Health and wellbeing
Implementation strategy
City of Port Phillip Health and Wellbeing

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The City of Port Phillip respectfully acknowledges to the Yalukut Weelam of the Boon Wurrung. We pay our respects to elders, past and present. We acknowledge and uphold their continuing relationship to this land.

Purpose

The Health and Wellbeing Implementation Strategy describes the program of work that will be undertaken across Council and with our partners to achieve the goals and objectives set out in the City of Port Phillip Council Plan 2017-27 for community health and wellbeing.

The Implementation Strategy has been developed to fully meet our statutory requirements under the Victorian Health and Wellbeing Act (2008) to develop a Municipal Public Health and Wellbeing Plan (MPHWP) for the 2017 to 2021 period.

Figure one shows the City of Port Phillip integrated planning and delivery framework
Context

Developed countries in the 21st century face new challenges to public health and wellbeing. The greater burden of disease has shifted from communicable to non-communicable diseases (NCDs), accounting for 85% of total burden of disease and injury in Australia (Victorian Government 2015a p. 5). The ability of communities to respond to these challenges will depend on the resilience and vulnerability of the population and setting (Badland et al 2014 p. 67).

In Victoria, risk exposures for NCDs, such as unhealthy diets, physical inactivity and social isolation are increasing, resulting in higher rates of chronic disease such as cardiovascular disease, type 2 diabetes and cancer, which are accountable for more than three-quarters of all premature deaths and ill health in Victoria (Department of Health and Human Services 2015a p. 5).

Additional challenges for community health and wellbeing include population growth, population ageing, rapid urbanisation and climate change. These challenges will require new approaches to prevention, particularly in the face of growing wealth disparity. Chronic diseases and injuries are experienced at higher rates by those experiencing socio-economic disadvantage (Department of Health and Human Services 2015a p. iii). Independent of individual socio-economic position (compositional factors) characteristics of the places in which people live (contextual factors), affect health inequities (Giles-Corti et al 2016 p. 2). Well planned and governed cities, working across the natural, built, social and economic aspects of our urban systems, can promote health and wellbeing and reduce the personal, social and economic costs of NCDs and their risk factors (Ibid).

The World Health Organization’s Global Action Plan on Prevention and Control of Non-Communicable Disease seeks to reduce modifiable risk factors and underlying social determinants by creating equitable health-promoting environments (World Health Organization 2013 p. 4). Similarly, the Victorian Public Health and Wellbeing Strategy (VPHWP) 2015-2019 recognises the need for a ‘systems-based’ approach. The VPHWP makes a commitment to work with sectors that have a greater influence on the wider determinants of health to achieve system-wide and enduring changes that will support Victorians to stay healthy and well, prevent the onset of disease and intervene early to help people to manage their own health needs (Department of Health and Human Services 2015a p. 4).
Challenges

The City of Port Phillip Council Plan 2017-27 identifies key external influences and the significant challenges they pose to our City. Climate change, population growth, urbanisation and associated pressures on social and transport infrastructure, policy influences such as health and social sector service reforms, changing economic conditions and the rapid evolution of technology will shape the broader socio-political, economic and environmental conditions that promote health and wellbeing.

The Council Plan provides the framework for how we will respond to these challenges and support coordinated regional and local planning. The Council Plan integrates planning for land use, transport, housing, economic development, and infrastructure to produce co-benefits across multiple sectors including health, traffic management and mobility, air quality, energy, water and climate change, culture and the economy (Giles-Corti et al 2016 p. 8). To this end, the Council Plan identifies the role that ‘hard infrastructure’ plays in supporting protective factors and reducing risk exposures to promote liveability and reduce health inequities. Coordinated planning and investment in social and transport infrastructure will support diverse and affordable housing and active and transport networks, which will increase access to employment, education, shops and services, safe and inclusive public and open space and promote physical activity and social connection.

The Council Plan combines this approach with a multi-sectoral strategy to support the delivery of ‘soft’ infrastructures that maintain and improve the standard of living and quality of life in a community (Western Australian Planning Commission 2012 p. 86). ‘Soft’ infrastructures are the interdependent mix of facilities, places, spaces, programs, projects, services and networks. Each neighbourhood has different social infrastructure needs. Council is undertaking community infrastructure and service needs assessments to better understand the way the hard and soft aspects of social infrastructure can best support our community’s cultural and social networks, which in turn support health and wellbeing.
Our health and wellbeing:

Understanding our health and wellbeing and identifying emerging health issues requires the use of more than epidemiology and statistics. We must use the principles of social justice, consider costs of the issue for our community, as well as the potential for prevention or early intervention.

The report that underpins the Council Plan and Health and Wellbeing Implementation Strategy, the Municipal Public Health and Wellbeing Background Report includes a literature and policy context review and Port Phillip health profile, which is based on an analysis of demographic, health and social data sets.

The analysis assessed emerging health issues against four criteria:

- established need in the community
- alignment to federal, state and local government policies and plans
- measurable goals and objectives to enable identification of outcomes
- the extent to which Council and its partners can make an impact

The developing picture was used to guide discussion with community members through the community engagement process to develop the Council Plan. It was further calibrated with the experience of Council and health agency sector representatives to test whether the trends in population-level data accorded for different sub-populations and locations across the municipality.

From this process, four broad health topics emerged:

- safety including crime, alcohol, illicit and pharmaceutical drugs, family violence
- housing and homelessness
- service access - universal and targeted access to information and services, including maternal and child health and youth services, aged and disability services
- social inclusion and diversity including mental health and resilience
Table two demonstrates how the City of Port Phillip Council Plan 2017 – 2027 Strategic Directions relate and respond to health and wellbeing.

<table>
<thead>
<tr>
<th>Direction</th>
<th>Outcomes by 2027</th>
<th>What it means for health and wellbeing</th>
</tr>
</thead>
<tbody>
<tr>
<td>We embrace difference, and people belong</td>
<td>A safe and active community with strong social connections</td>
<td>Community safety and social interaction positively influence each other which in turn has a positive effects on health and wellbeing.</td>
</tr>
<tr>
<td></td>
<td>An increase in affordable housing</td>
<td>Homelessness and housing insecurity have significant negative impacts on physical and mental health.</td>
</tr>
<tr>
<td></td>
<td>Access to services that support the health and wellbeing of our growing community</td>
<td>Access to inclusive and affordable health and social services contributes to proactive health monitoring and management, which reduces incidence and personal, social and economic impact of chronic disease.</td>
</tr>
<tr>
<td></td>
<td>Community diversity is valued and celebrated</td>
<td>Social networks build community resilience to shocks and stresses.</td>
</tr>
<tr>
<td>We are connected and it’s easy to move around</td>
<td>An integrated transport network that connects people and places</td>
<td>Cities that largely rely on private motorised transport experience increased exposure to the risks associated with traffic speed, traffic volume, vehicle emissions, and physical inactivity.</td>
</tr>
<tr>
<td></td>
<td>The demand for parking and car travel is moderated as our City grows</td>
<td>Pedestrian-friendly and cycling-friendly cities linked with high frequency public transport improve liveability for residents and workers by decreasing travel times away from one’s neighbourhood.</td>
</tr>
<tr>
<td></td>
<td>Our streets are designed for people</td>
<td>Walkable neighbourhoods support social cohesion and reduces health inequities and wealth disparity by helping people to stay connected and participate in employment, education, exercise, visiting friends and family, and accessing services and programs.</td>
</tr>
<tr>
<td>We have smart solutions for a sustainable future</td>
<td>A greener, cooler and more liveable City</td>
<td>Temperature-related mortality account for 7% of deaths in Australia. Older people and children, people living with chronic disease and those experiencing homelessness are more vulnerable to periods of extreme heat or cold and flooding.</td>
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<td></td>
<td>A City with lower carbon emissions</td>
<td>Energy efficient heating and cooling from renewable sources will increase their comfort during extreme weather conditions and reduce their exposure to the financial pressure of high utility costs.</td>
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<tr>
<td></td>
<td>A City that is adapting and resilient to climate change</td>
<td>Air pollution is associated with cardiovascular disease, respiratory disease, dementia, cancer and the cause of 740 preventable deaths per year in Australia.</td>
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<td></td>
<td>A water sensitive City</td>
<td>Being in nature has demonstrated mental and physical health benefits.</td>
</tr>
<tr>
<td></td>
<td>A sustained reduction in waste</td>
<td>Cities that largely rely on private motorised transport experience increased exposure to the risks associated with traffic speed, traffic volume, vehicle emissions, and physical inactivity.</td>
</tr>
<tr>
<td>We are growing and keeping our character</td>
<td>A liveable, higher density City</td>
<td>Our health is influenced by where we live and work, how we get around. Land use planning increases opportunities for physical activity, access to healthy fresh food, etc and can limit risk exposures such as alcohol consumption and gambling.</td>
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<tr>
<td></td>
<td>A City of diverse and distinctive neighbourhoods and places</td>
<td>Population growth and associated demographic and socio-economic shifts put pressure on infrastructure and services, which impact amenity and expose service gaps. This, in turn, may limit people’s ability to engage in healthy behaviours and exacerbate health inequities.</td>
</tr>
<tr>
<td>We thrive by harnessing creativity</td>
<td>A City of dynamic and distinctive retail precincts</td>
<td>Inclusive and accessible local activity centres offering essential services, retail and hospitality support active travel, economic and civic participation, community safety and proactive health monitoring.</td>
</tr>
<tr>
<td></td>
<td>A prosperous City that connects and grows business</td>
<td>Participating in arts projects influences personal development one’s sense identity and belonging in the community. The creative arts is a tool for social justice and advocacy.</td>
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<td></td>
<td>A City where arts, culture and creative expression is part of everyday life</td>
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</tr>
<tr>
<td>Our commitment to you</td>
<td>Transparent governance and an actively engaged community</td>
<td>Good governance and participation in local democracy supports high quality, well informed and accountable decision making and increase social and political trust.</td>
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<tr>
<td></td>
<td>A financially sustainable, high performing and community focused organisation</td>
<td>Technological solutions support timely access to emergency and general health services and information.</td>
</tr>
<tr>
<td></td>
<td>Achievement through leadership and partnerships</td>
<td>Internet connection is increasingly central to people’s social connections, education opportunities, employment prospects and ability to access services and stay healthy.</td>
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Initiatives that respond to these health issues have been identified and committed to across each the Council Plan Strategic Directions. For example, improvements to community safety will be achieved through ‘investment in crime prevention through environmental design (CPTED) and enhancements to public space and street lighting that create attractive and welcoming places’, as captured in Strategic Direction 4.1 Liveability in a high density City. Community safety will also be supported through the ‘creation safe, high amenity walking routes that reduce exposure to traffic injury’, as captured in Strategic Direction 2.3 An integrated transport network that connects people and places. Conversely, initiatives that deliver environmental and economic co-benefits, will be implemented and reported on as part of the Health and Wellbeing Implementation Strategy.

