional activities being passed on by other levels of government. This limits its role to take on discretionary, but equally impactful issues.

## Helping local government build stronger communities.

Many councils would like to play a more substantial role in community health and wellbeing but lack funding and support to resource the work both internally and externally. This is particularly an issue for regional and remote councils with severely limited resources, but which are often geographically very large.

LGA suggests that to support local government with their legislated responsibilities, dedicated funding by way of grant monies be provided to strengthen public health planning and build knowledge and capability. A grant program could

- Expand knowledge and understanding of public health planning
- Fund community level initiatives
- Fund mini projects to raise awareness
- Develop guidance to help councils translate high-level strategies into practical local actions.

Without additional investment and long-term resource certainty, the Plan's intent to deliver equitable outcomes for South Australians will not be fully realised.

Tripartite resourcing partnerships between local, State and Commonwealth governments, recognising shared responsibilities for prevention and preparedness should be explored and supported.

### *LGA recommendation*

2. That the Department support local government's role and capacity to progress regional public health planning by way of a local government grant program.

## Implementation of the Plan

It is noted that there is no mention of an Implementation Plan or Outcomes Framework aligned to this Plan. It is suggested that this is necessary otherwise there will be a failure to operationalise the Strategic Directions.

An implementation plan is also critical to ensure accountability, resource allocation, and measurable outcomes.

### *LGA recommendation*

3. That the Department provide guidance as to the next steps and the actions they will be taking to operationalise the Plan.

## Considerations for planning public health actions

### Public health principles

LGA supports the inclusion of the One Health principle in this Plan - in addition to the principles contained in the SAPH Act. The recent algal bloom<sup>2,3</sup> is indicative of the importance of a One Health approach that aims to sustainably balance the health of humans, animals, plants and ecosystems.

### Determinants of health

The Plan explains the determinants of health effectively, emphasising strong themes and knowledge related to digital determinants and the growing use of social media, Artificial Intelligence (AI) and the harmful impacts of racism and discrimination and its effects on mental health and wellbeing.

LGA also supports the acknowledgement and recognition of climate change and the geo-political landscape as determinants of health due to their impacts on health and wellbeing.

A changing climate is impacting on food security, extreme weather events, pollution and biodiversity loss; whilst an erosion of trust in institutions, is resulting in the rise of sovereign citizens and a disbelief in the science relating to infectious diseases.

LGA agrees that cross-sectorial collaboration is key to achieving meaningful change.

### Aboriginal perspectives reflected in the Plan

LGA notes that the Plan provides a good overview of the cultural determinants of health and welcomes the reference to LGA and Preventive Health SA's resource *The Determinants of Health - Resource Guide*.

The Plan notes 'Aboriginal stakeholders emphasise cultural determinants are central to health and wellbeing', and 'that strategies must support Aboriginal-led solutions, a culturally safe and representative workforce and place-based responses'.

---

<sup>2</sup> Submission to the Senate Inquiry on Toxic Algal Blooms in South Australia NH&MRC HEAL SA Regional Hub, August 22nd 2025 <https://healnetwork.org.au/wp-content/uploads/2025/09/Senate-inquiry-algal-bloom-submission-NHMRC-HEAL-SA.pdf>

<sup>3</sup> The Harmful Algal Bloom – moving to finding a solution <https://www.adelaide.edu.au/environment/news/list/2025/08/27/the-harmful-algal-bloom-moving-to-finding-a-solution>

## Equity in public health

The strong focus on **equity** is supported and LGA agrees that this is essential to ensuring efforts to improve health are inclusive, just and outcomes focused. Many councils have also identified those groups in their own planning.

It is suggested that to enhance **accessibility** and **inclusivity**, the final Plan be made available in Easy Read format and as a plain Word version without infographics, ensuring compatibility with screen readers and improving access for people with disability and low literacy. This is a requirement for State Authorities under the *Disability Inclusion Act 2018 (SA)*, when preparing their Disability Access and Inclusion Plans and is therefore deemed appropriate for the State Public Health Plan.

LGA welcomes the inclusion of **intersectionality** and recognition of the different aspects of a person's identity can expose them to overlapping forms of disadvantage or discrimination.

### *LGA recommendation*

4. Ensure that the final Plan is available in Easy Read format and as a plain Word version without infographics, ensuring compatibility with screen readers and improving access for people with disability and low literacy.

