



HUME CITY COUNCIL
**MUNICIPAL
PUBLIC HEALTH
AND WELLBEING
PLAN 2009–2013**



HUME CITY COUNCIL
**MUNICIPAL PUBLIC
HEALTH AND
WELLBEING PLAN
2009–2013**

www.hume.vic.gov.au

HUME CITY COUNCIL CUSTOMER SERVICE CENTRES

1079 Pascoe Vale Road, Broadmeadows
40 Macedon Street, Sunbury
83–85 Craigieburn Road West, Craigieburn

PO Box 119, Dallas, VIC 3047

Telephone 9205 2200

Facsimile 9309 0109

Website www.hume.vic.gov.au

Email email@hume.vic.gov.au



1. MUNICIPAL PUBLIC HEALTH AND WELLBEING PLAN 2009–2013

CONTENTS

Executive Summary	4
Introduction	5
1.1 About this Plan	6
1.2 Social Model of Health	7
1.3 Hume City Council Planning Framework	8
1.4 MPHWP Planning Approach	9
1.5 Terminology used in this Plan	10
2 Context	11
2.1 Local context	11
2.2 Broader context	12
3 The Plan	13
3.1 Council's focus	13
3.2 Evidence of need	13
3.3 Identifying Themes	15
3.4 Setting Strategic Objectives	15
3.5 Overview of structure	16
3.6 THEME 1: Promote Mental Health and Wellbeing	17
3.7 THEME 2: Minimise Harm from Alcohol, Tobacco and Other Drugs	20
3.8 THEME 3: Improve the Health and Wellbeing of Disadvantaged Communities	23
3.9 THEME 4: Increase Participation in Physical Activity and Access to Nutritious and Affordable Food	27
3.10 THEME 5: Plan for Demographic Change	30
4 MPHWP Implementation and Evaluation	33
4.1 Monitoring progress and achievements	34
4.2 Mechanisms to support effective and rigorous evaluation	34
4.3 Review and refinement/realignment of Strategies	34
4.4 Ongoing consultation and feedback	34
4.5 Phase MPHWP Action Plans	34
5 Appendices	35
5.1 Summary of Local Context Documents	35
5.2 Summary of Further Context Documents	36

EXECUTIVE SUMMARY

This Municipal Public Health and Wellbeing Plan (MPHWP) is the first plan developed by Hume City Council (HCC) under amended legislation introduced in September 2008. The aim of Hume MPHWP which is aligned to the Hume City Plan 2030 is to further advance Council's activities to improve the health and wellbeing of our community by:

- Creating an environment which supports the health of the community
- Initiating, supporting and managing public health planning processes
- Developing and implementing public health policies and programs
- Developing and enforcing up-to-date public health standards
- Facilitating and supporting local agencies whose work has an impact on public health and wellbeing
- Coordinating and providing immunisation services

The Hume MPHWP consists of three key documents.

- This Municipal Public Health and Wellbeing Plan 2009–2013 which involved Community Stakeholder Consultations with Community Health Services, representatives from local health, community and welfare agencies, the Department of Health (Regional Health Promotion), community representatives and Hume City Council Officers to support the development of Strategic Objectives
- The Hume City Health Snapshot 2009 which contains detailed analysis of health planning data aimed at ensuring that our future planning is embedded in solid and verifiable data updated annually
- The MPHWP Action Plan December 2009 to June 2010 details actions designed to achieve the Strategic Objectives and are aligned with annual Council Planning framework and allow for a cycle of plan, implement, evaluate and learn

In addition to Community Consultation, Hume City considered its local and the broader context when developing the Hume City Council MPHWP 2009–2013. These included the following documents and information:

- Hume City Plan 2030 (2009 Update)
- HCC Council Plan 2009–2013
- Municipal Strategic Statement
- Other local plans such as the Hume and Moreland Mental Health Action Plan 2009–2012, Hume Social Justice Charter 2007, HCC Art and Cultural Development Strategy 2009–2013, HCC Community Safety Strategy 2009–2013 (including WHO safe community accreditation), HCC Pathways to Sustainability – An Environmental Framework 2008, Hume Family and Children's Plan 2008–2013, Hume Leisure Strategy Plan 2006–2010, Healthy Ageing in Hume City – Research Report 2006, Hume Youth Strategy 2010–2013 (2009) Issues and Ideas Paper – Consultation Paper and Learning Together 2 Strategy 2007–2010
- National Preventative Health Strategy (Australia: The Healthiest Country by 2020, 2009)
- Indigenous Health (Close the Gap – National Statement of Intent), March 2008
- Victorian Health Promotion Priorities (2007–2012) and
- Other documents such as National Primary Care Strategy (Building a 21st Century Health Care System, 2009), Mental health reform (Because Mental Health Matters 2009 Strategy) and Urban growth strategies (Melbourne 2030 and Melbourne @ 5 million).

