Integrated Council Plan
and Municipal Public Health
and Wellbeing Plan

Our Health and Wellbeing SUMMARY REPORT

A review of related legislation,
research and data to provide
context to the planning process

Contents

1. WHY? Our Mandate 3
   - 1.1 Understanding health 3
   - 1.2 Legislative context 4
     - 1.2.1 Legislation 4
     - 1.2.2 Policy and strategy 4
     - 1.2.3 Recent reform 4
2. WHO? Our Health Profile 5
   - 2.1 Our city and our people 5
   - 2.2 Our health and wellbeing 7
     - 2.2.1 State 7
     - 2.2.2 Port Phillip 7
3. WHAT? Our Emerging Health Issues 9
   - 3.1 Process and outcome 9
   - 3.2 Emerging health issues 9
     - 3.2.1 Housing and homelessness 10
     - 3.2.2 Social inclusion and diversity 10
     - 3.2.3 Safety 11
     - 3.2.4 Access to information and services 12
4. HOW and WHEN? Our Council Plan 2017-27 13
   - 4.1 Developing priorities 13
   - 4.2 Delivering the plan 14
     - 4.2.1 Health and Wellbeing Implementation Plan 14
     - 4.2.2 Partnerships 14
     - 4.2.3 Measuring success 15
5. References 16

About this document

Local government plays a key role in creating the environment for communities to prosper and enjoy improved health and wellbeing. As the level of government closest to the people, councils have a unique role in improving and maintaining the health and wellbeing of its community.

The Victorian Public Health and Wellbeing Act 2008 (the Act) reinforces the statutory role of councils to 'protect, improve and promote public health and wellbeing within the municipal district' (s.24).

The Act requires councils to prepare a four-year municipal health and wellbeing plan or integrate health and wellbeing matters in their council plans. The municipal public health and wellbeing plan (MPHWP) sets the broad mission, goals and priorities to protect and promote municipal public health and wellbeing.

A Background Report has been developed to inform the 2017-2021 Municipal Public Health and Wellbeing Plan and Council Plan integrated planning process.

The *Health and Wellbeing Summary Report* provides an overview of the Background Report and is one of a suite of documents that accompany the Council Plan and collectively form its evidence base. The Summary Report aims to provide an understanding of:

- WHY? - context regarding legislation and policy positions at all levels of government
- WHO? - a snapshot of the health status of the Port Phillip community
- WHAT? - what the data is telling us and the challenges we face
- HOW AND WHEN? - how the evidence-base has informed the Council Plan process

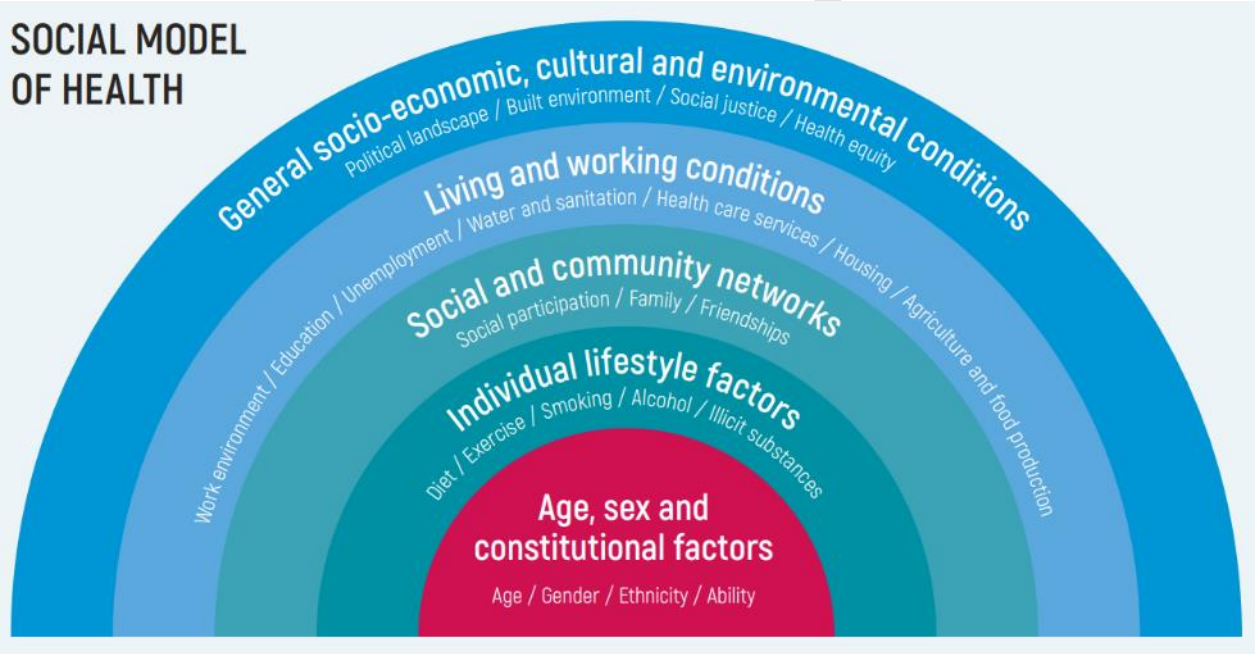
1. WHY? Our Mandate

1.1 Understanding health

The World Health Organisation defines health as "a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity" - a concept we have embedded in this plan.

Taking a holistic view of health and wellbeing means that we recognise that biological factors and the conditions in which people are born, grow, live, work, play and age – known as the social determinants of health - influence health outcomes.

The Social Model of Health (below) depicts this best, showing individuals at the centre surrounded by the social determinants of health. This guides our efforts and those of our partners to promote conditions that support people to be healthy.