## Public health actions

### Promote, Protect and Prevent

LGA supports the reframing of 'Promote, Protect and Prevent' as pillars for public health action rather than stand-alone 'priorities' as they were framed in the previous State Public Health Plan. As highlighted in the Plan, public health actions may sit across two or all of these pillars. The inclusion of Table 3 (pg21) provides useful guidance.

### Public health enablers

LGA welcomes the expanded interpretation of the five enablers to public health actions. These enablers create the conditions for action to be sustainable, effective and equitable.

### Partnerships and collaboration

LGA concurs that partnerships and collaboration are essential to achieving public health action given the wide range of factors that influence health and wellbeing. Public health activities need to be flexible, cross-organisational responses to manage the emergence of

non-communicable diseases, the impacts of climate change, the prevalence of mental health issues and the infrastructure and support to facilitate active and positive ageing.

The list of public health partners identified is welcomed and can support councils when undertaking initiatives. LGA suggests that the table could be updated and strengthened by formally recognising cross-council partnerships – including Regional Local Government Associations (Regional LGA's) – as potential delivery partners of the Plan.

This recognition would support those organisations to apply for government and non-government funding and resource partnerships to support regional public health outcomes. Good examples of this type of collaboration currently occur across the Southern and Hills LGA and the Murraylands and Riverland LGA.

#### *LGA recommendation*

5. That the Department update the table in Appendix 1 to include local councils and Regional Local Government Association's as partners, in addition to LGA South Australia.

### Governance and frameworks

Governance and frameworks are important to support appropriate public health action. It is noted that both the *South Australian Public Health Act 2011* (SAPH Act) and the *Preventive Health SA Act 2024* (PHSA Act) are the legislative frameworks to protect and promote public health.

From a local government perspective there is currently limited information as to how these two frameworks practically work together and how the PHSA Act and the Strategic Plan developed under the PHSA Act should align with regional public health plans, under the SAPH Act.

#### *LGA recommendation*

6. That the Department provide further guidance on the alignment of the strategic plan developed under the *Preventive Health SA Act 2024* and the *South Australian Public Health Act 2011* for the purposes of regional public health planning.

### Surveillance, epidemiology, research and evidence

LGA supports the focus on surveillance, epidemiology, research and evidence as enablers.

Data and indicators are important in helping us to understand what is happening in our society and ensure that policies and decisions are based on the best evidence. Good use of

data can improve councils' knowledge, effectiveness, accountability and responsiveness by providing a basis for informed, evidence-based and more comprehensive reporting.

They can provide a context for conversations with key partners and stakeholders when developing strategies and actions. This benefits both the council and the community by delivering meaningful result-focused outcomes.

Local councils undertake a variety of surveillance activities through their environmental health work and contribute to public health evidence base.

LGA welcomes the work currently being undertaken by the Department, through the SMART PH project, to develop a platform to use existing data in a more sophisticated manner and looks forward to continuing this work.

It is hoped that this asset will provide a consistent or comprehensive approach to measuring wellbeing at the local government level. Much of the data collected by state agencies lacks value for councils due to small local government area sample sizes.

Councils often rely on publicly available datasets that are outdated or unsuitable for tracking long-term trends. To address this gap, some councils have developed their own wellbeing frameworks (e.g. City of Onkaparinga)<sup>4</sup> or worked together to create tools such as the Indicators of community wellbeing for the Southern and Hills local Government Area<sup>5</sup> - based on community priorities. However, most councils lack the resources or capacity to do this independently.

Additionally, the opportunity to capture better data for some public health activities is problematic for local councils. For example, under the SAPH Act, councils are required to inspect swimming pools, spas, beauty and tattooists, but a lack funding, a registration or licensing system, and no consistent tool to capture environmental health data provides a missed opportunity to contribute to the evidence base. Additionally, the non-mandatory nature of the current Environmental Health report's councils submit each year to the Department further undermines this enabler.

### *LGA recommendations*

7. That the Department ensure that the new platform (SMART PH) supports local government level data to enable councils to access the most up to date health and wellbeing data to inform decision-making and monitor impact.
8. That the Department, through the Plan, advocate to develop a statewide, web-based tool to support councils collect environmental health data, obtained through their

---

<sup>4</sup> <https://www.onkaparingacity.com/Council/Documents/Community-Vision>

<sup>5</sup> Community Wellbeing Indicators <https://www.lga.sa.gov.au/members/financial-sustainability/grants/research-and-publications/library/2019/community-wellbeing-indicators>

surveillance activities and that resources for this data collection activity be provided to councils.

