



# Health-Centred Climate Adaptation: An Action Guide for Councils

## Evidence base

This Action Guide is directly informed by peer-reviewed research commissioned by the Western Sydney Health Alliance as part of the *Increasing Resilience to Climate Change (IRCC)* program, funded by the NSW Government and Local Government NSW.

The research examines how local governments in Western Sydney are responding to climate-related health risks, including governance, implementation barriers, and practical pathways for delivery.

Source:

**Morrison, N., Harris, P. & McIntyre, E. (2025).** *Health-centred climate adaptation: Insights from local governments in Western Sydney, Australia.* **Urban Climate**, 54, 102617.

<https://doi.org/10.1016/j.uclim.2025.102617>

## Purpose

This action guide translates research insights from Western Sydney into practical, implementable actions for local governments. It is designed to help councils move from strategy to delivery by embedding health-centred climate adaptation into everyday planning, governance, and service delivery.

The guide recognises real-world constraints faced by councils – limited resources, competing priorities, and state-driven mandates – and focuses on what councils can do now, what can be done collaboratively, and what requires advocacy to other tiers of government.

## Core Principle

Climate adaptation is most effective when human health and wellbeing are treated as a core outcome of planning, not a secondary benefit. Councils are uniquely positioned to act because of their proximity to communities, assets, and place-based risks.



## Action Area 1: Strengthen How Councils Define the Climate-Health Problem

### Why this matters

Inconsistent or vague framing of climate and health weakens implementation and accountability. If health impacts are not clearly defined at the outset, they are unlikely to be prioritised in delivery.

### Actions councils can take

Explicitly link climate hazards (heat, floods, bushfires, air quality) to specific health outcomes (heat stress, respiratory illness, mental health impacts).

Use consistent language across Community Strategic Plans, LSPSs, DCPs, and resilience strategies.

Define *who* is most affected (e.g. older adults, children, outdoor workers, culturally diverse communities).

### Examples in practice

Heat and health framing in CSPs: Several Western Sydney councils explicitly link urban heat to heat stress, cardiovascular risk, and reduced outdoor activity in Community Strategic Plans, strengthening the case for shade, canopy, and cool infrastructure.

Disaster recovery strategies: Bushfire-prone LGAs have embedded mental health and community recovery considerations directly into resilience and recovery planning, rather than treating health as a post-disaster issue.

### Useful links and resources

WHO – Climate change and health: <https://www.who.int/news-room/fact-sheets/detail/climate-change-and-health>

NSW Health – Climate change and health resources:  
<https://www.health.nsw.gov.au/environment/climatechange>

## Action Area 2: Embed Health into Core Planning and Delivery Functions

### Why this matters

Health considerations are often siloed into community strategies, while climate actions sit within environmental teams. This separation limits impact.

### Actions councils can take

Embed health outcomes into:

Urban design and development controls



Open space and tree canopy strategies

Transport and active travel planning

Require climate-health considerations in project briefs and business cases.

### Examples in practice

Urban cooling in DCPs: Councils have introduced provisions requiring tree canopy, deep soil zones, and reduced hard surfaces to mitigate urban heat, with clear co-benefits for physical and mental health.

Active transport strategies: Transport and open space plans that prioritise walking and cycling as heat-mitigation and health-promotion measures, rather than transport alone.

### Useful links and resources

NSW Government – Greener Places framework: <https://www.planning.nsw.gov.au/policy-and-legislation/greener-places>

Heart Foundation – Healthy Active by Design: <https://www.heartfoundation.org.au/healthy-active-by-design>

## Action Area 3: Break Down Internal Silos

### Why this matters

Siloed working practices are a major barrier councils can directly influence.

### Actions councils can take

Establish cross-departmental working groups focused on climate and health.

Align KPIs across environment, planning, community, and infrastructure teams.

Share data, lessons learned, and tools internally.

### Examples in practice

Cross-functional design panels: Councils have pooled planning, sustainability, and community health expertise to co-design policies addressing heat, open space, and vulnerable populations.

Shared capital planning: Aligning infrastructure renewal programs with climate resilience and health objectives (e.g. shade structures, cooling upgrades).

### Useful links and resources

Public Health Research & Practice – Urban planning and health principles:  
<https://www.phrp.com.au/issues/december-2023-volume-33-issue-4/>



## Action Area 4: Collaborate Beyond the LGA Boundary

### Why this matters

Many climate-health challenges exceed the capacity of individual councils. Collaboration reduces duplication and strengthens advocacy.

### Actions councils can take

Partner with:

Local Health Districts and Primary Health Networks

Regional bodies (e.g. alliances, regional organisations of councils)

Community organisations and service providers

Co-develop resources, pilots, and evaluation approaches.

### Examples in practice

Regional health alliances: Councils collaborating with health agencies to develop shared climate-health toolkits and guidance that can be adapted locally.

Joint disaster preparedness initiatives: Region-wide handbooks and education programs delivered through libraries, community hubs, and service providers.

### Useful links and resources

Western Sydney Health Alliance – Increasing Resilience to Climate Change:

<https://wshealthalliance.nsw.gov.au/increasing-resilience-to-climate-change-ircc/>

Local Government NSW – Climate change resources: <https://www.lgnsw.org.au/climate-change>

## Action Area 5: Prioritise Actions Within Resource Constraints

### Why this matters

Resource limitations are real and enduring. Councils need to focus on high-impact, feasible actions.

### Actions councils can take

Prioritise no-regret actions that deliver multiple benefits (e.g. shade, active transport, green space).

Align climate-health actions with statutory responsibilities and existing capital works.

Stage implementation over multiple budget cycles.



## Examples in practice

Tree planting with co-benefits: Targeting canopy expansion in heat-vulnerable suburbs improves thermal comfort, air quality, and community wellbeing.

Cool infrastructure upgrades: Incorporating shade, water fountains, and cooling materials during routine asset upgrades.

## Useful links and resources

NSW Government – Cooler Places program: <https://www.planning.nsw.gov.au/plans-for-your-area/urban-heat/cooler-places>

## Action Area 6: Improve Monitoring, Evaluation, and Learning

### Why this matters

Without clear indicators, climate-health work is vulnerable to deprioritisation.

### Actions councils can take

Define simple, measurable indicators (e.g. canopy cover in heat-vulnerable areas, access to cooling spaces).

Track outputs *and* outcomes.

Share evaluation findings across councils.

### Examples in practice

Canopy and heat mapping: Using GIS and temperature mapping to prioritise investment and track progress.

Library and community hub data: Monitoring use of cool spaces during heat events.

## Useful links and resources

Lancet Countdown – Health and climate indicators: <https://www.lancetcountdown.org/>

## Action Area 7: Advocate Collectively for Systemic Change

### Why this matters

Some barriers – funding, state planning controls, policy misalignment – sit beyond local control.

### Actions councils can take

Advocate jointly to state and federal governments for:

Sustained funding for local adaptation

Alignment of planning policy with climate-health objectives



Use evidence and lived experience to make the case.

## Examples in practice

Joint submissions: Councils making collective submissions on state planning reforms that affect urban heat and green space.

Regional advocacy: Using shared evidence to highlight cumulative climate-health impacts in growth areas.

## Useful links and resources

Australian Climate and Health Alliance: <https://www.caha.org.au/>

## What Success Looks Like

Health outcomes are explicitly linked to climate risks in council strategies

Climate-health actions are embedded in everyday planning decisions

Councils work collaboratively rather than in isolation

Communities are better protected from climate-related health impacts

## Intended Use

This document can be used as:

An internal action guide for council teams

A discussion tool for cross-department workshops

A foundation for regional collaboration and advocacy