



MANNINGHAM  
BALANCE OF CITY AND COUNTRY

# MANNINGHAM'S HEALTHY CITY PLAN 2013-2017

Municipal Public  
Health and  
Wellbeing Plan



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# 1.0 Acknowledgements

Council would like to express its thanks for the commitment of the dedicated members of the Municipal Public Health and Wellbeing Plan Steering Committee for championing the development, implementation and monitoring of this innovative plan. The members include:

- Adam Hawken (CEO, Manningham YMCA)
- Andrew Minge (Manager, NEAMI National - Doncaster)
- Brian McDowell (Acting Population and Public Health Manager – Department of Health)
- Doreen Stoves (CEO, Doncare)
- Jenny Jackson (CEO, Manningham Community Health Service)
- Judy McDougall (Project Worker, Migrant Information Centre)
- Katrina Stevenson (Health Promotion Manager, Eastern Health)
- Kristine Olaris (CEO - Women's Health East)
- Pauline Fyffe (Manager, Park Orchards Community House and Learning Centre)
- Mandy Geary (Acting Clinical Workforce Services and Special Projects Manager - Inner East Melbourne Medicare Local)
- Raymond Burnett (CEO, Inner East Primary Care Partnerships)
- Ross Dawson (CEO, Manningham Centre Association)
- Simon Lewis (CEO, Onemda)
- Director, Community Services and Managers from across Manningham City Council



## 2.0 CEO and Mayor's Message

*"If you want to succeed you should strike out on new paths rather than travel the worn paths of accepted success." - John D. Rockefeller*



It is with great pleasure that we introduce the Manningham Healthy City Plan 2013 – 2017. The plan is a key strategic document for Council and its broader stakeholders with an aim to improve the health, safety and wellbeing of our community. The plan complies with Council's legislative obligation under the Health and Wellbeing Act 2008 and will be used to strategically inform future work delivered by Council and its partners over the next four years.

Manningham, in this plan, has taken a new and innovative approach to health planning. It has brought together partner organisations to collaborate and work together to address the municipality's health priorities in an endeavour to have the greatest impact on community's health and wellbeing, especially for those community members most in need. We would like to acknowledge and thank the many partners for their efforts, insight and alliance, which has been demonstrated during the development of the plan to date, and for their ongoing commitment to deliver actions and evaluate their success.

Council and its partners are very much aware that improvements in population health take a long time and involve a range of complex factors. As such, it was jointly agreed that to have the greatest impact on the health of our community, it was imperative to address the social, economic, environmental and cultural influences that play a role on Manningham's health issues. For this reason, the Healthy City Plan 2013 – 2017 has tackled significant matters such as social inclusion and community

connection, freedom from discrimination and violence, access to services and information, housing, employment and education and the design of our city to ensure our residents and visitors have adequate transport, ample parks and open spaces and connected pathways and roads.

This is not an easy task, but we, as a Council with its many partners, are committed to working for, and with, the community to address these issues to maximise the chances for our residents to achieve optimum health and to have the opportunities required to improve their quality of life.

We all look forward to seeing the long term outcomes this plan seeks to achieve for the community.

**Cr Jennifer Yang**  
Mayor

**Joe Carbone**  
Chief Executive Officer



## 3.0 Partners' Message

As partner agencies working across Manningham we have come together for a shared purpose of making a difference to the health, safety and wellbeing of our community. We are delighted to have been actively involved in the planning and development of Manningham's Healthy City Plan 2013 – 2017. We are committed to continuing our involvement and endeavour to deliver our agreed actions and evaluate their shared success.

We congratulate Manningham City Council on its innovative approach to health and wellbeing planning which reflects a genuine commitment to collaborative partnerships and working together. We believe this approach ensures we are more coordinated, integrated, efficient and effective in keeping our community well and supporting those with less opportunity to make decisions that allow them to live a long and healthy life.

Health and wellbeing begins at home, in our families, in our schools, in our workplaces, in our streets, playgrounds and parks. Health begins with a good education, meaningful work and living free from violence. No organisation alone can keep a community healthy, so together we have agreed to address the factors which have significant impacts on our health and wellbeing.

We look forward to working with Manningham City Council and each other to create a healthy, safe and connected Manningham community.

**Doreen Stoves**  
**Chief Executive Officer**  
Doncare

**Ross Dawson**  
**Chief Executive Officer**  
Manningham Centre

**Simon Lewis**  
**Chief Executive Officer**  
Onemda

**Jenny Jackson**  
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**Greg Nicholls**  
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**Judy McDougall**  
**Project Worker**  
Migrant Information Centre

**Brian McDowell**  
**Acting Population and  
Public Health Manager**  
Department of Health

**Adam Hawken**  
**Chief Executive Officer**  
Manningham YMCA

**Kristine Olaris**  
**Chief Executive Officer**  
Women's Health East

## 4.0 Executive Summary

*“A Healthy City is one that is “continually creating and improving those physical and social environments and expanding those community resources which enable people to mutually support each other in performing all the functions of life and developing to their maximum potential” Source: WHO 1998 – The WHO Health Promotion Glossary – Geneva*

**Manningham enjoys a high level of health and wellbeing and is recognised as one of the healthiest municipalities in Victoria. It also takes pride in the many resources it offers the community which encourage people to be healthy, active and connected, including parks and open spaces, sports facilities, community clubs, paths and trails, cultural programs and a range of activities that support healthy living.**

Manningham’s Healthy City Plan 2013 – 2017 recognises the municipality’s many strengths and has continued to build on these. Equally, the plan identifies a number of health and wellbeing concerns impacting the community today and into the future, which need to be addressed to continue the good health our community is accustomed to. This cannot be done by Council alone. For this reason, a collaborative and integrated planning approach has been undertaken identifying what regional services, together with Council and its local organisations, can do to address these challenges over the next four years. By working together we hope to create environments that will continue to support good health and wellbeing for years to come.

This population health plan has been informed by identifying our achievements and any gaps from the previous Municipal Public Health and Wellbeing Plan (MPHWP), examining the broader political context, conducting a municipal scan, undertaking extensive consultation and researching the needs of our community. The findings have been collated to identify five key strategic priorities which guided the establishment of a health and wellbeing statement along with realistic goals and actions which will influence the direction of work across Council and the community over the coming years. The whole plan is underpinned by an evaluation framework which will measure achievements, challenges and successes.

### The Key Findings

The research and consultation found that Manningham is the fifth healthiest municipality when compared to other local government areas in Victoria. The most significant health issues for our municipality relate to lifestyle choices, with focus needed in areas such as obesity, healthy eating and physical activity. In older people, chronic diseases and dementia are on the rise, whilst for young people, issues such as mental ill-health and binge drinking are negatively impacting their quality of life. Although Manningham has a lower than average crime rate, recent increases in family violence reporting and negative perceptions of safety are a concern. In relation to the environment, evidence shows that access to transport, affordable housing, education and local services need further improvement to assist in addressing these issues.

### Moving Forward

In an effort to influence these health and wellbeing issues and to provide a vision for the future, Manningham’s Healthy City Plan will aim for *“an active, connected, safe and equitable community that embraces healthy living and participates in our valuable natural and urban surrounds”*.

To achieve this, the collaboration between Council and its partners aim to address the social determinants and influencing factors that impact on the five identified health and wellbeing priority areas: Mental Wellbeing, Healthy Living, Safety, Healthy City and Leading Change.

Underpinning all the actions, projects and initiatives are six guiding principles: Belonging, Inclusion, Access, Sustainability, Partnership and Diversity which will ensure that the health inequities that exist for those often most in need are taken into account.

# 5.0 Introduction

*“Where people live affects their health and chances of leading flourishing lives. Communities and neighbourhoods that ensure access to basic goods, that are socially cohesive, that are designed to promote good physical and psychological wellbeing, and that are protective of the natural environment are essential for health equity”. – Closing the gap in a generation, WHO headquarters, 2008*

Manningham City Council, together with its partners, are committed to creating environments that support the health and wellbeing of our community. To achieve this, Manningham’s Healthy City Plan 2013 – 2017 is a four year strategic plan which provides a broad framework for identifying and addressing the key health and wellbeing concerns which impact on our municipality.

Manningham’s Healthy City Plan has been developed using an integrated population health planning approach with relevant stakeholders and illustrates a collaborative effort in addressing the social, economic and environmental factors that impact on Manningham’s health concerns. The plan aims to improve the health and wellbeing of the whole population whilst reducing inequities by addressing the needs of the most disadvantaged.

The planning process included an evaluation of the previous plan, research and examination of health data, review of the federal and state government’s strategic directions, consultation with the community, services sector and Council staff and planning workshops with the Municipal Public Health and Wellbeing Plan (MPHWP) Steering Committee.

A health and wellbeing statement and guiding principles, five priority themes and a suite of realistic, and often innovative, actions have been developed to guide Council and its partners in the implementation and evaluation of Manningham’s Healthy City Plan.

**Health and Wellbeing Statement:** Manningham strives for an active, connected, safe and equitable community that embraces healthy living and participates in our valuable natural and urban surrounds.

## Priority Areas:

- Mental Wellbeing
- Healthy Living
- Safety
- Healthy City
- Leading Change

## Guiding Principles:

- Belonging
- Inclusion
- Access
- Sustainability
- Partnership
- Diversity

## Priority Communities:

- Socially Isolated
- Seniors
- People with Disabilities
- Disadvantaged
- Youth
- Women and Children Experiencing Violence







## 6.0 Summary of Healthy City Plan

**Health and Wellbeing Statement:** Manningham strives for an active, connected, safe and equitable community that embraces healthy living and participates in our valuable natural and urban surrounds

**Guiding Principles:** Belonging, Inclusion, Access, Sustainability, Partnership and Diversity

**Priority Communities:** Socially Isolated, Seniors, People with Disabilities, Disadvantaged, Youth, Women and Children Experiencing Violence

Priority Areas	Social Determinants/ Focuses	Goal 2013 - 2017
<b>Mental Wellbeing</b>  <i>Addressing: Mental Health and Dementia (Communities: Youth, Disadvantaged, Seniors)</i>	<ul style="list-style-type: none"> <li>• Social isolation</li> <li>• Freedom from discrimination and violence</li> <li>• Access to economic resources</li> </ul>	Using a collaborative approach, we will enhance the mental wellbeing of people within the community by encouraging social inclusion, participation, opportunities for education and work and access to services.
<b>Healthy Living</b>  <i>Addressing: Obesity and Chronic Diseases (Communities: Men, Children and Whole of Population)</i>	<ul style="list-style-type: none"> <li>• Active places and spaces</li> <li>• Healthier living</li> <li>• Access to facilities and programs</li> </ul>	Together we will support and encourage the community to participate in healthy living by improving access to information on healthy lifestyle, increasing health literacy, creating active places and spaces and delivering inclusive and accessible services and programs.
<b>Safety</b>  <i>Addressing: Family Violence and Binge Drinking (Communities: Women and Children, Whole of Population)</i>	<ul style="list-style-type: none"> <li>• Equal and respectful relationships</li> <li>• Safer cultures</li> <li>• Access to resources and support systems</li> <li>• Leadership and policy</li> </ul>	In partnership, we will foster a community that values respectful relationships, encourages gender equity and promotes safer cultures to reduce fear and incidence of family violence, binge drinking and crime rates
<b>Healthy City</b>  <i>Addressing: Urban Design and Sustainability (Communities: Whole of Population)</i>	<ul style="list-style-type: none"> <li>• Designing a healthy city</li> <li>• Integrated transport</li> <li>• Parks and open spaces</li> <li>• Environment</li> <li>• Housing</li> </ul>	Together we will advocate for, create, build and enhance a well connected, well designed municipality that positively impacts on the health and wellbeing of the community and encourages healthy living.
<b>Leading Change</b>  <i>Addressing: Leadership and Collaboration (Communities: Council and Stakeholders)</i>	<ul style="list-style-type: none"> <li>• Advocacy</li> <li>• Capacity building</li> <li>• Partnership</li> <li>• Evidence and evaluation</li> </ul>	We will strive for an innovative and responsive Council that actively advocates for the community and its health and wellbeing, is accountable and evaluates its progress, actively seeks partnerships and builds the capacity of the community to create cultural change and positively influence the outcomes achieved.

# 7.0 What is Health and Wellbeing?

*“When health is absent, wisdom cannot reveal itself, art cannot manifest, strength cannot fight, wealth becomes useless, and intelligence cannot be applied.” – Herophilus*

## Health

A complete physical, mental and social wellbeing and not merely the absence of disease and infirmity. The enjoyment of the highest attainment standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief or economic or social condition.

(World Health Organisation Constitution, 1978)

## Wellbeing

The condition of state of being well, contented and satisfied with life. Wellbeing has several components, including physical, mental, social and spiritual. Wellbeing can be used in a collective sense to describe how well a society satisfies people's wants and needs.

(Measuring Progress, Department of Health, 2008)

Health is a resource that enables people to lead productive lives. To achieve good health and wellbeing, health must become “everyone's business” including government, non government, the private sector, communities and individuals alike. All stakeholders must consider what they can do, what their role is and how they can contribute to improving the health outcomes of people and, in particular, those most disadvantaged in our community.

Research has shown that to address health and wellbeing effectively, the following must be developed:

- Health policies that reach beyond the health sector e.g. transport, education and housing
- Policies and practices that strive for equity and sustainable development
- Partnerships that forge to achieve health for all
- A joint responsibility to achieving health for all (*World Health Organisation*)

The Healthy City Plan has adopted these principles in its planning and development.





# 8.0 Municipal Public Health and Wellbeing Planning

*“To accomplish great things, we must not only act, but also dream; not only plan, but also believe.” - Anatole France*

## 8.1 What is the Municipal Public Health and Wellbeing Plan?

Municipal Public Health and Wellbeing Plans (MPHWPs) promote the health and wellbeing of local communities through a strategic planning approach, informed by local health priorities.

Since the 1990s, Manningham City Council has demonstrated its strong commitment to improving the health and wellbeing of its community through the development of MPHWPs. Each plan has been guided by evidence, consultation with the community and stakeholders to identify the local needs, and by building on the successes of previous Council Plans and Strategies.

Manningham’s Healthy City Plan consists of four strategic documents including:

- A Strategic Overview which provides the background, frameworks, context, the health and wellbeing vision and themes, and evaluation framework.
- An Action Plan which outlines Council’s and its partners’ responsibilities in addressing the social determinants impacting on the health and wellbeing themes.
- The Manningham Municipal Public Health and Wellbeing Research Paper, which profiles the health status of the community based on evidence and research.
- The Evaluation Report which demonstrates the outcomes achieved during the implementation of the Municipal Public Health Plan 2009 – 2013.

## 8.2 Health and Wellbeing Act 2008

Manningham’s Healthy City Plan 2013 – 2017 has been developed in accordance with the legislative requirements within the Public Health and Wellbeing Act 2008. The Victorian Parliament legislates that Councils are required to prepare a Municipal Public Health and Wellbeing Plan within 12 months of Council elections. The plan is required to “seek to protect, improve and promote public health and wellbeing within the municipal district”.

The Municipal Public Health and Wellbeing Plan must also:

- Include an examination of data on the health status and health determinants in the municipal district
- Identify goals and strategies based on available evidence for creating a local community, within which people can achieve maximum health and wellbeing
- Provide for involvement of people in the local community in the development, implementation and evaluation of the Municipal Public Health and Wellbeing Plan
- Specify how the Council will work in partnership with the Department of Health and other agencies undertaking public health initiatives, projects and programs, to accomplish the goals and strategies identified in the Municipal Public Health and Wellbeing Plan.

(Source: Public Health and Wellbeing Act 2008 (Vic) s26)

### 8.3 Integrated Health Planning and Partnerships

Improving public health is very complex and involves many layers which cannot be addressed by one agency, professional group or level of government but rather must be the joint responsibility of many stakeholders across multiple levels and disciplines working together.

Manningham's Healthy City Plan 2013–2017 provides a means by which Manningham Council, together with relevant stakeholders, such as State Government, Medicare Local, Primary Care Partnerships, local health services, community organisations, businesses and the community alike, can plan and implement initiatives to address the public health and wellbeing needs of the community. In taking this integrated planning approach, the Plan aims to strengthen well established partnerships, minimise duplication, rationalise resources, improve the service system and work towards addressing common priorities, to maximise health outcomes.

**National and  
State  
Government**

**Regional  
Organisations**

**Manningham  
City Council**

**Local Services,  
Businesses and  
Organisations**

**The  
Community**

**Working Together  
to improve Health  
and Wellbeing**



## 8.4 Council's Role in Municipal Public Health and Wellbeing Planning

Council has historically contributed to the community's health and wellbeing by overseeing and implementing a number of health related plans and strategies which have addressed public health reforms including infrastructure (housing standards, safer roads, footpaths and drainage) and direct health programs (food safety provisions, waste management, immunisation and maternal and child health). These roles are now core business for local government.

Recently though, the Public Health and Wellbeing Act 2008 strengthened the role of local government as a major partner in an effort to protect, prevent and promote public health and wellbeing. Council's role has extended to include:

- Creating an environment that supports the health of the community and strengthens the capacity of the community and individuals to achieve better health
- Initiating, supporting and managing the public health planning process
- Developing and implementing public health policies and programs within the municipality
- Developing and enforcing public health standards and intervening if people are affected
- Facilitating and supporting local agencies whose work has an impact on public health and wellbeing
- Co-ordinating and providing immunisation services
- Ensuring that the municipality is maintained in a clean and sanitary condition.

## 8.5 Partners' Role in Manningham's Healthy City Plan

The Public Health and Wellbeing Act 2008 has also identified the important contribution that partners play in protecting, preventing, promoting and delivering public health and wellbeing to a community. Manningham certainly sees partnerships as one of its strengths and has fostered and developed excellent relationships with many local and regional organisations.

In this plan, partners have played a key role in advising Council and in participating in the development process. They will also continue to be active contributors in delivering actions that will positively impact the community. Many of these actions will directly support individuals with specific health issues, whilst others, will address the broader factors which will prevent ill health in the future.

It is also important to recognise that on a daily basis, Manningham's partners play a significant and vital role in public health and wellbeing. Appendix 11 lists the key MPHWP partners and provides an overview of their services and existing role in public health and wellbeing. It also outlines what outcomes they hope to achieve as a result of the partnership in delivering this plan.

Together, Council and its partners will fulfil their roles in the Healthy City Plan by:





# 9.0 Frameworks for Public Health Planning

*“Something which we think is impossible now is not impossible in another decade.” – Constance Baker Motley*

Council and its partners have considered and referred to a number of significant health models and frameworks during the plan's development.

These include:

## 9.1 Social Model of Health

The “Social Model of Health” defines that for maximum health and wellbeing to be achieved, the social, environmental and economic factors (determinants) that affect health need to be addressed alongside the biological and medical factors. Figure 1.1 demonstrates the complexity of factors impacting an individual's wellbeing.

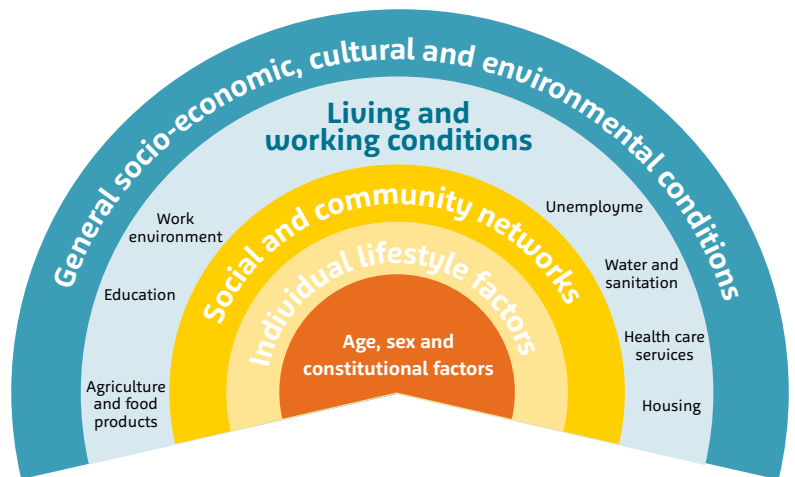
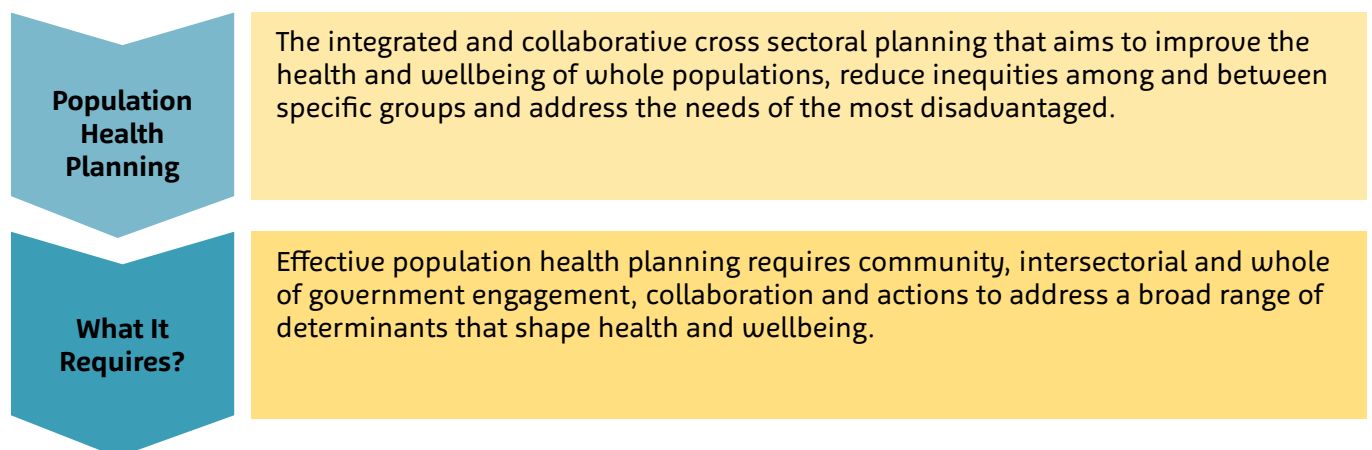


Figure 1: Social Model of Health, WHO.

## 9.2 Population Health Planning Framework

The Manningham Healthy City Plan 2013 – 2017 has strategically taken a population health planning approach, targeting the social determinants that impact on health issues in Manningham in an endeavour to address the whole population's health whilst targeting those most disadvantaged.



Source: Victorian Health Care Association 2012

The key elements of population health planning are:

- Focus on the health of populations rather than the health of individuals
- Make a commitment to reducing inequities
- Investing in broader health promotion approaches
- Engaging different sectors and collaborative planning
- Addressing the determinants of health
- Genuinely working with the community on issues and actions
- Evidence based decision making
- A focus on health outcomes

### 9.3 Environments of Health Framework and Social Determinants

The Department of Health's Environments of Health Framework (2001) is based on the Social Model of Health and acknowledges that to have the greatest impact on a population's wellbeing, the social, natural, economic and built environments must be considered and that integrated planning across sectors is essential. Figure 2 demonstrates the key determinants impacting on each environment. The Healthy City Plan has considered and addressed the issues across all four environments.

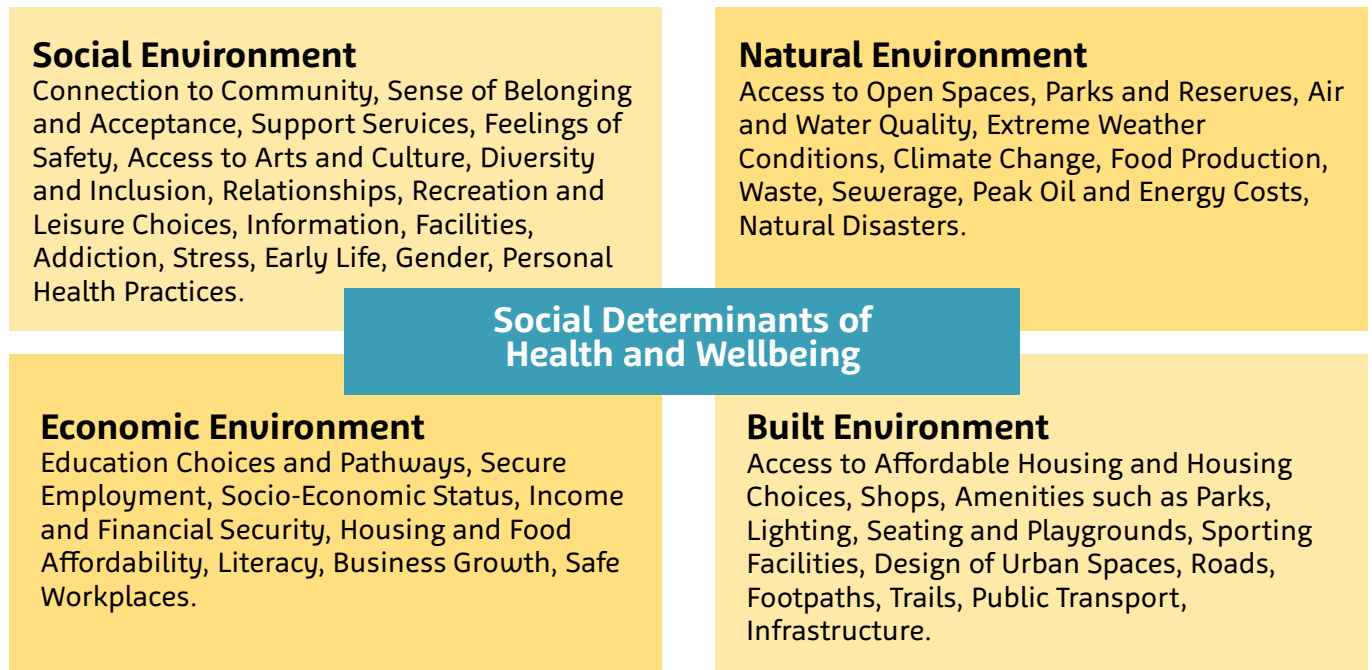


Figure 2 – Health Determinants across the Social, Economic, Natural and Built Environments



## 9.4 Health Promotion / Prevention

### Health Promotion

- The Ottawa Charter (1986) defines health promotion as the process of enabling people to increase control over, and to improve their health.
- To reach complete physical, mental and social wellbeing , people must be able to identify and realise aspirations, satisfy needs, take action and to cope with the environment.