We know there will always be differences in health status amongst our community. The differences in health status do not happen by chance. They are socially patterned, and generally follow a social gradient in which a person's overall health tends to improve at each step up the economic and social hierarchy. The circumstances that affect health, and the impacts experienced, are accumulated during a lifetime, alter health across the life course, and can be transferred across generations.[i]

Poor health itself can in turn be an amplifier of disadvantage; for example, if poor health affects a person's capacity to work, this may have further negative effects on health and wellbeing, including through its impact on income and social contact.

Poor health therefore does not only cause pain and suffering to individuals and place pressures on the health care system, it can be a major barrier to full social and economic participation. Conversely, having a satisfying job with good working conditions, strong and supportive social networks, and living in safe and healthy communities can help maintain and improve mental and physical health and foster resilience, even in light of other adverse circumstances.

That is why we have a role in seeking to reduce health and wellbeing inequalities through our commitment to prevention and early intervention across the life course and by embedding health equity and social justice principles in everything we do.

1.2 Legislative context

1.2.1 Legislation

While the majority of Victorians experience good health and wellbeing, this is not shared by all. Such concerns informed the development of the Victorian Public Health and Wellbeing Act 2008 which has the objective of achieving the highest attainable standard of health and wellbeing for Victoria. One of the major requirements of the Victorian Public Health and Wellbeing Act is the preparation, every four years, of a state public health and wellbeing plan.

The Act also strengthens the role of local government as a major partner in the effort to protect public health and prevent disease, illness, injury, disability or premature death and requires councils to prepare a Municipal Public Health and Wellbeing Plan that must have regard to the state Health and Wellbeing Plan.

1.2.2 Policy and strategy

Many policy positions and strategic frameworks across Australia and Victoria focus on efforts to reduce the high social and financial impact of chronic disease. By targeting specific areas that impose high social and financial costs on society, collaborative action can achieve significant advances in improving health.

At all levels of government there is a strong focus on prevention and early intervention and investing in measures that address the underlying causes of disease, illness and injury and promote the positive building blocks of good health.

Health systems around the world, Australia included, are embarking upon reform processes based on approaches to population health planning, the notion of investment for health, preventive strategies and health promotion. Central to this approach is the focus on population rather than the individual, the causes of illness rather than treatment, and both universal and targeted interventions in line with a health equity approach.

The Victorian Public Health and Wellbeing Plan 2015-19 emphasises this approach in its vision "*for a Victoria free of the avoidable burden of disease and injury so that all Victorians can enjoy the highest attainable standards of health, wellbeing, and participation at every age.*"

Consistent with this vision the overarching aim of this plan is to reduce inequalities in health and wellbeing. As many chronic disease and injuries are preventable, the plan focuses on encouraging healthy living from the early years and throughout life.

The priorities for promoting health and wellbeing are based on the most significant causes of poor health and wellbeing that are most responsive to preventive action including;

- healthier eating and active living,
- tobacco-free living,
- reducing harmful alcohol and drug use,
- improving mental health,
- preventing violence and injury, and
- improving sexual and reproductive health.

1.2.3 Recent reform

There have been significant changes in the way that a number of health and wider human services are delivered, including Aged Care Reform, Mental Health Sector Reform, and National Disability Insurance Scheme among others.

The implementation of these reforms will significantly impact the way services are managed and delivered by local government, and ultimately accessed by our community. Moving towards consumer-directed care is a big part of the changes, with the aim that people will have greater choice and care will be based on individual needs.

While the benefits of a shift to putting the individual needs of patients at the centre of the health system are acknowledged, with any change to how a service is delivered there is always the potential for a cohort, particularly those reliant on aspects of enhanced care, i.e., outreach, coordination, advocacy, etc. to ultimately miss out on vital support and services that they are currently accessing.

For instance, in 2018 NDIS funding will be introduced in Port Phillip for all eligible clients meaning that all the current HACC services provided by Council for those under the age of 65 years of age will shift to the NDIS service system. However, currently, 31 per cent of CoPP HACC clients are under 65 years, and a proportion of these clients may not be eligible for NDIS which would leave them with potentially no funding stream.

2. WHO? Our Health Profile

2.1 Our city and our people

The Yalukut Weelam clan of the Boon Wurrung are the first people of the City of Port Phillip, with a continued strong connection to the land. Yalukut Weelam means 'river home' or 'people of the river' reflecting the original prevalence of wetlands between the Yarra River and the foreshore - a landscape that has altered vastly since European settlement.

Port Phillip is one of the oldest areas of European settlement in Melbourne, known and treasured by many for its urban village feel and artistic expression. It is a city of neighbourhoods, each with its own character, defined by heritage buildings, strip shopping precincts and tree-lined streets.

Port Phillip is one of the smallest municipalities in Victoria, only 21 square kilometres, and the most densely populated with more than twice the population density of the metropolitan Melbourne average.

Port Phillip is a popular inner city area of Melbourne, attracting more than 2.8 million visitors each year, making it the second most visited place in metropolitan Melbourne second only to the central business district. The foreshore that stretches over 11 kilometres, and vast public open spaces, make the City highly desirable to residents and visitors.

As we look to 2050, we know that the world will be different. Our physical environment will be more volatile and hostile, technology will continue to rapidly evolve and our urban environment will be more dynamic as information becomes more readily available at all times across all parts of the public and private city.

Our public places and spaces will significantly change and evolve as residential and mixed use development continues and density increases. Significant population growth is expected over the next 40 years, particularly in the Fishermans Bend renewal area on the northern edge of the City, and in established neighbourhoods like St Kilda Road and South Melbourne.