However, the goals and objectives for the four identified health priorities are most strongly aligned to Strategic Direction 1. We embrace Difference and People Belong.

Table three shows the alignment between the health priorities and Strategic Direction 1 outcomes.

<table>
<thead>
<tr>
<th><strong>Port Phillip health profile pertinent protective + risk factors</strong></th>
<th><strong>Council Plan Strategic Direction 1 Outcomes</strong></th>
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<tbody>
<tr>
<td>Safety including crime, alcohol, illicit and pharmaceutical drugs, family violence</td>
<td>A safe and active community with strong social connections</td>
</tr>
<tr>
<td>Housing and Homelessness</td>
<td>An increase in affordable housing</td>
</tr>
<tr>
<td>Universal and targeted access to information and services, including maternal and child health and youth services, aged and disability services</td>
<td>Access to services that support the health and wellbeing of our growing community</td>
</tr>
<tr>
<td>Social inclusion and diversity including mental health and resilience</td>
<td>Community diversity is valued and celebrated</td>
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A Safe and Active Community with Strong Social Connections

Community safety and security are important determinants of people’s health and wellbeing. When individuals feel safe within their communities, they are more likely to connect with friends, engage with other community members and experience greater levels of trust and social connection (Baum et al 2009).

When individuals perceive their neighbourhoods to be unsafe, they experience higher levels of anxiety and interactions between members of the community become more limited, placing them at risk of social isolation (Cubbin et al 2008).

Community safety also influences our physical health and wellbeing by altering how people use, and interact with, the built environment, local amenities, parks and community facilities (Stafford et al 2007).

Compared to the Victorian average:

- 95.5% of Port Phillip residents feel safe walking alone during the day (vs 92.5%)\textsuperscript{xxv}
- 64.9% of Port Phillip residents feel safe walking alone at night (vs 55.1%)\textsuperscript{xxvi}
- 12,230 total offender rate per 100,000 population (vs 8851.7 per 100,000 population)\textsuperscript{xxvii}

Alcohol-related harm is estimated to cost the Australian community at least $15 billion per annum with $10.8 billion attributed to tangible costs (e.g. labour and health costs) and $4.5 billion to intangible costs such as death from violence (Collins et al 2008).

Millions of Australians are harmed in alcohol-related incidents each year. Almost five million people in Australia (26.%) aged 14 and over reported being a victim of an alcohol-related incident in the preceding 12 months, and the number of Australians who experienced physical abuse in an alcohol-related incident increased (Australian Institute of Health and Welfare 2014).

The City of Port Phillip has the second highest rate of alcohol related hospitalisations and the highest rate of alcohol related ambulance attendances in the Southern Region. Port Phillip has the fourth highest rate of alcohol related assault in the Southern Region. During high alcohol hours (Fridays or Saturdays between 8 pm and 6 am), Port Phillip has the highest rate of alcohol related assault in the Southern Region. During Medium Alcohol Hours (Sunday through Thursday, between 8 pm and 6 am), Port Phillip has the highest rate of alcohol related assault in the Southern Region (Department of Health and Human Services 2014/15)

Compared to the Victorian average:

- 43.8% of Port Phillip residents believe getting drunk every now and then is ok (vs 27.9%)\textsuperscript{xxviii}
- 68.8% of Port Phillip residents have an increased lifetime risk of alcohol-related harm (vs 59.2%)\textsuperscript{xix}
- 20.6% of Port Phillip residents have a very high risk of short term harm each month (vs 9.2%)\textsuperscript{xx}
- 8.3 liquor licences per 1,000 population (vs 4.5)\textsuperscript{xxi}

Port Phillip has the second highest pharmaceutical related ambulance attendance rate in the Southern Region (Department of Health and Human Services 2014/15).
Port Phillip has the highest illicit drug related hospitalisation and ambulance attendance rates in the Southern Region, in particular for amphetamines, meth-amphetamines and ecstasy (Ibid).

Illicit drug use has both short-term and long-term health effects, which may include poisoning, mental illness, self-harm, suicide and death. The social impacts of illicit drug use include stressed family relationships, family breakdown, domestic violence, child abuse, assaults and crime (Ministerial Council on Drug Strategy 2011).

In Australia, more than two in five women (41%) have experienced violence from a man known to them at some point in their lifetime since the age of 15 (Australian Bureau of Statistics 2013).

The cost to society of violence against women and their children is $21.7 billion annually. If no further action is taken to prevent violence against women and their children, costs will accumulate to over $323 billion over the 30 years to 2045 (PricewaterhouseCoopers Australia, 2015).

Male intimate partner violence contributes more to the disease burden for women aged 18 to 44 years than any other well-known risk factors like tobacco use, high cholesterol or use of illicit drugs (Webster 2016).

Compared to the Victorian average:

- 1,023 family violence incidents per 100,000 population (vs 1288.7 per 100,000 population)*
- 32.1% of residents hold low levels of support for equal relationships between males and females (vs 35.7%)*

The ability to participate in equal and respectful relationships is an important contributing factor to community safety and individual mental health and wellbeing. Conversely, intimate partner violence is detrimental to physical and mental health (Webster, 2016).
An Increase in Affordable Housing and reduced homelessness

The International Covenant on Economic, Social and Cultural Rights (ICESCR) recognises the right of all people to adequate housing, which notionally is more than just shelter. Adequate housing includes a degree of privacy, sufficient space, security, lighting and ventilation, as well as infrastructure and amenity that supports access to work and basic facilities.

The problem of housing affordability has broadened and deepened in Port Phillip over the last 10 to 20 years, from affecting the lowest 50 to 60% of the income range in 1995 to affecting the lower 70% of the income range in 2015 (City of Port Phillip, 2015).

In Port Phillip, house prices are twice the Greater Melbourne average.

- Median priced houses or units are generally only affordable to persons in the highest 10% of the income range\textsuperscript{xxiv}.
- 44% of people rent privately in Port Phillip, 4.7% rent in public housing\textsuperscript{xxv}. In Victoria, there are 42,630 people on the Victorian Housing Register waiting list\textsuperscript{xxvi}.
- Less than 1% of private rental housing is affordable to low income households\textsuperscript{xxvii}.
- Rental stress impacts on 6,261 households in Port Phillip\textsuperscript{xxviii}.