Health promotion is about strengthening the skills and capabilities of individuals to take action and the capacity of groups or communities to act collectively to influence the determinants of health and achieve positive change.

For Manningham and its partners, health promotion is collectively building healthy public policy, creating supportive environments, strengthening community action, consolidating partnerships, investing in health, developing skills and reorientating health services. In addition, it's about considering particular settings which offer practical opportunities to implement strategies, the sustainability of these activities and ensuring that they reach those most at need.

An example of the breadth of health promotion approaches that can be adopted based on evidence is depicted in Ffigure 3. The Healthy City Action Plan has worked across the health promotion continuum delivering interventions including prevention, early intervention and primary care to enhance the outcomes for the community.

HEALTH PROMOTION CONTINUUM – APPROACHES				
Primary Care	Behavioural / Lifestyles		Socio-Ecological	
Disease prevention	<ul style="list-style-type: none"><li>• Communication strategies</li><li>• Health information</li><li>• Behaviour change Campaigns</li></ul>	<ul style="list-style-type: none"><li>• Health education</li><li>• Knowledge</li><li>• Facilitation</li><li>• Skill development</li></ul>	<ul style="list-style-type: none"><li>• Community development</li><li>• Engagement</li><li>• Community action</li><li>• Advocacy</li></ul>	<ul style="list-style-type: none"><li>• Infrastructure</li><li>• System change</li><li>• Policy</li><li>• Legislation</li></ul>

Figure 3: Health Promotion Continuum Approaches, Adapted from Keleher and Murphy 2004.





## 9.5 Prevention, Protection and Risk Factors Influencing Health and Wellbeing

Many of the major health problems in our community are related to risk factors resulting from the environment or individual, behaviour. Activities such as tobacco and drug use, dietary habits, unsafe sexual practices, violence, or simply inadequate exercise, have significant impact on a person's quality of life, functioning and even mortality and disability.

The Healthy City Plan strategies have aimed to enhance the protective factors for improved health and wellbeing. Figure 4 depicts factors that impact on the quality of life of individuals. It also shows the elements that can assist people to make healthy choices. Some of the risk factors and preventative features for Manningham are depicted on page 34.

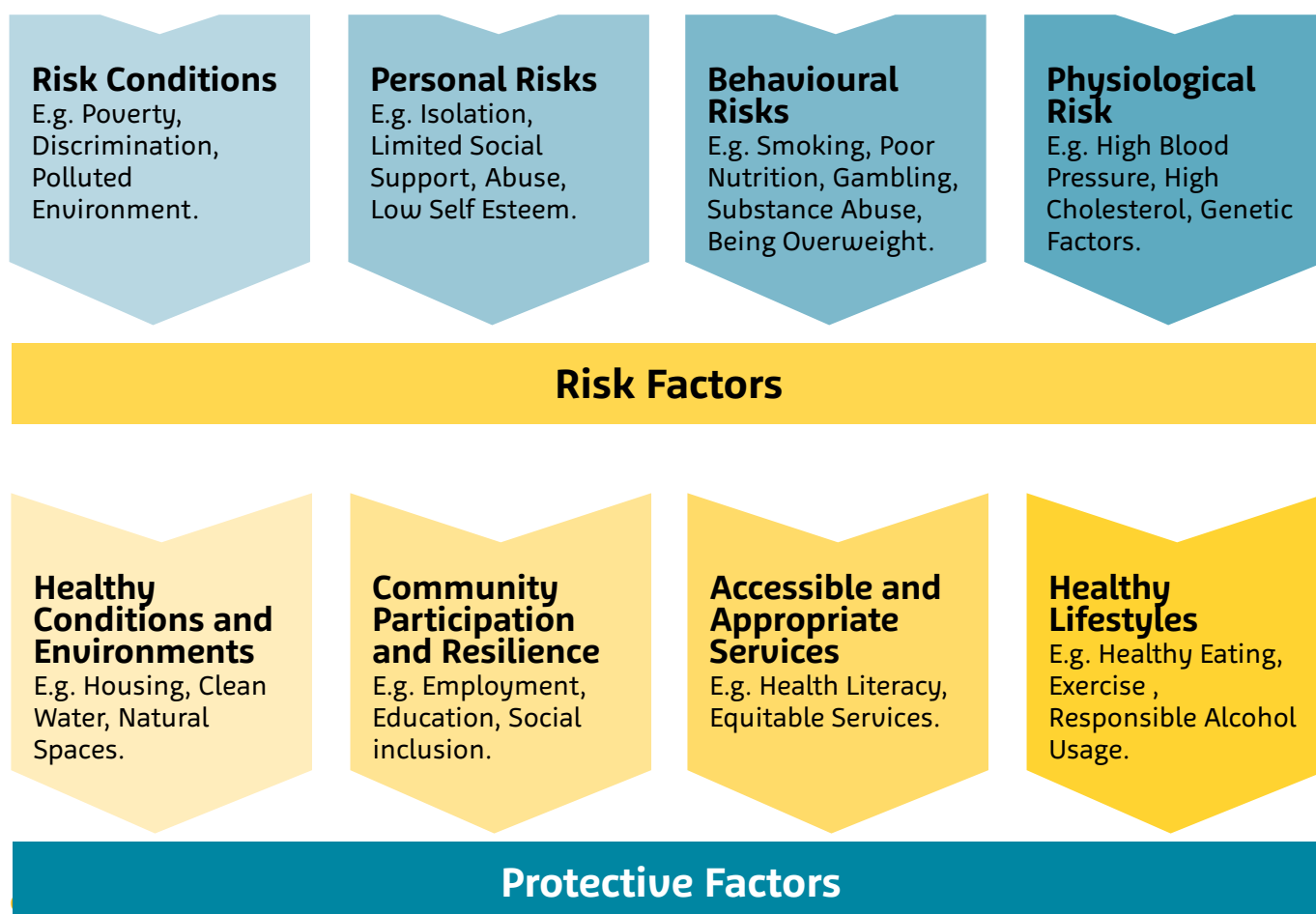
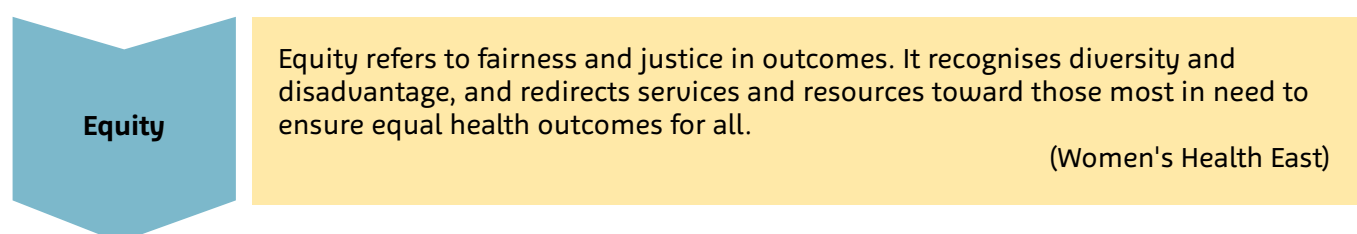


Figure 4: Risk and Protective Factors impacting on quality of life - Adapted from Labonte, R (1988)

## 9.6 Equity and Health



Equity is about fairness, and health is one of our basic human rights. Inequities in health can arise, even in communities like Manningham that are generally perceived as more socially advantaged, with some people being burdened with more diseases, dying earlier and many not having the same opportunities to be as healthy. Research has shown that the most vulnerable or at risk individuals in our community often have the poorest health outcomes and the lowest life expectancy and that it is related to unequal access to appropriate housing, education, adequate income and healthy food. Source: Australia's Health Report (AIHW 2008b)

Manningham's Healthy City Plan recognises the needs of the whole population but has given consideration to those population groups who are most disadvantaged in Manningham. It has been identified, through research, that the following target groups should be considered more extensively in our planning and interventions: people with disabilities, people experiencing disadvantage, socially isolated individuals, seniors, younger people and women and children who experience violence.

## 9.7 Climate Change and Health

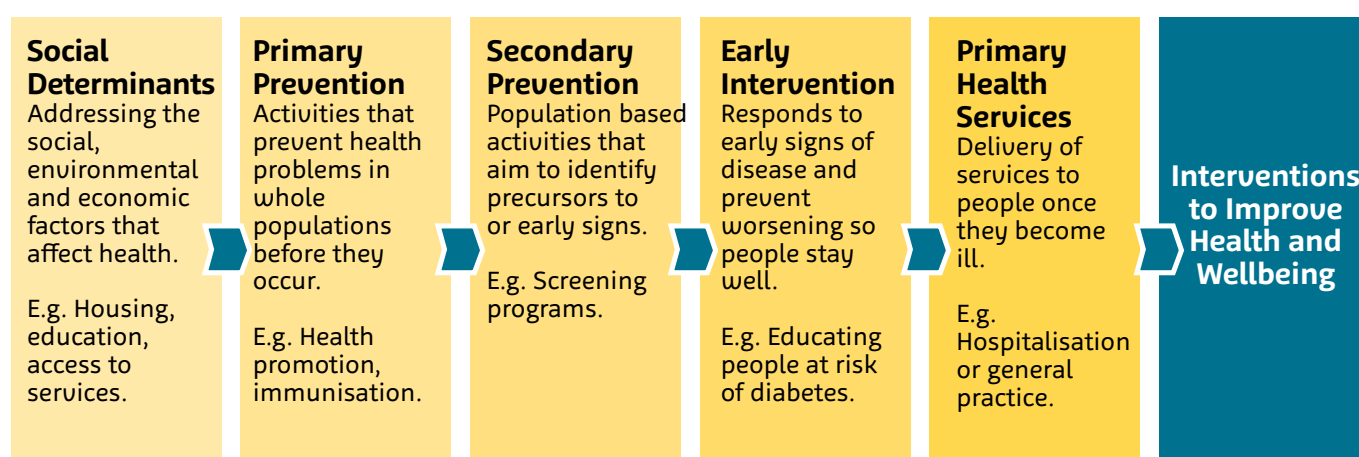
The changes in climate may have an effect on the health and wellbeing of our community, either directly or indirectly. Direct health impacts occur at the same time and place as weather events, for example, floods and fires can cause injury or death, whilst indirect health impacts occur later in time and may include things such as, respiratory illness, poor mental health, infectious diseases, access to fresh healthy food.

The Climate Change Act 2010 requires local government to 'have regard to climate change' to reduce the risks locally and to Victoria. The Healthy City Plan has considered the following climate change impacts: higher temperatures, heatwaves, bushfires, drought or decreased rainfall, floods and extreme weather events as part of its municipal public health planning. Although all of these issues could have a local effect, the areas of greatest risk for Manningham, as per the Emergency Risk Register for Manningham, are severe storms (including wind and hail), fire (including wildfire and structural) and climate (including extreme heat).

Manningham currently has in place a number of strategic documents to address these at a response level, including the Community Emergency Risk Management Plan, Municipal Emergency Management Plan, the Municipal Emergency Recovery Plan, Flood Management Plan and the Heatwave Strategy. Council also has endorsed the Climate 2020 Action Plan and the Securing the Future Adaptation Plan 2012 which address many of the social, environmental and economic impacts resulting from climate change, including public health and wellbeing, leadership, environment, food security, local economy, mobility and transport and resilience. Council has a long term commitment to continue building the inter-relationship between climate change and health and is working actively with its community to build resilience and address potential impacts on health and wellbeing.

## 9.8 Manningham's Approach to Creating a Healthy City

In summary, Council and its partners have taken a population health approach addressing the determinants that positively influence community health and wellbeing. The plan incorporates strategies across the health promotion continuum ensuring that prevention, early intervention and primary health care are recognised as invaluable means of achieving a well rounded approach to maximising the health outcomes of the local community.



# 10.0 Policy Context

Councils can act as ‘community builders’ to achieve a strong and healthy community. However they are not the only ones responsible for achieving this result. (Victorian Health Promotion Foundation 2002).

Manningham’s Healthy City Plan considered the broader policy context, including key guiding policies, models and frameworks at an international, national, state and regional level, to ensure it aligns with the bigger picture. (Appendix 2) This information, along with the evidence obtained at a local level, has assisted Council to determine the priorities for Manningham. Figure 5 outlines the priorities and focus areas internationally and within Australia and Victoria.

WHO Priorities	National Priorities	Victorian Priorities	VicHealth Priorities
Promoting development Fostering health security Strengthening health systems Harnessing research, Information and evidence Enhancing partnerships Improving performance	Arthritis and muscular conditions Asthma Cancer control Cardiovascular health Diabetes Mellitus Injury prevention and control Mental Health Obesity	<b>Continue to Protect Health</b> Communicable disease Immunisation <b>Environmental health</b> Food security Incident and emergency response <b>Keeping People Well</b> Healthy eating Physical activity Tobacco control Oral health Alcohol and other drugs Sexual and reproductive Injury prevention Skin cancer prevention <b>Strengthening Preventative Health Care</b> Cancer screening Newborn screening Early detection and intervention	Participation in physical, social and economic environments Reducing health inequities Tobacco consumption Overweight and obesity Physical inactivity Social exclusion Discrimination Violence Alcohol misuse Links between social and economic disadvantage and poorer health UV protection

Figure 5: Health and Wellbeing priorities at the International, National and Victorian levels





# 11.0 Manningham's Policy Context

*"Do not follow where the path may lead. Go instead where there is no path and leave a trail."*  
Muriel Strobe

## 11.1 A Co-ordinated Approach in Council

The MPHWP is one of Council's four strategic documents that guide the direction and operations at a local level. Manningham's Healthy City Plan 2013 – 2017 has been prepared within a broader strategic planning framework that incorporates Generation 2030 Community Plan, Manningham's Council Plan 2013 – 2017 and Manningham's Municipal Strategic Statement. Figure 6 shows the integrated relationship between these documents.

## 11.2 Generation 2030 Community Plan

Generation 2030 Community Plan is reflective of the community's vision, aspirations and priorities for the future. It acts as a strategic visionary plan for Manningham and its community.

The Generation 2030 Vision is 'In 2030, Manningham will be a strong, vibrant and well connected community. We are a community that values its unique lifestyle and the protection of our natural spaces. As a welcoming and harmonious community we will create a safe and resilient city. Our transport networks will provide optimum travel and will be accessible to everyone. All this will be achieved through an open and collaborative process built on positive partnerships as we move towards 2030.'

The Generation 2030 Community Plan has six strategic themes, which have also been adopted by Council for the Council Plan 2013 – 2017 and align closely to the Department of Health's Environments of Health Framework. The themes are Our Community Spirit, Enjoy and Protect our Natural Spaces, Planning for Where we Live, Everything You Need is Local, Getting from Place to Place and Council Leadership. Appendix 3 outlines the themes, the focus areas, the measures and indicators and how these align to the environments of health



### 11.2.1 Measuring Performance

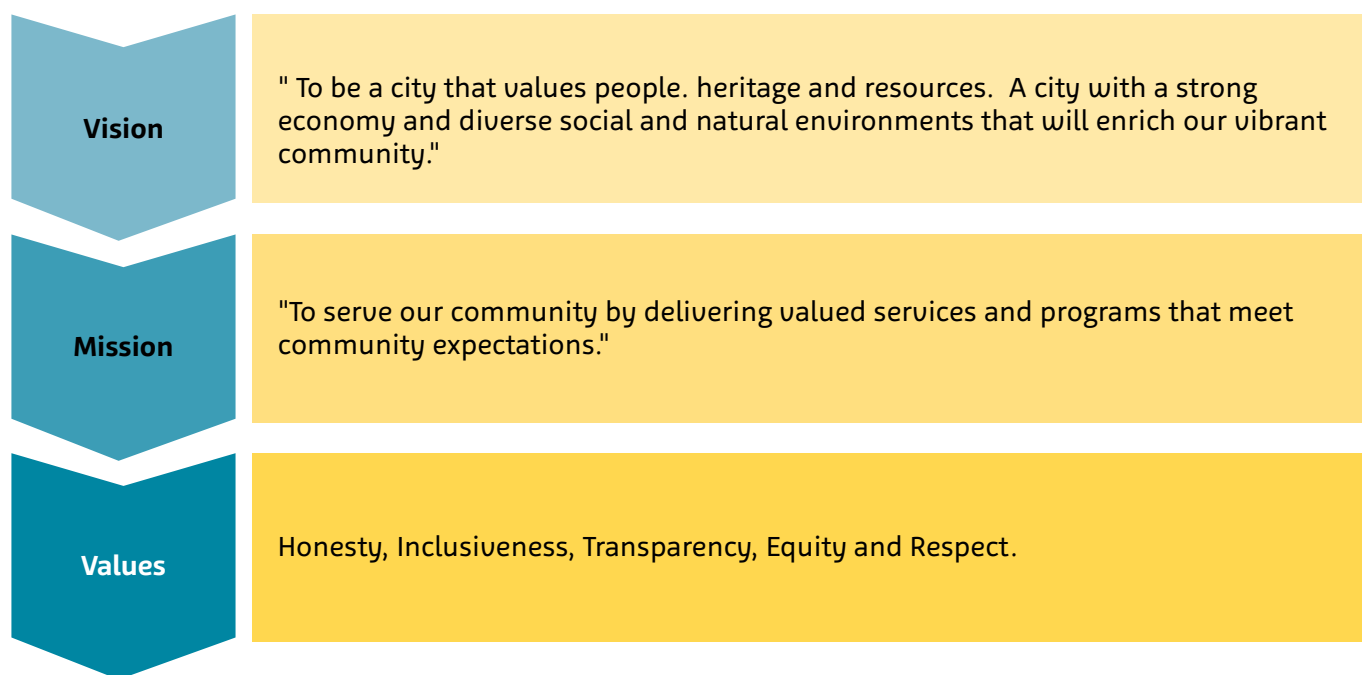
To strengthen Council's focus on achieving positive outcomes for the community and to further encourage an integrated planning approach, a set of common strategic indicators and measures have been developed. These indicators, depicted in Appendix 3, sit across both the Council and Community Plans, measuring the progress against each of the themes. These performance measures are also included in the outcome evaluation of the MPHWP.

### 11.3 Council Plan 2013 – 2017

The Council Plan outlines the strategic direction of the City of Manningham over a four year period. The Council Plan 2013 – 2017 has adopted the Generation 2030 Community Plan six key strategic themes and has identified a series of goals and its own specific indicators. The Vision, Mission and Values for the Council Plan are shown below with the themes, objectives and goals in Appendix 4:

### 11.4 Municipal Strategic Statement

The Municipal Strategic Statement (MSS) provides a framework for land use planning and development within the City of Manningham. The MSS considers land use, built form, open space, natural environment, infrastructure and transportation. All of these issues are also considered within the Generation 2030 Community Plan, the Council Plan and the Healthy City Plan and have an impact on the health and wellbeing of the community.



### 11.5 Integrating Health and Wellbeing across Council and the Community

Every service unit within Council recognises it has a role in health and wellbeing and incorporates this into the planning and review process of existing and new Council strategic documents. This form of integrated planning across Council ensures that community wellbeing is considered at all levels of decision-making and service delivery. Figure 7 depicts the inter-relationship that already exists and the depth of work already delivered across the built, social, economic and natural environments influencing the broader determinants of health.



## Social Environment (Healthy and Safe City):

Access and Inclusion Policy, Ageing Well in Manningham, Community Safety Plan, Drug and Alcohol Action Plan, Gambling Policy, Emergency Management Plan, Reconciliation Action Plan, Multicultural Strategy, Municipal Early Years Plan, Active for Life – Recreation Strategy, Volunteer Policy, Youth Policy, Prevention of Violence Against Women Strategy, Mental Health Action Plan, Walk Manningham, Art and Cultural Strategy, Flood Management Plan, Multicultural Communications Strategy, Communications Strategy, Human Rights Charter, Eastern Region Soccer Strategy.

## Council Strategic Documents

Generation 2030  
Community Plan

Council Plan  
2013/17

Municipal  
Strategic  
Statement

## Economic Environment (Viable City):

Economic Development Strategy, 10 Year Financial Strategy, Local Activity Centre Plan, Activity Centre Strategy, Food Safety Strategy, Local Laws and Amenities, Registration of Health Premises, Tobacco Control.

Relevant **State** Policies and Strategies

## Social Determinants of Health and Wellbeing

Relevant **National** Policies and  
Strategies

## Built Environment (Liveable City):

Manningham Planning Scheme, Residential Strategy, Aquarena Master Plan, Asset Management Plan, Bicycle Strategy, Capital Works Policy, Community Facilities, Doncaster Hill Strategy, Doncaster Hill Pedestrian and Cycling Plan, Graffiti Strategy, Integrated Transport Strategy, Templestowe Village Structure Plan, Risk Management Framework, Road Asset Management Plan, Road Management Plan, Road Safety Strategy, Arterial Road Improvement Strategy, Public Lighting Procedures and Guidelines, Roadside Environmental Management Strategy, Doncaster East Village Structure Plan, Principal Pedestrian Network Plan.

Strategic and  
Health  
Promotion Plans  
from Local and  
Regional  
Services and  
Organisations

## Natural Environment (Resilient City):

Securing the Future, Public Open Space Strategy, Bushland Management Strategy, Climate 2020 Action Plan, Drainage Strategy, Green Wedge Strategy, Various Reserve Management Plans including Mullum Mullum, Reischiecks, Koonung Creek and Ruffey Lake Park Management Plans, Strategic Water Management Plan, Sustainable Water Management Plan, Domestic Wastewater Management Plans, Waste Management Plans, Urban and Park Design Guidelines, Waste Management Strategy.

Figure 7: Policies and Plans positively impacting community health and wellbeing as part of the integrated planning process across Council and community





# 12.0 Developing Manningham's Healthy City Plan 2013/17

*“Leadership is about capacity - the capacity of leaders to listen and observe, to use their expertise as a starting point to encourage dialogue between all levels of decision-making, to establish processes and transparency in decision-making, to articulate their own values and visions clearly but not impose them. Leadership is about setting and not just reacting to agendas, identifying problems, and initiating change that makes for substantial improvement rather than managing change.” Dr Ann Marie E. McSwain*

Manningham's Healthy City Plan 2013–2017 is Council's seventh Municipal Public Health and Wellbeing plan, and demonstrates our ongoing commitment to the health and wellbeing of the local community. In developing the plan, a comprehensive process was undertaken to ensure the plan is innovative, contemporary and meets the current and future needs of our people.

## 1.1 Planning Process

Manningham's Healthy City Plan has included key planning phases including the development of a Steering Committee, review of the broader policy context, municipal research, community consultation, development of a joint action plan, implementation, monitoring and evaluation.

The planning cycle (Figure 8) allows for an annual review to assess positive progress whilst identifying any new gaps or community needs. The process has also allowed for the active involvement of a broad range of stakeholders and community members.



Figure 8: Manningham's Healthy City planning process adapted from Department of Human Services 2009, Heatwave Planning guide, Melbourne

## 12.2 Municipal Public Health and Wellbeing Plan Steering Committee

A Steering Committee comprising senior representatives from key organisations, service providers and Council was engaged to provide the strategic direction and governance of the MPHWP for Council. Its aim is:

### Aim

"To work in partnership to strategically develop, implement, monitor and evaluate the Manningham Municipal Public Health and Wellbeing Plan 2013 - 2017."

More specifically the Committee:

- Provided expert advice on key health and wellbeing issues for Manningham residents.
- Advised on the Healthy City Plan's development, implementation, monitoring and evaluation process.
- Identified key current and emerging health and wellbeing issues and service gaps in Manningham.
- Worked in partnership to develop the Health and Wellbeing Principles, Priorities and Actions.
- Promotes a partnership approach to service co-ordination to optimise health outcomes for the community.
- Promotes and supports the implementation of the MPHWP across the community.

The MPHWP Steering Committee will continue to play an ongoing role in the delivery of agreed actions, monitoring and annual review, to ensure the plan continues to meet the changing needs of the community.

## 12.3 Research and the Evidence Puzzle

Manningham's Healthy City Plan has been developed using evidence based principles ensuring that the strategic priorities and actions have been based on research, best practice and consultation. Some of these elements included:

- Review of the broader political context and strategic directions of local, regional and state services
- Research on the demographic and population health data used to develop 'Manningham's Health and Wellbeing Plan Research Paper'. (Appendix 5 provides a summary of the key findings)
- Review of state and local health and wellbeing measures to develop long term indicators
- Review and analysis of equity data to determine populations of disadvantage
- Analysis of local health issues, services, trends and gaps
- Internal scan of Council's plans and policies that supports public health and wellbeing
- Mapping local and broader best practice public health initiatives.

Figure 9 depicts the breadth of the evidence and information considered by Council and its partners in informing the plan.