9. That data sharing mechanisms are improved to give councils access to relevant and localised health data that is regularly updated.

## Reporting and public communication

LGA recognises the importance of the dissemination of timely and accurate information in protecting against public health risks and preventing chronic disease and injury.

### *LGA recommendation*

10. That the Department develop relevant communications campaigns in line with the identified priorities, that local councils can amplify. Examples include campaigns to challenge misinformation and disinformation about vaccinations or campaigns to promote healthy eating and physical activity.

## Workforce capacity

The Plan sufficiently captures the issues related to workforce capacity and the challenges that it presents in much better detail than the previous State Public Health Plan.

Feedback noted that regional councils continue to face workforce and resourcing challenges in delivering public health functions. Persistent challenges in meeting public health obligations include:

- Limited access to Environmental Health Officers (EHO's) and public health professionals, with difficulty recruiting and retaining specialised staff.
- Increased service demands from climate change impacts (e.g. heat stress, vector-borne disease, water quality, and bushfire smoke).
- Rising community expectations for wellbeing, inclusion and resilience programs despite static or declining revenue bases. Noting also that these programs may require specialist skills e.g. to deal with hoarding and squalor or regional mental health.

In September 2025, the South Australian Public Health Council, supported by LGA convened a roundtable at LG House to address South Australia's environmental health workforce challenges. This was a welcomed initiative and LGA looks forward to working with the Department on this issue.

LGA would also like to see further investment in supporting councils with regional public health planning and delivery.

Unlike many council professions – public health planning does not require a particular qualification. Currently regional public health plans are being written by a variety of council staff with back grounds in environmental health, social planning, governance, regulatory services, community development or by consultants.

In 2022 the Australian Health Promotion Association prepared a report for (the then) Wellbeing SA titled: [\*An evidence-informed review to support the development of the South Australian Health Promotion Workforce Strategy Report for Wellbeing\*](#). The report identified local government as a key player in health promotion across two tiers of workforce:

**Core Practitioners** – Some local councils employ dedicated health promotion or community development officers. These roles involve planning and delivering health promotion programs, often in partnership with state agencies and NGOs.

**Influencers of Social Determinants** – Local government policies and programs (e.g., urban planning, housing, transport, environmental management) significantly impact health determinants. The report recognises local government as a major employer of workers who fall into this tier, supporting the wellbeing of local communities and putting into action strategies in local public health plans. Further noting that *“While there may be some health promotion specialists in local governments, there are many positions with responsibility for areas such as community services, safe roads and bikeways, parks and playgrounds, and youth activities”*.

The report further identified that *‘the need for a short Introduction to health promotion course was raised during consultations. Several stakeholders noted this would be very useful for those working in local government who have a role in promoting health and wellbeing in their community.*

Lastly, the report recommended that Wellbeing SA should:

*Fund and support ... a short course in health promotion (initially tailored to local government given the size and role of this sector).*

### [\*LGA recommendations\*](#)

11. That the Department continue to work with LGA and councils to address environmental health workforce shortages.
12. That the Department, in collaboration with Preventive Health SA, develop a short course in health promotion and the determinants of health, tailored for local government to build workforce capacity and understanding of public health planning.

## Public health priority areas

LGA agrees that the priority areas adequately reflect the challenges and opportunities for improving public health in SA and welcomes the incorporation of local government reports and plans.

LGA also notes that the Strategic Directions are intended for all partner organisations, not just local government. Council feedback highlighted the importance in recognising that councils are not equipped or funded to deliver clinical, crisis or therapeutic services in areas such as mental health, alcohol/drug misuse, chronic disease management and domestic or family violence.

These types of programs are best led by specialist State or Federal agencies. Councils can provide venue support, promote awareness campaigns and share information about available services, but should not be expected to deliver these programs directly.

It is suggested that to ensure realistic and effective implementation of RPHPs, the Plan should explicitly clarify the roles and responsibilities of State Government and local government, where possible within the document itself. Clear role delineation is essential to ensure accountability, avoid duplication and enable councils to focus on areas where they can have the greatest impact.