Key Census Data

- The City of Port Phillip's current population is at 110,967 with a population forecast of 130, 207 by 2036, which is an increase of 21.83 per cent
- Persons aged 25-49 remain the dominant age group, making up half the population at 53.4 per cent.
- 31 per cent of the population in the City of Port Phillip are born overseas, primarily from the United Kingdom. 18 per cent came from countries where English was not their first language.
- 19.7 per cent of residents speaking a language other than English, the top three languages include Greek, Russian and Mandarin.
- We have a high transient community with 50.4 per cent of residents moving in the last five years. 19.6 per cent moved into Port Phillip from another part of Victoria, while 10.2 per cent of residents moved within Port Phillip.
- More empty nesters and retirees are choosing Port Phillip as their home, with an increase of 1,516, representing 8.1 per cent of the City's population.
- 42,044 people in City of Port Phillip had a tertiary qualification, representing 51.7 per cent of the City's population.
- We have a small Indigenous community with 284 people identifying as Aboriginal and Torres Strait Islander, representing 0.3 per cent of the population.
- 2,733 people or 3.0 per cent of the population report needing help in their day-to-day lives due to disability.
- Port Phillip is a popular tourist attraction and has approximately four million visitors per year.
- The City of Port Phillip also has a strong LGBTIQ community – making up 1.5 percent of our total population.
- 54,944 people living in City of Port Phillip were employed, of which 72 per cent worked full-time and 27 per cent part-time
- 31 per cent of households were classified as high income earning an income of $2,500 or more per week.
- 41 per cent of households were purchasing or fully owned their home, 44.6 per cent were renting privately, and 4.8 per cent were in social[ii] housing in 2011.

Population

110,967

(estimated 2017)

Age profiles

12%	0-17 years
36%	18-34 years
45%	35-69 years
7%	70+ years

Country of birth

31%

Were born overseas

6%	UK
3.2%	New Zealand
2.1%	India

Language spoken at home

1/5 Speak a language other than English (19.7%)

Top 3 languages spoken at home

Greek	3.2%
Russian	1.5%
Mandarin	1.5%

Transport

26% Use public transport to get to work

73% Own one or more cars

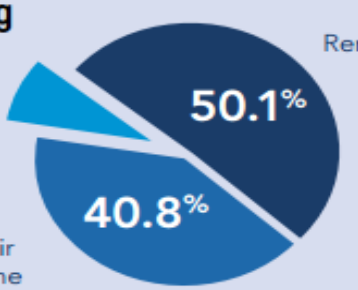
13% ride bikes

73% walked

as recent modes of transport

Housing

8% social or public housing



Own their own home

Household income

31%

of households have a total weekly household income of greater than $2,500

Household type

2.2 Our health and wellbeing

2.2.1 State[iii]

The health and wellbeing of Victorians is high by international standards and significant gains have been made in recent years. Despite good progress, such as reductions in smoking rates and motor vehicle fatalities, further improvements can be made, particularly in reducing inequalities.

Over the past two decades adult obesity has increased by about 40 per cent, with more than 2.3 million Victorians now overweight or obese; Victoria has also seen increases in the number of people reporting physical abuse associated with alcohol and in alcohol-related hospitalisations, despite an overall decline in alcohol consumption.

For the population overall, chronic diseases (such as cardiovascular disease, type 2 diabetes, cancers, musculoskeletal conditions, mental disorders, injuries and chronic respiratory disease) are the most significant health challenge, not only due to the scale of the problem and associated health care costs, but also because of the personal, social and economic impacts of these diseases.

While Victorians generally enjoy high levels of health and wellbeing, it is clear that this is not equally shared by all. Socioeconomic disadvantage is the greatest cause of health inequality in Victoria and there is a clear social gradient for most preventable conditions and risk factors.

2.2.2 Port Phillip

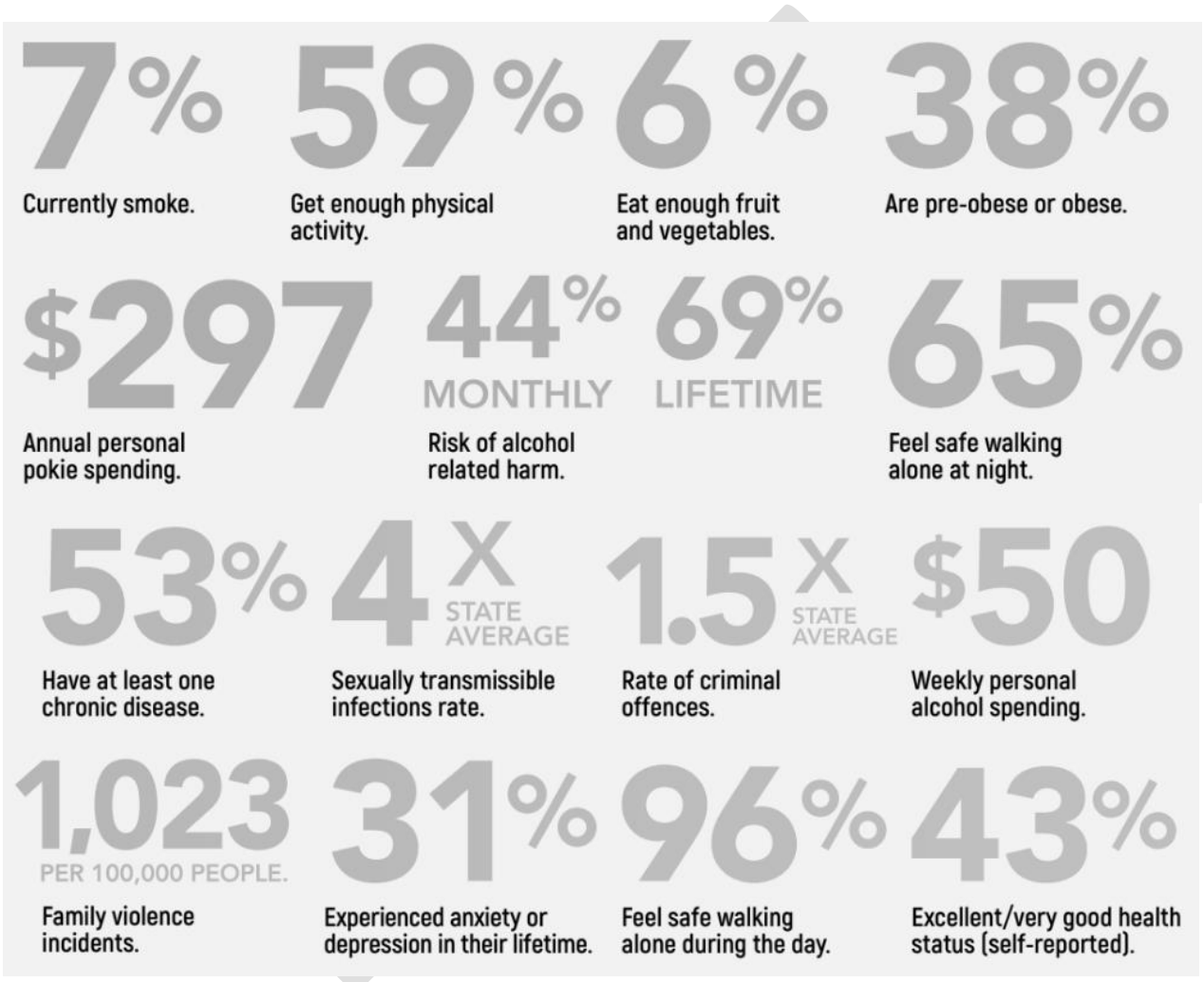
Consistent with Victoria, the health and wellbeing of our community is relatively high. Available data shows that we are similar to the Victorian average regarding things such as general wellbeing, life satisfaction, day time safety, resilience, levels of psychological distress, participation in health screening activities (e.g. blood pressure check) neighbourhood cohesion, social trust, and fruit and water consumption.