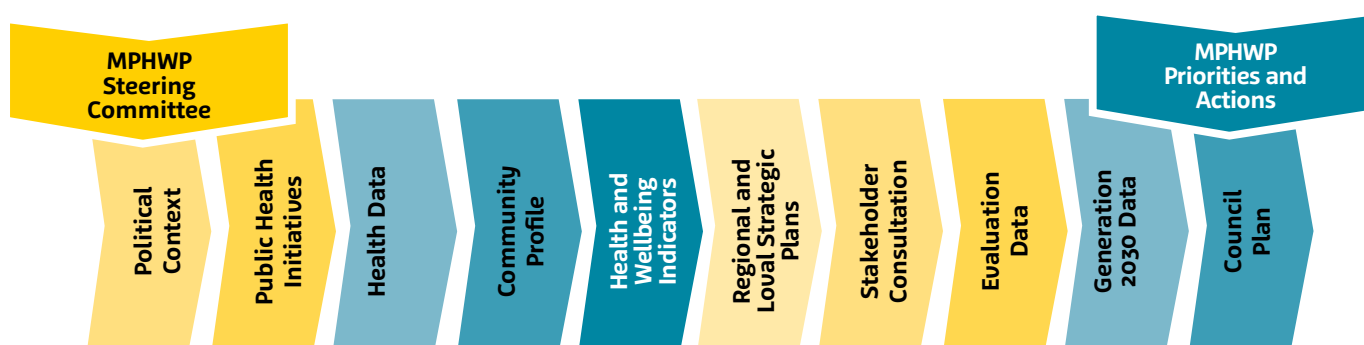


Figure 9: The Evidence Puzzle: Evidence sources used in the development of the MPHWP

## 12.4 Evaluation of Municipal Public Health Plan 2009 /–20 13

To add to the evidence, the Municipal Public Health Plan 2009 – 2013 was evaluated and outcomes or impacts on the community's health and wellbeing over the last four years were measured. This was undertaken by gathering baseline data collected by interviewing residents in 2010 on their behaviour, attitude and understanding of issues across the four health priorities: Healthy Mind, Healthy Lifestyles, Healthy Places and Spaces and Healthy Partnerships. A similar process was undertaken in 2012 to compare changes and the results were considered as part of the planning for Manningham's Healthy City Plan 2013 – 2017. Appendix 7-9 outlines the key findings and the full report is available for viewing on the Manningham website [www.manningham.vic.gov.au](http://www.manningham.vic.gov.au).

## 12.5 Consultation

An extensive community engagement and consultation process has been undertaken to gain the views of the community on the health and wellbeing needs of Manningham. To support the process, a survey tool (Appendix 10) was developed and distributed across the community considering the following factors:

- The social, economic, natural and built environment factors impacting on health and wellbeing
- Health and wellbeing issues
- Protective influences on health.

The survey was completed by over 1600 members of the community, Council staff, service providers, businesses and community groups. The results of the consultations provided a valuable insight into the perspectives of our community and form a vital piece of the broader evidence.

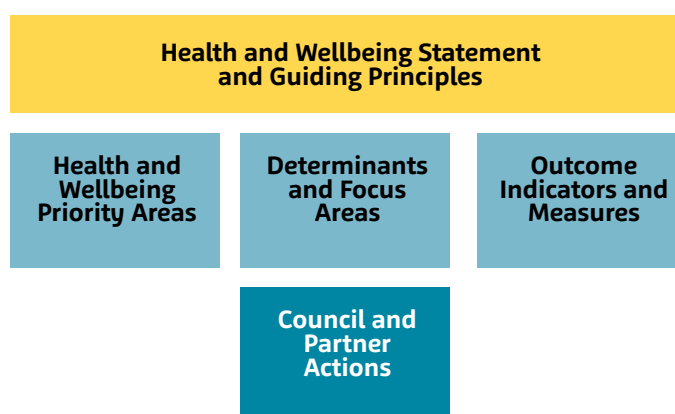
## 12.6 Generation 2030 Community Plan Consultation

Generation 2030 was a visionary project to tap into the collective wisdom of all generations across the community to find out what their wish is for Manningham in 2030. As part of the project, over 2000 people were consulted with more than 20,000 wishes and ideas gathered. The project gained information from people of all ages, abilities and backgrounds using broad consultation and community engagement techniques including surveys, workshops, online, art based projects, postcards and participation in over 25 events and festivals. The results from those consultations have been collated (Appendix 6) and used to inform the development of the Generation 2030 Community Plan and to inform other council plans and documents, including Manningham's Healthy City Plan 2013 – 2017.

## 12.7 Partnership Action Plan

Having taken a population health planning approach, Manningham's Healthy City Action Plan demonstrates a collective and collaborative effort towards addressing joint priorities and the relevant determinants that impact on these issues.

The plan is guided by a Health and Wellbeing Statement and six Guiding Principles. It has five priority areas, each with its own goal and a series of objectives aimed at addressing the issue. The action plan also outlines what each organisation has committed to deliver over the four years and how these actions will be measured. In this way, each partner plays a vital role in the implementation of actions and actively supports the plan's ultimate success.





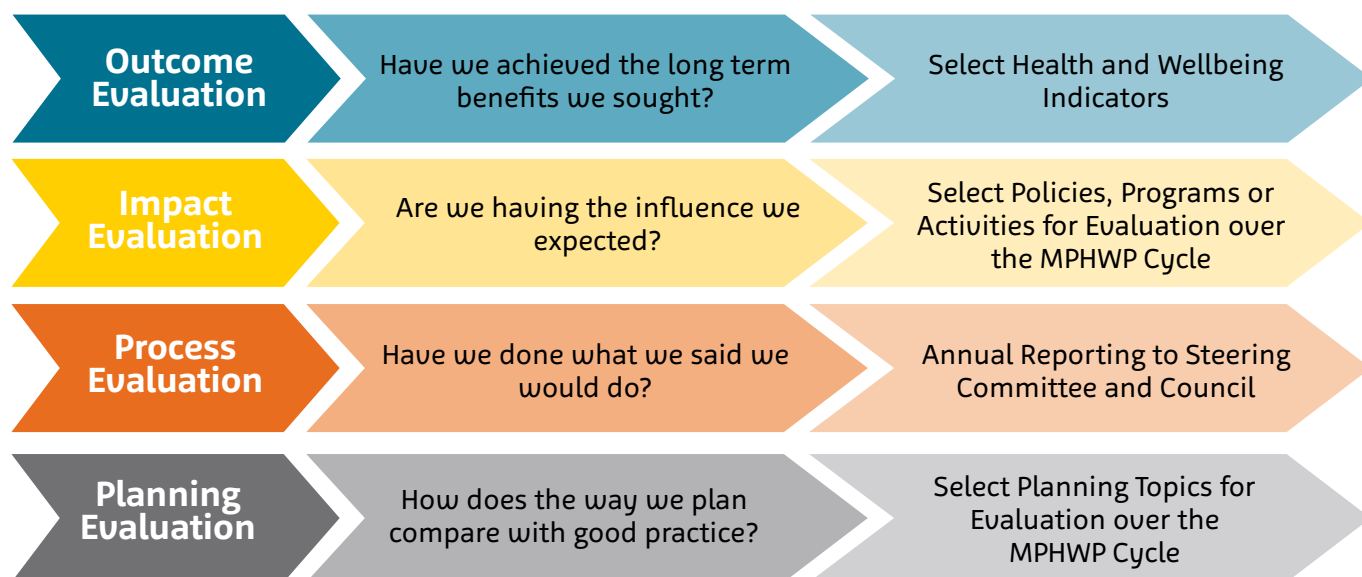
## 12.8 Review

The Health and Wellbeing Act 2008 Section 26(4) states that “A Council must review its MPHWP annually, and if appropriate, amend the Plan.” Manningham’s Healthy City Plan will be annually reviewed with the MPHWP Steering Committee and a report will be submitted to Council. The annual review will consider actions within the timelines of the previous financial year and will determine if they are still appropriate and the best way for Council and its partners to invest their efforts in the future year(s).

## 12.9 Evaluation

Evaluation is an integral part of Manningham’s Healthy City Plan. Council and its partners agreed to take a multi-layered approach to measure the effectiveness of the plan. The evaluation framework being used considers both the broad influence of the plan and the effectiveness of its strategies. Figure 10 illustrates the evaluation framework developed to measure the success of MPHWP, through Eastern Region’s Department of Health and Local Government Evaluation Project which has been adopted in this plan.

The outcome evaluation measures used in the plan are made up of a range of health and wellbeing indicators acquired through Community Indicators Victoria, Community Strengthening Indicators, Department of Health Data, ABS, Vic Health and Council data to determine long term changes to health conditions. The impact evaluation includes a review of 6six strategic actions to determine whether the interventions have had the desired influence. On an annual basis a review of the plan’s actions will be undertaken to determine how Council and its partners are progressing. The plan will also evaluate the effectiveness of the partnership within the Steering Committee using VicHealth’s Partnerships Analysis Tool . Appendix 13 provides the overall evaluation plan for this document.



# 13.0 Health and Wellbeing in Manningham

In an effort to determine the issues and growing trends for Manningham, Council underwent an evidence gathering process which has been used in decision making on the strategic directions and correlating actions. Appendices 5-12 illustrate the results of the research and consultation undertaken.

The evidence was collated and the following illustrates a summary of the key findings across the four environments of health, the most significant health issues impacting on the Manningham community and the preferred preventative factors that the community and research identified as essential activities to be undertaken in Manningham to address identified concerns.

Social Priorities	Economic Priorities	Built Priorities	Natural Priorities
Access to services and health care  Community participation Safety  Healthy lifestyle choices	Education and lifelong learning  Affordability of goods and services  Fresh food choices  Secure employment options	Clean and safe environments  Public transport  Roads, paths and trails  Housing choices	Parks and open spaces  Water  Energy  Waste and sewerage
Key Health Priorities		Preferred Preventative Activities	
Mental health Obesity Family violence Dementia Diabetes Binge drinking Cancer		Healthy lifestyles Access to information and services Recreation and leisure Affordability of goods and services Liveable places and spaces Protection of person and place Social connection	



# 14.0 Manningham's Healthy City Plan Priorities

After considering all the evidence, five priorities areas have been identified for attention by Council and the community over the next four years. These are underpinned by a health and wellbeing statement, guiding principles and a set of targeted communities.

**Health and Wellbeing Statement:**  
Manningham strives for an active, connected, safe and equitable community that embraces healthy living and participates in our valuable natural and urban surrounds.

## Our Priority Areas:

Mental Wellbeing  
Healthy Living  
Safety  
Healthy City  
Leading Change

## Our Guiding Principles:

Belonging  
Inclusion  
Access  
Sustainability  
Partnership  
Diversity

## Our Priority Communities:

Socially Isolated  
Older Residents  
People with Disabilities  
Disadvantaged  
Youth  
Women and Children  
Experiencing Violence

To tackle these priority areas, the social determinants or focus areas impacting on the health issues will be addressed under the partnership model to strengthen the health and wellbeing outcomes to the community. These are represented below.





# 15.0 Manningham's Healthy City Action Plan 2013 – 2017

## 15.1 Health and Wellbeing Statement

Manningham strives for an active, connected safe and equitable community that embraces healthy living and participates in our valuable natural and urban surrounds.

## 15.2 Guiding Principles

**Belonging:** We believe in building and fostering a strong local connection to Manningham.

**Inclusion:** We are committed to encouraging the inclusion of all members of the community.

**Access:** We promote equitable access to built and natural environments, services, programs and economic resources.

**Sustainability:** We strive to create a sustainable future by enhancing the interconnection between social, economic and environmental systems.

**Partnership:** We believe that the journey to a collective goal is achieved through collaboration, co-operation, partnership and shared values.

**Diversity:** We are committed to recognising and valuing individual differences and needs within our community.

## 15.3 Priority, Issue and Target Group

Five strategic priority areas have been identified in the plan which aim to address health and local issues of greatest concern to Manningham. In addition, the research shows that some specific target population groups have poorer health outcomes in the identified health issues. To address this, Council and its partners will strategically plan and deliver specific localised projects for these target groups whilst implementing broader interventions at a social determinant level which will improve the wellbeing of the whole population.



## 15.4 MENTAL WELLBEING

**Mental Wellbeing Goal:** Using a collaborative approach, we will enhance the mental wellbeing of people within the community by encouraging social inclusion, participation, opportunities for education and work and access to services.

### Determinants, Focus Areas and Objectives

Priority Areas	Focus Areas
<b>Social Inclusion (SI):</b> To encourage people across Manningham, in particular those who are socially disadvantaged, to become involved in community life through active participation and engagement, provision of information and improved access to services.	<b>Focusing on:</b> <ul style="list-style-type: none"> <li>• Involvement in community and group activities</li> <li>• Supportive relationships</li> <li>• Civic engagement</li> <li>• Access to services</li> </ul>
<b>Freedom from Discrimination and Violence (FD&amp;V):</b> To embrace, value and celebrate diversity within Manningham by fostering a connected, safe and inclusive community.	<b>Focusing on:</b> <ul style="list-style-type: none"> <li>• Valuing diversity</li> <li>• Physical security</li> <li>• Personal control</li> </ul>
<b>Access to Economic Resources (AER):</b> To enhance opportunities for residents to engage in local employment and education and to have access to affordable housing.	<b>Focusing on:</b> <ul style="list-style-type: none"> <li>• Work</li> <li>• Education</li> <li>• Housing</li> <li>• Money</li> </ul>

*Mental Wellbeing Indicators and Measures on page 95.*

*Determinants and Focus Areas based on VicHealth's Mental Health Promotion Framework*



## 15.4 MENTAL WELLBEING continued

Mental Wellbeing Actions		Determinant / Focus	Lead Org / Unit
Regional Organisations			
1.1	1.1.1 To develop and/or implement a range of catchment wide mental health related projects and services to address mental wellbeing including Access to Allied Psychological Services (ATAPs), suicide prevention, children's (0-12 years) mental health and peri-natal depression project, 'Headspace' (subject to successful submission), Mental Health Nurse program and ATAPS Tier One program addressing mental health needs of disadvantaged populations.	SI	IEMML
	1.1.2 Apply a health and gender equity lens in population health and service/program planning processes.	FD&V	
	1.1.3 Subsidise psychological and mental health services using ATAPs to ensure access to the most disadvantaged.	SI, AER	
	1.1.4 Deliver cultural sensitivity awareness training (Indigenous and CALD) in private General Practice settings and provide cross language information on access to GP Services to improve access.	SI, FD&V	
	1.1.5 Subsidise social inclusion and mental health literacy programs to organisations servicing Manningham.	SI	
1.2	1.2.1 Deliver Opening Doors Community Leadership and Inclusion Program in partnership with local governments, community agencies and community members.	SI	IEPCP
	1.2.2 Undertake research on social inclusion and community leadership to inform and resource IEPCP member action and evaluation efforts.	SI	
	1.2.3 Provide capacity building and technical support to strengthen person centred planning and service integration across member agencies, targeting older people and people with dementia to facilitate increased self determination, increased participation and enhanced mental health.	SI	
	1.2.4 Facilitate a range of capacity building and partnership interventions including partnership work in integrated evaluation measures, including economic analysis frameworks.	FD&V and AER	
	1.2.5 Deliver responsible gambling awareness interventions.	AER	
	1.2.6 Develop a responsible gambling awareness framework to inform and support member intervention and evaluation of responsible gambling strategies.	AER	
1.3	1.3.1 Establish and deliver support groups to newly arrived refugee families from Iran including information sessions, healthy lifestyle activities and social outings.	SI	MIC



Mental Wellbeing Actions		Determinant / Focus	Lead Org / Unit
Manningham City Council			
1.4	1.4.1 Provide opportunities to have a positive influence on people's mental health and wellbeing by reviewing and implementing the Mental Health Action Plan.	SI, FD&V, AER	SCS
	1.4.2. Encourage social inclusion of people with disabilities through the implementation of the Access and Inclusion Policy and Action Plan.	SI, FD&V, AER	
	1.4.3. Advocate for additional services and improved access for people who are disadvantaged in the community.	SI, FD&V, AER	
	1.4.4. Encourage harmony and reduce barriers for people from diverse backgrounds from participating in the life of their community through the implementation of the Multicultural Strategy.	SI, FD&V	
	1.4.5. Investigate the needs of socially isolated and disadvantaged residents in Bulleen and deliver initiatives to effectively address the service gaps using a place based approach.	SI, AER	
	1.4.6 Investigate the social needs of residents in the existing and future Doncaster Hill developments to encourage community connection, inform future planning and ensure adequate service provision to the area.	SI, AER	
	1.4.7 Advocate for and support programs and initiatives that prevent and address the growing youth mental health concerns in Manningham.	SI, FD&V, AER	
	1.4.8 Investigate the development and implementation of a Diversity, Access and Inclusion Policy that strategically streamlines existing plans and informs all of Council's future plans and policies.	SI, FD&V	
	1.4.9 Build links with dementia peak bodies and services and advocate for the needs of local community.	SI	
	1.4.10 Provide and improve access to facilities and public spaces to encourage usage by the community.	SI	P&R & EEP
	1.4.11 Work with sporting clubs and community groups to promote access and inclusion via funding initiatives, rental subsidies, grant support and advocacy.	SI, AER	

## 15.4 MENTAL WELLBEING continued

Mental Wellbeing Actions		Determinant / Focus	Lead Org / Unit
Manningham City Council			
	1.4.12 Develop and deliver active and passive programs and initiatives through the implementation of the Recreation Strategy to engage people who are socially isolated.	SI	EEP
	1.4.13 Provide welcoming and safe environments for people to enjoy and socialise through the development and review of management plans for parks and reserves.	SI, FD&V	
	1.4.14 Plan places with the intention of providing the community including local business with high quality, sustainable, vibrant and integrated economic, residential and social hubs.	AER	
	1.4.15 Create opportunities for economic participation for all in Manningham, through maintaining services to attract and retain business, support and develop leading local business, activating and improving activity centres and enhancing Manningham tourism.	SI, AER	
	1.4.16 Provide community care services to eligible disadvantaged and disengaged members of the Manningham community to support their participation in community life.	SI, FDV, AER	ADSS
	1.4.17 Work in partnership with the Manningham Centre Association to ensure the Manningham Centre continues to provide and develop high quality residential care services.	AER	
	1.4.18. Build capacity of staff within the Aged and Disability Support services program area to improve awareness of mental Wellbeing issues and services available to those affected.	SI, FDV	
	1.4.19 Through partnerships, deliver community awareness programs to older residents.	SI, FDV	
	1.4.20 Build staff understanding and awareness of the needs of people from diverse backgrounds through training, information and development.	SI, FDV	ODU
	1.4.21 Develop and endorse a 'Mental Health and Wellbeing at Work' Policy.	SI, FDV	
	1.4.22 Promote and support equitable employment and career development through the delivery of EEO policies and practices.	FDV	
	1.4.23 Provide an appropriate level of resources to support a safe workplace culture.	FDV	
	1.4.24 Keep the community informed of opportunities to engage and become involved in the community and Council activities through a variety of media including Manningham Matters, website, social media and local papers.	SI, FDV	C&M
	1.4.25 Provide resources in languages other than English to improve access and information provision to non English speaking residents.	FDV	

Mental Wellbeing Actions		Determinant / Focus	Lead Org / Unit
Manningham City Council			
	1.4.26 Develop and promote inclusive community activities and events.	SI	CS
	1.4.27 Develop and deliver cultural development programs that use the arts to engage groups or individuals who would benefit from inclusion.	SI	
	1.4.28 Support community based activities that bring people together at a neighbourhood level, such as “Know Your Neighbour” to enhance community connection, harmony and unity.	SI, FDV	
	1.4.29 Undertake a major community development project annually, engaging marginalised communities in arts projects.	SI, FDV, AER	
	1.4.30 Continue to support youth live music events that reflect the diverse interests of young people in Manningham.	SI, FDV	
	1.4.31 Continue to meet the social and cultural needs of older adults through the delivery of a dynamic suite of senior’s events.	SI, FDV	
	1.4.32 Give Indigenous art and culture a high profile within events programming.	SI, FDV	
	1.4.33 Continue to deliver an annual community training program that meets the needs of local community organisations.	SI, AER	
	1.4.34 Introduce an annual community survey to guide the topics for community training.	AER	
	1.4.35 Provide opportunities for young people to access work experience and university work placements within Cultural Services.	SI, AER	
	1.4.36 Develop partnerships with local Aboriginal community organisations that are best placed to provide advice on local Aboriginal social and health issues.	FD&V	
	1.4.37 Deliver Manningham’s Reconciliation Action Plan to demonstrate inclusion and respect of the Aboriginal community.	SI, FD&V	



## 15.4 MENTAL WELLBEING continued

Mental Wellbeing Actions		Determinant / Focus	Lead Org / Unit
Local Organisations			
1.5	1.5.1 Deliver the Doncare Counselling Program to assist people who are socially isolated to improve self perception and engage in suitable community programs.	SI, FD&V, AER	Doncare
	1.5.2 Promote and deliver social and recreational outings to community venues as part of the Social Support to Seniors activities.	SI, FD&V	
	1.5.3. Promote and deliver Volunteering in Manningham (ViM) to assist people to connect with their community by becoming active citizens through volunteering.	SI, AER	
	1.5.4 Support families to actively participate in the community, source financial and practical resources and enhance their family life experience through the delivery of the Information and Emergency Relief Program.	SI, FD&V, AER	
	1.5.5 Subject to availability of funding to continue to implement the Hands On Parenting Support (HOPS) Program to parents who are experiencing difficulty in coping with children less than five years of age.	SI, AER	
	1.5.6. Provide financial and material aid support and referral to people who are experiencing financial hardship as part of the Information and Emergency Relief (I&ER).	SI, FD&V, AER	
	1.5.7 Provide small grants to women who have experienced domestic violence via the Dorothy Rose Fund.	AER	
	1.5.8 Assist eligible financially disadvantaged residents via the Social Support Program.	AER	
	1.5.9 Assist families and pensioners on low incomes on low incomes with costs associated with utility bills, school activities and costs and, social inclusion activities.	SI, AER	
	1.5.10 Subject to funding to continue provision of Access to Allied Psychological Services (ATAPS) peri-natal depression project and PS4 KIDS for children aged 0-12 years.	AER	

Mental Wellbeing Actions		Determinant / Focus	Lead Org / Unit
Local Organisations			
1.6	1.6.1 Deliver a range of group programs that address social isolation in the community, for example, fitness and friendship, music groups, Men's Shed, Tai Chi for women and supported playgroups etc.	SI	MCHS
	1.6.2 Develop and implement the Connecting Manningham Program to support isolated and vulnerable residents and link them to community activities and services.	SI	
	1.6.3 Continue the implementation of the Improving Service Access for the Chinese Community (ISACC) to connect and improve access to services and programs.	SI, FD&V, AER	
	1.6.4 Deliver 6000 hours of Volunteer Supported Transport to Manningham residents who are isolated due to lack of suitable transport.	SI, AER	
	1.6.5 Support local kindergartens and child-care services to implement mental wellbeing health promotion strategies including Kids Matters.	SI, FD&V, AER	
	1.6.6 Support the inclusion of children with developmental delay, and their families, in mainstream early childhood settings through the delivery of the Stride Forward Early Intervention Program.	SI, AER	
	1.6.7 Deliver Mental Health First Aid training to the community to educate and raise awareness of mental health issues and address associated stigma.	SI, FD&V	
	1.6.8 Provide a financial counselling service to the community in partnership with EACH.	AER	
	1.6.9 Deliver direct services to people with mental health issues, including general counselling, mental health nursing, child psychology and mindfulness programs.	SI, AER	
	1.6.10 Investigate the opportunities to provide a Dementia Support Program.	SI	
1.7	1.7.1 Develop opportunities for youth to engage in the community via the Mentoring Program.	SI, FD&V	MYMCA
	1.7.2 Implement the social media and gaming leadership committees to address addictive behaviours in youth.	SI	
	1.7.3 Provide parent information sessions and handbooks on the risk around social media and gaming to build their understanding and awareness.	SI	
	1.7.4 Continue to provide Youth Support Services that improve the wellbeing and engagement of young people by delivering counselling, preventative programs and community development initiatives.	SI, FD&V, AER	

## 15.4 MENTAL WELLBEING continued

Mental Wellbeing Actions		Determinant / Focus	Lead Org / Unit
Local Organisations			
1.8	1.8.1 Support carers and elderly residents by increasing the number of day and night respite care places.	SI, AER	MCA
	1.8.2 Where there is a demand, develop new aged care services that are complementary to MCA's existing range of services.	AER	
1.9	1.9.1 Develop a broad range of health and wellbeing programs to meet changing community needs.	SI, AER	NHH
	1.9.2 Deliver a wide variety of health, fitness, wellbeing, educational activities and events that caters for a broad range of abilities.	SI, FD&V, AER	
	1.9.3 Monitor and review policies and practices to ensure people are free from discrimination and violence at all facilities and programs.	FD&V	
	1.9.4 Provide courses that improve the pathway to further education and employment for youth, parents returning to work and culturally diverse communities.	SI, AER, FD&V	
	1.9.5 Encourage volunteering to support people within the local community to contribute and become engaged.	SI, AER	
	1.9.6 Provide affordable courses with the assistance from Adult community and Further Education Centre and Higher Education Skills Group.	AER	
1.10	1.10.1 Form an awareness campaign through a collaboration of local service providers targeting socially isolated community groups/members to increase access and better inform service options.	SI, AER	Onemda
	1.10.2 Deliver a range of education programs focusing on support, engagement and increased participation for people with a disability.	FD&V, AER	
	1.10.3 Explore and advocate for the needs of people with a disability to gain local employment.	SI, AER	
1.11	1.11.1. Deliver a range of services to people with mental health issues supporting social inclusion and access to economic resources such as education and employment.	SI, FD&V, AER	NEAMI
	1.11.2. Investigate and implement service innovations that result in improvements in people's wellbeing, their mental health outcomes and their participation in society.	SI, AER	
	1.11.3. Advocate for and work in partnership with organisations to expand service options for people recovering from mental illness in Manningham.	SI	



# 15.5 HEALTHY LIVING

**Healthy Living Goal:** Together we will support and encourage the community to participate in healthy living by improving access to information on healthy lifestyle, increasing health literacy, creating active places and spaces and delivering inclusive and accessible services and programs.