Over the last 10 years, specific groups in the community have emerged as having priority local housing needs:

- older persons, in particular older single women
- low income families, including larger families
- singles at greatest risk of homelessness
- low income wage earners / key workers

In 2015 there were 4,114 total social (public and community) housing units in Port Phillip, including 2,441 public housing units (59%) and 1,489 community housing units (36.2%). This represented 7.2% of total dwellings. Without new social housing, this proportion is projected to decline to 5.9% by 2025 (City of Port Phillip, 2015).

Access to secure, appropriate and affordable housing increases the health and wellbeing of households by reducing housing stress and the risk of homelessness. Maintaining the current proportion of social housing is important because there is substantial evidence linking homelessness and housing insecurity with significant negative impacts on physical and mental health outcomes (Fazel, Geddes et al. 2014). Numerous Australian studies have found homelessness support to be associated with reduced use of high cost health services (Wood et al, 2016 p. 15).

Access to affordable housing also enables local residents to remain in Port Phillip, which has good access to public transport, shops and community services. Without affordable housing many residents would be forced to relocate to outer metropolitan areas, which have more affordable housing, but poorer access to public transport, shops and community services.

The causes of homelessness are a complex interaction between individual and structural factors, including poverty, adverse experiences in early childhood, lack of affordable and available housing,
mental health, post-traumatic stress related to multiple traumas, substance misuse and family breakdown/family violence.

The number of Victorians experiencing homelessness, including street homelessness is increasing. In 2011, 22,789 Victorians were homeless including 1,091 people sleeping rough (ABS Census 2011). Almost half of homeless Victorians are under 25 and one in six are kids under 12 (Council to Homeless Persons, 2012).

- The City of Melbourne has seen a 74% increase in the number of people sleeping rough (247) since 2014.xxix
- In Port Phillip, the number of community requests reporting homelessness in public places has increased by 180% in the last two years.xxx
- Demand for access to Specialist Homelessness Services is increasing
- In 2015-16 Specialist Homelessness Services provided support to 105,287 Victorians; 21,401 people were unable to be assisted.xxxi
- Over the last three years Melbourne has lost about 460 crisis beds.xxxii
- 80% unmet need is reported by Launch Housing Southbank crisis centre in response to daily requests
- People experiencing homelessness over a long period increasingly have associated complex/multiple needs, i.e. financial issues, mental illness, physical illness, problematic substance use, family breakdown, unemployment, problematic gambling, and correctional issues.xxxiii
- Half of the Alfred Hospital’s psychiatric inpatients have no fixed address.xxxiv
Access to Information and Services that support Health and wellbeing

Health literacy – the ability of individuals to find, understand and use information about health and healthcare – is a core component of preventative health. Particularly for those experiencing the poorest health outcomes, health literacy can be a tool for reducing health inequities.

Australia ranks well internationally when it comes to primary health care accessibility. However, a significant accessibility gap exists between the most and least socio-economically advantaged in our society. When compared to the Victorian state average, per population of 1,000 Port Phillip has:

- more GPs (1.1 vs 0.7) but at fewer locations (0.5 vs 1.6). Fewer clinics provide bulk-billing.
- a lower rate of GP attendances (4,527.2 vs 6731.9)
- a higher a rate of mental health treatment (17.9% vs 15.7% registered clients)
- fewer allied health services (1.2 vs 1.4) and pharmacies (0.3 vs 0.7)
- more dental services (0.8 vs 0.6)
- more specialist practitioners (3.1 vs 1.3)
- more people with private health insurance (33.8% vs 32.4%)
- more community health clients (25.8% vs 22.0)
- fewer primary care type presentations at Emergency Departments (97.2 vs 107.5)

When compared to the Victorian state average, Port Phillip has a higher proportion of female residents (50 to 69 years) who participate in cervical cancer screening (62% vs 60%). However, there are lower rates of participation for breast screening among residents of 50 to 79 years (70.2% vs 73%) (Department of Health and Human Services, 2016a).

When compared to the Victorian state average, Port Phillip has a higher number of residents aged 75+ years living alone. Port Phillip has a lower proportion of eligible residents receiving HACC services (20.2 vs 26.7%) and a higher number of aged care high-care and low-care beds per 1,000 eligible population (66 and 127 vs 65 and 89 respectively). (Department of Health and Human Services, 2014).

Compared to the Victorian average, Port Phillip has:

- a lower percentage of eligible Culturally and Linguistically Diverse (CALD) residents receiving HACC services (14.7 vs 19.2)
- fewer persons aged 65 years and over with profound or severe disability (16.6 vs 18.5) and fewer persons receiving assistance with core activities (3.2% vs 4.9%).

Port Phillip has a high number of same-sex cohabitating couples – 1,645 (Informed Decisions n.d). According to an Australian Research Centre in Sex, Health and Society report, 33.6% of respondents reported that they ‘occasionally’ or ‘usually’ hide their sexuality or gender identity when ‘accessing services’. The second report found that while there had been improvements in the general health of Lesbian, Gay, Bi-sexual, Trans-gender, Intersex and Queer/Questioning (LGBTIQ) Australians from 2006, they continue to experience poorer mental health than the population as a whole (Leonard et al, 2012).
Port Phillip rates of alcohol ambulance attendance and illicit drug treatment for people aged 65+ years are higher than the Victorian Average (41.6 vs 19) and (7.5 vs 2.3) respectively (Turning Point, 2014).

There is good health participation in the early years (i.e. maternal child health), contributing to positive development for the majority of children and families. However, there are disparities across sub-populations. City of Port Phillip co-located and outreach services support access for families with complex needs and co-existing issues and a higher proportion of Port Phillip families are being assessed for and are accessing Family and Community Support Services (Local Government Victoria, 2016).

State government policies such as ‘no jab, no play’ are contributing to an increase in Port Phillip’s comparatively low rates of immunisation. Other state programs in early years-settings are establishing healthy eating and physical activity habits, and raising awareness of anaphylaxis.

Port Phillip has a lower kindergarten participation rate than the Victorian average (82.1% compared to 96.2%). There are a number of possible reasons for this. Further research is required to understand whether the cost of long day care may be prohibitive or whether families are attending Early Learning Centres where they are not registered with the department for funding and therefore not counted.

Youth is a time of rapid emotional, physical and intellectual changes. Young people’s mental health and wellbeing will be continue to be influenced by changes in digital technology, cultural diversification, demographic change and globalisation (Victorian Health Promotion Foundation 2017). Young people who are supported by their family, school and community are more likely to have higher levels of self-respect, positive personal values and attitudes, an ability to interact socially and form healthy relationship, optimistic thinking and a sense confidence in their ability to solve problems (City of Port Phillip, 2014). Compared the Victorian avergae, Port Phillip has:

- a lower proportion of young people who feel that they can access mental health services when needed (58.7 vs 70.4)
- a higher proportion of adolescents who report being bullied (17.9 % vs 13.8%).

The alcohol-related ambulance attendance rate for 15 to 24 years is significantly higher than the Victorian average (144.7 vs 55.8 per 10,000). The illicit drug-related ambulance attendance rate for 15 to 24 years is double the Victorian average (62.8 vs 29.2 and 12.2 vs 6.7 for crystal methamphetamine and 43.5 vs 29.4 for pharmaceuticals).

Port Phillip sexually transmissible infection (STI) notification rates are significantly higher than the Victorian average (547.8 vs 122.7). Rates of gonorrhoea and chlamydia are respectively three and four times higher than the Victorian average. Rates of HIV/AIDs in Port Phillip are five times higher than in Victoria. Groups at increased risk of contracting STIs include young people, Aboriginal and Torres Strait Islander people, men who have sex with men, sex workers, culturally and linguistically diverse people, travellers and mobile workers, and people in custodial settings (Department of Health, 2014). Further research is required to understand the needs of the population groups who have greater exposure to risk factors.
Compared to the Victorian average, Port Phillip has a lower proportion of sexually active adolescent females who have used contraception to avoid pregnancy (66.7% vs 78.9) or who practice safe sex by using a condom (42.3% vs 58.1%).
Community diversity is celebrated and valued

Social inclusion is recognised as a determinant of health and wellbeing (Rowe, 2015). Participation in community activities (cultural, religious, physical, neighbourhood, volunteering, etc.) can be achieved in a supportive environment, one with universal accessibility, availability of public transport, community safety, employment, social, learning and creative opportunities.