There are areas where we have more favourable outcomes such as physical activity and obesity levels, smoking rates, income and socioeconomic indicators, and some chronic diseases. Our efforts in these areas must continue to be supported to maintain these positive outcomes.

However, there are also areas of concern such as alcohol and illicit drugs, crime, sedentary work behaviours, housing affordability, people experiencing homelessness and sexually transmissible infections. We must seek to understand the complexities of each of these areas and identify how we can work together to improve our health and wellbeing.

Key data:

Favourable	Unfavourable
– Almost two-thirds of Port Phillip residents agreed that they felt safe walking alone in their local area after dark, which is significantly more than the state average – The percentage of people who do not meet physical activity guidelines is the lowest in the state – Port Phillip residents ate significantly more serves of vegetables per day than the state average – The percentage of people reporting being obese is the lowest in the state – Significantly lower smoking rate than state average – The percentage of people who believe multiculturalism makes life better is among the highest in the state – The median household income is among the highest in the state – The percentage of people with income less than $400 per week is the lowest in the state – The percentages of households with mortgage stress and rental stress are among the lowest in the state – The percentage of social housing is among the highest in the state – The percentage of journeys to work which are by public transport is the highest in the state – The percentage of people reporting arthritis is the lowest in the state, and the percentages reporting type two diabetes and high blood pressure are among the lowest – The percentage of children with the kindergarten fee subsidy is the lowest in the state – The percentage of infants fully breastfed at 3 months is among the highest in the state – The percentage of children with speech or language problems at school entry is among the lowest in the state	– The rate of total criminal offences is among the highest in the state – Significantly higher levels of time spent sitting on a usual work day than state average – Significantly more Port Phillip residents were identified as being at risk of short-term harm from alcohol in a given month and those identified as being at very high risk of short-term harm each month is the highest in state – Significantly more residents living in Port Phillip agreed that getting drunk every now and then is okay – Significantly higher rates of alcohol related ambulance attendances, hospitalisation, emergency department presentations and assault including the highest rate of male alcohol-related hospitalisations in the state – Significantly higher pharmaceutical related ambulance attendance rate – Significantly higher illicit drug related ambulance attendance rates (in particular for amphetamines, meth-amphetamines and ecstasy) and the highest hospitalisation rate in the state – The percentage of people who feel they are able to get help from neighbours is among the lowest in the state – The median weekly rent for a 3-bedroom home is the highest in the state and the median house price is among the highest in the state – The rate of homelessness (estimated) per 1,000 population is the highest in the state – Significantly higher rates of Sexually Transmissible Infections (STIs)


7%
Currently smoke.
59%
Get enough physical activity.
6%
Eat enough fruit and vegetables.
38%
Are pre-obese or obese.
$297
Annual personal pokie spending.
44%
MONTHLY
69%
LIFETIME
Risk of alcohol related harm.
65%
Feel safe walking alone at night.
53%
Have at least one chronic disease.
4 X
STATE AVERAGE
Sexually transmissible infections rate.
1.5 X
STATE AVERAGE
Rate of criminal offences.
$50
Weekly personal alcohol spending.
1,023
PER 100,000 PEOPLE.
Family violence incidents.
31%
Experienced anxiety or depression in their lifetime.
96%
Feel safe walking alone during the day.
43%
Excellent/very good health status (self-reported).

3. WHAT? Our Emerging Health Issues

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 emerging health issues should stem from an established need in the community; align to federal, state and local government policies and plans; and have measurable goals and objectives to enable identification of outcomes.

It is crucial to define to what extent local government can influence the particular need in the community. It is important that strategic objectives are within the scope of local government and that resources are allocated to the most appropriate health need in the Port Phillip community.