Determinants, Focus Areas and Objectives	
Priority Areas	Focus Areas
<b>Active Places and Spaces (AP&amp;S):</b> Design and provide well connected, accessible and aesthetically pleasing natural and built environments that encourage walkability, active travel and healthy living.	<b>Focusing on:</b> <ul style="list-style-type: none"> <li>• Road, paths and trails</li> <li>• Amenities</li> <li>• Parks and open spaces</li> <li>• Clean and safe environments</li> </ul>
<b>Healthy Living (HL):</b> Promote and encourage the community to participate in physical activity and adopt healthy food choices to improve their wellbeing and minimise chronic diseases.	<b>Focusing on:</b> <ul style="list-style-type: none"> <li>• Food security</li> <li>• Physical activity</li> <li>• Participation by community</li> </ul>
<b>Access to Facilities, Programs and Information (AFP&amp;I):</b> Improve access to facilities, programs and the provision of information to encourage equitable participation and usage.	<b>Focusing on:</b> <ul style="list-style-type: none"> <li>• Access to recreational facilities</li> <li>• Affordability of goods and services</li> <li>• Safe and inclusive facilities and programs</li> <li>• Information provision</li> </ul>

*Healthy Living Indicators and Measures on page 98*



## 15.5 HEALTHY LIVING continued

Healthy Living Actions		Determinant / Focus	Lead Org / Unit
Regional Organisations			
2.1	2.1.1 Support local governments in health promotion initiatives.	HL	IEMML
	2.1.2 Provide care to people experiencing chronic disease, including patient education and lifestyle risk modification programs.	HL, AFP&I	
	2.1.3 Support regional initiatives to improve health literacy and self management capacity of people with chronic disease.	HL, AFP&I	
	2.1.4 Support health promotion initiatives via existing networks and the Inner East Primary Care Partnership.	HL, AFP&I	
	2.1.5 Deliver direct chronic disease management services such as Healthy@Home to support residents remain longer in their home environments.	HL, AFP&I	
2.2	2.2.1 Undertake research to inform and resource IEPCP member action and evaluation.	AP&S	IEPCP
	2.2.2 Deliver integrated chronic disease capacity building interventions in partnership with members to increase health literacy and facilitate increased participation in physical activity, healthy food choices and lifestyle decisions, to improve wellbeing and enhance self management of chronic disease.	HL, AFP&I	
	2.2.3 Provide capacity building and technical support to strengthen person centred planning and service integration across member agencies to facilitate self determination, increased awareness of facilities and programs and enhanced community participation to support healthy living.	AFP&I	
2.3	2.3.1 Deliver programs to the CALD community that include trips and social activities to local services and community spaces.	AFP&I	MIC
	2.3.2 Promote healthy lifestyles to the CALD community to encourage healthy living and positive emotional wellbeing.	HL	
	2.3.3 Through the Access and Support Program assist older and younger people with disabilities to access HACC services to maintain independent living where diversity is a barrier to accessing services.	HL, AFP&I	

Healthy Living Actions		Determinant / Focus	Lead Org / Unit
Manningham City Council			
2.4	2.4.1 Deliver health promotion activities that encourage Manningham residents to pursue healthier lifestyles and address risk factors impacting on their wellbeing.	HL, AFP&I	SCS
	2.4.2 Investigate, develop and deliver best practice targeted programs for men and children to address growing obesity rates in these groups in Manningham.	HL, AFP&I	
	2.4.3 Advocate for increased programs and improved service access for people from diverse or disadvantaged backgrounds.	HL, AFP&I	
	2.4.4 Investigate the barriers for Manningham residents to engage in healthy lifestyles and develop initiatives to address these in partnership with local organisations.	HL, AFP&I	
	2.4.5 Work actively with the early year's sector to promote healthier lifestyle choices and encourage organisations to achieve components of the Victorian Prevention and Health Promotion Achievement Program.	HL, AFP&I	
	2.4.6 Allocate and enhance public facilities that encourage and promote active living including sporting clubs, parks and reserves and sporting hubs.	AP&S	P&R
	2.4.7 Develop access agreements that encourage sporting groups to deliver inclusive programs.	HL, AFP&I	
	2.4.8. Advocate for and deliver funding opportunities that target CALD communities and Access for All etc.	HL, AFP&I	
	2.4.9 Implement initiatives that promote and encourage active communities as defined in the Active for Life Recreation Strategy, the Open Space Strategy and the Walk Manningham Plan.	AP&S, HL, AFP&I	EEP
	2.4.10 Create open spaces and parks with good surveillance, safe pedestrian access, walking paths, trees for shade and accessible public amenities.	AP&S	
	2.4.11 Encourage protection and use of open spaces in Manningham through the implementation of the Open Space Strategy and recreational initiatives that foster and support play, fitness, healthier living and exploration.	AP&S, HL	
	2.4.12 Continue to provide path upgrades, walking circuits, fitness equipment and new informal recreational facilities to encourage diversity of use.	AP&S, HL	
	2.4.13 Retain and nurture Manningham's shopping centres as vibrant, viable, economic and social hubs as part of the review of the Activity Centre Strategy 2005 and Local Activity Centre Plan 2007.	AP&S, AFP&I	
	2.4.14 Investigate the development of a Manningham Food Security Plan to ensure the community has access to a reliable, affordable and nutritious food supply.	HL	
	2.4.15 Deliver targeted programs that encourage physical and social activity including Boomers, park activation programs.	HL, AFP&I	



Healthy Living Actions		Determinant / Focus	Lead Org / Unit
Manningham City Council			
	2.4.16 Resource community recreation and sporting organisations to provide an extensive range of inclusive activities the engage and involve the community in healthier living.	HL, AFP&I	
	2.4.17 Facilitate Travel Smart initiatives in schools and preschools, to encourage active travel in the early years.	HL, AFP&I	
	2.4.18 Map the existing physical activity programs delivered across Council and community to determine overlap, opportunities to provide more co-ordinated services and access for the most vulnerable community members.	HL, AFP&I	
	2.4.19 Deliver a range of community care services and programs with a focus on an active service approach promoting individual independence and client directed goals.	HL, AFP&I	ADSS
	2.4.20 Develop and promote the Staff Health and Wellbeing Program across Council by implementing health promotion campaigns for example, physical activity, sun protection and staff health checks.	HL, AFP&I	ODU
	2.4.21 Deliver community grants that encourage healthy living.	HL, AFP&I	CS
	2.4.22 Facilitate and provide accessible cultural facilities and programs to the community.	HL, AFP&I	
	2.4.23 Support community based visual arts programs, projects and exhibitions by providing access to Manningham Art Studios and MC <sup>2</sup> Walk of Art Community Exhibition Space.	HL, AFP&I	
	2.4.24 Support community based performing arts programs and performances by providing access to Doncaster Playhouse and Manningham Arts Studios.	HL, AFP&I	
	2.4.25 Continue to provide an accessible and innovative suite of courses and workshops in ceramics, painting, drawing, performing arts, wellbeing and other art forms at Manningham Arts Studio.	HL, AFP&I	
	2.4.26 Invite healthy food vendors to outdoor community events, to provide healthy food choices to participants.	HL	
	2.4.27 Provide residents with information on local natural environments, local sporting and recreation opportunities and facilities in Manningham through a variety of media to keep the community informed.	AFP&I	C&M

Healthy Living Actions		Determinant / Focus	Lead Org / Unit
Manningham City Council			
	2.4.28 Finalise the Bicycle Strategy to enhance the existing bicycle networks on roads and within open spaces and inform and educate the community to encourage cycling and active travel in and through Manningham.	AP&S	ETS
	2.4.29 Continue to implement the Principal Pedestrian Network to enhance the network of walking paths across Manningham to encourage active travel to activity centres, transport hubs and schools.	AP&S	
	2.4.30 Develop a business case for public lighting and seating improvements, in support of the Principal Pedestrian Network	AP&S	
Local Organisations			
2.5	2.5.1 Encourage active living for seniors through the delivery of walking groups and healthy living presentations, as part of the Social Support Programs.	HL, AFP&I	Doncare
	2.5.2 Inform and provide an opportunity for people to connect with the community through active volunteering.	HL, AFP&I	
	2.5.3 Promote the benefits of using parks and opens spaces to individuals and families as part of programs such as Information and Emergency Relief.	HL, AFP&I	
	2.5.4. Advocate for people to access gym memberships, recreational groups and sporting clubs as part of the Information and Emergency Relief Program.	HL, AFP&I	
	2.5.5 Investigate the creation of a central food bank for people on health care cards to encourage food security and access to good nutritious food.	HL, AFP&I	
	2.5.6 Encourage housebound seniors to access facilities and programs through the provision of transport, information and referral.	AFP&I	
	2.5.7 Inform and refer people to appropriate services in Manningham to encourage healthy living and improved quality of life, as an integral part of service delivery of all Doncare programs.	AFP&I	



Healthy Living Actions		Determinant / Focus	Lead Org / Unit
Local Organisations			
2.6	2.6.1 Deliver a range of allied health, health coaching and health education programs such as dietetics, physiotherapy, diabetes education, occupational therapy, walking groups, tai chi, fitness and friendship programs, hydrotherapy, strengthening programs, Qi Gong and supermarket tours.	HL, AFP&I	MCHS
	2.6.2 Deliver a range of allied health and parent education programs, such as Occupational Therapy, Speech Pathology, Physiotherapy and group activities.	HL, AFP&I	
	2.6.3 Deliver integrated health promotion activities to early years sector, such as family play kits, active play workshop, and promotion of healthy eating and physical activity.	HL, AFP&I	
	2.6.4 Develop the Medicare Benefit Schedule (MBS) funded service at MCHS to provide better access to Podiatry, Physiotherapy and Speech Pathology.	AFP&I	
	2.6.5 Actively seek new premises to improve access for the community to a wide range of public and low cost health services that are provided by MCHS.	AFP&I	
2.7	2.7.1 Provide the opportunity for people of all ages to participate in sporting and recreational programs.	HL, AFP&I	MYMCA
	2.7.2 Increase the number of programs on offer within Manningham Indoor Highball Stadiums to provide the community with more alternatives and options.	HL, AFP&I	
	2.7.3 Increase the number of exercise options for older adults in Manningham using community facilities to improve access and opportunity.	HL, AFP&I	
2.8	2.8.1 Provide older residents of Manningham with a range of options for personal care and other support services to help them live at home longer.	AFP&I	MCA
	2.8.2 Expand Doncaster Rehabilitation Services to offer more services to more people.	AFP&I	
2.9	2.9.1 Provide and maintain clean, safe and inviting facilities and equipment for the community to enjoy and use.	AP&S	NHH
	2.9.2 Develop and deliver a broad range of programs to meet the community needs including programs that encourage exercise, social engagement and healthy food preparation.	HL, AFP&I	
	2.9.3 Foster healthy eating and lifestyle habits through childcare services.	HL, AFP&I	
	2.9.4 Promote and encourage healthy living through brochures, advertising and information to the community.	HL, AFP&I	
	2.9.5 Participate in Healthy Lifestyle Week to deliver affordable activities that promote healthy living.	HL	



Healthy Living Actions		Determinant / Focus	Lead Org / Unit
Local Organisations			
2.10	2.10.1 Advise and advocate for increased accessibility for people with a disability in Manningham through representation on the Manningham Community Services Advisory Committee.	AP&S	Onemda
	2.10.2 Create an employment environment which fosters a healthy workforce through a range of health and wellbeing through a range of health and wellbeing programs and initiatives.	HL	
	2.10.3 Continue to support community initiative activities for people with disabilities such as “the No Boundaries” cricket program and the “All Abilities Soccer” Program.	HL, AFP&I	
2.11	2.11.1 Improve the physical health of consumers attending NEAMI Services by referring to and partnering with health and community services in Manningham.	HL, AFP&I	NEAMI
	2.11.2 Continue to play a pivotal role in providing resources and encouraging consumer participation in health promotion and healthy living.	HL, AFP&I	





## 15.6 SAFETY

**Safety Goal:** In partnership, we will foster a community that values respectful relationships, encourages gender equity and promotes safer cultures to reduce fear and incidence of family violence, binge drinking and crime rates.

### Determinants, Focus Areas and Objectives<sup>4</sup>

Priority Areas	Focus Areas
<b>Equal and Respectful Relationships (E&amp;RR)<sup>5</sup>:</b> Foster a community that values respectful relationships, gender equity and diversity.	<b>Focusing on:</b> <ul style="list-style-type: none"> <li>• Gender equity</li> <li>• Valuing diversity</li> <li>• Respectful and positive relationships</li> </ul>
<b>Safer Cultures (SC):</b> Support a safer community by promoting non violent norms and safer drinking cultures.	<b>Focusing on:</b> <ul style="list-style-type: none"> <li>• Prevention and prohibition of violent norms</li> <li>• Promote safer drinking cultures</li> <li>• Physical security</li> <li>• Personal control</li> </ul>
<b>Access to Facilities, Programs and Information (AFP&amp;I):</b> Encourage usage of local facilities and programs by improving access to services and information through promotion and the delivery of inclusive practices.	<b>Focusing on:</b> <ul style="list-style-type: none"> <li>• Social inclusion</li> <li>• Access to employment and education</li> <li>• Access to services and information</li> </ul>
<b>Leadership and Policy (L&amp;P):</b> Lead change through the development and implementation of strategic projects that reduce harms associated with violence and alcohol.	<b>Focusing on:</b> <ul style="list-style-type: none"> <li>• Community safety</li> <li>• Liquor licensing and monitoring</li> <li>• Drug and alcohol prevention</li> <li>• Prevention of violence against women</li> <li>• Planning scheme</li> </ul>

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5. Determinants and Focus Areas based on Vic Health Framework for Preventing Violence Against Women



Safety Actions		Determinant / Focus	Lead Org / Unit
Regional Organisations			
3.1	3.1.1 Support Prevention of Violence against Women (PVAW) initiatives across the region, including in-kind and financial support for local activities.	L&P	IEMML
	3.1.2 Working in partnership with Eastern Community Legal Centre, broker elder abuse prevention and early intervention initiatives.	E&RR	
	3.1.3 Advocate for policy to address family violence in the catchment.	L&P	
	3.1.4 Explore the feasibility of expanding priorities, including youth binge drinking, to the Alcohol and Other Drug Sector in the region.	SC	
3.2	3.2.1 Deliver a regional family violence focused Integrated Population Health Planning and Evaluation Resource in partnership with members, to inform and support regional prevention of violence and family violence work.	E&RR, AFP&I	IE PCP
	3.2.2 Resource and support regional elder abuse interventions and strategies.	SC, AFP&I	
	3.2.3. Support the delivery of regional alcohol focused integrated population health planning and evaluation resource with members, to inform and support regional alcohol interventions.	AFP&I	
	3.2.4 Provide strategic capacity building forums for member agencies in partnership with local government, community agencies and community members.	L&P	
3.3	3.3.1 Provide counselling and group sessions for humanitarian entrants to resolve conflict in family relationships and to enhance equal and respectful relationships.	E&RR, AFP&I	MIC
	3.3.2 Support women from CALD backgrounds who are at risk of, experiencing or have experienced family violence through the provision of counselling.	SC, AFP&I	
3.4	3.4.1 Lead the development, implementation and evaluation of "Together for Equality and Respect Action Plan 2013/17.	L&P	WHE

## 15.6 SAFETY continued

Safety Actions		Determinant / Focus	Lead Org / Unit
Manningham City Council			
3.5	3.5.1 Implement the Manningham Prevention of Violence against Women Strategy and Action Plan to work towards the primary prevention of violence against women.	L&P, E&RR, SC, AFP&I	SCS
	3.5.2 Implement the Manningham Community Safety Plan to foster a connected, safe and empowered community.	L&P, E&RR, SC, AFP&I	
	3.5.3 Address rising youth binge drinking issues through the implementation of the Drug and Alcohol Action Plan.	L&P, SC, AFP&I	
	3.5.4 Support strategic state and regional directions to address PVAW and Alcohol Reduction.	L&P	
	3.5.5 Actively support and participate in the implementation of the Women Health East's "Together for Equity and Respect: A Strategy to Prevent Violence Against Women in Melbourne's East".	L&P	
	3.5.6 Seek initiatives, partnership with relevant government bodies and agencies, to develop community safety projects to prevent violence against women, enhance safety and minimise binge drinking.	AFP&I	
	3.5.7 Promote the PVAW message through events, media and activities across the community.	AFP&I	
	3.5.8 Map alcohol usage amongst youth and alcohol related harm and together with community organisations determine community based activities to prevent or minimise the impacts.	SC, AFP&I	
	3.5.9 Investigate the development of a local liquor licensing policy for Manningham to reduce alcohol related harm.	L&P	
	3.5.10 As part of the formal assessment process in Maternal and Child Health, explore and address issues around family violence for women and children.	AFP&I	
	3.5.11 Deliver actions of the Ageing Well in Manningham Strategy to engage older people to feel safe and to support access to programs designed to assist victims of elder abuse and domestic violence.	L&P, SC, AFP&I	ADSS
	3.5.12 Construct and maintain safe and accessible public spaces and facilities to encourage maximum usage.	SC, AFP&I	P&R, EEP & ETS

Safety Actions		Determinant / Focus	Lead Org / Unit
Manningham City Council			
	3.5.13 Encourage and support the multi-use of recreation and sporting facilities to ensure incorporation and increased usage for female sporting organisations.	E&RR, SC, AFP&I	EEP
	3.5.14 Through the development of activity centre structure planning and master planning, create safe, accessible public realms in and around activity centres.	SC	
	3.5.15 Continue to apply the ‘Safety through Urban Design’ local planning policy to planning permit applications to provide safe and healthy environments.	SC	
	3.5.16 Investigate the introduction of a gaming policy into the Planning Scheme to minimise the adverse impacts of problem gambling on the health and wellbeing of communities.	L&P, SC	
	3.5.17 Continue to prohibit outdoor advertising of alcohol and gambling on Council owned and managed property.	SC	
	3.5.18 Provide opportunities for young people to experience positive social opportunities through the arts, for example, events, mentoring and arts programs.	SC, AFP&I	ACP
	3.5.19 Reinforce legal obligations in line with Manningham’s Enterprise Agreement 2011 in relation to family violence provisions.	E&RR, L&P	ODU
	3.5.20 Increase communication across Council promoting a healthy and safe environment.	AFP&I	
Local Organisations			
	3.6.1 Deliver the Domestic Violence and Advocacy Support (DVAS) suite of programs including individual counselling, group education, support and recovery sessions and mentoring, DAWN (Doncare Angels for Women Network), to assist women to reconnect with community activities while they are recovering from the effects of abusive relationships.	E&RR, AFP&I	Doncare
	3.6.3 Doncare Counselling Program will provide counselling to people who have experienced violence.	E&RR, SC, AFP&I	
	3.6.4 Doncare Information and Emergency Relief Program will continue to provide information, referral and practical support to people who have experienced violence.	AFP&I	
	3.6.2 Subject to funding availability continue to deliver the iMatter program to build the capacity of young women to actively work in schools to raise awareness about early signs of disrespect and abuse.	AFP&I	
	3.6.5 Encourage positive family relationships through the delivery of the Family Services Program.	AFP&I	
	3.6.6 Promote, advocate for and build the capacity of the community on family violence, respectful relationships and equity, through facilitation of and participation in local and regional networks.	E&RR, SC, AFP&I	



## 15.6 SAFETY continued

Safety Actions		Determinant / Focus	Lead Org / Unit
Local Organisations			
	3.7.1 Develop an action plan to implement Prevention of Violence Against Women (PVAW) as a health promotion activity to address local needs.	L&P	MCHS
	3.7.2 Build staff capacity on gender equity and diversity to enhance understanding and to create more inclusive and appropriate programs and initiatives.	E&RR, SC, AFP&I	
	3.7.3 Implement the MCHS Diversity Plan to improve access and better meet the needs of the diverse community of Manningham.	E&RR, SC, AFP&I	
	3.7.4 In partnership, actively address the determinants of violence against women to improve this group's health outcome.	L&P	
	3.8.1 Deliver programs addressing equal and respectful relationships within all secondary schools in Manningham to build the understanding and resilience of young people.	E&RR	MYMCA
	3.9.1 Demonstrate and promote equal and respectful relationships in the workplace through the delivery of programs to the community.	E&RR	NHH
	3.9.2 Improve community access and referral through the provision of information and brochures in different formats.	SC, AFP&I	
	3.10.1 Deliver a range of community awareness and education programs to increase community attitudes and understanding towards people with a disability.	E&RR	Onemda
	3.10.2 Establish key relationships with Victoria Police and other authorities to build an understanding of the needs of people with a disability in reference to community safety and responsibility.	AFP&I	
	3.10.3 Continue to advocate for safer community living by people with a disability via membership on the Manningham Community Services Advisory Committee and Council policy consultation.	L&P	



# 15.7 HEALTHY CITY

**Healthy City Goal:** Together we will advocate for, create, build and enhance a well connected, well designed community that positively impacts on the health and wellbeing of the community and encourages healthy living.

Determinants, Focus Areas and Objectives	
Priority Areas	Focus Areas
<b>Designing a Healthy City (DHC):</b> Continue urban planning and design that positively impacts on the community's wellbeing and the liveability of municipality.	<b>Focusing on:</b> <ul style="list-style-type: none"> <li>• Planning policy</li> <li>• Planning for health and connection</li> <li>• Liveability</li> <li>• Local destinations</li> </ul>
<b>Integrated Transport (IT):</b> Encourage increased public transport use and walkability by delivering and advocating for an integrated system that is accessible, reliable, safe and connects the community.	<b>Focusing on:</b> <ul style="list-style-type: none"> <li>• Roads, paths and trails</li> <li>• Public transport</li> <li>• Walkability</li> </ul>
<b>Parks and Open Spaces (P&amp;OS):</b> Provide a range of public parks and open spaces that are easily accessible and encourage active recreation, play and social opportunities.	<b>Focusing on:</b> <ul style="list-style-type: none"> <li>• Accessible and connecting parks and open spaces</li> <li>• Active usage of green spaces</li> <li>• Creating pleasant spaces</li> <li>• Safe with amenities</li> </ul>
<b>Environment (E):</b> Work towards a sustainable environment by making decisions and taking actions that reduce the impact on the natural environment.	<b>Focusing on:</b> <ul style="list-style-type: none"> <li>• Food security</li> <li>• Water</li> <li>• Energy</li> <li>• Climate change</li> </ul>
<b>Housing (H):</b> Plan for and provide a variety of housing choices that accommodates the changing needs of the Manningham Community.	<b>Focusing on:</b> <ul style="list-style-type: none"> <li>• Housing choices</li> <li>• Affordable housing</li> <li>• Social housing</li> </ul>

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## 15.7 HEALTHY CITY continued

Healthy City Actions		Determinant / Focus	Lead Org / Unit
Regional Organisations			
4.1	4.1.1 IEPCP is committed to working in partnership with Manningham, local and state-wide stakeholders to support and progress work in the built and natural environments.	DHC, IT, P&OS, E, H	IEPCP
4.2	4.2.1 Assist newly arrived refugees and family migrants who come from countries where English is not the first language to access affordable housing in the first five years of their settlement.	H	MIC
Manningham City Council			
4.3	4.3.1. Deliver the Affordable Housing Policy and Action Plan 2010 and Residential Strategy 2012 to increase the supply of affordable housing choices within Manningham to meet set targets.	DHC, H	SCS / EEP
	4.3.2 Investigate the option of Manningham being recognised as a Healthy City by the World Health Organisation	DHC, IT, P&OS, E, H	
	4.3.3 Advocate for a more accessible transport system in order for residents and visitors to access appropriate services and connect with their local community.	DHC, IT	SP
	4.3.4 Deliver the key actions in Make Manningham Mobile, Integrated Transport Strategy, to improve, manage and promote all transport modes, with particular emphasis on sustainable transport such as walking, cycling and public transport.	DHC, IT	SP/ETS
	4.3.5 Work towards safer roads, roadsides, shared paths and better driver behaviour to reduce the incidence of road trauma through the delivery of the Road Safety Strategy.	DHC, IT, P&OS	ETS
	4.3.6 Implement and maintain ongoing infrastructure through Manningham's Capital Works Program to improve the liveability of local areas.	DHC, IT, P&OS, E, H	EEP/ ETS/ SP
	4.3.7 Develop a Mode Shift Plan to identify actions to encourage uptake of sustainable transport modes for Doncaster Hill.	DHC, IT	ETS
	4.3.8 Improve walkability and encourage active transport through the implementation of the Walk Manningham Plan and the implementation of the Principal Pedestrian Network.	DHC, IT, P&OS	EEP
	4.3.9 Consider links to health and wellbeing in the review of the Manningham Planning Scheme.	DHC, IT, P&OS, E, H	
	4.3.10 Strengthen the link between urban design and health in the new Municipal Strategic Statement for Manningham.	DHC, IT, P&OS, E, H	
	4.3.11 Plan for a healthy and connected city by developing policies, plans and strategies using an integrated planning approach gaining involvement from relevant disciplines across Council.	DHC, IT, P&OS, E, H	