Further feedback on each priority area is noted below.

### *LGA recommendation*

13. That the Department clarify the roles and responsibilities of State Government and local government more explicitly in the Plan.

## Promote healthy living to reduce chronic disease

The Plan articulates chronic disease and chronic conditions and why it is an important public health issue.

Councils can meaningfully contribute to public health outcomes through initiatives such as walkable neighbourhoods, accessible open spaces, community gardens and social connection programs. However, feedback noted that broader determinants such as healthcare and early intervention services require State and Federal leadership, policy action and sustained investment.

### Strategic Directions

The Strategic Directions (SD) contained in the Plan are supported, however it is suggested that there is an additional one related to food systems as a determinant of health.

### *Food systems*

The Plan references healthy food, safe food, and food security, but does not sufficiently recognise healthy, sustainable and resilient food systems, which are critical to providing reliable access to fresh, nutritious food and supporting health equity, economic resilience, and climate adaptation. Local growers, processors, distributors, retailers, and community initiatives form essential infrastructure for health and wellbeing. Food systems shape the availability, accessibility, and affordability of healthy food as well as influence environmental sustainability, economic participation, and community cohesion.

It is proposed that the Plan expand its treatment of 'safe food/healthy food/food security' to include explicit recognition of the food system (production, processing, distribution, consumption, resource recovery) as infrastructure integral the delivery of these outcomes. This reflects a growing body of global and national policy evidence that food systems are central to both population health and climate resilience.<sup>6, 7, 8</sup>

Local examples exist of integrated partnerships to strengthen resilient food systems and get more local food to local people. Including:

- *Enabling resilient food systems in SA* - City of Holdfast Bay and others. This project involved working with local councils and their communities to promote and build the resilience of local food systems in the face of climate change risks. The project created space for food system stakeholders to nominate their roles in enabling resilient food systems and identify where local government can remove unnecessary barriers or "red tape".
- The Hills & Fleurieu Local Food Future Project - a cross-sectoral collaboration of government, industry, not-for-profit organisations and community involving:
  - Alexandrina Council
  - District Council of Yankalilla
  - Landscapes Hills and Fleurieu
  - Sustainable Table
  - Farming industry representatives
  - Engage Change
  - District Council of Mount Barker
  - City of Onkaparinga
  - The Food Embassy
  - Fleurieu Food
  - Cittaslow Goolwa

This project is delivering a range of projects that strengthens local food systems, including:

- Identifying opportunities to support First Nations-led food projects and enterprises

---

<sup>6</sup> CSIRO 2022 *Reshaping Australia's Food Systems*

<sup>7</sup> FAO (Food and Agriculture Organization of the United Nations), *Sustainable Food Systems: Concept and Framework*, 2021.

<sup>8</sup> Swinburn, B.A., et al. (2019). *The Global Syndemic of Obesity, Undernutrition, and Climate Change: The Lancet Commission Report. The Lancet*, 393(10173), 791–846.

## Helping local government build stronger communities.

- Strengthening local food supply chains
- Increasing local food demand and building a local food culture

Critical to this project is a systems approach and recognition by partners that healthy, sustainable local food systems interact with and underpin community health and wellbeing, environmental health, climate adaptation and economic development.

### *LGA recommendation*

14. That the Department include a Strategic Direction around food systems Suggested wording - *Promote healthy, sustainable, resilient and equitable food systems that connect local producers to local consumers.*

## Improve mental health and wellbeing

LGA supports this priority area and agrees that mental health is a cross-cutting public health issue that affects multiple sectors, policy areas and priorities. LGA has been advocating in several areas that all have mental health at the core of the issue.

Councils, as the level of government closest to communities are seeing firsthand the impacts of the cost-of-living crisis, the housing crisis, cases of hoarding and squalor, and incidents of domestic and family violence on the mental health and wellbeing of communities.

Rising interest rates, rental shortages, and construction costs increasing housing stress, the health impacts linked to sub-standard housing quality, overcrowding, and heat exposure and the cost pressures reducing access to healthy food, medications, and essential services.

### Strategic Directions

Places that foster social connection and belonging – libraries, community centres, sporting clubs – are important and align with the intent of SD 4.