3.1 Process and outcome

Eleven topics and subsequent 29 sub-topics were utilised to group population health data in the development of the Municipal Public Health and Wellbeing Plan Background Report. These topics have been assessed and scored against the criteria below to identify emerging health issues.

Criteria and their respective considerations:

- **Measurable objectives and outcomes;** Heavily reliant on availability of data to produce measurable outcomes. A baseline/comparison group is required to measure change.
- **Established need in the community;** Comprehensive data analysis and consultation is required. Heavily reliant on availability of data of different population groups.
- **Capacity of local government impact;** Need to consider the level of impact local government can make on the particular issue. Is the health issue under local government jurisdiction? What work is being carried out in that space? – by both other levels of government and community organisations
- **Alignment to federal, state and local policies and plans;** The priority should be aligned to relevant federal, state and local policies and plans including things such as:
  - National Frameworks for Action and National Health Priority Areas
  - Victorian Public Health and Wellbeing Plan 2015-2019
  - The City of Port Phillip – Council Plan and Social Justice Charter

Utilising these results the 29 sub-topics can be ranked in priority order based on their scores:

Sub-Topic	Score
1. Homelessness	50
2. Housing	49
3. Alcohol	47
4. Illicit and Pharmaceutical Drugs	47
5. Prevalence of Mental Health	47
6. Sexual and Reproductive Health	46
7. Crime	43
8. Social Network and Diversity	42.5
9. Lifestyle and Risk Factors – Mental Health	42
10. Maternal and Child Health	41
11. Family Violence	41
12. Preventative Action	40.5
13. Access and Use – Health Services	40
14. Health Status	40
15. Prevalence of Illness and Disease	40

Sub-Topic	Score
16. Diet	39.5
17. Environment	37.5
18. Perceptions of safety	37
19. Early Child Development	36.5
20. Income And Support	36.5
21. Civic Participation	36.5
22. Gaming	36
23. Tobacco	36
24. Sustainable Transport	36
25. Physical Activity	35.5
26. Waste and Energy	34.5
27. Employment	32.5
28. Transport	32
29. Education	30.5

3.2 Emerging health issues

Analysis of the top 15 ranked sub-topics provides scope to refine these into four emerging health issues:

1. **HOUSING AND HOMELESSNESS** including: Housing, Homelessness
2. **SOCIAL INCLUSION AND DIVERSITY** including: Social network and diversity, Mental health (prevalence of and lifestyle risk factors)
3. **SAFETY** including: Crime, Alcohol, Illicit and pharmaceutical drugs, Family violence
4. **ACCESS TO INFORMATION AND SERVICES** including: Access to and use of health services, Maternal and child health services, Sexual and reproductive health, Preventative action, Health status, Prevalence of illness and disease

3.2.1 Housing and homelessness

Topics:	Housing	Homelessness
Data says:	Port Phillip has a high cost of housing (both rental and mortgage repayments) with only a small proportion identified as affordable. Despite this, we have a higher proportion of social housing stock comparative to State averages, a large proportion of unoccupied dwellings and over half of our residents renting their home.	Port Phillip has a high number of people experiencing homelessness with more than four times the State average. Approximately 6% of people experiencing homelessness are sleeping rough on the street or in vehicles. 17% are 'couch surfing', 37% reside in boarding houses and supported accommodation and 39% are staying in severely overcrowded dwellings[iv].
Why this is important:	• Numerous academic literature point to an association between various aspects of housing and health.[v] Housing is the largest single expenditure item in the household budget for low and moderate-income earners. If a greater proportion of income being absorbed by higher rents, this can result in a deterioration of health status because of reduced capacity to buy essential items and access health services.[vi] • Housing stress affects more than one in ten Australian households and one in four households in the private rental market. In the last five years the cost of housing has increased rapidly increasing the risk of people falling into poverty. [vii]	• Homelessness has a significant impact on health. Homelessness contributes to being excluded socially and economically and may intensify health related conditions.[viii] In general, homeless people have been found to have much poorer health status than the general population. [ix] • People experiencing homelessness are more likely than others to suffer from bronchitis, arthritis, skin diseases and infections, frequent headaches, musculoskeletal problems, visual impairment, alcohol and drug related problems and mental disorders among others.[x] • The transient lifestyle of homeless people results in social disadvantage and creates a barrier to health service access and to receiving health promotion messages.[xi]
Key stats:	• 0.7% rental housing that is affordable • 8% social housing stock • 8.6% experiencing housing stress • 50.1% households renting	• 1.7% proportion of population experiencing homelessness • 1,564 estimate homeless population • 892 staying in boarding houses • 444 in supported accommodation