Healthy City Actions		Determinant / Focus	Lead Org / Unit
Manningham City Council			
	4.3.12 Apply the principles of healthy and connected cities to activity centre planning.	DHC, IT	
	4.3.13 Provide accessible and connected open spaces that enable the community to make the most of the recreation and leisure opportunities available by coordinating the implementation of the Open Space Strategy.	DHC, IT, P&OS, E	
	4.3.14 Manage open spaces to ensure they are protected and conserved for future generations and to give our community access to natural environments.	P&OS, E	
	4.3.15 Continue the implementation of key urban design and urban sustainability actions contained in The Green Wedge Action Plan 2011; Securing the Future Adaption Plan 2012 and Climate Change 2020 Action Plan 2009 to address issues such as sustainable forms, urban systems, climate change, food security and peak oil energy use, green house emissions and carbon neutrality.	DHC, P&OS, E	
	4.3.16 Continue to implement the Doncaster Hill Pedestrian and Cycling Plan 2010, including promoting healthy alternatives to private car use.	DHC, IT, P&OS, E	
	4.3.17 Continue the implementation of the Doncaster Hill Strategy 2002 (revised 2004) to increase affordable, appropriate and diverse housing options and encourage uptake of sustainable transport modes, including advocacy for adequate services and public transport to meet the changing needs of the community.	DHC, IT, P&OS, H	
	4.3.18 Continue to implement the actions from the Residential Strategy 2012 to meet the current and future needs of the community.	DHC, H	
	4.3.19 Implement the new residential zones to encourage a diversity of housing opportunities across the municipality.	DHC, H	
	4.3.20 Advocate for new public artworks within major private sector and Council owned redevelopment projects.	DHC, P&OS	CS
	4.3.21 Identify opportunities for artistic components to be incorporated within Council's major development plan for facilities, activity centres, parks and open spaces.	DHC, P&OS	
	4.3.22 Continue to scope new cultural partnerships and programs alongside the local environmental sector to create positive links between the arts and sustainability.	DHC, E	



## 15.7 HEALTHY CITY continued

Healthy City Actions		Determinant / Focus	Lead Org / Unit
Local Organisations			
4.4	4.4.1 Advocate for integrated, flexible and accessible transport for seniors and for socially and financially disadvantaged individuals requiring services within and outside Manningham.	IT	Doncare
	4.4.2 Advocate for parks that are well maintained, have low/ no gradient walking areas and are equipped with adequate facilities and seating to encourage older adults to use the spaces as part of Doncare's walking groups.	DHC, P&OS, E	
	4.4.3 Assist disadvantaged people in Manningham with housing referrals and material assistance.	H	
	4.4.4 Advocate for a housing service to be located in Manningham and for an increase in affordable housing within Manningham	H	
4.5.	4.5.1 Utilise parks and built spaces as facilities for physical activity programs e.g. Indoor walking groups at Pines Shopping Centre, fun walks and Nordic walking at Ruffey Lake Park.	DHC, P&OS	MCHS
	4.5.2 Reduce the environmental impact of MCHS by implementing actions from the MCHS Environmental Plan.	E	
	4.5.3 Advocate for improved public transport services to improve access and connectivity for residents.	DHC, IT	
	4.5.4 Deliver 6000 hours of Volunteer Supported Transport to Manningham residents who are isolated due to lack of suitable transport.	IT	
	4.5.5 Apply for and, if successful, implement a plan to provide a low and affordable driver assessment service for older drivers to support ongoing, independent driving.	IT	
	4.5.6 Advocate for housing choices and affordability for service users of MCHS.	H	
4.6	4.6.1 Offer older residents of Manningham a greater choice of housing in the community by developing assisted living apartments in close proximity to the Manningham Centre.	H	MCA
4.7	4.7.1 Develop and provide community space for community herb gardens.	E, P&OS	NHH
	4.7.2 Advocate for improved and integrated public transport to improve access to learning centres.	IT	

Healthy City Actions		Determinant / Focus	Lead Org / Unit
Local Organisations			
4.8	4.8.1 Increase advocacy for inclusive attitudes and planning within Manningham via community consultations and Council policy development.	DHC	Onemda
	4.8.2 Continue to advocate for accessible and inclusive parks and open spaces via community consultations and council policy development.	P&OS	
	4.8.3 Continue to advocate for accessible transport options for people with disabilities within Manningham.	IT	
	4.8.4 Continue to advocate for accessible and affordable housing options for people with disabilities within Manningham via State and local government consultations and policy development.	H	
4.9	4.9.1 Continue to advocate for accessible transport and appropriate affordable housing options for people with mental health concerns.	DHC, IT, H	NEAMI



# 15.8 LEADING CHANGE

**Leading Change Goal:** We strive for an innovative and responsive Council that actively advocates for its community, is accountable and evaluates its progress, actively seeks partnerships and builds the capacity of the community to create cultural change and to positively influence and impact on the outcomes achieved.

Determinants, Focus Areas and Objectives	
Priority Areas	Focus Areas
<b>Advocacy (A):</b> Maintain a strong voice by advocating on significant health and wellbeing issues and gaps for Manningham or the region, as identified by the community and through evidence.	<b>Focusing on:</b> <ul style="list-style-type: none"> <li>Investigation and research</li> <li>Resources and funding</li> <li>Addressing gaps</li> </ul>
<b>Capacity Building (CB):</b> Create cultural change by building the capacity of Council and the community on health and wellbeing and on the importance of delivering collaborative evidence based initiatives that positively impact on the wellbeing of our community.	<b>Focusing on:</b> <ul style="list-style-type: none"> <li>Community capacity building</li> <li>Internal cultural change</li> <li>Internal capacity building</li> </ul>
<b>Partnership (P):</b> Engage and build strong partnerships between Manningham City Council, community organisations, businesses, institutions and other levels of government to address the social determinants that impact on the community's health and wellbeing.	<b>Focusing on:</b> <ul style="list-style-type: none"> <li>Internal partnerships</li> <li>External partnerships</li> <li>Community engagement</li> </ul>
<b>Evidence and Evaluation (EE)</b> Encourage and work towards a municipality that bases its decision making on evidence based practices, contributes to global research and is accountable by evaluating projects, initiatives and policies to determine the outcomes and impacts they have made to the community.	<b>Focusing on:</b> <ul style="list-style-type: none"> <li>Building evidence</li> <li>Internal and external evaluation</li> <li>Continual improvement</li> </ul>

*Measures and indicators page 104*

Leading Change Actions		Determinant / Focus	Lead Org / Unit
Regional Organisations			
5.1	5.1.1 Increase awareness of the private primary care sectors, by including health and wellbeing goals and initiatives in IEMML strategic and operational planning.	A, CB	IEMML
	5.1.2 Support member organisations to build their capacity for leading and/or sustaining change through effective partnership and shared ownership of catchment wide initiatives.	CB	
	5.1.3 Maintain workforce development, practice and system reforms as important agendas for IEMML.	CB	
	5.1.4 Contribute to effective partnership development across both the broader public and private health sector.	P	
	5.1.5 Explore the engagement of academic and research institutions to provide robust evidence of change and to contribute to the evidence base around health promotion, partnership and collaborative population health planning.	EE	
5.2	5.2.1 Provide accessible high quality Integrated Population Health Planning and Evaluation Resources on critical subject areas, in partnership with members, to inform and support advocacy effort.	A	IEPCP
	5.2.2 Provide strategic capacity building forums for member agencies.	A	
	5.2.3 Facilitate partnership initiatives with local government, community agencies and community members to inform and strengthen capacity building work to enhance community health and wellbeing.	P	
5.3	5.3.1 Advocate for access to affordable housing in first five years of settlement for the needs of newly arrived refugees and family migrants.	A	MIC
Manningham City Council			
5.4	5.4.1 Advocate for services to address any growing social and health needs in Manningham.	A, CB	SCS
	5.4.2 Create a set of health and wellbeing indicators that measures outcomes and Council progress across the four environments of health.	EE	
	5.4.3 Continue to build on the research and evidence base across the four environments of health for Manningham for planning future decisions.	EE	
	5.4.4 Advocate for and build staff and community capacity on evaluation, to enhance our evidence and research.	CB	
	5.4.5 Foster and enhance partnerships between Council and the Community Organisations servicing Manningham to address the social, health and wellbeing needs of residents.	P	



## 15.8 LEADING CHANGE continued

Leading Change Actions		Determinant / Focus	Lead Org / Unit
Manningham City Council			
	5.4.6 Build the capacity of staff on health equity and integrated health planning and how their roles impact on community health and wellbeing.	CB	
	5.4.7 Investigate and, if appropriate, work towards streamlining Council's suite of social policies to improve efficiency and outcomes to our community.	EE	
	5.4.8 Continue to fund services and community groups to deliver programs and initiatives that address the health and wellbeing needs of our community.	P	
	5.4.9 Support regional health and social planning through active involvement and participation in networks.	P	
	5.4.10 In partnership with EEP, deliver the Health, Recreation and Community Wellbeing Cross Organisational Group to promote an integrated and collaborative approach to addressing identified health, social and recreation priorities.	CB, EE, A, P	
	5.4.11 Continue to progress research on the health and wellbeing needs of the community by updating the Manningham Municipal Public Health and Wellbeing Research Paper annually. Ensure updates consider the needs of the MPHWP's target communities.	EE	
	5.4.12 Investigate the opportunity to streamline Council's Social Policies that relate to health and wellbeing into the MPHWP.	EE	
	5.4.13 As part of the annual review, develop a work plan with the partners which identifies activities across the Health Promotion continuum to assist with identifying priorities for the following year and to assist with partnership development.	P	
	5.4.14 Through actions of the Ageing Well in Manningham Strategy, take a proactive advocacy role in regard to State and Federal Government initiatives to reform aged care in Australia in order to achieve the best outcomes for Manningham.	A, P	ADSS
	5.4.15 Keep the community informed of Council leadership and advocacy to address the health and wellbeing needs of the local community.	A, CB	C&M
	5.4.16 Deliver and monitor progress against the Generation 2030 Plan to ensure a consistent and focused approach across Council.	A, CB, P, EE	CP
	5.4.17 Engage the community in the planning, delivery and evaluation of policy and services to ensure they are appropriate and effective.	P, EE	
	5.4.18 Continue to research the profile and needs of Manningham to support evidence based decision making	EE	

Leading Change Actions		Determinant / Focus	Lead Org / Unit
Manningham City Council			
	5.4.19 Advocate for the needs of Manningham at Regional Forums, State and Federal Government and to Peak Body Organisations to achieve the best outcomes for the local and regional community.	A	EMT
	5.4.20 Foster partnerships at the leadership level across levels of government, statutory organisations, business, NGO and community groups.	P	
	5.4.21 Continue to scope new cultural partnerships and programs with community organisations to enable greater accessibility to the arts and the benefits of arts participation.	P	CS
	5.4.22 Continue to scope new cultural partnerships and programs with tourism and economic development sectors to align the arts to local business developments and opportunities.	P	
	5.4.23 Support a strong diverse and inclusive workforce by contributing to policy development and by increasing the understanding of Council's role and legal obligations.	CB	ODU
	5.4.24 Contribute to policy development to promote a positive safe environment and by identifying and responding to issues or needs as they arise.	EE	
Local Organisations			
5.5	5.5.1 Advocate for disadvantaged Manningham citizens by actively participating in local and regional networks and alliances.	A	Doncare
	5.5.2 Advocate for the welfare of children and their right to enjoy safe and nurturing families by being a part of the Inner East Integrated Family Services Alliance.	A	
	5.5.3 Demonstrate a commitment to volunteering by building the skills and capacity of volunteers.	CB	
	5.5.4 Actively partner with local and regional organisations to deliver innovative initiatives and improve the service outcomes to Doncare consumers and the broader community.	P	
	5.5.5 Improve partnership opportunities by participating in local forums, networks and initiatives.	P	
	5.5.6 Actively evaluate and apply continual improvement to services and programs to ensure they meet community needs and expectations.	EE	
5.6	5.6.1 Develop a Manningham Children's Services Committee, inviting organisations delivering services within Manningham to meet regularly for information sharing, partnership work and advocacy.	P	MCHS
5.7	5.7.1 Develop strong relationships and strategic alliances, particularly with complementary service providers in Manningham, to enhance the efficiency and effectiveness of services supporting older people.	P	MCA

## 15.8 LEADING CHANGE continued

Leading Change Actions		Determinant / Focus	Lead Org / Unit
Local Organisations			
5.8	5.8.1 Provide feedback to Council via networks on interests and trends in health and wellbeing at a local level.	A	NHH
	5.8.2 Investigate partnerships with local organisations and Council to enhance existing programs and introduce new initiatives.	P	
	5.8.3 Undertake evaluation including gathering student and staff feedback to improve existing services and to assist with planning for new programs.	EE	
	5.8.4 Conduct needs analysis surveys of participants to support continual improvement and planning.	EE	
5.9	5.9.1 Continue to represent the needs and valued status of people with a disability via a range of community education and mentoring programs, membership on advisory committees and acting in an advisory role to local and state government.	A	Onemda
	5.9.2 Be a lead agency to work with local communities to build greater understanding and capacity in supporting people with a disability.	CB	
	5.9.3 Be proactive in establishing key partnerships with a range of local health, welfare, social and leisure support agencies and clubs within Manningham to build greater access and opportunities for people with a disability.	P	
5.10	5.10.1 Actively partner with a range of organisations in Manningham and the region to enhance services and outcomes for people with mental health issues.	P	NEAMI
	5.10.2 Build the capacity of staff of services across Manningham and community partners on the needs of NEAMI consumers to enhance service coordination and referral.	CB	
	5.10.3 Plan and develop enhanced consumer participation at a range of levels.	P	



# 16.0 MANNINGHAM'S HEALTHY CITY PLAN APPENDICES

- 15.1 Manningham Partner Overview and Role in Public Health
- 15.2 International, National and Victorian Political Context
- 15.3 Generation 2030 Community Plan Themes and Indicators
- 15.4 Manningham Council Plan 2013-2017 Themes, Objectives and Goals
- 15.5 Data and Research Summary
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- 15.7 How are we Travelling? - Evaluation Summary
- 15.8 What Community Partners Said...
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- 15.10 Consultation Questionnaire
- 15.11 Consultation Summary
- 15.12 Bringing it All Together
- 15.13 Evaluation Framework and Strategy
- 15.14 Abbreviations





# 16.1 APPENDIX 1: MANNINGHAM

## PARTNER OVERVIEW AND ROLE IN PUBLIC HEALTH

The table below outlines the key MPHWP partners, an overview of the services and their existing role in public health and wellbeing. It also outlines what outcomes they hope to achieve as a result of partnering to deliver the Healthy City Plan.

Partner	Partner Overview	Existing Role in Health and Wellbeing	Outcomes of Partnership within the MPHWP
<b>Doncare Community Services (Doncare)</b>	<p>Doncare is an independent community services organisation that has provided support to families, the aged, youth and disadvantaged in the City of Manningham for 43 years. Doncare effectively combines professional staff and a team of 500 trained volunteers to provide a broad range of services to families with young children, emergency financial relief, counseling, support programs for women experiencing family violence, social support for the elderly/isolated, and volunteer recruitment and placement.</p> <p>For more information <a href="http://www.doncare.org.au">www.doncare.org.au</a></p>	<p>Doncare assists all those in need to overcome adversity whilst retaining their dignity. We offer many services not otherwise provided locally and provide many services at low or no cost that are very expensive when accessed privately. Doncare staff are trained and encouraged to provide an integrated and holistic service and there is frequent cross program referral for clients with multiple needs.</p>	<p>Doncare hopes the partnership within the MPHWP will lead to increased wellbeing and safety for all current and future Manningham residents. We expect the MPHWP will lead to increased awareness amongst residents of the community support services and facilities available to them. We hope this collaboration will help to ensure equitable access to all services and facilities to all community members.</p>



Partner	Partner Overview	Existing Role in Health and Wellbeing	Outcomes of Partnership within the MPHWP
<b>Department of Health</b>	<p>The Department of Health (DH), Eastern Metropolitan Region (EMR) works with a range of partners to deliver whole of population health outcomes by seeking to address the physical, economic and social determinants of health. DH has a regional presence as partner, regulator, funder, and intersectoral collaborator.</p> <p><a href="http://www.health.vic.gov.au">www.health.vic.gov.au</a></p>	DH EMR seeks to facilitate positive health outcomes by influencing, and working within, the areas of performance monitoring, integrated planning facilitation, state-wide reform implementation, population health development; and inter-sectoral championing	<p>The Victorian Health Priorities Framework 2012-2022: Metropolitan Health Plan and The Victorian Public Health and Wellbeing Plan 2011-2015 state that to achieve real improvements in health outcomes, especially among higher risk population groups, a more coherent, aligned approach to population-based prevention planning across numerous sectors is required. The region hopes the partnership supports this approach in utilising sophisticated planning tools, up-to-date evidence and agreed roles and responsibilities to improve health and wellbeing outcomes for residents of Manningham.</p>
<b>Inner East Primary Care Partnership (IEPCP)</b>	<p>The IEPCP facilitates partnership and collaboration of health and community service providers to strengthen health promotion and the planning, co-ordination and delivery of services in Inner East Melbourne. The IEPCP applies a Population Health Approach to advance human rights, equity, people centered/consumer driven coordinated practice and systems. The IEPCP achieves this through system and practice level change as a partnership facilitator, network orchestrator and capacity builder.</p> <p>For more information <a href="http://www.eipcp.org.au">www.eipcp.org.au</a></p>	Population health resource production and planning; catchment leadership, workforce and organisational development, promotion and provision of evidence informed best practice.	<p>IEPCP hopes to see the following as a result of the partnership: Resource efficiencies, collaborative approaches to work, advocacy across multi-agencies; common key messages across organizations and enhanced ability to evaluate outcomes.</p> <p>For individuals and the community, a larger variety of health and wellbeing needs being met, with greater ease in accessing and navigating the service system. For the service system, greater seamlessness and a stronger preventative focus. For Manningham organisations, greater capacity, opportunity, efficiency and better outcomes along with increased community and staff satisfaction.</p>

## 16.1 Appendix 1: Manningham Partner Overview and Role in Public Health continued

Partner	Partner Overview	Existing Role in Health and Wellbeing	Outcomes of Partnership within the MPHWP
<b>Inner East Melbourne Medicare Local (IEMML)</b>	<p>IEMML is an independent accredited not-for-profit organisation supporting general practice and other primary healthcare service providers. Our main goals are to bring together GPs and other primary health care professionals to deliver for our patients: the right care, in the right place, at the right time. This will be achieved by: linking and coordinating primary health care services; fostering collaboration and communication between primary health professionals in the local area; promoting initiatives in health promotion, disease prevention and management; consolidating local health planning to identify gaps and develop solutions; supporting the development of health information systems and providing strong governance and management within the local community.</p> <p>For more information <a href="http://www.iemml.org.au">www.iemml.org.au</a></p>	IEMML is responsible for driving improvements in primary health care in Boroondara, Manningham, Monash and Whitehorse catchments.	Cross-sectoral joint effort and synergistic benefits (improved efficiencies and effectiveness) in addressing mutually agreed community health and wellbeing priorities.
<b>Manningham Community Health Service (MCHSL)</b>	<p>MCHSL is an independent community health service that provides a comprehensive range of health, education and social support services. MCHSL provides a wide range of programs for young children, one to one appointments with clinicians, exercise groups, education groups, volunteer transport and activity groups.</p> <p>For more information <a href="http://www.mannchs.org.au">www.mannchs.org.au</a></p>	The role in public health and wellbeing ranges from health promotion, education, early intervention and treatment. The service employees are highly qualified clinicians skilled in areas of counseling, dietetics, diabetes education, health promotion, occupational therapy, physiotherapy and podiatry.	We hope to see improved community health and wellbeing as a result of the partnership. We also hope to see strengthened partnerships between Council and service providers. We hope that limited resources will be strengthened by partnerships and a reduced duplication. Also the ability to link services and projects together for strong population health outcomes.

Partner	Partner Overview	Existing Role in Health and Wellbeing	Outcomes of Partnership within the MPHWP
<b>Manningham Centre Association (MCA)</b>	<p>MCA is a non-for-profit association which provides an integrated range of community and residential services for older people living in the City of Manningham. These services receive varying levels of Government funding and range from home maintenance through rehabilitation and case management home care to nursing home care.</p> <p>For more information <a href="http://www.manninghamcentre.com.au">www.manninghamcentre.com.au</a></p>	<p>Australia has an ageing population. At the local level, Manningham Centre, in partnership with Council, has a very important role to play in supporting older people and their carers to remain in the community by providing services that facilitate their mental and physical wellbeing.</p>	<p>Partner organisations working together to deliver positive and integrated health and wellbeing outcomes for all age and stage groups in the municipality.</p>
<b>Manningham YMCA</b>	<p>Manningham YMCA is an independent association of the YMCA Australia network and is solely focused on providing programs and services to the Manningham community to help build Strong People, Strong Families and Strong Communities. Manningham YMCA's distinctive capabilities in Manningham include health and wellness, aquatics, sports, youth services and older adult programs. For over twenty years Manningham YMCA has managed Aquarena Aquatic and Leisure Centre and most recently taken on the contract to manage six of Manningham City Council's Highball Stadiums. MYMCA is also heavily involved in providing Youth Services and also has a service agreement with MCC to provide youth service programs for the entire municipality.</p> <p><a href="http://www.manningham.ymca.org.au">www.manningham.ymca.org.au</a>  <a href="http://www.aquarena.ymca.org.au">www.aquarena.ymca.org.au</a>  <a href="http://www.manninghamymcayouthservices.org.au">www.manninghamymcayouthservices.org.au</a></p>	<p>Manningham YMCA provides a wide variety of program opportunities to the entire community. These are all designed to engage as many people as possible in a healthy lifestyle. It is also our role to ensure that Manningham community has access to well managed sporting and recreation facilities, which allow for an inclusive environment with a broad range of programs and services. Through our Youth Service programs our role is to support and assist both youth and parents by providing a variety of activities, education sessions and support programs, both on an individual basis and also in groups and schools.</p>	<p>Manningham YMCA would like to see a noticeable change in all of the areas of concern listed in the MPHWP, also, an increase in sustainable partnerships with all community organisations.</p>



## 16.1 Appendix 1: Manningham Partner Overview and Role in Public Health continued

Partner	Partner Overview	Existing Role in Health and Wellbeing	Outcomes of Partnership within the MPHWP
<b>Migrant Information Centre (Eastern Melbourne) (MIC)</b>	The MIC supports the settlement of newly arrived refugees and family migrants, including youth residing in the eastern suburbs of Melbourne. We provide case work, group information sessions and life skills programs. We also assist older people and younger people with disabilities to access home and community care services where diversity is a barrier for them to access the services themselves.	The MIC provides services that promote health and wellbeing to our target groups.	As a result of the partnership, MIC hopes to see mainstream services better meeting the needs of newly arrived refugees and family migrants living in Manningham.
<b>NEAMI National</b>	<p>Neami National is a nation-wide mental health service working with some of the most vulnerable members of the community to support their recovery from mental illness. Neami is also committed to promoting mental health, continued service development and continuous improvement.</p> <p>Neami National works in the eastern and northern suburbs of Melbourne and has a local service based in Doncaster.</p> <p>For more information <a href="http://www.neaminational.org.au">www.neaminational.org.au</a></p>	<p>There are well established links between serious mental illness and increased rates of physical health problems, including higher rates of smoking, obesity, diabetes, heart disease and reduced life expectancy.</p> <p>Neami establishes strong relationships with clinical and community health services in the local community as part of its service model.</p>	Neami has committed to several actions as part of the MPHWP with the hope of achieving a range of outcomes. Improving general mental and physical health can be quantified by evidence of increased partnership activity between organisations and a measurable increase in actively working together with the number of shared clients.
<b>Neighbourhood Houses (NHH)</b>	<p>A member of the Manningham Cluster of Neighbourhood Houses, representing Pines Learning, BATCH, Wonga Park Community Cottage, Park Orchards Community House and Learning Centre and Warrandyte Neighbourhood House.</p> <p>Community Houses provide affordable, quality, lifelong learning to the wider community in a friendly, welcoming environment.</p> <p>For more information <a href="http://parkorchards.org.au">parkorchards.org.au</a> <a href="http://pineslearning.com.au">pineslearning.com.au</a> <a href="http://wongaparkcommunitycottage.org.au">wongaparkcommunitycottage.org.au</a> <a href="http://warrandyteneighbourhoodhouse.org.au">warrandyteneighbourhoodhouse.org.au</a> <a href="http://batch.org.au">batch.org.au</a></p>	NHH's role is to provide a welcoming environment where all people can come along and participate. We offer community courses, accredited training, health and fitness, art, craft, childcare, dance and many other activities that promote social engagement.	To have a better understanding of the needs of the community and with this knowledge, have real strategies that will help us contribute to the health and wellbeing of the residents of Manningham.