Research suggests that diversity and inclusion support the social and economic health of a city (Florida 2003, Stern 2010). Culture, heritage and the arts, including the culture of the Traditional Owners of this land - world’s oldest continuing culture - contribute to the identity and sense of belonging of our community. Compared to the Victorian average, Port Phillip has:

- a higher proportion of residents have participated in a cultural experience in the last month (81.1% vs 62.6%)\textsuperscript{xvii}
- a higher proportion of Port Phillip residents think that multiculturalism makes life in the area better is good for a society (66.5% vs 51%)\textsuperscript{xviii} and 92% of surveyed residents agreed that Port Phillip has a culture of creativity\textsuperscript{xix}

Additionally, 80% cent of residents participating in the City of Port Phillip Reconciliation Barometer reported that they felt proud of Indigenous culture. 90% of respondents had taken part in at least one Reconciliation activity in the last year\textsuperscript{xx} and 12,000 people attended City of Port Phillip Indigenous art program events in 2015-16\textsuperscript{xxi}.

Wilkinson and Pickett (2009) researched 140 countries and found that strategies that reduce inequity and social exclusion improve the health and wellbeing of the whole community, not just those with the fewest resources. Developing positive social connections and relationships is essential for optimal development, and provides a wide range of positive physical and mental health outcomes. The perception of being part of a cohesive neighbourhood can also counteract adverse health effects resulting from local socio-economic disadvantage (Robinette, 2013).

Compared with the Victorian average, in Port Phillip has:

- the same proportion of residents who feel that they live in a close-knit neighbourhood (61%) and that people in their neighbourhood can be trusted (72%)\textsuperscript{xxii}
- a lower proportion of residents who agree that people in their neighbourhood are willing to help each other out (72% vs 74.1%)\textsuperscript{xxiii}
- a higher proportion of residents who can get help with care in an emergency (91.8% vs 89.8%)\textsuperscript{xxiv}
- a higher proportion of residents who live alone (35.2% vs 22.0%)\textsuperscript{xxv}

Social isolation and social exclusion has a negative affect a person's mental and physical health can affect a their ability to maintain healthy behaviours such as physical activity or involvement in community activities and can lead them to engage in unhealthy behaviours such as alcohol or drug misuse. Social isolation and social exclusion restrict a person's access to the resources and services required for good health. (Berkman & Glass 2000, Kelly 2012). Groups or individuals that experience discrimination or harassment are more likely to experience health inequities. The greatest relative difference in health status for population groups is between Aboriginal and Torres Strait Islander (ATSI) and non-indigenous Australians. These health status differences include life expectancy, most major chronic disease and levels of psychological distress (Department of Health and Human Services, 2017a). Reconciliation processes that increase respect and trust by building
relationships between Aboriginal and Torres Strait Islander peoples and non-indigenous Australians strongly contribute to addressing these health inequities (Department of Health and Human Services, 2017b).

Positive mental health helps us maintain better physical health, recover from illness, experience fewer limitations in daily life, achieve higher educational attainment, employment and earnings and better relationships (Department of Health and Human Services, 2016a). Depression is the leading cause of disability in both males and females. There is strong and consistent evidence of an association between depression and heart disease, stroke, diabetes, asthma, cancer, arthritis and osteoporosis.

When compared to the Victorian average:

- a higher proportion of residents have reported a lifetime prevalence of anxiety/depression (31.2% vs 18.4%)\textsuperscript{vii}
- a higher percentage adult population who have sought help for a mental health problem in previous 12 months (18.4 vs 16)\textsuperscript{viii}
- a higher rate of psychiatric hospitalisation for young people aged 10 to 17 years, per 1,000 (6.6 vs 6.7)\textsuperscript{lix}
- A higher proportion of adolescents who report being bullied (17.9 vs 13.8)\textsuperscript{lx}
Why it’s important

New research into the role integrated urban policy systems have in setting up protective factors and reducing risk exposures to promote liveability and reduce health inequities (Lowe et al, 2014, Badland et al, 2014, Giles-Corti et al, 2016, Stevenson et al, 2016) supports existing evidence that shows that health and health inequities are socially and spatially patterned (Social Model of Health, Wilkinson & Marmot 2003).

The city planning and management decisions we take can influence rates of NCDs, traffic injury, respiratory disease and temperature-related conditions. In designing compact and more walkable mixed-use neighbourhoods that are linked to employment, facilities and services by public transport, Council is placing ‘health and health equity at the heart of [our City’s] governance and planning’ (WHO 2008 in Giles Corti 2016 p. 1).

In addition to supporting a reduced exposure to traffic, air and noise pollution and sedentary behaviour, city planning and management has a bearing on other risk exposures such as alcohol consumption, gambling, safety and how public spaces and community facilities are able to be used and enjoyed by different people (Ibid p. 9). Council recognises the importance of creating supportive environments. For example, where research suggests greater alcohol availability correlates with higher levels of consumption, risky behaviours and associated harms, Council, as planning authority, complements processes for assessing liquor licensing applications with other harm minimisation strategies to manage and minimise the harmful consequences associated with some forms of human behaviours.

Better outcomes are achieved when issues are identified and treated early and comprehensively. It is now well established that preventive and supportive action taken early at each stage in the life...
course can provide multiple benefits. Health across the life course is complemented by progressive universalism which combines universal access with targeted approaches to support critical periods of vulnerability, for example, transition during middle years from primary to secondary school and increased risk of family violence for new mothers.

Access to inclusive and affordable general and specialist health and social services contributes to proactive health monitoring and management which reduces the incidence and impact (personal, social and economic) of chronic disease.

The impact of state and federal government reforms will continue to change the way health and social sector services are delivered. Coalescing health and wellbeing risk factors may be sharpened as access to services shifts and where some vulnerable community members may not be eligible or able to access support, particularly those experiencing homelessness and those with complex, co-existing and episodic conditions. An unwavering commitment to social justice will be important to ensure that no one is left behind.

Work across public and private sectors, workplaces, schools and community will maximise the benefits of the NDIS to ensure that people with disability can participate in everyday life (Department of Health and Human services 2016c). The City of Port Phillip’s Collaborative Practice Framework guides Council’s interactions with partner service providers and will contribute to a careful transition to a range of new care arrangements that support all community members to access quality, value for money services and reach their health potential.

Investment in partnerships and processes for collaboration will be vital. Council’s Collaborative Practice Framework will enable shared goals and purposes which will provide a foundation on which activities, processes and governance can be developed and can improve impact through collective strength (City of Port Phillip 2017).

Ongoing community and stakeholder engagement will underwrite Council’s governance and accountability. The Port Phillip Health and Wellbeing Alliance (the Alliance) will provide strategic guidance for implementation. The Alliance will be supported by working groups, as well as co-design and participatory processes that will ensure well informed, responsive and accountable decision-making in the best interests of the community.

Council will monitor and communicate on the progress of the Implementation Strategy by setting up a program logic for on each of the health priorities. The program logic captures the objectives that we’ll need to achieve in order to attain our goals and the strategies that Council will undertake to work towards our objectives. The objectives and strategies are described under ‘programs and services’, ‘context and influence’ and ‘strategic partnerships’ which reflect the different levers Council has and may utilise to effect change.
Goals

<table>
<thead>
<tr>
<th>Programs and Services</th>
<th>Evidence based programs are delivered to support all members of the community to reach their health potential</th>
</tr>
</thead>
<tbody>
<tr>
<td>Context and influence</td>
<td>Port Phillip provides the conditions in which all members of the community can reach their health potential.</td>
</tr>
<tr>
<td>Strategic partnerships</td>
<td>Engagement and collaboration strengthens our work through alignment and pursuit of common goals.</td>
</tr>
</tbody>
</table>

Figure two describes the different roles Council can play and areas that Council can work across to achieve our goals.
Our Health and Wellbeing: Vision and Objectives

Vision:
The Council Plan vision is for a community in which all people can achieve their health and wellbeing potential. By 2027, we want to see:

1. A safe and active community with strong social connections.

That means:

- Port Phillip is a safe and inclusive place that supports the participation from all genders and age groups
- the harms associated with alcohol and other drug use and family violence are reduced and all people can reach their health potential.

Objectives

1.1 Programs and Services
Council’s planning of natural and built form are informed by land use and design principles that contribute to community safety and gender equity.

Council actively works to improve the safety of those who face the greatest barriers, such as people impacted by family violence and the harms associated with alcohol and other drugs.