3.2.2 Social inclusion and diversity

Topics:	Social network and diversity	Mental health
Data says:	We are a community of well-connected individuals who have good access to facilities/services and high levels of community participation and perceptions of social cohesion – supported by positive attitudes to our socially and culturally diverse community.	High prevalence of mental health awareness with identification and service access rates high combined with comparatively standard self-reported mental wellbeing rating.
Why this is important:	• More Australians are living alone compared to previous generations.[xii] People who are socially isolated and excluded are more likely to experience low self-esteem, depressive symptoms and have a higher risk of coronary heart disease.[xiii] • Developing positive social connections and relationships is essential for optimal development, and provides a wide range of positive physical and mental health outcomes.[xiv] The perception of being part of a cohesive neighbourhood can also counteract adverse health effects resulting from local socioeconomic disadvantage[xv]. • The perception of a neighbourhood being 'closeknit' indicates high levels of social cohesion[xvi]. Neighbours who trust one another are more likely to work more effectively together for the collective advantage and, generally, to have higher life satisfaction[xvii]. • Community acceptance of multiculturalism is an important component of social cohesion. In Australia, 47 % of people born in non-English speaking countries reported experiencing race-based discrimination.[xviii] Experiencing discrimination can result in; anxiety, depression, poor self-esteem, and stress-related illness; unhealthy coping behaviours, such as dropping out of physical activity and community activities, smoking, and misusing alcohol or drugs. [xix]	• Wellbeing, or positive mental health, improves our quality of life in many ways including: better physical health; faster recovery from illness; fewer limitations in daily life; higher educational attainment; greater likelihood of employment and earnings; and better relationships. Poor mental health can have a significant negative impact on physical health.[xx] • Depression is the leading cause of disability in both males and females and, at its worst, often leading to suicide. [xxi] There is strong and consistent evidence of an association between depression and heart disease, stroke, diabetes, asthma, cancer, arthritis and osteoporosis.[xxii] • Resilience is a fundamental component of mental wellbeing that enables people to cope with adversity and to reach their full potential[xxiii]. It is described as a person's capacity to successfully overcome significant challenges or negative outcomes and restore their previous level of function[xxiv], thus avoiding mental ill-health. High levels of resilience are associated with a lower risk of mental health problems and an improved sense of mental wellbeing.[xxv] • More broadly, living in communities that provide access to affordable housing, healthcare, education, stable employment and social connectedness can significantly improve our mental wellbeing. [xxvi]
Key stats:	• 72% agree that people in their neighbourhood are willing to help each other out • 61% feel that they live in a close-knit neighbourhood • 71.8% agree that people in their neighbourhood can be trusted • 66.5% think that multiculturalism makes life in the area better	• 77.5/100 wellbeing score and a 7.7/10 life satisfaction score • 6.6/8 resilience score • 31.2% report a lifetime prevalence of anxiety/depression • 18.4% sought help for a mental health problem in the last 12 months

3.2.3 Safety

Topics:	Crime and perceptions of safety	Family violence	Alcohol	Other drugs (tobacco, illicit substances and pharmaceuticals)
Data says:	While crime rates are among the highest in the state, community perceptions of safety remain high.	Higher level of gender equity awareness contributing to lower rates of family violence incidents.	Greater supply, access and spend on alcohol contributing to higher levels of alcohol-related harm.	While smoking rates remain low, use of other licit and illicit drugs is among the highest in the state.
Why this is important:	• 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[xxvii]. • 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 and mental illness[xxviii]. • 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[xxix].	• The ability to participate in equal and respectful relationships is an important contributing factor to community safety and individual mental health and wellbeing.[xxx] Conversely, intimate partner violence is detrimental to physical and mental health.[xxxi] • 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.[xxxii] • 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[xxxiii]. • 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.[xxxiv]	• Harm associated with alcohol use is well documented[xxxv]. A universally applicable rule is that the risk of injury increases as more alcohol is consumed during a single drinking session. • Using a wider definition of 'harm' that includes effects such as noise disturbance, fear of physical abuse, sexual abuse, child neglect, violence and death, it is estimated that almost 70% of Australians are experiencing harm due to another person's drinking in a given year[xxxvi]. • 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. [xxxvii] • Millions of Australians are harmed in alcohol-related incidents each year. Almost five million people in Australia (26.0%) 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 from 1.3 million to 1.7 million in 2013[xxxviii].	• Tobacco use is the most preventable cause of ill health and death in Australia[xxxix]. • 9% of Australia's burden of disease is due to smoking.[xl] Two out of three smokers, equivalent to about 1.8 million current Australian smokers, will die prematurely because of their smoking.[xli] • 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[xlii] • 1 in 12 people in Australia (8.3%) had been a victim of an illicit drug-related incident in the previous 12 months and drug use was responsible for 1.8% of the total burden of disease and injury in 2011[xliii]
Key stats:	• 12,230 total offender rate per 100,000 population • 95.5% feel safe walking alone during the day • 64.9% feel safe walking alone at night	• 32.1% have a low gender equality score • 1,023 family violence incidents per 100,000 population	• 43.8% believe getting drunk every now and then is ok • 68.8% have an increased lifetime risk of alcohol-related harm • 20.6% at very high risk of short term harm each month • 8.3 liquor licences per 1,000 population	• 7.4% current smokers • 29.2 Illicit drug related ambulance attendances per 10,000 population • 22.2 pharmaceutical drug related ambulance attendances per 10,000 population