Partner	Partner Overview	Existing Role in Health and Wellbeing	Outcomes of Partnership within the MPHWP
<b>Onemda</b>	<p>Based in Manningham for over 40 years, Onemda strives to enhance the quality of life of people with an intellectual disability by providing support, experiences and interactions to develop skills and enrich lives.</p> <p>For more information <a href="http://www.onemda.com.au">www.onemda.com.au</a></p>	To ensure the health and wellbeing of people with a disability and their support network are advocated, promoted and supported to enable them to live fulfilling, healthy and active lifestyles. This is through a range of sport, health, therapy and respite programs and collaborative community partnerships.	To build a broad network of support options for people with disability and their support network residing in Manningham, to enable greater participation in active lifestyles and to ensure that their health and wellbeing needs are appropriately supported.
<b>Women's Health East (WHE)</b>	<p>Women's Health East is a not-for-profit women's health organization focusing on informing and influencing policy and service delivery in order to enhance the health and wellbeing of women in the EMR.</p> <p>As a women-focused organisation, we work with stakeholders in the region to build the capacity of services and programs to ensure they optimally address issues affecting women.</p> <p>For more information <a href="http://www.whe.org.au">www.whe.org.au</a></p>	Women Women's Health East is a regional women's health promotion agency working across the Eastern Metropolitan Region of Melbourne. WHE works to improve the health and wellbeing of girls and women, through gender based health promotion.	An ongoing commitment to work together to achieve the goals of the MPHWP. We hope that our involvement adds value to the process and brings a gendered perspective.



## 16.2 APPENDIX 2: INTERNATIONAL, NATIONAL AND VICTORIAN POLITICAL CONTEXT

### 15.2.1 International Context

The World Health Organisation (WHO) leads health and wellbeing planning internationally by guiding global health matters, shaping health research, setting norms and standards and advising on evidence based policy options. Some of the key international models for public health planning endorsed by WHO include:

- Ottawa Charter for Health Promotion – First International Conference on Health Promotion, Ottawa 1986
- The Jakarta Declaration – The Fourth International Conference on Health Promotion 1997
- Social Determinants of Health: The Solid Facts 2003
- Twenty Steps for Developing A Healthy City 1997
- Child Friendly Cities 1996
- Global Age Friendly Cities: A Guide 2007
- WHO Mind – Mental Health in Development
- Universal Declaration of Human Rights 1948

### 15.2.2 National Context

Australia's health system is amongst the best in the world but due to changing circumstances, such as an ageing population, increased rates of chronic disease, new treatments and rising health costs, the National Health Reform was endorsed in August 2011 and considered hospitals, primary care, aged care, mental health, standards and performance, workforce, prevention and eHealth.

Some of the other national policies impacting on health and wellbeing include:

- Australian National Prevention Health Agency Act 2010 and Strategic Plan 2011 - 2015
- Living Longer Living Better – Aged Care Reform Package
- Closing the Gap Strategy - Indigenous Health
- National Mental Health Reform and National Mental Health Strategy – Mental Health
- National Alcohol Strategy
- Roadmap for National Mental Health Reform 2012/20
- Protecting Children is Everyone's Business: National Framework for Protecting Australia's Children 2009–2020
- National Tobacco Strategy
- The National Disability Strategy 2010-2020
- Australian National Action Plan on Women, Peace and Security 2012/18
- National Plan to Reduce Violence Against Women and Their Children 2010/22
- National Injury Prevention and Safety Promotion Plan
- A Stronger Fairer Australia
- Closing the Gap on Indigenous disadvantage: the challenge for Australia
- National Anti-Racism Strategy 2012
- Our City's Our Future- Urban Policy
- Australia: the Healthiest Country by 2020 - National Preventative Health Strategy – Prevention and Early Intervention
- Prevention Community Model
- Establishment of Medicare Locals to co-ordinate primary health care delivery

### 15.2.3 Prevention at a National Level

A key element of national health reform is early intervention and prevention to address lifestyle related issues that cause chronic disease. The Government's investment in prevention includes initiatives to tackle the rising burden of obesity, tobacco and alcohol consumption, to support people to adopt healthier lifestyles and to educate Australians about the risks of chronic disease.

There are eight national health priorities which have been identified as major contributors to the burden of illness and injury but have the potential for health gains. These include:

- Arthritis and musculoskeletal conditions
- Asthma
- Cancer control
- Cardiovascular health
- Diabetes mellitus
- Injury prevention and control
- Mental health
- Obesity

### 15.2.4 Victorian Context

Manningham's Healthy City Plan has been developed within the context of the State Legislation, the Public Health and Wellbeing Act 2008. Along with the requirements of that Act, there are a number of key strategic documents that influence planning of the local level Municipal Public Health and Wellbeing Plan. These include:

- Metropolitan Health Plan: Victorian Health Priorities Framework 2012 – 2022
- Victorian Public Health and Wellbeing Plan 2011 – 2015
- Victorian Charter of Human Rights and Responsibilities Act 2006
- Environments of Health Framework 2001
- Koolin Balit: Strategic directions for Aboriginal health 2012-2022
- Cross sectoral legislation and policies influencing health including:
  - Climate Change Act 2010
  - Environmental Protection Act 1970
  - Transport Integration Act 2010
  - Planning and Environment Act 1987
  - Education and Training Reform 2006

- Building Act 1993
- Multicultural Victoria Act 2011
- The Human Services Legislation Amendment Act 2011
- Victorian Road Safety Strategy 2013 - 2022
- Melbourne 2030: Planning for Sustainable Growth
- Towards an Integrated Housing Strategy
- Victorian Aboriginal Affairs Framework 2013 - 2018
- Cycling into the Future 2013–2023

The action areas in the Victorian Public Health and Wellbeing Plan are designed to build healthy people and resilient communities.

#### • **Continue to protect health**

- Communicable disease prevention and control
- Immunisation
- Environmental health
- Food safety
- Incident and emergency response

#### • **Keeping People Well**

- Healthy eating
- Physical activity
- Tobacco control
- Oral health
- Alcohol and other drug use
- Sexual and reproductive health promotion
- Injury prevention
- Skin cancer prevention

#### • **Strengthening Preventative Healthcare**

- Cancer screening
- Newborn screening
- Early detection and early intervention

The Department of Health has played a strong partnership role in the development of Manningham's Healthy City Plan and will continue to collaborate with local government to deliver health promotion and prevention interventions at a community level.



### 15.2.5 VicHealth

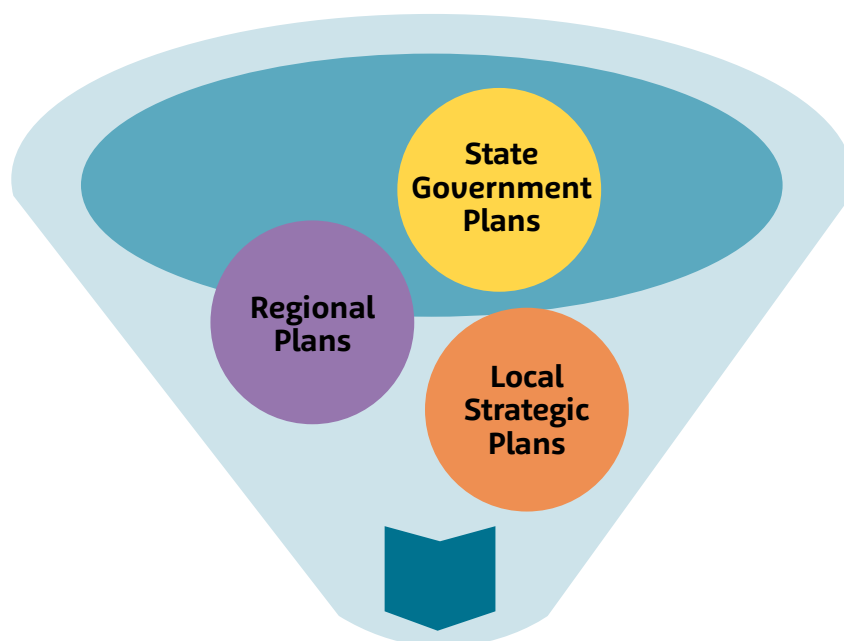
The Victorian Health Promotion Foundation, best known as VicHealth, works in partnership with organisations, communities and individuals to make health a central part of our daily lives. It focuses on promoting good health and preventing ill-health by fostering change in the social, economic, cultural and physical environments. It also aims to build opportunities for people to be informed, learn new skills, have greater access to activities that promote good health and share healthier communities.

Manningham's Healthy City Plan has considered the VicHealth priorities and the best practice examples provided in delivering healthier communities. The main priorities include:

- Increasing participation in physical, social and economic environments
- Reducing health inequities
- Tobacco consumption
- Overweight and obesity
- Physical inactivity
- Social exclusion
- Discrimination
- Violence
- Alcohol misuse
- The links between social and economic disadvantage and poorer health
- UV protection

### 15.2.6 Regional and Local Context

Manningham's Healthy City Plan has an inter-relationship with many of the strategic local and regional plans. Council has been involved in informing the planning and development of many of the regional and local plans and as such has taken consideration of the priorities which have been incorporated in this plan.



## 16.3 APPENDIX 3: GENERATION 2030 COMMUNITY PLAN THEMES AND INDICATORS

The Generation 2030 Community Plan has six strategic themes which have also been adopted by Council for the Council Plan 2013–2017 and align closely to the Department of Health's Environments of Health Framework. The themes include:

Themes	Our Community Spirit	Enjoy and Protect our Natural Spaces	Planning for Where we Live	Everything You Need is Local	Getting from Place to Place	Council Leadership
<b>Key Focus Areas</b>	Inclusion Diversity Safety Healthy Connected Engaged	Balanced Protected natural spaces Climate change	Balance between city and country Land use planning Business growth Open spaces Housing	Services & facilities Activity centres Tourism	Public transport Bike and walking paths	Responsive United Representative Well Managed Engaged and informed Community Partnerships
<b>Indicators</b>	Perceptions of safety walking alone during the day Perceptions of safety walking alone during the night Feeling part of the community Cultural diversity makes our community a better place to live	Extent of open space Value of parks and open spaces Extent of native vegetation Quality of native vegetation	Housing diversity Housing affordability Investment in community assets	Good facilities and services like shops, childcare, schools and libraries Access to local shopping Access to health services	Extent of footpaths Extent of bicycle pathways Extent of reliance on motor vehicles	Participation in citizen engagement Lobby satisfaction levels Community consultation and engagement
<b>Aligning Environments of Health</b>	Social Environment	Natural Environment	Build Environment	Economic Environment	Built Environment	

# 16.4 APPENDIX 4: MANNINGHAM COUNCIL PLAN 2013–2017 THEMES, OBJECTIVES AND GOALS

The Generation 2030 Community Plan has 6 strategic themes which have also been adopted by Council for the Council Plan 2013–2017 and align closely to the Department of Health's Environments of Health Framework. The themes include:

Themes	Objectives	Goals
<b>Our Community Spirit</b>	Our municipality is a collection of communities each with a distinct character. We support diversity and recognise how differences can strengthen community spirit. We value and recognise the need to preserve our rich history as an important part of our identity. We strive to ensure harmonious neighbourhoods where everyone feels safe and secure.	<ul style="list-style-type: none"> <li>• An inclusive and harmonious community that celebrates our diversity and draws strength from our differences</li> <li>• Safe and secure households and neighbourhoods, where people look out for one another</li> <li>• A community that is involved and well connected, strengthening community spirit</li> <li>• A community that feels a greater sense of public safety</li> </ul>
<b>Enjoy and Protect our Natural Spaces</b>	Our unique balance of City and Country is one of our defining traits. We value Manningham's natural environment and endeavour to maintain and protect it as a valuable community resource.	<ul style="list-style-type: none"> <li>• Our unique balance of City and Country is safeguarded into the future</li> <li>• Our open spaces, bushlands, creeks and rivers are valued and preserved</li> <li>• We proactively seek innovative solutions to address the effects of climate change and work together to protect the environment</li> <li>• Protect our environment by providing responsive waste management services for our community</li> </ul>
<b>Planning for Where we Live</b>	We recognise the need to continue to respond to the challenges of population growth. Council endeavours to take a considered and sustainable approach to development, respecting the natural environment. Council will work collaboratively with the community to ensure effective planning is in place and local infrastructure meets the needs of future populations.	<ul style="list-style-type: none"> <li>• A considered and sustainable approach to residential and commercial development balancing the needs of our diverse population with our natural surroundings</li> <li>• A diverse range of affordable and accessible housing options are available to accommodate the changing needs of our community</li> <li>• Effective planning for local infrastructure that addresses increasing population pressures</li> </ul>

Themes	Objectives	Goals
<b>Everything You Need is Local</b>	We support sustainable, cohesive and well resourced communities with relevant services and facilities. Council seeks to ensure all community members have access to vital services that meet their needs. Promotion of distinct local villages and activity centres are valued and cultivated and we aim to support businesses and traders to build a resilient local economy.	<ul style="list-style-type: none"> <li>• Accessible services and facilities for people of all abilities and ages</li> <li>• Our distinct local villages and activity centres are vibrant places to meet and provide support to local businesses and traders</li> <li>• Access to services that promote health, wellbeing and education</li> </ul>
<b>Getting from Place to Place</b>	We acknowledge the importance of an integrated and efficient transport network, with a variety of accessible, safe and affordable transport options to enable travel, in, out and around the area. The reduction on the reliance on cars is a priority for Council and we will endeavour to ensure pedestrian and bicycle routes are well integrated with connections to public transport and the City.	<ul style="list-style-type: none"> <li>• The need for an integrated and efficient transport network providing affordable, well connected and alternative forms of travel</li> <li>• A well connected and accessible community with linked bicycle and walking pathways</li> </ul>
<b>Council Leadership and Organisational Performance</b>	We strive to be an innovative and progressive Council that actively seeks partnerships and opportunities to expand its knowledge base. Council leads through transparent processes and mechanisms, effective planning, advocacy and accountability. We pursue best practice in engaging our local community in the decision making process.	<ul style="list-style-type: none"> <li>• A responsive Council which leads through effective planning, advocacy, transparency and accountability</li> <li>• An efficient organisation that aims to continuously improve service delivery to benefit community outcomes</li> </ul>



# 16.5 APPENDIX 5: DATA AND RESEARCH SUMMARY

In an effort to determine the trends and issues for Manningham, a municipal scan was undertaken and a Health Status Profile developed. The key findings include:

## Our Population

As of 30 June 2011, the City of Manningham had an estimated resident population of 116,958, representing growth of 1,884 people, or 1.6 per cent over the past five years.

The municipality is divided into two distinct areas. The west is urban in character and is home to 88 per cent of the population and 89 per cent of households. The east in comparison is semi-urban and is home to 12 per cent of the population and 11 per cent of households.

The age profile of Manningham shows the City has an older population. The 2011 Census shows that 19.3 per cent of the Manningham population is aged over 65, compared to 13.1 per cent across Melbourne. In contrast, only 4.9 per cent were aged 0-4 years, compared to 6.5 per cent across Melbourne. The average age of Manningham residents is 42 years. This is the second-oldest median age of any Local Government Area in Metropolitan Melbourne.

## Life Expectancy and Perceived Health Status

Manningham can be considered a healthy, vibrant and well connected municipality. Manningham enjoys a longer life expectancy than most of the Victorian population, with males living to 80.6 and females to 84 years. This has been supported by people's personal perception of their health. According to the VicHealth Indicators, people in Manningham perceived their wellbeing, which is a subjective measure of an individual's quality of life, as 79.1 per cent, in comparison to the Victorian average of 77.5 per cent.

## Our Disadvantage

On the SEIFA scale of disadvantage, Manningham is considered less disadvantaged than the national average and Manningham is ranked as the fifth most advantaged area in Melbourne, with an index of 1071.4. Despite this rating, there are areas in Manningham that are experiencing more disadvantage than others, including Doncaster Hill, Doncaster and Bulleen. The SEIFA scale is derived from attributes that reflect disadvantage, including income, education, unemployment and occupations.

## Our Households

In the last 5 years Manningham has seen an increase in three specific areas, these being:

- Couples without children, an increase of 461 households
- Lone person households, an increase of 446 households
- One parent families, an increase of 187 households.

All other household types have decreased.

Manningham continues to be an attractive municipality for families to live, in comparison to Greater Melbourne and Victoria. Overall, 41 per cent of families were couple families with children and 9.4 per cent were one-parent families, compared with 33.6 per cent and 10.4 per cent respectively for Greater Melbourne and 31.8 per cent and 10.5 per cent for Victoria.

Manningham also has a lower proportion of lone person households, compared to Victoria and Greater Melbourne. Overall, the proportion of lone person households was 17.2 per cent, compared to 22.3 per cent in Greater Melbourne and 23.5 per cent in Victoria.

## Our Women

Women account for 51.3 per cent of the Manningham population. Population data shows there is a higher proportion of females compared with males in the older years, which reflects the higher life expectancy of women living in Manningham. This is also consistent with a higher proportion of female occupied lone person households (63 per cent are females).

Of the 3,704 one-parent households in Manningham, 82.5 per cent are headed by females. These females have a younger age profile than their male counterparts, with higher proportions aged less than 45 years. This is consistent with Greater Melbourne data and Victoria data. One parent families are more likely to experience socio-economic disadvantage and be exposed to risks associated with poorer health and well being.

## Our Cultural Diversity

In the last five years the Manningham community has become more diverse, with an increasing proportion of residents born overseas. In 2011, 36.5 per cent of the population was born overseas, an increase of 2.5 per cent from 34 per cent in 2006. After Australia, the largest country of birth was China (5.9 per cent of Manningham population), followed by Italy (3.2 per cent), United Kingdom (3.1 per cent), Malaysia (2.9 per cent) and Greece (2.8 per cent).

Almost four out of ten (38.8 per cent) Manningham residents speak a language other than English at home. In 2011, almost 15 per cent of Manningham's population spoke a Chinese dialect at home, and this is now the major cultural group in the City, outnumbering the older Italian and Greek speaking population.

Within the Eastern region, Manningham and Monash have the highest number of residents born overseas and born in non-English speaking countries. This is substantially higher than those for Victoria.

## Our Disability

According to the Australian Institute of Health and Welfare, the population health gap between Australians with disability and those without disability remains large. In 2007–08, almost half (46 per cent) of people aged 15–64 years with severe or profound disability reported poor or fair health, compared to 5 per cent for those without disability.

People aged less than 65 years with severe or profound disability had a higher prevalence rate of all types of selected long-term health conditions than people without disability. Almost half (48 per cent) of people with severe or profound disability had mental health problems, compared to 6 per cent of people without disability. The prevalence of physical long-term health conditions was higher for people with both mental health problems and severe or profound disability than for those with mental health problems but no disability.

Among people aged less than 65 years with severe or profound disability and mental health problems, the proportion who had behavioural and emotional problems with usual onset in childhood or adolescence was 14 per cent, compared to 7 per cent of those without disability.

About 42 per cent of people aged 16–64 years with severe or profound disability had seriously thought about committing suicide, including 18 per cent who had attempted suicide. This was associated with their high prevalence of mental and behavioural problems. Source: [www.aihw.gov.au](http://www.aihw.gov.au)

In Manningham, there are 5021 (4.5 per cent) of people needing assistance with their day to day lives with any or

all of the following activities: self care, body movements or communication, due to their disability, long term health condition or old age. When considering people impacted by a disability, age is a significant factor, with 70 per cent of people requiring assistance being over the age of 65 years. With Manningham's ageing population, the disability prevalence for this age group is expected to increase. In relation to the main types of disabilities in Manningham, the most common forms are intellectual, visual impairment, followed by hearing and psychological.

## Our Connections with Others

The percentage of Manningham population who volunteer in the community is similar to the Victorian rate but lower than our Eastern region counterparts in Boroondara, Whitehorse and Yarra Ranges. Manningham also has the lowest number of residents who attend community events and the lowest percentage of residents who feel valued by the community within the Eastern region.

## Our Health and Lifestyle

A range of lifestyle behaviours influence the health status and health risk profile of individuals. The risk factors associated with health and lifestyle behaviours are largely avoidable and in many cases able to be modified.

Approximately 42.6 per cent of Manningham residents do not meet fruit and vegetable dietary guidelines (five serves of vegetables and two serves of fruits for adults). This is similar to Boroondara and significantly better than the Eastern Metro region and the State average. Males in particular are less healthy with respect to their fruit and vegetable intake, with half the Manningham male population not meeting fruit and vegetable guidelines, compared to only a third of Manningham women.

People being overweight or obese may have significant health, social and economic impacts, and is closely related to lack of exercise and to diet. Being overweight or obese increases the risk of suffering from a range of health conditions, including coronary heart disease, Type 2 diabetes, some cancers, knee and hip problems, and sleep apnoea.

The body mass index (BMI) provides a measure of weight in relation to height and is used to estimate levels of unhealthy weight in the population. Almost half (46 per cent) the adult population in Manningham is considered overweight or obese. This percentage is similar to the Eastern Region and slightly less than the Victorian rate. A breakdown of these figures shows that whilst women have a slightly higher obesity rate than men, male adults in Manningham are more likely to be overweight than women. The data shows that 40 per cent of the male population is overweight as compared to 21 per cent of women in Manningham.

Overweight and obesity in children is a major health concern. Studies have shown that once children become obese they are more likely to stay obese into adulthood and have an increased risk of developing both short and long-term health conditions, such as Type 2 diabetes and cardiovascular disease.

According to research conducted by the Australian Bureau of Statistics (2009), the number of overweight children is increasing. About one-quarter of children in Australia are now overweight or obese. Currently there isn't any data pertaining to overweight or obesity rates for children in Manningham.

Manningham residents partake in gambling activities across eight electronic gaming machine (EGM) venues. In 2010/11, \$65 million was lost to electronic gaming machines in Manningham, which equates to approximately \$687 per adult. In terms of the number of EGM's relative to all State municipalities, Manningham is ranked 20th, and, in relation to EGM losses, Manningham is ranked 19th. The overall expenditure per EGM in Manningham has been significantly higher than the average for Victorian and metropolitan EGM.

In Manningham, males are more likely than females to consume alcohol at a risky rate (42 per cent compared to 31 per cent respectively). In comparison to Victorian rates, Manningham compares favourably, with more people abstaining from alcohol completely and less residents consuming amounts that place them at high risk in the short term.

In 2011/12, there were 138 drug related offences recorded by the Victorian Police Crime Statistics. One hundred and sixty-eight drug offences were recorded in total, which covered manufacturing, trafficking, possession and use of drugs.

### Our Diseases

The three areas of disease which are of main concern to the Manningham population are diabetes, dementia and cancer.

Diabetes is a common chronic condition characterised by high blood sugar levels. There are two main types of diabetes. Type 1 diabetes refers to an auto immune disease, whereby the body's immune system destroys the insulin producing cells of the pancreas, which means the body is unable to produce enough insulin to control glucose or sugar levels. Daily insulin injections are usually required to manage this condition. Type 2 diabetes occurs mostly in people aged 50 years and over and is caused by insufficient production of insulin. In many cases this can be controlled through diet and exercise.

Data from Diabetes Australia shows that the prevalence of diabetes in Manningham has increased significantly in the last ten years. The number of Manningham residents

with diabetes has increased from 2,003 cases to 5,195 cases, an increase of approximately 159 per cent. Interestingly, apart from Whitehorse that has similar rates, Manningham is completely surrounded by areas with lower rates of diabetes.

A study undertaken in 2005 links culturally and linguistically diverse communities to a higher incidence of diabetes, though further work in this area needs to be undertaken in order to strengthen the evidence for this.

In particular, the Doncaster East population has the highest prevalence for Diabetes in relation to the total population, followed by Bulleen, Doncaster, Templestowe, and Lower Templestowe.

Dementia rates in Manningham are continuing to increase. Data from Alzheimer's Australia shows that Manningham has the fastest growing rate of dementia of all Eastern region municipalities. Data collated in 2010 shows that approximately 1,668 people suffer from dementia; this figure is expected to increase by approximately 126 per cent by 2030 - with an estimated 3,775 experiencing the symptoms. In particular the west of the municipality has been identified as showing the highest forecasted growth of dementia across LGAs in Victoria.

The incidence of cancer in Manningham is also a major health concern. Manningham has a higher rate of total malignant cancers compared to regional and state figures. The most prevalent cancers diagnosed were prostate, breast, bowel, melanoma and lung. In the last three years in Manningham over 2,000 cases have been diagnosed, with the majority of new cases being for people aged between 60 and 70. Almost a quarter, however, were diagnosed for those aged between 40 and 59. In the same three year period a total of 698 deaths were recorded due to cancer related illnesses, with lung and bowel cancer being the most prevalent.

## Our Safety

Crime rates in Manningham are lower than the Eastern Region and Victoria, however Manningham has experienced the greatest increase overall in crimes reported in the region in the last year. Most crimes were against property, followed by theft and property damage. Manningham has the second highest number of reported family violence charges per 1000 population in the Eastern region, after Knox. According to Victorian police statistics, Manningham has seen an increase in the number of family violence incident reports from 396 in 2007-2008 to 501 in 2011-2012. This is a 25.6% increase.

Half of all family violence acts reported to police are against partners, a further 16% are against parents or step parents and 14% are against other relatives or family members. Over a third of residents most likely to be affected by domestic violence are aged 35 to 44 years of age, with 26% aged 35 -44 years of age and 10% are aged between 18-24 years of age. Over the past five years the rate of reported crime where the alleged offender was an adolescent has increased from 15% per 1000 to 27% per 1000.

## Our Service Provision

Manningham has a wide range of health services, mostly privately owned, delivering a broad range of health and wellbeing services from primary treatment to prevention and lifestyle programs. Unfortunately, there are only a small number of public health and wellbeing services available to our community supporting people who are more socially disadvantaged. If required, the community will need to access regional public hospitals in Box Hill, Ringwood or Heidelberg.

Evidence shows that Manningham has some gaps in health services including; aged care services, public dental health and services in the rural fringes of municipality. Despite our ageing community, Manningham has the lowest number of low care places per 1,000 of eligible population in the Eastern Region and a significantly less number of high and low care places compared to the Victorian rate.