Council’s strength-based approach supports community resilience to achieve improved health and wellbeing.

1.2 Context and Influence
Council led research improves our understanding of how community safety, family violence and alcohol and other drugs impact the health and wellbeing of our community.

Comprehensive planning ensures that Council delivers and evaluates annual initiatives to improve community safety, reduce family violence and reduce the harms of alcohol and other drugs.

The capacity of the workforce to contribute to community safety and identify and respond to family violence is strengthened.

1.3 Strategic Partnerships
Council engages with our community to ensure our understanding of community safety, family violence and alcohol and other drug use is well-informed and relevant.
Council actively builds partnerships with government and local agencies to realise common commitments and meet community safety, family violence and alcohol and other drug local service needs.

Council collaborates with national networks to advance new practice and contribute to the evidence base to improve safety and wellbeing.
2. An increase in affordable housing to prevent homelessness and reduce the time spent in homelessness.

That means:

- Slow the decline of social housing levels by increasing the number of new units.
- Priority local housing needs addressed through increased social housing supply, including on Council land.
  
  Experiences of homelessness are prevented and shortened and their impact on health and wellbeing minimised.

Objectives

2.1 Programs and Services

- Implementation of Council’s Homelessness Action Strategy, Think & Act, 2015 – 2020 contributes to the prevention of homelessness and reduces of time spent in homelessness
- Implementation of In Our Backyard – Growing Affordable Housing in Port Phillip 2015-2025 increases the supply and diversity through of affordable housing aligned to priority local needs including low income families, older people, key workers, and single people at greatest risk of homelessness.

2.2 Context and Influence

- Council led research develops our understanding of homelessness and its drivers, current service demands and unmet needs.
- Developed workforce capacity improves understanding and response to homelessness and builds upon collective action and cross-sector coordination.
- Discretionary affordable housing planning mechanisms are successfully used in Fishermans Bend, and advocacy for strengthened and broadened affordable housing planning mechanisms are pursued in Port Phillip.
- Council’s leadership and advocacy supports investment in social housing, and service planning frameworks support a coordinated response to changing policy reform areas.

2.3 Strategic Partnerships

- Council’s work with the Victorian Government and local community housing organisations optimises the benefits from existing social housing sites, through increased yield, quality and housing type, aligned to local needs.
- Council actively builds partnerships with and between the government, and the community housing, private and philanthropic sectors that fund and deliver new affordable and social housing projects, including in Fishermans Bend.
- Council actively builds local health, safety and housing and homelessness agency networks to identify barriers to accessing and maintaining affordable, secure housing.
3. Access to services that support the health and wellbeing of our growing community.

That means

- health literacy and service access is increased through integrated, co-located services and programs at Council facilities.
- risk exposures created by the transition to new service models are minimised through initiatives that build on community strengths.
- partnerships support all community members have access to quality, accessible value for money services.

Objectives

3.1 Programs and Services

- Council’s flexible, fit for purpose community facilities enable networking, collaboration, service co-location and integration contribute to a strong mix of local services.
- Council’s service provision meets the needs of all community members and actively reduces barriers to service access for those who face the greatest disadvantage.
- Council commissions best value and quality services and incentivises innovative services and programs.

3.2 Context and Influence

- Council’s Community Infrastructure and Service Needs Assessment guides the future planning, allocation and management of community infrastructure and services to ensure the design and programming of community spaces and services consider the needs of all community members.
- Council’s Social Value Assessment Framework establishes a clear and consistent framework to identify and measure the health and social benefit of existing services.
- Council led research improves our understanding of the level, quality and type of service provision available across the municipality.
- Council’s leadership and advocacy supports the capacity of the health and social service sector to respond to potential service gaps.
- Developed workforce capacity improves collaborative practice for continuous improvement in integrated service delivery.

3.3 Strategic Partnerships

- Council supports consultative processes and advisory groups to ensure our understanding of community service needs is well-informed and relevant.
• Council builds partnerships with government, local agencies to realise common commitments and meet service needs of all people especially those facing the greatest barriers.

• Council works with national peak bodies to regularly monitor and review collaborative practice processes and activities to ensure they are achieving intended outcomes.
4. Community diversity is valued and celebrated.

That means:

- community regularly demonstrates its value of diversity and social justice through leading and supporting activities and events that recognise Traditional Ownership and Aboriginal culture, celebrate difference, build social inclusion and address health inequity.
- human rights and social justice are embedded in the policies, processes and operations of Council and its partners.
- community engagement and collaborative partnerships improve health and wellbeing outcomes through alignment and pursuit of common social justice goals.

Objectives

4.1 Programs and Service

- Council’s planning of natural and built form is informed by universal accessibility principles and the World Health Organisation’s child and age friendly city principles that contribute to the inclusion of all community members.
- Council’s strength-based programs and events celebrate local Aboriginal culture and our diverse communities.
- Council’s delivery of targeted services and programs reduce health inequity and contribute to social justice.

4.2 Context and influence

- Council-led research identifies priority projects to improve the accessibility of services, programs, facilities and spaces.
- Council’s advocacy in support of social justice contributes to consideration of State and Federal Government policy and resource allocation.
- Developed workforce capacity contributes to the inclusivity and accessibility of Council’s services, programs, procurement, facilities and spaces.

4.3 Strategic Partnerships

- Provision of opportunities for community members to express their views informs Council’s understanding and decision-making on programs and services, facilities, infrastructure and urban spaces.
- Council builds partnerships with government, local agencies to realise common commitments in pursuit of social justice.
- Council builds partnerships to ensure the community infrastructure and facilities are welcoming, accessible and relevant to the needs of all community members now and into the future.
Initiatives

A Safe and Active Community

Year one priorities

1.11 Programs and Services
- CPTED principles and guidelines are included across Council’s urban design and planning assessment processes.
- Community Safety Audits are delivered in partnership with local communities.
- Council’s universal services deliver and report on child safe standards.
- Council’s universal services prevent and respond to family violence.
- Council provides targeted support for those experiencing family violence with diverse needs.
- Good practice of liquor licensees is awarded and promoted.
- What’s Your Story: an alcohol culture change initiative is successful in enhancing late night entertainment precincts.
- Community grants and facilities enable resource allocation to groups that support community safety, social inclusion and gender equality.
- Neighbourhood Ngargees increase social connectedness and contribute to community safety in local communities.

1.21 Context and Influence
- Timely evidence based advice regarding community safety, family violence and alcohol and other drugs is provided to support Council decision-making, policy and program development.
- Council provides informed, principle based responses to partner agencies, media and community enquiries regarding community safety, family violence and alcohol and other drugs.
- Key determinants and outcomes of community safety, family violence and alcohol and other drugs are studied in greater detail and specific responses developed.
- Annual strategies provide clear direction for the delivery and evaluation of initiatives to improve community safety, reduce family violence and reduce the harms of alcohol and other drugs.
- Council shares information, training and resources to improve community understanding of community safety, family violence and alcohol and other drugs.

1.31 Strategic Partnerships
- Council provides opportunities for community members to express their views and inform decision-making on matters affecting their safety and wellbeing.
- Victoria Police Community Safety Forums are supported to ensure we understand both the concerns and the strengths of our community.
• Council and Victoria Police share information and collaborate to improve health and wellbeing in our community.

• Council supports the findings of the Royal Commission into Family Violence and collaborates across local government and our community to lead the implementation of findings.

• Council contributes to a strong Port Phillip Licensee Association to reduce alcohol and other drug harms and build strong local businesses.
An Increase in Affordable Housing to reduce homelessness

Year one priorities

2.11 Programs and Services

- Council’s coordination of the protocol to assist people sleeping rough in public places supports the reduction of time spent in homelessness and minimise harms associated with experiencing homelessness.
- Council’s provision of information and support referral services and administration of Council and Department of Health and Human Services nomination agreement supports the prevention of experiences of homelessness of people aged 50+ years at growing risk of homelessness.
- Council monitors community’s access to direct services and/or gaps in service responses.
- Council fund the Neighbourhood Development Program provides support for people living in rooming houses to sustain tenancies and engage in community life.
- Council’s support of annual Homeless Memorial and Homeless Prevention Week activities in consultation with people who have a lived experience of homelessness enhances our understanding of homelessness.
- Design of Expression of Interest process identifies suitable Council property contributions under Policy 1 In Our Backyard – Growing Affordable Housing in Port Phillip 2015-2025.
- The opportunity to develop 46-58 Marlborough Street Balaclava for affordable housing is investigated with local registered housing association Port Phillip Housing Association.
- Council partners with Victoria Police and St Kilda Primary School to advise the StoryScape Project improving understanding of those who experience homelessness.
- Continuing development of the coordinated response to Hoarding notifications.
- Provide input into the Homeshare Pilot through Steering Committee representation.