3.2.4 Access to information and services

Topics:	Health status and prevalence of illness and disease	Preventative action	Sexual and reproductive health	Access and use of health services
Data says:	We have the lowest obesity levels in the state coupled with relatively low levels of chronic disease (particularly for arthritis, diabetes and high blood pressure) contributing to positive perceptions of individual health status.	The health benefits delivered by our comparatively positive diet and exercise behaviours may be amplified by reducing sedentary work behaviours. We have lower rates of proactive health monitoring i.e. blood pressure checks possibly linked to low health service accessibility.	Our rate of sexually transmissible infections (STIs) is nearly 4 times the state average and may lead to serious reproductive health consequences beyond the immediate impact of the infection	We have high numbers of General Practitioners but at fewer locations, possibly attributing to low recorded attendance rates. We also have limited access to allied health services, pharmacies and the community based therapies they provide.
Why this is important:	• Almost two-thirds (61%) of Australian adults and one-quarter (25%) of Australian children are overweight or obese. In Australia, the total costs of overweight and obesity are estimated between $58.1–62.1 billion per year with direct costs estimated at $8–21 billion per year. In Victoria, this amounts to between $14.4 billion annually in excess healthcare costs alone.[xliv] • Chronic diseases have a range of potential impacts on a person's individual circumstances, including quality of life and broader social and economic effects. Chronic diseases are the leading causes of the fatal burden of disease (the amount of life lost due to people dying early) in most age and sex groups[xlv] and are the leading cause of illness, disability and death in Australia, accounting for about 90 % of all deaths in 2011[xlvi]. • The term 'chronic disease' applies to a group of diseases that tend to be long lasting and have persistent effects, commonly including heart disease, cancer, type 2 diabetes, osteoporosis, arthritis and asthma among others.	• A healthy diet is vital for optimal growth, development and health throughout life.[xlvii] A healthy diet also helps prevent chronic diseases such as cardiovascular disease, cancer and diabetes as well as their associated risk factors including overweight and obesity, high blood pressure and high cholesterol[xlviii]. • Participation in physical activity has numerous benefits[xlix] including improved physical health, reduced risk of developing major chronic diseases, managing body weight, developing social connections and helping to prevent and manage mental health problems.[l] In Australia, the estimated cost of physical inactivity to the health sector is over $672 million dollars per year.[li] • Prolonged sitting is a risk factor for poor health and premature death, even for those who meet or exceed physical activity and sedentary behaviour guidelines.[lii] • Most diseases and conditions have a better prognosis if caught and treated in the early stages. Therefore the purpose of screening is to identify individuals in the early stages of the disease so that treatment can be initiated, thus improving health outcomes and reducing mortality.	• The impacts of sexual and reproductive health are human and economic, and direct and indirect. Unwanted pregnancy, sexual violence, sexually transmissible infections (STIs) and infertility are major contributors to morbidity and associated costs in Australia.[liii] • There is evidence that investing in sexual and reproductive health is cost effective, with the potential to minimise future health system costs and to realise significant benefits at the personal, family and societal levels.[liv] • Sexually transmissible infections are a major cause of infertility, particularly in women, and place a significant burden on the Victorian community.	• The primary health care system can provide community-based, patient-centred care by a team of health professionals. Because of this, primary health care is often the 'best setting for the prevention and management of chronic and complex health conditions'.[lv] • Primary health care accounted for around 38% ($55 billion) of the $145 billion recurrent health expenditure in 2013–14, compared with around 40% ($59 billion) spent on hospital services.[lvi] • Australia ranks well internationally when it comes to primary health care accessibility.[lvii] However, a significant accessibility gap exists between the most and least socioeconomically advantaged in our society.[lviii] Socioeconomic status is linked to disparities in access to primary health care, and this may impact on the health of an individual.[lix] • Despite the more frequent use of general practice services by socioeconomically disadvantaged people there remains a high level of hospitalisation for preventable conditions.[lx] This is evident for almost all chronic and acute medical conditions, as well as influenza and pneumonia.[lxi] This suggests that while use of health care services is higher, it may not be sufficient to meet the needs of socioeconomically disadvantaged Australians.
Key stats:	• 38.2% pre-obese and obese • 53.2% have at least one chronic disease • 11.4% have fair/poor self-reported health status	• 5:38 (hrs:mins) time spent sitting on work days • 37% do not meet physical activity guidelines • 5.1% report poor dental health • 5.6% met both fruit and vegetable consumption guidelines	• 547.8 notifications of sexually transmissible infections per 100,000	• 1.5 GPs per 1,000 population • 4,527.2 GP attendances per 1,000 population • 0.9 allied health service sites per 1,000 population • 0.3 dental service sites per 1,000 population • 0.3 pharmacies per 1,000 population

4. HOW and WHEN? Our Council Plan 2017-27

Working at the interface with community, local government is well positioned to directly influence factors vital to community health and wellbeing. We have a legislative responsibility under the Victorian Public Health and Wellbeing Act to prepare a Municipal Public Health and Wellbeing Plan every four years. In recognising the unique role councils play in supporting health and wellbeing, The City of Port Phillip have incorporated the planning, implementation and evaluation requirements into our Council Plan. Integrating our plans in this way ensures we are working to protect, improve and promote public health and wellbeing in everything we do.

4.1 Developing priorities

The six strategic directions of the Council Plan have been developed via an analysis of population health data and community consultation feedback, reviewing international, national, state and local research and policy, and are guided by the Victorian Public Health and Wellbeing Plan 2015–2019. This ensures we are playing our role in achieving the State's vision of 'a Victoria free of the avoidable burden of disease and injury, so that all Victorians can enjoy the highest attainable standards of health, wellbeing, and participation at every age'.

The four emerging health issues identified in this report were used as the basis to develop Strategic Direction 1. 'We embrace difference, and people belong'. While this direction has a particular focus on health promotion and reducing health inequalities, it must be noted that in line with our integrated planning focus, the other five strategic directions were developed in reference to the determinants of health and focused on improving health and wellbeing outcomes for our community.

The table below shows the relationship between the Council Plan priorities, identified emerging health issues and the Victorian Public Health and Wellbeing Plan (VPHWP) 2015-19.

Direction	Outcomes by 2027	Emerging health issues	VPHWP priorities
1. We embrace difference, and people belong	1.1 A safe and active community with strong social connections	• Social inclusion and diversity • Safety	• reducing harmful alcohol and drug use • preventing violence and injury
	1.2 An increase in affordable housing	• Housing and homelessness	• improving mental health
	1.3 Access to services that support the health and wellbeing of our growing community	• Access to information and services	• all
	1.4 Community diversity is valued and celebrated	• Social inclusion and diversity	• improving mental health
2. We are connected and it's easy to move around	2.1 An integrated transport network that connects people and places 2.2 The demand for parking and car travel is moderated as our City grows 2.3 Our streets are designed for people	• Access to information and services • Social inclusion and diversity • Safety	• healthier eating and active living • preventing violence and injury
3. We have smart solutions for a sustainable future	3.1 A greener, cooler and more liveable City 3.2 A City with lower carbon emissions 3.3 A City that is adapting and resilient to climate change 3.4 A water sensitive City 3.5 A sustained reduction in waste	• Access to information and services • Housing and homelessness	• healthier eating and active living • improving mental health
4. We are growing and keeping our character	4.1 A liveable, higher density City 4.2 A City of diverse and distinctive neighbourhoods and places	• Housing and homelessness • Access to information and services • Social inclusion and diversity • Safety	• healthier eating and active living • improving mental health
5. We thrive by harnessing creativity	5.1 A City of dynamic and distinctive retail precincts 5.2 A prosperous City that connects and grows business 5.3 A City where arts, culture and creative expression is part of everyday life	• Access to information and services • Safety • Social inclusion and diversity	• reducing harmful alcohol and drug use • preventing violence and injury • improving mental health
6. Our commitment to you	6.1 Transparent governance and an actively engaged community 6.2 A financially sustainable, high performing and community focused organisation 6.3 Achievement through leadership and partnerships	• Social inclusion and diversity • Access to information and services	• all