The most prevalent condition for persons admitted to hospital is renal dialysis, at a rate of 76 per 1000; this is higher than the Eastern region and the Victorian rate. Manningham also has the highest oncology and radiation rate per 1,000 people compared to the Eastern region and Victoria.

## Our Housing

Manningham has the lowest number of social housing properties as a percentage of total dwellings, compared to the Eastern region and Victorian figures. In total there are 133 dwellings, 13 are located in the east of the municipality whilst 130 are located in the west of the municipality. However data recently released shows that 2,809 households' dwellings in Manningham are receiving rent assistance from Centrelink. Data indicates that approximately 12,638 households in Manningham earning a 'low income' are experiencing mortgage stress and a total of 1,485 low income households across the municipality are experiencing rental stress.

## Our Transport

Manningham is a municipality that relies on the use of private cars as the main mode of transport. Access to train travel is outside the municipality and in this respect quite unique when compared to other neighbouring councils, as Manningham is the only municipality that does not have a rail network. In 2011, there were 10.9 per cent of Manningham residents who travelled to work by public transport and 71.3 per cent by using a private vehicle, compared with 13.8 per cent and 66.1 per cent respectively in Greater Melbourne. Data shows that over 1500, or 5 per cent of dwellings across the municipality, do not have access to a motor vehicle.





# 16.6 APPENDIX 6: GENERATION 2030 COMMUNITY PLAN CONSULTATION SUMMARY

In the development of the Generation 2030 Community Plan a suite of questions was asked of people living, working and playing in Manningham and over 20,000 wishes and ideas were gathered. The following depicts this information, which has been used as a form of community consultation research to inform Manningham's Healthy City Plan 2013 – 2017.

What do you most value about living, working or playing in Manningham?	If you could hold onto 2 things about Manningham to take into the future, what would they be?
<ul style="list-style-type: none"> <li>• 28.5% Parks/gardens and open space</li> <li>• 9.2% Access to shops/shopping centres/ cafes</li> <li>• 8.7% Safe/secure environment</li> <li>• 8.4% Access to all facilities/has everything we need</li> <li>• 7.9% Community feel</li> </ul>	<ul style="list-style-type: none"> <li>• 39.4% Retain parks/gardens, open spaces &amp; natural environment</li> <li>• 9.9% Community feel</li> <li>• 5.2% Shopping centres</li> <li>• 4.6% Clean and quiet</li> <li>• 4.2% Community services</li> </ul>
What are the 2 most important issues you think the Manningham community will face in the future?	If you had three wishes for what your community could be like in 2030, what would they be?
<ul style="list-style-type: none"> <li>• 20.4% Lack of infrastructure for population</li> <li>• 17% Lack of public transport</li> <li>• 13.2% Population pressures</li> <li>• 10.4% Overdevelopment</li> <li>• 5.8% Lack of housing alternatives and supply</li> </ul>	<ul style="list-style-type: none"> <li>• 17% Improved public transport</li> <li>• 13.9% Social inclusion</li> <li>• 11.5% Retain green, open space and wildlife</li> <li>• 7.2% Improved facilities and services</li> <li>• 6% Sustainable living</li> </ul>



## 16.7 APPENDIX 7: HOW ARE WE TRAVELLING? – EVALUATION SUMMARY

The previous Municipal Public Health Plan 2009 – 2013 identified a series of evaluation measures to determine the success of the plan in improving the health outcomes of the community. The evaluation involved forming a baseline in 2010 of measures and indicators and then remeasuring those in 2012. In addition, surveys were undertaken with staff and community providers to gain their views of the success of the plan.

### General Health:

A large proportion of our community (54 per cent) felt that they had excellent and very good health and wellbeing, with over 55 per cent stating that they were not affected by any health issues. For those that did, the most prominent issues were blood pressure, arthritis, depression and obesity. To address health concerns people most frequently used medical centres which supports Manningham's greater reliance on general practices.

Also considered were the awareness and usage of services in Manningham, with the most recognised and used being Manningham Community Health Service, Doncare, the Manningham Centre and Aquarena. Manningham also has a strong reliance on private health services with growing trends to use further education services, such as neighbourhood houses and University of the Third Age. The community was concerned with the availability of services in Manningham, with only 40 per cent saying we had an adequate supply of services in the local areas.

### Mental Health

Mental wellbeing is essential for a rewarding and productive life in the community. In Manningham, there has been a decrease in self reporting of mental health with most indicating that it's as a result of issues such as social isolation, relationship breakdown, ill health or financial hardship. To support their mental health, Manningham residents feel that the following improve their mental wellbeing: spending time with family and friends, eating healthily, physical activity, reading, working and getting sufficient levels of sleep.

Most people in Manningham (84 per cent) felt that they were able to maintain a good work/life balance resulting in less stress and better mental wellbeing.

### Social Inclusion

In Manningham there has been an increase in involvement, with 49 per cent of people participating in local sporting, recreation and social clubs and 38 per cent having attended Manningham festivals or other community events. The main barriers to people participating in events or clubs were time, lack of awareness, cost, health and no-one to go with.

Manningham has a growing culturally diverse community, with 36 per cent of its population being born overseas and for this reason acceptance of diversity and living in a community that embraces difference and harmony are important. A large proportion (82 per cent) of respondents accepted that Manningham is a better place to live with diverse communities. This is further supported by the fact that 87 per cent of the population felt welcomed and included in the local community despite their diverse background, with only 4 per cent feeling they had been discriminated against. To improve inclusiveness, the community recommended we consider delivering more targeted or specific events, the provision of information in other formats and places for diverse communities to meet.

### Safety

In Manningham 96 per cent of the respondents felt safe to travel in the daytime but only 49 per cent felt equally safe at night. When asked about anti social behaviour, 77 per cent said they had experienced nothing in the last 12 months, with the most prominent issues being verbal threats, being misunderstood and observing violence in the streets.

## 16.7 Appendix 7: How are we travelling? continued

### Healthy Lifestyles

In Manningham, 56 per cent of the respondents felt they did not undertake risky behaviours but there were a proportion (27 per cent) who felt they were obese and (26 per cent) who felt they were not physically active. To address health risks, the most common life changes people were undertaking were exercising, eating healthier and requesting support from family or friends.

### Healthy Eating

In relation to healthy eating, 94 per cent of the population have access to and cook fruit and vegetables on a regular basis. The biggest barriers to this are that they take too long to prepare, lack of cooking skills, cost and children's influence on food choices. There has been a drop in consumption of fast food or take away but there are still 35 per cent of the population who eat it more than once a week. When considering fruit consumption, there has been an increase, with 2.1 pieces of fruit and 2.6 pieces of vegetables being consumed daily. People also felt that there was an opportunity to continue to provide healthy eating messages to schools and the general community.

### Physical Activity

In relation to exercise, more people were undertaking 30 minutes of physical activity four times per week (47 per cent) but very few (10 per cent) undertake the equivalent amount of vigorous physical activity. The most common forms of activity include walking (70 per cent), followed by gymnasium, jogging, cycling and pilates/yoga. The biggest barriers to physical activity were to do with time, age, motivation and the weather. When asked about facilities, 72 per cent of the population felt there was an adequate number of activities and facilities that promote recreation and healthy living but some additional focus could be made on their inclusiveness of people from diverse backgrounds.

### Sustainability

Manningham residents are very conscious of environmental friendly practices that support many of the sustainable initiatives in their homes. The biggest barriers for people are expense and having suitable personnel to help install them.

### Accessibility

Accessibility is the degree to which services, facilities, or the environment is available to as many people as possible. The survey considered access across a number of levels: public transport, pathways, community buildings, roads, local shopping centres and urban design. The key ongoing concerns were public transport, pathways, community buildings and how we design our urban areas. In relation to communication, the community prefers to use the local newspapers, Manningham Matters and mail which is really important to ensure Council is keeping the residents well informed.





## 16.8 APPENDIX 8: WHAT COMMUNITY PARTNERS SAID....

Partnership has been a foundation in the development, planning, implementation and evaluation of the Municipal Public Health Plan 2009–2013. To evaluate this, a series of questions were asked of our community partners, of which three-quarters of the respondents were from organisations predominantly based in and who serviced Manningham, with the remainder working across the region.

### Municipal Public Health Plan Usage and Awareness

In the survey, Council's partners overwhelmingly felt they had a role in improving community health and wellbeing, with over three-quarters indicating that they were aware of Council's Municipal Public Health Plan 2009–2013. Many of the senior managers have used and referred the plan in their strategic documents to support shared goals, to strengthen Manningham's health and wellbeing capacity and to provide an evidence base for their work. In principle, over two-thirds of the organisations' strategic priorities also align to the four priorities of the MPHP, allowing for greater partnership work and producing more concentrated efforts at improving the outcomes for the community.

### Implementation and Evaluation

In implementing the MPHP, one third of the organisations had actions which they were responsible for or were involved in and at the time of the survey 50 per cent indicated that these actions were completed. Of these completed actions, 55 per cent had undertaken an evaluation of which, the majority has been based on process evaluation methodology.

### Partnership

Council sought information on the levels and effectiveness of partnerships and found that over one-third of the respondents had been involved in partnership projects, of which 81 per cent felt that it had resulted in a positive impact and benefit to their organisation or the community. The groups also felt that Council was open to reviewing its processes, with 78 per cent feeling that Council fostered continual improvement. In responding about their ongoing needs, the community partners indicated that they needed training in areas such as health promotion, Municipal Public Health and Wellbeing planning and integrated health planning.





## 16.9 APPENDIX 9: WHAT MANNINGHAM COUNCIL STAFF SAID...

Council's role in health and wellbeing is delivered through the collaborative efforts of many service units across Council. It involves the understanding and the appreciation that everything we do for our community has an impact on the community's health and wellbeing. To evaluate this, a series of questions were posed to staff across Council.

### Municipal Public Health Plan Usage and Awareness

Overwhelmingly, 95 per cent of the respondents felt their unit influenced and worked to improve the wellbeing of the community. Over two-thirds of the staff were aware of and had used the Municipal Public Health Plan 2009–2013 in the following ways: to influence their work (70 per cent), to implement plans, policies and strategies (52 per cent), to deliver their unit's responsible actions (52 per cent) and to build an understanding of community health and wellbeing (52 per cent).

### Implementation and Evaluation

In implementing the plan, 60 per cent of the staff felt their unit's priorities aligned to the Municipal Public Health Plan 2009–2013, with 30 per cent stating they had a role in delivering actions which mainly engaged partners (82 per cent) to maximise the impact and outcomes to the community. The survey showed that evaluation was undertaken, with 40 per cent of the initiatives to ensure continual improvement, with this being an area in which staff welcomed additional training and support.




# 16.10 APPENDIX 10: CONSULTATION QUESTIONNAIRE

As referenced in the evidence puzzle, consultation with the community was imperative in determining the priorities for Manningham's Healthy City Plan. The questionnaire developed and used across Manningham was as below:

What
matters
Manningham?



Municipal Public Health and Wellbeing Plan 2013/17 Survey



Your views will help inform the priority areas in the development of the Municipal Public Health and Wellbeing Plan 2013/17.

The Municipal Public Health and Wellbeing Plan (MPHWP) aims to create an environment that promotes health and wellbeing among the whole community.

**Factors that Influence Health and Wellbeing**

Q1. Which of the following factors do you think Council should focus on to improve community health and wellbeing? (Please tick top 2 choices in each of the Social, Economic, Built and Natural boxes)

Social Healthy and Safe City	Economic Viable City
<input type="checkbox"/> Access to Information <input type="checkbox"/> Access to Services and Health Care <input type="checkbox"/> Anti Discrimination <input type="checkbox"/> Community Facilities <input type="checkbox"/> Community Participation <input type="checkbox"/> Healthy Lifestyle Choices <input type="checkbox"/> Inclusion <input type="checkbox"/> Safety <input type="checkbox"/> Social and Family Connections <input type="checkbox"/> Social Isolation	<input type="checkbox"/> Business Growth <input type="checkbox"/> Education and Life Long Learning <input type="checkbox"/> Financial Security <input type="checkbox"/> Housing Affordability <input type="checkbox"/> Reasonable Living Standards <input type="checkbox"/> Secure Employment Options <input type="checkbox"/> Affordable Fresh Food Choices <input type="checkbox"/> Literacy and Numeracy <input type="checkbox"/> Safe Workplaces
Built Liveable City	Natural Resilient City
<input type="checkbox"/> Amenities: Parks, Lighting, Shops <input type="checkbox"/> Clean and Safe Environments <input type="checkbox"/> Design of Urban Spaces <input type="checkbox"/> Heritage, Arts and Culture <input type="checkbox"/> Housing Choices <input type="checkbox"/> Population Density <input type="checkbox"/> Public Transport <input type="checkbox"/> Recreational Facilities and options <input type="checkbox"/> Roads / Paths / Trails	<input type="checkbox"/> Air Quality <input type="checkbox"/> Climate Change <input type="checkbox"/> Increased Oil Costs <input type="checkbox"/> Food Production <input type="checkbox"/> Natural Disasters <input type="checkbox"/> Parks and Natural Open Spaces <input type="checkbox"/> Waste and Sewerage <input type="checkbox"/> Water <input type="checkbox"/> Energy

**Social Determinants Matrix<sup>1</sup>**

<sup>1</sup> Social Determinants Matrix derived from following sources: World Health Organisation: [http://www.who.int/digital\\_health/determinants/matrix/en/](http://www.who.int/digital_health/determinants/matrix/en/)  
Department of Health: [http://www.health.vic.gov.au/health/communities/what\\_is\\_a\\_social\\_determinant.htm](http://www.health.vic.gov.au/health/communities/what_is_a_social_determinant.htm)



### Health Issues

Q2. Which health and wellbeing issues do you feel should influence the health priorities in the Manningham Municipal Public Health and Wellbeing Plan? *(Please tick top 3 choices)*

Health and Wellbeing Priorities			
Arthritis/ Muscular	Diabetes	Mental Health	
Asthma/ Respiratory	Drugs	Obesity	
Binge Drinking	Family Violence	Oral Health	
Cancer	Heart Disease	Problem Gambling	
Dementia	Neonatal	Sexual Health	
Disability	Infectious Diseases	Smoking	

### Preventative Factors:

*(Preventative factors have a positive influence on health and act as buffers against hazards or stressors)*

Q3. Which preventative factors should Council focus on to improve community health and wellbeing? *(Please tick top 3 choices)*

Preventative Factors (Positive Influences on Health)			
Access (to Services, Clubs, Businesses etc.)	Equity	Participation	
Recreation and Leisure Activity	Family Cohesion	Protection (people, environment)	
Affordability	Healthy Lifestyles	Resilience	
Community Belonging	Inclusion	Resources	
Social Connection	Information	Respect and Value	
Education/Learning	Life Skills	Social Networks	
Employment	Liveable Places & Spaces	Stability	
Empowering Residents	Neighbourly	Volunteering	

### Other Comments:

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For further information, please contact Vicki Martinez (MPHP Project Officer) on 9840 9258 / [vicki.martinez@manningham.vic.gov.au](mailto:vicki.martinez@manningham.vic.gov.au)

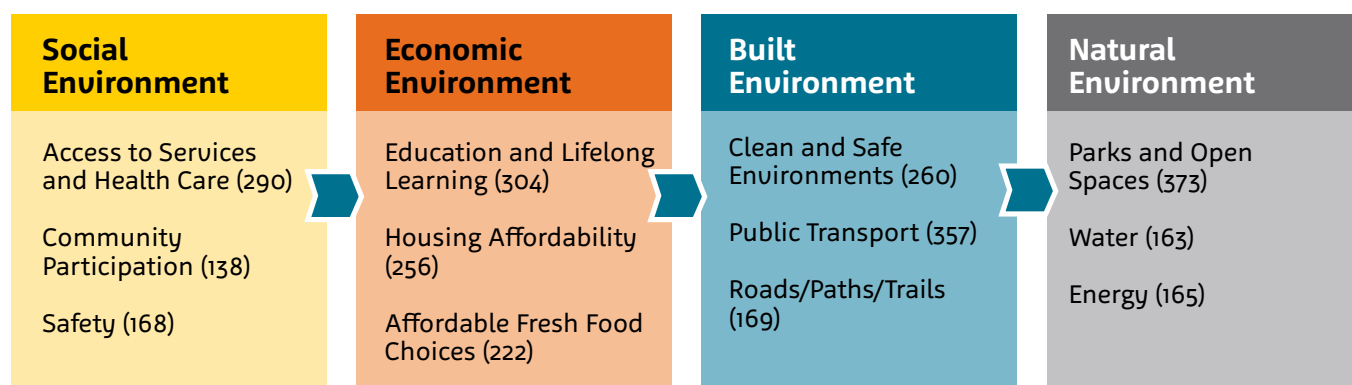
Certified by the Chief Executive Officer in accordance with Section 55D of the Local Government Act 1989 on 24 October 2012.

# 16.11 APPENDIX 11: CONSULTATION SUMMARY

Contributing to the structure and the priorities of Manningham's Healthy City Plan are the outcomes of an extensive consultation process undertaken during 2012/13. Over 1,600 members of the Manningham community responded to questions about the social, economic and environmental factors impacting on health, their perceived health issues and factors that positively influence community wellbeing. Given the diverse nature of the community in Manningham, the process used a wide range of mechanisms to engage residents in consultation. The methodology included: a community survey, on line engagement tool, workshops with staff, networks across Manningham, community organisations gaining the views from service users, and engaging people at Council festivals and events.

## Factors Influencing Health and Wellbeing

People were asked to identify their top two factors in the social, economic, built and natural environments that have the greatest impact on health and wellbeing in Manningham. Figure 11 depicts the results of this question.





### Health Issues that Council should focus on

People were then asked to identify three health issues that should form the priorities of the Municipal Public Health and Wellbeing Plan. Figure 12 depicts these showing that mental health, obesity, family violence and dementia were significant concerns for the Manningham community.

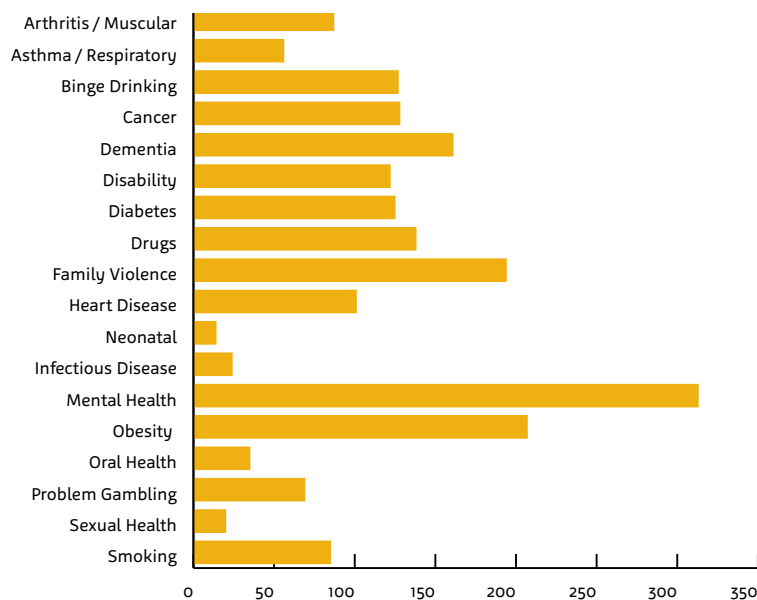
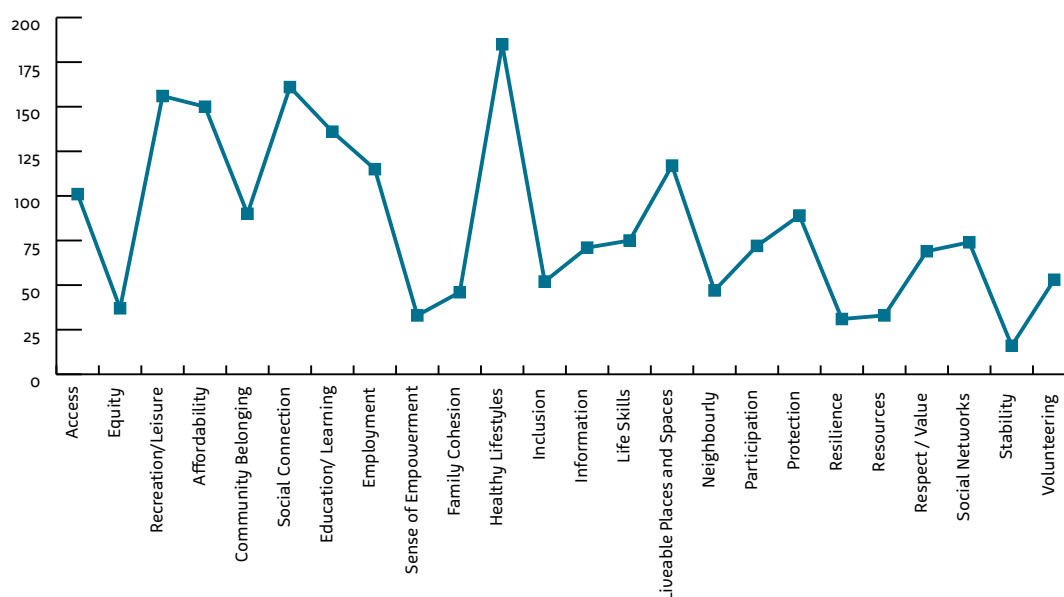


Figure 12: Key health issues from survey

### Protective Factors that Council should focus on

The community was asked then to consider which preventative or protective factors Council should focus on to improve community health and wellbeing. Figure 13 depicts that the community would like to see more initiatives that support healthy lifestyles, recreational and leisure options, encourage more affordable choices, promote social connection and promote learning and employment opportunities.



## 16.12 APPENDIX 12: BRINGING IT ALL TOGETHER

In an effort to bring together the many layers of research, consultation and evidence collected in the planning process of the MPHWP, a matrix considering the Social Determinants across the 'Four Environments of Health', the health issues in Manningham and the preventative factors that positively impact on health and wellbeing were cross referenced. The results of this collation are reflected below. The highlighted areas represent the leading concerns or focus areas in Manningham. These were used to support the development of the priority areas for the Healthy City Plan 2013–2017.