2.21 Context and Influence

- Council develops and shares the 2016 homeless enumeration and local street count reports.
- The review of Council’s Local Law No. 1 (Community Amenity Local Law) considers the needs of our diverse community in providing for the peace, order and good governance of our City.
- Understanding homelessness training and begging response model resources are delivered to delivered to staff and partners.
- Timely evidence based advice regarding housing and homelessness is provided to support Council decision-making, policy and program development.
- Council provides informed, principle based responses to partner agencies, media and community enquiries regarding housing and homelessness.
- Council and partner agencies advocate to Southern Melbourne Region Department of Health and Human Services to undertake social housing test sites for an Integrated Pest Strategy.
- Council’s advocacy continues positive precedents in social housing contributions from developers under discretionary Fishermans Bend planning controls.

2.31 Strategic Partnerships

- Council’s homelessness community reference group informs the implementation of the Homelessness Action Strategy and supports governance and accountability through the Health and Wellbeing Alliance.
- Council works closely with the Homelessness Outreach Network, Inner South Rooming House Network, IMAP Homelessness group, Melbourne Metro Rooming House Group, Housing and Local government network to share information and collaborate to improve the health and housing outcomes for community members.
- Council’s partnerships with local agencies incorporate initiatives regarding extreme weather such as heat wave response to deliver Municipal Emergency Management Plan sub plans.
- Council’s partnership with NDIA supports the design and delivery of local housing places for people with disability.
Access to information and services that support health and wellbeing

Year one priorities

3.11 Programs and Services

- Council’s inclusive and integrated programming of Ferrars Street Community Facilities supports service access and education precinct activation.
- The Adventure Playgrounds continued provision of services and social supports connect families at risk of disengagement.
- Implementation of Children’s Services Efficiency Plan and Maternal and Child Health Project contributes to service access and affordability for all community members.
- Council’s Children’s Services, Family Support Services and Childcare provides targeted support to new mothers, children and families to improve mental health and wellbeing.
- Council’s universal services deliver and report on child safe standards.
- Council’s review of service provision partnering arrangements ensure relevance and quality to meet the needs of all community members.
- Council’s NDIS Prepare Project supports eligible residents to transition to NDIS and provides connection to other relevant community supports for clients not eligible.
- Implementation of Community Facilities on-line booking system improves access to communities facilities.

3.21 Context and Influence

- Council’s Community Infrastructure and Service Needs Assessment is developed to align service needs with infrastructure, upgrades, maintenance and development.
- Maternal Child Health Service and Community Spaces case studies inform the development of Social Values Assessment Framework.
- Provision of technical advice on NDIS implementation and service delivery supports Council decision-making, policy and program development.
- Council provides informed, principle based responses to partner agencies, media and community enquiries are provided regarding changes to health and social service provision.
- Council planning for a dedicated youth facility identifies a service gap and manages for future growth.
- Adventure Playgrounds Infrastructure Upgrade and Service Plan informs the master planning and service development process for the playgrounds to ensure integrated service delivery for children and families.
- Council’s monitoring of emerging service access trends identifies and responds to potential gaps.

3.31 Strategic Partnerships
Council’s partnership with the Victorian Government on community infrastructure planning supports a regional approach to providing social and health infrastructure.

Sector participation initiatives and community reference groups provide opportunities for diverse communities to express their views and inform our understanding of their health and service needs.

Council’s work with peak and statutory bodies supports client-centred care and transition National Disability Insurance Scheme and Commonwealth Home Support Programme services.

Council works closely with community health providers and to share information and collaborate to improve health and wellbeing in our community especially those with facing the greatest barriers.
Community diversity is celebrated and valued

Year one priorities

4.11 Programs and Service

- Becoming a signatory to the Victorian Government and Municipal Association of Victoria Age-Friendly Victoria Declaration further strengthens Council’s ongoing commitment to enhancing the quality of life for people as they age.

- Council delivers/supports/endorse a program of events and activities that recognise and celebrate our diverse community including NAIDOC and Reconciliation Week events, Friends of Suai/Covalima activities, Seniors festival and linking neighbours activities, Diversity week events and multicultural celebration including an annual Iftar dinner, Refugee Week, International day for People with Disability, Pride and IDOHOBIT day.

- Community grants, funding deeds and facilities prioritise resource allocation to groups that support the social inclusion and health equity of our diverse community.

- Green infrastructure in community facilities and public places promotes social interaction, informal learning and connection with nature.

- Council strengthening of existing policies, programs and initiatives that increase knowledge and skills to grow nutritious food contributes to a better, more inclusive food system.

4.21 Context and influence

- Undertake research with key communities, for example local Aboriginal and Torres Strait Islander peoples, people with disability and emerging Culturally and Linguistically Diverse communities to understand and respond to their health and wellbeing needs.

- Training and resources develop workforce capacity to provide culturally safe and appropriate communications, programs, policies and spaces.

- Achieve rainbow tick accreditation to support LGBTIQ access to Home and Community Care services.

- Initiate workplace adjustment planning to support Council to become a disability confident recruiter.

- City of Port Phillip’s Social Justice Charter is reviewed to ensure that it is achieving intended outcomes.

- Council contributes to positive social change through human-rights advocacy such as the marriage equality campaign.

- Community Grants policy review aligns allocation of resources to health and social justice priorities.

4.31 Strategic Partnerships

- Sector participation initiatives and community reference networks including Youth Advisory Committee, Local Aboriginal Network, Friends of Suai/Covalima, Older Persons Consultative
Committee, Access Network, Multicultural Forum and Multifaith Network, provide diverse input into decision-making.

- Council’s establishment of a disability advisory committee provides advice on access and inclusion issues and priorities, including the Access Plan implementation, to maximize opportunities for social and economic participation for people with disability in the City of Port Phillip.

- Council’s work with partners such as Department of Health and Human Services and Star Health delivers programs that support health equity and Reconciliation.

- Council’s networks build skills and resilience to lessen service demand and achieve better health outcomes for all community members particularly those experiencing the greatest barriers.

- Council establishes a partnership with Victorian Multicultural Council, Arts Access Victoria and Multicultural Arts Victoria to support engagement with these communities and understanding of local needs at a regional level.
Strategic directions two-six

Direction 2: We are connected and it’s easy to move around

Outcomes by 2027

- An integrated transport network that connects people and places
- The demand for parking and car travel is moderated as our City grows
- Our streets are designed for people

Objectives

- Health, environmental and economic co-benefits are generated through integrating land use and transport planning and place-making approaches.
- Investment in walking and bike riding infrastructure and behaviour change initiatives support easy, safe and direct walking to destinations and safe, comfortable and convenient cycling.
- Partnership development supports an increased public transport service levels, capacity and accessibility.
- Implementation of Slow Speeds Local Areas (SSLAs) and traffic calming treatments reduce exposure to traffic injury, vehicle emissions and noise.
- Designing accessible trips and destinations increases access for all abilities.
- Implementation of controls, pricing and technology manages a growing demand for fewer parking spaces and facilitates a conversion to higher value community use.