4.2 Delivering the plan

4.2.1 Health and Wellbeing Implementation Plan

The Integrated Council Plan identifies two core strategies that will support the organisation to deliver on its 10 year vision and strategic direction:

- **City Plan -** Integrated spatial strategy and municipal strategic statement; and
- **Health and Wellbeing Implementation Strategy**

These strategies will provide further detail regarding the delivery and evaluation of initiatives to support the Integrated Council Plan.

The Health and Wellbeing Implementation Strategy will focus on the previously identified emerging health issues and their relationship across the ICP's six strategic directions.

4.2.2 Partnerships

The Council Plan does not attempt to provide solutions to all of the issues affecting health and wellbeing within our community. Rather it is designed as a framework upon which the imperatives of health and wellbeing can be built.

Most importantly, it articulates the role that Council can play in fostering change – whether that be through Council run programs and projects, by advocating and advising other agencies or government bodies, or supporting community-led initiatives.

We recognise our ability to work collaboratively with State and Federal government, community and business organisations, service providers and residents to promote the conditions in which people can be healthy and reduce inequalities in health and wellbeing.

We have highlighted this commitment to collaboration through clearly identifying three key areas for delivering each strategic direction: Advocacy priorities; Engagement and partnership priorities; and Strategies/plans.

We have identified key partners in the delivery of health and wellbeing outcomes, particularly through a continued commitment to our Health and Wellbeing Alliance. In this way we hope to provide coordinated, robust and appropriate responses to what are often very complex issues.

WORKING WITH OUR PARTNERS – THE ALLIANCE

The Port Phillip Health and Wellbeing Alliance was established to coordinate the delivery of community health and wellbeing initiatives across Port Phillip and provide feedback on Council initiated programs and policies. It includes representation from State government departments (i.e. Department of Health and Human Services), Victoria Police, Inner South Community Health, South Melbourne Primary Care Partnership and other relevant local and regional community and health sector agencies.

By working collaboratively in this way, City of Port Phillip and the Alliance members are better positioned to identify key social and environmental health issues, better support local organisations and key stakeholders and avoid duplication of services.

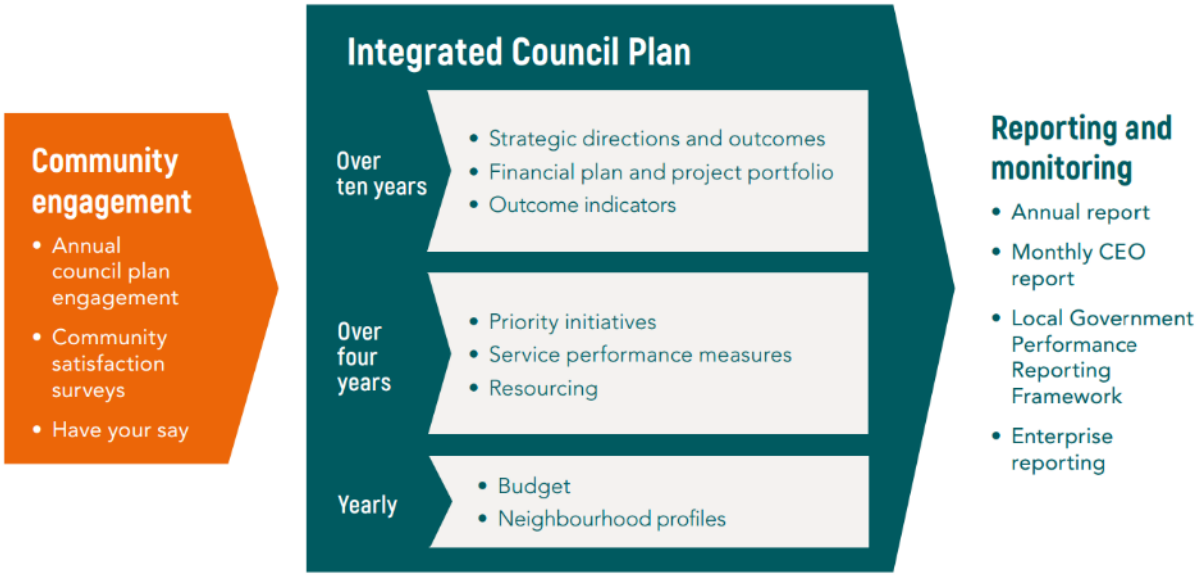
4.2.3 Measuring success

Each strategic direction of the Council Plan has a number of outcome statements that articulate what we want to see by 2027.

Outcome indicators have been provided to enable us to track our progress in making this vision a reality. These outcome indicators are driven by population health data and go beyond the typical four year council term in recognition that achieving health changes at the population level require long term outlook and sustained effort.

Additionally, service performance measures have been provided against each strategic direction to articulate how we will monitor our direct service delivery outcomes.

Measuring and Reporting Framework



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