Regional areas face additional barriers due to a lack of and availability of mental health services. LGA welcomes the SD related to regional mental health.

The other SD are broadly supported; however, it is suggested that numbers 2, 4 and 6 be reworded to be more direct, measurable and action focussed.

### *LGA recommendations*

15. Re-word Strategic Direction number 2 to *Reduce harm from alcohol and other drugs, including tobacco and vapes, by developing evidence-based prevention and harm reduction initiatives.*

16. Re-word Strategic Direction number 4 to *Strengthen social cohesion by supporting action and initiatives that foster inclusive connected communities to reduce social isolation and loneliness.*
17. Re-word Strategic Direction number 6 to *Leverage digital technologies to improve mental health and wellbeing, through accessible, evidence-based tools and platforms—while proactively addressing digital risks such as misinformation, screen fatigue, and social disconnection through policy, education, and design.*

## Prevent and control the spread of infectious diseases

LGA supports the inclusion of this priority area, recognising the role councils play in providing or supporting the delivery of immunisation services in their community under the SAPH Act.

In 2022 the LGA commissioned a report into how much it costs local government to provide immunisation services. It reported that changes in the scope of the School Immunisation Program, including additions to the immunisation schedule have had resourcing implications on councils over the years.

LGA acknowledges the recent decline in immunisation rates both across the State and Nationally. LGA continues to advocate for increased funding in this area, particularly for public clinics to ensure comprehensive, accessible and sustainable immunisation services.

Councils would value the support of the Department in advocating for increased federal funding for vaccines under the National Immunisation program, in line with pharmacies. Addressing this funding gap is crucial for the continued protection and enhancement of public health in South Australian communities.

Feedback has suggested that new and evidence-informed awareness campaigns targeting specific cohorts would be supported to target misinformation and vaccine hesitancy.

Lastly, text in this priority area related to 'challenges' would benefit from use of dot points for ease of readability (paragraph under Figure 3).

## Strategic Directions

Aligning with SD number 1 councils have previously reported that they have been using old Commonwealth advertising campaign material to spread awareness as well as producing in-house branded information pamphlets. Therefore, the provision of communication and marketing collateral that is based on behavioural insights and are of good quality would be supported and welcomed to promote the benefits of vaccinations and challenge the negative stereotypes that are emerging in the community. It is also important that collateral is produced in different languages and formats.

LGA notes the important role local government can provide in responding to outbreaks – aligning to SD number 3. For example, the City of Onkaparinga’s immunisation team delivered free Japanese Encephalitis Virus (JEV) vaccines to residents in the Alexandrina Council during the recent River Murray floods. Onkaparinga provided extra clinics to meet demand and vaccinated Adelaide Hills Council staff assisting with flood response in the Riverland. This collaboration highlights the benefits of Federal, State, and local governments working together to protect community health.

### *LGA recommendations*

18. That the Department support councils delivering immunisation services by advocating for increased federal funding.
19. That the Department develop communication and marketing materials to support Strategic Direction number 1.

## **Reduce the risk, burden and severity of injury**

LGA supports the inclusion of this priority area, recognising the vital role councils play in developing, coordinating and delivering injury prevention and community safety policies and programs in their local area. RPHP’s provide a useful framework to support the prioritisation of community safety and injury prevention activities.

Councils can support safer urban design through approaches such as Crime Prevention Through Environmental Design (CPTED), road safety improvements, and awareness initiatives.

The recognition of the prevention of family, domestic and sexual violence (FDSV) is welcomed. [LGA’s Submission](#) to the SA Royal Commission into FDSV noted that councils can effect change as:

- **leaders** in the community,
- **deliverers** of a wide range of programs and activities, across various settings and age cohorts,
- **funders** of community-led events and projects through community grant schemes
- **advocates** for necessary behavioural and social change to advance gender equality and prevent violence against women – and for the resources and support required to achieve this.

Councils work in partnership with each other and collaborate with specialist non-government organisations and agencies from other levels of government to raise awareness, facilitate, advocate and provide information to support victims of domestic violence, rather than direct program delivery.

Further feedback proposes that a broader definition of violence should be used in the Plan, akin to the *Victorian Public Health and Wellbeing Plan 2023-2027*, which states that violence takes many forms including physical, emotional, psychological, financial and sexual violence. It also includes coercive control, intimate partner violence, elder abuse or actions that limit someone's freedom and independence.<sup>9</sup>

## Strategic Directions

SD number 2 - *Strengthen data systems to improve injury surveillance and ensure evidence-based injury prevention* - would benefit by rewording to be clearer with the messaging.