Year One Priorities

- Council’s contribution to academic research into the health, economic and environmental benefits of land use and infrastructure supports investment in active travel.
- Provision of travel audits identify and facilitate use of safe routes to school and multi-modal options.
- Council’s work to identify and reduce public and community transport service gaps supports equitable destination access.
- Council’s work with partners identifies and advocates for service and safety improvements in Fishermans Bend, Port Melbourne, South Melbourne.
- Accessibility audits of transport routes for key destinations ensures that people with disability can participate in everyday life.
Direction 3: We have smart solutions for a sustainable future

Outcomes by 2027
- A greener, cooler and more liveable City
- A City with lower carbon emissions
- A City that is adapting and resilient to climate change
- A water sensitive City
- A sustained reduction in waste

Objectives
- Promotion of environmentally sustainable buildings and infrastructure reduce urban heat island effect and encourage physical activity and social connection.
- Provision of policy support recognises the major role of private land in maintaining and increasing canopy coverage across the municipality.
- Increases in permeable surfaces and Water Sensitive Urban Design treatments control the rate of flow of stormwater and the level of pollutants within stormwater that reach our waterways and the bay.
- Community resilience is built through neighbourhood networks, community gardens, nature-based ‘friends of’ groups which improve lifelong learning, social connections, mental health and physical activity.
- The development and delivery of the Sustainable City Community Action Plan:
  - supports community members to reduce their energy use and costs
  - removes cost and information barriers to accessing renewable energy
  - provides opportunities to participate sustainability programs that will also reduce social isolation and increase community resilience

Year One Priorities
- Promotion of the use of WELL Building Standard and WELL Community Standards support social housing retrofit improvements.
- Prioritising tree planting on streets with 0–10% canopy cover contributes to reducing the number of Urban Heat Island hotspots and exposure to heat-related illness.
- Supporting participation of social housing providers and residents in behaviour change and education programs builds community resilience.
- Support the creation of informal community growing spaces through neighbourhood grants

Direction 4: We are growing and keeping our character

Outcomes by 2027
• A liveable, higher density City
• A City of diverse and distinctive neighbourhoods and places

Objectives
• Safe, inclusive and walkable neighbourhoods support access to shops and services, flexible community facilities, public and open green spaces, public transport and active transport infrastructure.
• Growing the supply and diversity of affordable housing addresses priority local housing needs.
• Encouraging day-time land uses within commercial strips supports street activation, economic viability and opportunities for local employment.
• Utilisation of harm minimisation principles support a balance day and night-time uses in commercial areas.
• Policy development supports recognition of Aboriginal cultural heritage and urban design perspectives in the built and natural environment.

Year One Priorities
• Council’s Municipal Strategic Statement is updated and organisational processes are developed to:
  • Strengthen safer design, accessibility and gender equity principles that contributes to community safety and supports participation of all genders, ages and abilities;
  • Reinforce the importance of protecting Aboriginal cultural heritage and reflecting Aboriginal urban design perspectives in our built and natural environment.
  • Promote the co-location and clustering of community infrastructure hubs, adaptable spaces for delivering community infrastructure within mixed use developments.
  • Provide and assess evidence to identify the social impacts associated with some planning proposals (e.g. licensed premises and gaming machines etc.)

Direction 5: We thrive by harnessing creativity

Outcomes by 2027
• A City of dynamic and distinctive retail precincts
• A prosperous City that connects and grows business
• A City where arts, culture and creative expression is part of everyday life

Objectives
• Facilitation of infrastructure and place-making initiatives support the local economy and workforce participation.
• Social procurement policy development maximises opportunities presented by the aged care reforms and the NDIS to promote local employment in the expanding aged and disability sectors and support the social and economic participation of people with disability.

• Council’s Creative and Prosperous Cities Strategy is developed to:
  • Utilise community grants, funding deeds and facilities to support artists and makers and opportunities to participate in the creative arts.
  • Strengthen partnerships with local creative industries to support the development of creative commercial expression and not-for-profit enterprises.
  • Provide high quality library and community facilities, which contribute to creative practice, cultural development and learning.
  • Support neighbourhood based arts and music festivals and events

Year One Priorities

• Partnerships with inner Melbourne municipalities develop inner Melbourne’s creative and knowledge economy and boost local employment

• Develop approaches to better manage licenced premises and entertainment precincts.

• Creative and Prosperous Cities year one initiatives are implemented:
  • Special Rated precincts to ensure the future viability of a strong retail and hospitality sector
  • Review the Aboriginal and Torres Islander Arts Strategy 2014-2017
  • Delivery of Linden Gallery upgrade
  • Delivery of 2017/18 St Kilda Festival, Yalukit Wilam Ngargee Festival, St Kilda Film Festival.
  • Local Festival Fund and Cultural Development Fund supports community participation in and enjoyment of cultural and creative activities.
  • Continued provision of support for inclusive arts programs

Direction 6: Our commitment to you

Outcomes by 2027

• Transparent governance and an actively engaged community
• A financially sustainable, high performing and community focused organisation
• Achievement through leadership and partnerships

Objectives

• Partnerships ensure provision of high quality infrastructure and services that meet the needs of current and future population.
• Facilitation of deliberative democratic processes harness community knowledge and experience
• Technology enables a more mobile workforce and new, efficient methods of service delivery to support and monitor community health and wellbeing.
• On-line services and engagement are accessible to all community members.
• Open data supports access to real time information to improve transparency and efficiency.

Year One Priorities
• Council’s Asset Management Strategy supports the improved condition, functionality, capacity and sustainability of Council assets.
• Advocacy strategy development and implementation advances Council and community priorities.
• Community Engagement Policy development and implementation supports inclusive and accessible community participation in decision-making.
• Diverse community representation ensures the Customer Experience Improvement Plan and Information and Communications Technology Strategy identifies and meets the needs of all community members.

Monitoring and Evaluation
The below tables provide a program logic for how Council will achieve each of the four Strategic Direction One outcome statements captured in the Council Plan. The program logic is set out in four tables - one for each emerging health priority and one for Strategic Directions Two – Six and identifies objectives to achieve our goals (the ‘outcomes’ we want to see) and initiatives including strategies, programs and activities that we will implement in 2017/18 to fulfil our objectives.
### Goals

What would we like to achieve in the long term?

### Objectives

What short – medium term changes do we need to achieve in order to achieve the long-term goal? ie, changes in risk factors, people's behaviour, etc.

### Year – One

What strategies, programs or activities do you need to implement in 2017/18 to bring about the changes that we’re aiming for?

### Input

What resource will we need to implement our strategies, programs and activities?

### Outcomes

To what extent did we achieve the long-term change we sought?

### Impacts

To what extent did we achieve short-medium term changes that our objectives describe

### Process evaluation

What have we done? Did we do what we said that we’d do? How well did we do?

### Required resources

The resources available will influence our capacity to implement the activities

---

Informed by the 'vision' of the City of Port Phillip Council Plan and the Victorian Public Health and Wellbeing Plan (VPHWP) 2015 – 2019

Informed by the objectives of the City of Port Phillip Council Plan and the VPHWP

Informed by the priorities, initiatives and services of the City of Port Phillip Council Plan and the VPHWP – the first two years implementation strategies

Informed by stakeholder input and the City of Port Phillip Council Plan and budget

Informed by the 'outcomes of the City of Port Phillip Council Plan, VPHWP Outcomes Framework Plan 2015 - 2019

Informed by the 'Outcomes of the City of Port Phillip Council Plan, VPHWP Outcomes Framework Plan 2015 - 2019

Informed by the 'performance measures' of the City of Port Phillip Council Plan, VPHWP Outcomes Framework Plan 2015 - 2019

Informed by the resource allocations of the City of Port Phillip Council Plan and attracted funding
## A Safety and Active Community

### End of Program Outcomes

Port Phillip is a safe and inclusive place that supports the participation of all genders and age groups.

The harms associated with alcohol and other drug use and family violence are reduced and all people can reach their health potential.

<table>
<thead>
<tr>
<th>Intermediate Outcomes (impact measures)</th>
<th>% of community safety audit participants report feeling safer in their neighbourhood</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>% of surveyed community members report feeling safe and secure in Port Phillip activity centres (day/night)</td>
</tr>
<tr>
<td></td>
<td>% of new initiatives informed by community safety, family violence and alcohol and other drugs research, community and partnership engagement and evaluation</td>
</tr>
<tr>
<td></td>
<td>% of community grants and community facilities programs report improved community resilience / health and wellbeing through implementation of strengths based programs</td>
</tr>
<tr>
<td></td>
<td>% of gender equity e-module participants report improved knowledge of gender equity issues and increased capacity to respond to difficult behaviours and identify and respond to family violence</td>
</tr>
<tr>
<td></td>
<td>% of surveyed community members support harm minimization approaches to community safety, family violence and alcohol and other drug use (community engagement policy)</td>
</tr>
<tr>
<td></td>
<td>% of government and local agency partners who value networks as purposeful, well-planned and contribute to meeting community safety, family violence and alcohol and other drug local service needs</td>
</tr>
</tbody>
</table>

Networks value and utilise Council’s research, methodology and evaluation

Community safety, family violence and alcohol and other drug use program evaluation supported and disseminated by the Health and Wellbeing Alliance (annual reporting)
Input provided to City Strategy on the inclusion of CPTED principles and gendered space guidelines in planning policy and processes

Completed Community Safety Audits are delivered in partnership with local communities.

Good practice of liquor licensees is awarded and promoted.

What’s Your Story: an alcohol culture change initiative is successful in enhancing late night entertainment precincts.

Council’s universal services prevent and respond to family violence.

Council provides targeted support for those with diverse needs experiencing family violence.

percentage of households per street participating and level of community satisfaction with the Neighbourhood Ngargee program.