ENVIRONMENTS OF HEALTH						
Social Determinants						
	Evidence Sources					
	Generation 2030	Household Panel Evaluation (top 5)	Community Partners Survey (top 5)	Staff Survey (Top 5)	Community Consultation (Top 5)	Health Data and Research
<b>Social Environment</b>						
Access to Information (167)		✓		✓		
<b>Access to Services and Health Care (290)</b>	✓	✓	✓	✓	✓	✓
Anti Discrimination / Diversity (64)	✓					✓
Community Facilities (169)	✓	✓			✓	
<b>Community Participation (138)</b>	✓		✓	✓		✓
Healthy Lifestyle Choices (158)		✓	✓		✓	✓
Inclusion (70)	✓					✓
<b>Safety (168)</b>	✓	✓		✓	✓	✓
Social and Family Connections (117)	✓		✓		✓	
Social Isolation (109)			✓	✓		✓

ENVIRONMENTS OF HEALTH						
Social Determinants						
	Evidence Sources					
	Generation 2030	Household Panel Evaluation (top 5)	Community Partners Survey (top 5)	Staff Survey (Top 5)	Community Consultation (Top 5)	Health Data and Research
<b>Economic Environmen</b>						
Business Growth (81)	✓					
<b>Education and Lifelong Learning (304)</b>	✓	✓	✓	✓	✓	✓
Financial Security (113)			✓			
<b>Housing Affordability (256)</b>	✓	✓	✓	✓	✓	✓
Reasonable Living Standards (200)		✓	✓	✓	✓	
Secure Employment Options (93)	✓	✓		✓		
<b>Affordable Fresh Food Choices (222)</b>		✓	✓	✓	✓	✓
Literacy and Numeracy (83)						✓
Safe Workplaces (97)					✓	

ENVIRONMENTS OF HEALTH						
Social Determinants						
	Evidence Sources					
	Generation 2030	Household Panel Evaluation (top 5)	Community Partners Survey (top 5)	Staff Survey (Top 5)	Community Consultation (Top 5)	Health Data and Research
<b>Built Environment</b>						
Amenities: Parks, Lighting, shops (167)	✓		✓	✓	✓	
<b>Clean and Safe Environments (260)</b>	✓	✓	✓	✓	✓	
Design of Urban Spaces (94)	✓					✓
Heritage, Arts and Culture (45)						
Housing Choices (95)	✓		✓			✓

ENVIRONMENTS OF HEALTH						
Social Determinants						
	Evidence Sources					
	Generation 2030	Household Panel Evaluation (top 5)	Community Partners Survey (top 5)	Staff Survey (Top 5)	Community Consultation (Top 5)	Health Data and Research
Population Density (96)		✓				
<b>Public Transport (357)</b>	✓	✓	✓	✓	✓	✓
Recreation Facilities and Options (167)	✓	✓	✓	✓	✓	
<b>Roads/Paths / trails (169)</b>	✓	✓		✓	✓	✓

ENVIRONMENTS OF HEALTH						
Social Determinants						
	Evidence Sources					
	Generation 2030	Household Panel Evaluation (top 5)	Community Partners Survey (top 5)	Staff Survey (Top 5)	Community Consultation (Top 5)	Health Data and Research
<b>Natural Environment</b>						
Air Quality (137)	✓	✓				
Climate Change (152)	✓		✓	✓	✓	✓
Increased Oil Costs (74)	✓					
Food Production (151)			✓		✓	
Natural Disasters (54)						
<b>Parks and Open Spaces (373)</b>	✓	✓	✓	✓	✓	
Waste and Sewerage (181)		✓		✓		✓
<b>Water (163)</b>	✓	✓	✓	✓	✓	✓
<b>Energy (165)</b>	✓	✓	✓	✓	✓	



ENVIRONMENTS OF HEALTH						
Health Issues						
	Evidence Sources					
	Victorian Health Priorities	Household Panel Evaluation (top 5)	Community Partners Survey (top 5)	Staff Survey (Top 5)	Community Consultation (Top 5)	Health Data and Research
Arthritis / Muscular (87)		✓				
Asthma / Respiratory (56)						
Binge Drinking (127)	✓					✓
Cancer (128)	✓				✓	✓
<b>Dementia (161)</b>		✓	✓	✓		✓
Disability (122)	✓			✓		✓
<b>Diabetes (125)</b>		✓	✓			✓
Drugs (138)	✓			✓	✓	
<b>Family Violence (194)</b>			✓	✓	✓	✓
Heart Disease (101)		✓				✓
Neonatal (14)						
Infectious Diseases (24)	✓					
<b>Mental Health (313)</b>	✓	✓	✓	✓	✓	✓
<b>Obesity (207)</b>	✓	✓	✓	✓	✓	✓
Oral Health (35)	✓					✓
Problem Gambling (69)						✓
Sexual Health (20)	✓					✓
Smoking (85)	✓					

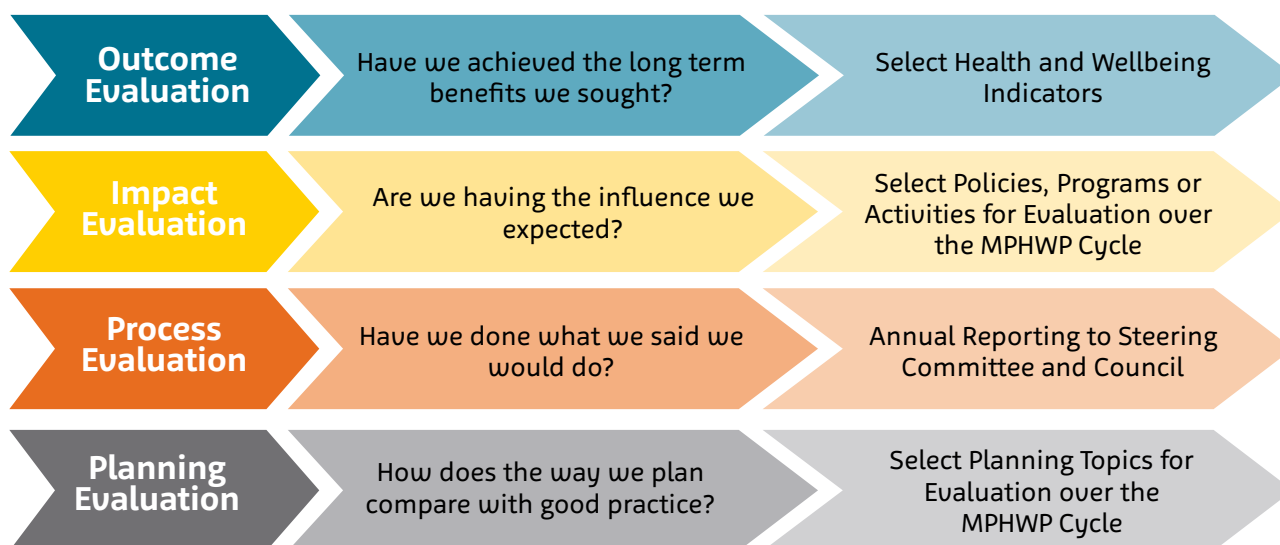
## ENVIRONMENTS OF HEALTH

### Preventative Factors

	Evidence Sources					
	Generation 2030	Household Panel Evaluation (top 5)	Community Partners Survey (top 5)	Staff Survey (Top 5)	Community Consultation (Top 5)	Health Data and Research
Access (101)	✓	✓	✓			✓
Equity (37)	✓					✓
<b>Recreation / Leisure (156)</b>	✓	✓		✓	✓	
<b>Affordability (150)</b>	✓	✓	✓	✓		✓
Community Belonging (90)	✓		✓			
Social Connection (161)				✓	✓	✓
Education/Learning (136)					✓	✓
Employment (115)					✓	
Sense of Empowerment (33)	✓					✓
Family Cohesion (46)						
<b>Healthy Lifestyles (185)</b>		✓	✓	✓	✓	✓
Inclusion (52)	✓					✓
Information (71)						
Life Skills (75)						
<b>Liveable Places and Spaces (117)</b>	✓	✓	✓	✓		✓
Neighbourly (47)						
Participation (72)	✓					✓
<b>Protection (89)</b>	✓	✓		✓		✓
Resilience (31)						
Resources (33)						
Respect/Value (69)	✓					✓
Social Networks (74)						
Stability (16)						
Volunteering (53)						✓

## 16.13 APPENDIX 13: EVALUATION FRAMEWORK AND STRATEGY

Manningham's Healthy City Plan has adopted the following MPHWP Evaluation Strategy to guide the monitoring, review and evaluation process during the four years of the plan. The Strategy (Figure 14) considers outcome, impact, process and planning evaluation.



Manningham's Healthy City Plan will evaluate the following to determine the success of the plan:

### 15.13.1 Outcome Evaluation

To measure whether we have achieved the long term benefits we sought, a set of health and wellbeing indicators have been identified across each of the health issues and the corresponding social determinants or focus areas. Progress against these indicators will be remeasured in 2017. It's important to note though, that these indicators are high level measures and significant change can extend beyond the life of this plan. Council and its partners will work towards meeting and exceeding the Victorian index rates.

Mental Wellbeing				
Goal, Social Determinant or Focus Area	Indicators/Measures	Most Current Manningham Results (if available)	Most Current Victorian Results (if available)	Source
Mental Wellbeing Goal (Mental Health and Dementia)	Persons reporting a high/very high degree of psychological distress	7.5%	11.1%	VPHS (2011/12)
	Persons reporting fair or poor health	14.6%	18.3%	VPHS (2008)
	Adolescents with the highest level of psychological distress	9.7%	13%	DEECD (2011)
	Adolescents who are not satisfied with their quality of life (2009)	21.4%	22.9%	DEECD (2011)
	Psychological hospitalization rates for young people (Rate per 1,000 adolescents in 2009/10)	4.0	6.7	DEECD (2011)
	Rates of intentional self harm (Rate per 1000 adolescents in 2009/10)	0.5	0.6	DEECD (2011)
	Registered mental health clients per 1,000 population	5.2	10.3	DOH / ABS (June 2011)
	Dementia rates	1,668 people (0.01% of popn)	66,000 people (0.01% of popn)	Alzheimer's Australia (2010)
Social Inclusion	Attendance at a community event in the last six months	47.8%	52.9%	DPCD (2010)
	Have membership of organised groupse.g. sports, church or community groups	66.3%	60.7%	DPCD (2010)
	Volunteering (≥ once per month)	28.1%	34.3%	VicHealth (2011)
	The area has opportunities to volunteer	66%	64.7%	DPCD (2010)
	Can get help from family, friends or neighbours when needed	90.1%	91.7%	DPCD (2010)
	Belief that there are good facilities and services in Manningham	88.3%	85.2%	DPCD (2010)
	Adolescents who report bullying	41%	44.6%	DEECD (2011)
	Social networking used to organise time with family/friends	32.1	35.1	VicHealth (2011)
	People who attended arts activities or events in last three months	61.0	63.6	VicHealth (2011)

## 16.13 Appendix 13: Evaluation Framework and Strategy continued

Mental Wellbeing				
Goal, Social Determinant or Focus Area	Indicators/Measures	Most Current Manningham Results (if available)	Most Current Victorian Results (if available)	Source
	Feeling part of the community	79.1	77.5	CIV / VicHealth (2011)
Freedom From Discrimination and Violence	Multiculturalism makes life a little better	82.3%	76.3%	DPCD (2010)
	Feeling valued in society	49.6%	52.4%	DPCD (2010)
	Low level of English proficiency	6.2%	4.0%	Census (2011)
	Community acceptance of diverse cultures	57.4%	50.6%	VicHealth (2011)
	People who agree that it is a good thing for a society to be made up of people from different cultures	92.4%	89.3%	CIV (2007)
	Perceptions of safety (walking alone during the day)	97.4	97.0	VicHealth (2011)
	Perceptions of safety (walking alone during the night)	68.7%	70.3%	VicHealth (2011)
Access to Economic Resources	Could raise \$2,000 in two days in an emergency	90.9%	85.4%	DPCD (2010)
	Rental Stress	24.1%	25.1%	Census (2011)
	Prep grade pupils who attended preschool	95.1%	93.9%	AEDI Index (2012)
	People aged 15-19 not engaged in work or study	2.3%	5.8%	Census (2011)
	Number of government primary schools (including P-12 schools) per 1,000 children aged 5-12 years	1.5	2.4	CIV/DEECD (2012)
	Number of government secondary schools (including P-12 schools) per 1,000 children aged 13-18 years	0.3	0.4	CIV/DEECD (2012)
	Year 9 students without minimum writing standard (2010)	11.0%	10.6%	DEECD (2011)
	People employed in highly skilled occupations	52.9%	57.3%	CIV/Census 2011
	People aged 15-19 years not engaged at all in work or study	7.7%	15.4%	CIV/Census (2006)
	Unemployment rates	5%	5%	Census (2011)
	Individuals with income less than \$400 per week	39.8%	39.9%	Census (2011)
	Disability Support Pension recipients per 1,000 eligible population	27.5	55.7	DOH/Centrelink (June Quarter 2012)
	Households earning less than \$400 per week	9.3%		Census (2011)
	Low income families with children	1.7%	1.8%	Census (2011)
	Households where mortgage payments are greater than 30% of household income	9.5%	10.1%	Census (2011)



Healthy Living				
Goal, Social Determinant or Focus Area	Indicators/Measures	Most Current Manningham Results (if available)	Most Current Victorian Results (if available)	Source
Healthy Living Goal (Chronic Disease and Obesity)	Health status – subjective wellbeing	79.1%	77.5%	VicHealth (2011)
	Type 2 Diabetes prevalence rates	4.3%	4.5%	Diabetes Australia (2012)
	Cancer incidence per 100,000 population	5.8	5.1	Cancer Council (2012)
	Cancer incidence per 100,000 females	5.2	4.5	Cancer Council (2012)
	Cancer incidence per 100,000 males	6.5	5.7	Cancer Council (2012)
	Hospital inpatient separations per 1,000 population	464.5	422.0	DOH (2012)
	Obese or overweight males	51.0%	58.0%	VPHS (2011/12)
	Obese or overweight females	37.4%	41.8%	VPHS(2011/12)
Active Places and Spaces	Visit to green spaces greater than once per week	49.7%	50.7%	VicHealth (2011)
	Easy access to recreational and leisure facilities	88.0%	81.6%	DPCD (2010)
	Number of organized recreation area public open spaces	0.4%	0.5%	CIV/ VEAC 2011
	Number of parkland and garden public open spaces	2.4	2.0	CIV/ VEAC 2011
	Length of off road existing bike routes in Manningham	81km	N/A	MCC – GIS (2013)
	Length of existing bike lanes in Manningham	30km	N/A	MCC – GIS (2013)
	Total length of footpaths in Manningham	845km	N/A	MCC – GIS (2013)
Healthy Living	An active community, people do things and get involved in local issues/ activities	56.6	66.6	DPCD (2010)
	Shares meal with family $\geq$ 5 days per week	65.9%	66.3%	VicHealth (2011)
	Population with food insecurity	2.6%	5.6%	VPHS (2008)
	Sedentary behavior - Sitting greater than 7 hours per week	31.6	32.6	VicHealth (2011)
	People who do not meet physical activity guidelines	28.0%	26.6%	VPHS (2011/12)
	People who do not meet fruit and vegetable guidelines	45.9%	51.1%	VPHS (2011/12)

## 16.13 Appendix 13: Evaluation Framework and Strategy continued

Healthy Living				
Goal, Social Determinant or Focus Area	Indicators/Measures	Most Current Manningham Results (if available)	Most Current Victorian Results (if available)	Source
	Males not meeting fruit and vegetable dietary guidelines	48.1%	54.8%	VPHS(2008)
	Unintentional injuries due to falls	44.2%	37.6%	DOH (2012)
	Adequate work life balance	62.6%	53.1%	VicHealth (2011)
	Person's sleeping less than 7 hours per day	33.5%	20%	VicHealth (2011)
	Daily soft drink consumption	8.0%	12.4%	VicHealth (2011)
Access to Facilities, Programs and Information	Have good facilities and services	88.3%	85.2%	DPCD (2010)
	Members of organized groups such as sports, church or community	66.3%	63.9%	DPCD (2010)
	Opportunities to volunteer in local groups	66.0%	64.7%	DPCD (2012)
	People with internet access at home	90.5%	86.4%	CIV/Census (2011)
	HACC clients aged 70 and over per 1,000 target population	478.4	339.6	DOH(2012)
	Population with private health insurance	62.6%	48.0%	DOH (2012)
	Pharmacies per 1,000 population	0.14	0.20	DOH (2012)
	Emergency department presentations per 1,000 population	184.4	259.6	DOH(2012)
	Supply of GP's per 1,000 population	1.31	1.18	DOH(2012)
	GP Attendance per 1,000 population	5,423.1	5,390.8	DOH (2012)

Safety				
Goal, Social Determinant or Focus Area	Indicators/Measures	Most Current Manningham Results (if available)	Most Current Victorian Results (if available)	Source
Safety Goal	Family violence incident reports per 100,000 population	428	908	Victoria Police (2011/12)
	Prepared to intervene in a situation of domestic violence	90.0%	93.1%	VicHealth (2011)
	Purchased alcohol in last seven days	32%	36.3%	VicHealth (2011)
	Seven day money spend on packaged liquor (of those purchasing)	52.0%	45.0%	VicHealth (2011)
	Seven day money spend at a licensed premises (of those purchasing)	58.0%	45.0%	VicHealth (2011)
	Persons at high risk of short term harm from alcohol consumption	39.5%	45.3%	VPHS (2011/12)
	15-17 year olds who consumed alcohol in last 30 days	53.3%	n/a	DEECD (2011)
	Perceptions of safety (walking alone during the day)	97.4%	97.0%	VicHealth (2011)
	Perception of safety (walking alone during night)	68.7%	70.3%	VicHealth (2011)
Equal and Respectful Relationships	Community acceptance of diverse cultures	57.4%	50.6%	VicHealth (2011)
	Feeling valued by society	49.6%	54.4%	DPCD (2010)
	Female local councillors	20%	28.9%	CIV/MAV (2012)
	Opportunities to have a real say on issues that are important	43.1%	45.8%	DPCD (2010)
Safer Cultures	Incidence of crimes against person per 100,000 population	396.7	1027.2	Victoria Police (2012)
	Incidence of crimes against property per 100,000 population	2257.2	4805.6	Victoria Police (2012)
	Total crimes per 100,000 population	3090.0	7231.1	Victoria Police (2012)
	Victims of crime against person per 1,000 adolescent (09/10)	4.5%	11.1%	DEECD (2011)
	Perpetrators of crime against person per 1,000 adolescents (09/10)	3.6%	12.5%	DEECD (2011)
	Convicted and placed on community order per 1,000 adolescents (09/10)	0.9%	1.5%	DEECD (2011)

Safety				
Goal, Social Determinant or Focus Area	Indicators/Measures	Most Current Manningham Results (if available)	Most Current Victorian Results (if available)	Source
Access to Facilities, Program and Information	Members of organized groups such as sports, church, community	66.3	63.9	DPCD (2010)
	Satisfaction with feeling part of the community	69.1%	70.7%	CIV (2007)
	Have good facilities and services	88.3%	85.2%	DPCD (2010)
	People with broadband internet access at home	86.2%	80.1%	CIV/ Census 2011
	Wide range of community and support groups	64.1%	59.9%	DPCD (2010)

Healthy City				
Goal, Social Determinant or Focus Area	Indicators/Measures	Most Current Manningham Results (if available)	Most Current Victorian Results (if available)	Source
Designing a Healthy City	Is a pleasant environment, nice streets, well planned, open spaces	93.2%	83.1%	DPCD (2010)
	Good facilities and services like shops, childcare, schools and libraries	88.3%	79.3%	DPCD (2010)
	Long commute greater than two hours per day	18.8%	11.6%	VicHealth (2011)
	Used car to travel to work	86.4%	81.6%	Census (2011)
	People who experience transport limitations in last 12 months	22.6%	23.7%	CIV/VicHealth (2011)
	Average distance to nearest public transport stop (tram, bus or train stations)	0.4%	1.5%	CIV

Healthy City				
Goal, Social Determinant or Focus Area	Indicators/Measures	Most Current Manningham Results (if available)	Most Current Victorian Results (if available)	Source
Integrated Transport	Males who experience transport limitations in last 12 months	20.9%	22.3%	CIV/VicHealth (2011)
	Females who experience transport limitations in last 12 months	24.3%	25%	CIV/VicHealth (2011)
	People aged 55 years and over who experienced transport limitations in the last 12 months	28.9%	25.1%	CIV/VicHealth (2011)
	Proportion of LGA within 400m of a bus/tram stop and within 800m of a train station.	37.4%	1%	CIV/Department of Transport 2012
	Average distance to nearest public transport stop (including tram/bus/train)	0.4%	1.5%	CIV/Department of Transport 2012
	Average distance to nearest train station	5.1%	4.8%	CIV/Department of Transport 2012
	People who have used public transport to travel to work on census day	11.1%	11.3%	Census (2011)
	People who rode a bicycle or walked to work on census day	1.5%	4.6%	Census (2011)
	Road Injuries per 100,000 population	218	333.9	Victoria Police (2012)
	Residents who travel on buses to work	9.9%	2.8%	Census (2011)
Park and Open Spaces	Visit to green spaces ( $\geq$ once per week)	49.7%	50.7%	VicHealth (2011)
	Number of natural and semi natural area public open spaces	1.7%	1.8%	CIV/ VEAC 2011
	Number of organized recreation area public open spaces	0.4%	0.5%	CIV/ VEAC 2011
	Number of parkland and garden public open spaces	2.4	2.0	CIV/ VEAC 2011
	Number of protected area public open spaces	0.5%	0.8%	CIV/ VEAC 2011
	Easy access to recreation and leisure facilities	88%	81.6%	DPCD (2010)
	Proportion of LGA classified as open space areas	17.7%	54.4	CIV/ VEAC 2011
Environment	Adults who run out of food in the last 12 months and can't afford to buy more	2.9%	6.1%	CIV (2007)
	People in households collecting waste water	42.3%	41.3%	VicHealth 2011



## 16.13 Appendix 13: Evaluation Framework and Strategy continued

Healthy City				
Goal, Social Determinant or Focus Area	Indicators/Measures	Most Current Manningham Results (if available)	Most Current Victorian Results (if available)	Source
	People aged 18-34 years in households collecting waste water	58.9	48	VicHealth 2011
	People aged 55 years and over in households collecting waste water	39.3	40.2	VicHealth 2011
	Recyclables and green organics recycled (% of total recyclables)	56%	44%	CIV/Sustainability Victoria 2009/10
	Non-Organic recyclable waste generated by household (kg per household)	308	283	CIV/Sustainability Victoria 2009/10
	Household gas use (gigajoules per customer)	69.7	52.5	CIV/Dept of Sustainability and Environment 2007
	Household energy use (megawatts an hour per occupied private dwelling)	6.2	5.7	CIV/Dept of Sustainability and Environment 2007
	Greenhouse gas emissions (total emissions of CO <sub>2</sub> in tonnes per occupied private dwelling)	12.1	9.9	CIV/Dept of Sustainability and Environment 2007
	Percentage open space areas in Manningham	17.7%	N/A	MCC (GIS- 2013)
	Percentage of high density vegetation cover	12.67%	N/A	MCC (GIS- 2013) via DSE
Housing	Percentage of rental housing that's affordable	1.4%	20.7%	DHS, June Quarter 2012
	Social housing as a percentage of total dwellings	0.8%	3.8%	DHS (2012)
	Rental stress	24.1%	25.1%	Census (2011)
	Mortgage stress	10.6%	11.4%	Census (2011)
	Aged care places (high care) per 1,000 eligible population	30.3	42.2	DOH (2012)
	Aged care places (low care) per 1,000 eligible population	35	45.7	DOH (2012)
	Medium and high density housing	18%	23%	Census (2011)

Leading Change				
Goal, Social Determinant or Focus Area	Indicators/Measures	Most Current Manningham Results (if available)	Most Current Victorian Results (if available)	Source
Advocacy	New services or significant projects introduced to Manningham that target community health and wellbeing	N/A	N/A	Annual Service Plan Reporting
	Satisfaction with advocacy (Index score)	58	55	Community Satisfaction Survey (2013)
	Members of organized groups that have taken action	38.7%	41%	DPCD (2010)
	On decision making board or committee	16.5%	22.6%	DPCD (2010)
	Opportunities to have a real say on issues that are important	43.1%	45.8%	DPCD (2010)
	An active community, people do things and get involved in local issues and activities	56.6%	66.6%	DPCD (2010)
Capacity Building	Staff awareness of Determinants of Health	50%	N/A	Staff Survey (2013)
	Staff awareness of MPHWP	66%	N/A	Staff Survey (2013)
	Staff application of MPHWP	45.5%	N/A	Staff Survey (2013)
	Partners' awareness of MPHWP	77%	N/A	Partners' Survey (2013)
	Partners' application of MPHWP	46%	N/A	Partners' Survey (2013)
Partnership	Participation in citizen engagement (in last year)	40.5%	50.5%	VicHealth (2011)
	Level of community consultation and engagement (Index score)	59	57	Community Satisfaction Survey (2013)
	Checklist Score for MPHWP Steering Committee Results	139	N/A	VicHealth Partnership Analysis Tool (2013)
	Continual improvement applied to partnerships	77.8%	N/A	Partners' Survey (2013)
	Rating of partnership projects with Council (excellent or very good)	81%	N/A	Partners' Survey (2013)

Leading Change				
Goal, Social Determinant or Focus Area	Indicators/Measures	Most Current Manningham Results (if available)	Most Current Victorian Results (if available)	Source
Evidence and Evaluation	Staff application of evaluation	38%	N/A	Staff Survey (2013)
	Partner application of evaluation	55%	N/A	Partners' Survey (2013)
	Satisfaction with overall Council performance (index score)	67	60	Community Satisfaction Survey (2013)
	People who agree that they are able to vote for a trustworthy political candidate	59.3%	52.8%	CIV (2007)

### 16.13.2 Impact Evaluation

To measure whether the actions are having the influence expected, the MPHWP Steering Committee will annually identify a determinant which will become the focus of the group for that year. Concentrated effort will be made into delivering activities and joint projects that actively address the nominated determinant by all parties. Two actions, one from each Council and the partners, will also be agreed upon to undergo extensive evaluation to determine whether the desired impacts were achieved. These evaluations will be provided as part of the overall MPHWP evaluation in 2017.

### 16.13.3 Process Evaluation

On an annual basis, every action will be reviewed to determine its progress and ongoing relevance in meeting the plan's objectives together with the MPHWP Steering Committee. A status report with any amendments will be provided to Council.

### 16.13.4 Planning Evaluation

To determine whether the planning process was undertaken to ensure best practice, Manningham City Council will evaluate the partnership of the MPHWP Steering Committee. This will be undertaken by completing the VicHealth Partnership Analysis Tool to assess, monitor and maximise the ongoing effectiveness of the partnership. All members of the Committee will be invited to complete the tool at the early stages of the planning process and then again at the completion of the MPHWP 2013 – 2017.



# 16.14 APPENDIX 14: ABBREVIATIONS:

A – Advocacy

ABS – Australian Bureau of Statistics

ADSS – Aged and Disability Services Unit, Manningham City Council

AER – Access to Economic Resources

AFP&I – Access to Facilities, Programs and Information

AP&S – Active Places and Spaces

CB – Capacity Building

C&M – Communications and Marketing Unit, Manningham City Council

CS – Cultural Services Unit, Manningham City Council

DHC – Designing a Healthy City

Doncare – Doncare Community Services

E – Environment

EE – Evidence and Evaluation

EEP – Economic and Environmental Planning Unit, Manningham City Council

EMT – Executive Management Team, Manningham City Council

E&RR - Equal and Respectful Relationships

ETS – Engineering and Technical Services Unit, Manningham City Council

FD&V – Freedom from Discrimination and Violence

H – Housing

HL – Healthy Living

IEMML – Inner East Melbourne Medicare Local

IEPCP – Inner East Primary Care Partnership

IT – Integrated Transport

L&P – Leadership and Policy

MCA – Manningham Centre Association

MCHS – Manningham Community Health Service

MIC – Migrant Information Centre (Eastern Region)

MPHP – Municipal Public Health Plan

MPHWP – Municipal Public Health and Wellbeing Plan

MYMCA – Manningham YMCA

NEAMI- North Eastern Alliance for the Mentally Ill

NHH – Neighbourhood Houses

P – Partnership

P&OS – Parks and Open Spaces

P&R – Parks and Recreation Unit, Manningham City Council

ODU – Organisational Development Unit, Manningham City Council

ORG - Organisation

SC – Safer Cultures

SCS – Social and Community Services Unit, Manningham City Council

SI – Social Inclusion

SP – Strategic Projects Unit, Manningham City Council

VEAC – Victorian Environment Assessment Council

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