It suggested that SD number 4 be updated to reflect the broader definition of violence. This will provide a mechanism for councils and other partners of the Plan to take action in this area.

### *LGA recommendations*

20. Re-word Strategic Direction number 2 to *Strengthen data systems to improve injury surveillance and inform evidence-based policies and programs for injury prevention and community safety*.
21. Re-word Strategic Direction number 4 to capture other forms of violence such as elder abuse – e.g. *Address the determinants of domestic, family, and sexual violence and elder abuse so all South Australians can live with respect and dignity*.

## Healthy environments for healthy people

LGA agrees that healthy and safe living environments, including natural and built environments are essential for good public health outcomes.

For improved readability it is suggested that dot points are used in the first paragraph and that an image of the One Health framework be included.

LGA welcomes the strengthened narrative on environmental health as distinct from public health, given the important role EHO's play in councils.

The release of the *National Climate Risk Assessment*<sup>10</sup> has increased recognition that climate change presents a critical and immediate public health emergency.

Rising temperatures, extreme heat events, bushfires, drought, algal blooms, changing rain patterns, rising coastal hazards and degraded air quality pose significant health threats to

---

<sup>9</sup> <https://www.health.vic.gov.au/victorian-public-health-and-wellbeing-plan-2023-27>

<sup>10</sup> <https://www.dcceew.gov.au/sites/default/files/documents/national-climate-risk-assessment-first-pass-assessment-report-2024.pdf>

South Australians, particularly for vulnerable populations such as older adults, children, outdoor workers, and people with pre-existing conditions and rough sleepers.

It is recommended that the commentary for this priority reflects the **urgency** of these climate related health risks and importance of **preventative health measures**, in particular heat adaptation e.g. through urban greening and air quality precautions as a result of bushfire or algal blooms e.g. through early warning and public education.

## Strategic Directions

The inclusion of SD number 4 about the EHO workforce issues is supported and further commentary on this issue has been made in the Workforce capacity section earlier in this submission.

Furthermore, it is recommended that SD's be included that leverage:

- Stronger integration with **strategic planning**: Ensuring urban design and land use decisions reduce heat islands, promote urban greening, protect ecosystems that provide cooling and clean air, and promote climate-resilient housing.
- Stronger alignment with **transport policy**: Encouraging active transport, low-emission public transport, and efficient freight routes to reduce emissions, improve air quality, and maintain access to essential services and local food. Support the Greater Adelaide Regional Plan Living Locally<sup>11</sup> principle and build it into all Regional Plans.

Local governments can be engaged in these areas through urban greening, infrastructure planning, and community education initiatives.

Strategic Direction (SD) number 5 - *Develop legislation, policies, partnerships, evidence and actions that protect current and future generations from environmental risk and climate change impacts* - is quite broad and may benefit from further refining.

Lastly, SD number 6 is unclear and overlaps with the previous Injury priority area. Suggest revised wording to focus on climate-related health risks not injury prevention.

## LGA recommendations

22. That the Department review the Strategic Direction's in this priority area to explicitly recognise the urgency of climate-related health risks and leverage planning and transport strategies to protect against climate-related health risks.
23. That the Department refine Strategic Direction's 5 and 6 or provide more context about them in the commentary section of the Priority area.

---

<sup>11</sup> [GARP fact sheet - Living locally](#)

## **Conclusion**

LGA commends the Department on the development of the Plan and the breadth of engagement undertaken.

LGA commits to partnering with State Government, other tiers of government, and NGOs to achieve the Plan's vision for a healthy, liveable and connected South Australian community - by developing preventative, place-based responses to address the public health challenges outlined in the Plan.

Success depends on collaboration, adequate resourcing, clear role delineation, and equity-focused strategies to achieve meaningful health outcomes for South Australians.

**Helping local government  
build stronger communities.**

GPO Box 2693  
Adelaide SA 5001  
T (08) 8224 2000  
E [lgasa@lga.sa.gov.au](mailto:lgasa@lga.sa.gov.au)

**[lga.sa.gov.au](http://lga.sa.gov.au)**