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**An Increase in Affordable Housing to reduce homelessness**

<table>
<thead>
<tr>
<th>End of Program Outcomes</th>
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</thead>
<tbody>
<tr>
<td>Slow the decline of social housing levels by increasing the number of new units.</td>
</tr>
<tr>
<td>Priority local housing needs addressed through increased social housing supply, including on Council land.</td>
</tr>
<tr>
<td>Experiences of homelessness are prevented and shortened and their impact on health and wellbeing minimised.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Intermediate Outcomes (impact measures)</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of social (public and community) housing people housed through Council’s affordable housing roles; and number of persons assisted by Council’s homelessness services, who maintain tenure and report improved health and wellbeing</td>
</tr>
<tr>
<td>% of those reporting people sleeping rough in public places who support Council’s approach to support services to people at risk of, or experiencing, homelessness</td>
</tr>
<tr>
<td>No. of instances of prevented homelessness and reduced harms associated with homelessness reported through community grants and service deeds</td>
</tr>
</tbody>
</table>
Leadership and advocacy (eg. regional initiatives, programs, submissions, advocacy, workforce development) informed by Council’s research and practice

$ of State, Commonwealth, community housing sector, private sector and philanthropic funding attracted for the development of social housing and facilitation of joined-up homelessness and health services

Council’s consumer participation models are recognised as best practice and adopted by or utilised by Council and its partners to inform the new initiatives

% of government and local agency partners who value networks as purposeful, well-planned and contribute to addressing the barriers to delivery of affordable housing that cause homelessness (VicHealth partnerships tool or regularly attendance/contribution of $/in kind resources)

Development and promotion of housing innovation models that meet local community need

% of successfully enacted Municipal Emergency Management Plan sub-plans

Community’s access to direct services/gaps in service responses are monitored

The Annual Homeless Memorial and National Homeless Prevention Week activities are supported in partnership with people with a lived experience of homelessness and services: to enhance community understanding of homelessness

Homelessness enumeration and local street count is developed with partners and shared with IMAP policy responses

Mid-term evaluation of Homelessness Action Strategy is completed

Council’s homelessness community reference groups informs the implementation of the Homelessness Action Strategy and supports governance and accountability through the Health and Wellbeing Alliance

Council works closely with the Homelessness Outreach Network, Shared Data MOU and other related networks to share information and service coordination to improve health & wellbeing in our community

Understanding homelessness training and begging responses model resources delivered to staff and partners

Community satisfaction with Council’s activities to prevent homelessness
Same day contact made when assisting people who sleep rough
Housing and homelessness service contact within two working days
Access to information and services that support health and wellbeing

End of Program Outcomes

- Health literacy and service access is increased through integrated, co-located services and programs at Council and partner facilities.
- Risk exposures created by the transition to new service models are minimised through initiatives that build on community strengths.
- Partnerships support all community members have access to quality, accessible value for money services.

Intermediate Outcomes (impact measures)

- % of new partnering arrangements in service provision that meet the needs of residents particularly those experiencing vulnerability.
- % of previous service users supported through transition to new service model who report improved health literacy (after 2019).
- % of service users at co-located facilities and integrated services report improved health and wellbeing outcomes particularly those experiencing barriers to access services for those who face the greatest disadvantage (After 2018).
- No. of regional initiatives (programs, submissions, advocacy, workforce development) informed by Council’s research and practice.
- $ allocated to provision of services that improve service mix and meet the needs of all community members.
- % of community facilities determined to be fit for purpose for co-location and easy access to service and community connection points.
- $ of health and social services and infrastructure attracted to City of Port Phillip.
- No. of participants who consider Council consultative processes and advisory groups have ensured better design of services and facilities.
- % of government and local agency partners who value networks as purposeful, well-planned and contribute to meeting service needs of all community members.
- % of Collaborative Practice Framework initiatives reviewed and found to have met intended outcomes.
Council’s advice is incorporated into the draft Fishermans Bend Community Infrastructure Plan. Integrated services are delivered at the adventure playgrounds.

Maternal Child Health and Community Spaces case studies are completed and inform the development of the Social Values Assessment Framework.

70% of families that attend the playground are connected to social supports and services that met their needs.

80% of community reference group participants feel their views are heard and valued.

Youth Places scoping report updated.

Child Safe Standards action plan endorsed.

Post Natal Depression Support Project scope completed.

Integrated Service Model year-one action plan completed.

Service Measures average target.

Community facilities on-line booking module functional.

% capacity of Council run Children’s Services utilised.

% Funding agreements and leases reviewed and aligned to Council Plan SD 1.

% FYC programs complying with accreditation and certification requirements.
## Community diversity is celebrated and valued

**End of Program Outcomes**

- Inclusive services and programs that celebrate diversity, build social inclusion and address health inequity.
- Mental health is improved through inclusion and belonging
- Community engagement and collaborative partnerships improve health and wellbeing outcomes through alignment and pursuit of common social justice goals.

**Intermediate Outcomes (impact measures)**

- No of attendees reporting social and learning benefits of Council’s program of social and culturally diverse activities and events
- % of laws, policies, programs meeting our legal obligations as a public authority under Victorian Charter of Human Rights and Responsibilities (2006)
- % report that the city is welcoming and supportive for everyone
- % of participants in local Aboriginal and Torres Strait Islander programs who report improved health and wellbeing and feel their health and wellbeing is valued
- % of Council prioritised services assessed and potential barriers addressed to provide improved equity of access to premises, services, programs, information, communication and employment processes and system
- Council’s social justice coalition model is recognised as best practice and adopted by or utilised by Council and its partners to inform the new initiatives
- % of HACC LGBTIQ service users who report improved health and wellbeing outcomes.
- % of government and local agency partners who value networks as purposeful, well-planned and contribute to meeting service needs of all community members
- Prioritisation of accessibility of Council’s facilities and public spaces
Access and Inclusion Index assessment is completed and benchmark is established

Council’s program of Aboriginal and Torres Strait Islander. Seniors festival and linking neighbours activities, Diversity week events and multicultural celebration including an annual Iftar dinner, Refugee week, International day for People with Disability, Pride and IDOHOBIT day are successfully facilitated

Existing community garden and communal growing policies, programs and initiatives is reviewed

Research phase of Access Plan, Multicultural Policy is completed

Rainbow tick re-accreditation achieved

Council is a signature of the Age-Friendly Declaration

Social Justice Charter is reviewed

A structure and process to support the increased input of existing community reference networks including Youth Advisory Committee, Local Aboriginal Network, Friends of Suai/Covalima, Older Persons Consultative Committee, Access Network, Multicultural Forum and Multifaith Network is completed.

Recruitment for a disability advisory committee is completed

partnerships with Victorian Multicultural Council, Arts Access Victoria and Multicultural Arts Victoria are established

Governance

The Port Phillip Health and Wellbeing Alliance will provide governance and accountability for the delivery of the Health and Wellbeing Implementation Strategy and health and wellbeing commitments as outlined in the Council Plan 2017 – 2027.

The Health and Wellbeing Alliance will quarterly convene partners from community health, safety, housing and homelessness agencies, state government on the four priority areas of the Health and Wellbeing Implementation Strategy.

Consumer representation will inform the Alliance through four working groups aligned to the four priority areas.

See governance structure and reporting schedule diagrams below.

City planning and population health: a global challenge. Urban design, transport, and health Series. The Lancet Published online: September 23, 2016 http://dx.doi.org/10.1016/S0140-6736(16)30066-6


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xlii Witte, E. 2017 ‘The case for investing in last resort housing’, MSSI Issues Paper No. 10, Melbourne Sustainable Society Institute, The University of Melbourne


xliv Alfred Psychiatry Housing Reference Group Meeting Friday 4th November 2016 - Minutes


xlv Department of Health & Human Services (2014a) Service Profiles Department of Health & Human Services, State Government of Victoria

xlvii Department of Health & Human Services (2016), Data request Community Health Clients per 1000 for 2014-15, State Government of Victoria

xlviii Department of Health & Human Services (2014b) Local Government Area Profile for the City of Port Phillip, 2013 State Government of Victoria

xlix Social Health Atlas of Victoria (n.d) LGA Areas 2013/14 - Port Phillip, Public Health Information Development Unit, Torrens University

lxx Social Health Atlas of Victoria LGA Areas 2011 – Port Phillip, Public Health Information Development Unit, Torrens University


lxxiv Local Government Research Group (2016) City of Port Phillip Customer Satisfaction Survey, City of Port Phillip

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