EXECUTIVE SUMMARY

Hume City Council identified the following Themes based on our community consultation, local and broader strategic directions and the health and wellbeing needs of our population:

- THEME 1: Promote Mental Health and Wellbeing**
- THEME 2: Minimise Harm from Alcohol, Tobacco and Other Drugs**
- THEME 3: Improve the Health and Wellbeing of Disadvantaged Communities**
- THEME 4: Increase Participation in Physical Activity and Access to Nutritious and Affordable Food**
- THEME 5: Plan for Demographic Change**

Each Theme considers the national and state context, our local context, key data sources strategic objectives, specific strategies and key indicators which can be measured and monitored to demonstrate achievements over time.

Our planned approach to implementation and evaluation will ensure our MPHWP 2009–2013 results in changes in community health status in line with the plan's Themes and Strategic Objectives and includes:

- Mechanisms and tools for monitoring progress and achievements over the life of the plan
- Mechanisms to support effective and rigorous evaluation
- Review and refinement/realignment of strategies over time to ensure they remain relevant and appropriate
- Ongoing consultation and feedback
- Development and implementation of annual MPHWP Action Plans in line with Council Planning and Reporting timelines

1. INTRODUCTION

1.1 About this Plan

This Municipal Public Health and Wellbeing Plan (MPHWP) is the first plan developed by Hume City Council (HCC) under amended legislation introduced in September 2008. The new requirements of the Public Health and Wellbeing Act 2008 (Vic.) place greater emphasis on developing municipal health plans which include:

- Data on health status and health determinants
- Goals and strategies based on evidence
- Involving people in developing, implementing and evaluating the plan
- Working in partnership with the Department of Health and other agencies.

The aim of Hume MPHWP is to identify and implement Council activities to improve the health and wellbeing of our community by:

- Creating an environment which supports the health of the community
- Initiating, supporting and managing public health planning processes
- Developing and implementing public health policies and programs
- Developing and enforcing up-to-date public health standards
- Facilitating and supporting local agencies whose work has an impact on public health and wellbeing
- Coordinating and providing immunisation services

Our 2009–2013 MPHWP builds on the 2007–2010 Municipal Public Health Plan. The development of the 2007–2010 MPHP was supported by extensive consultations between HCC and Dianella and Sunbury Community Health Services and the community and resulted in the development of shared strategic priorities across the three agencies. This approach demonstrates the existence of the long standing partnerships between HCC and these agencies and provides a strong and robust foundation on which to progress this plan.

The MPHWP is a strategic document that will be in place for the period 2009–2013. It is imperative to read two other key references in conjunction with the MPHWP.

The Hume MPHWP 2009–2013 consists of three key documents.

1. The Municipal Public Health and Wellbeing Plan 2009–2013

2. The Hume Health Snapshot 2009, updated annually

3. Action Plan document relevant to phase in line with Council planning schedule

The Hume City Health Snapshot 2009 contains detailed analysis of health planning data ensuring that our future planning is embedded in solid and verifiable data. The Health Snapshot will be updated annually to include newly released data. Finally, a phased action plan will accompany the MPHWP throughout the life of the plan and will include detailed identification of actions to achieve the Strategic Objectives. The action plan will be aligned with annual Council Planning schedules and allow for a cycle of plan, implement, evaluate and learn.

1. INTRODUCTION

1.2 Social Model of Health

A social model of health¹ is a framework for thinking about improving community health and wellbeing by addressing the social, cultural, environmental and economic determinants of health. Health and wellbeing is recognized as more than simply the absence of disease. To address population health, the status and needs of whole populations are first identified. Population health planning allows development and implementation of interventions to promote health and reduce ill health across whole population groups. When public health interventions address the social, cultural, environmental and economic determinants of health, greatest population health outcomes can be achieved.

Research into causes of injury and illness has identified a range of social, environmental and behavioural risk factors including poor diet, physical inactivity, smoking, consumption of alcohol and discrimination which may negatively impact on health and wellbeing outcomes. The planning approach adopted in the development of this MPHWP has taken into account research by the World Health Organisation² which confirms the need to look at the following categories of health determinants in order to address population health needs:

- The Social Gradient – relationship between resources and access
- Stressful Circumstances – compromised coping capacity
- Early Life – the importance of supporting mothers and young children
- Social Exclusion – poverty and discrimination
- Stress in the Workplace – increasing risk of disease
- Unemployment – higher rates causing illness and premature death
- Social Support – supportive and friendship networks
- Addiction – effects of alcohol, tobacco and other drugs
- Food – good diet and adequate supply
- Transport – walking and cycling supported by public transport

If disease and ill health are to be prevented then these environmental factors need to be challenged. They are particularly considered in the action plan alongside the four environments for health which are built, natural, social and economic domains.

Further to the social determinants of health and the environments for health described above, in accordance with the continuum of Public Health, Community and Societal based interventions have the greatest impact on the population.

Council has finite resources to achieve improved population health outcomes and therefore its efforts need to be dedicated toward where greatest population impacts can be achieved. Even with these intentions, Council will continue and commence work with a smaller population focus, such as service provision and advocacy activities, striving to achieve positive health outcomes for the community.

¹ Environments for Health – Environments for Health – Municipal Public Health Planning Framework, DHS (September 2001)

² Social Determinants of Health - The Solid Facts, WHO (2003)

1. INTRODUCTION

1.3 Hume City Council Planning Framework

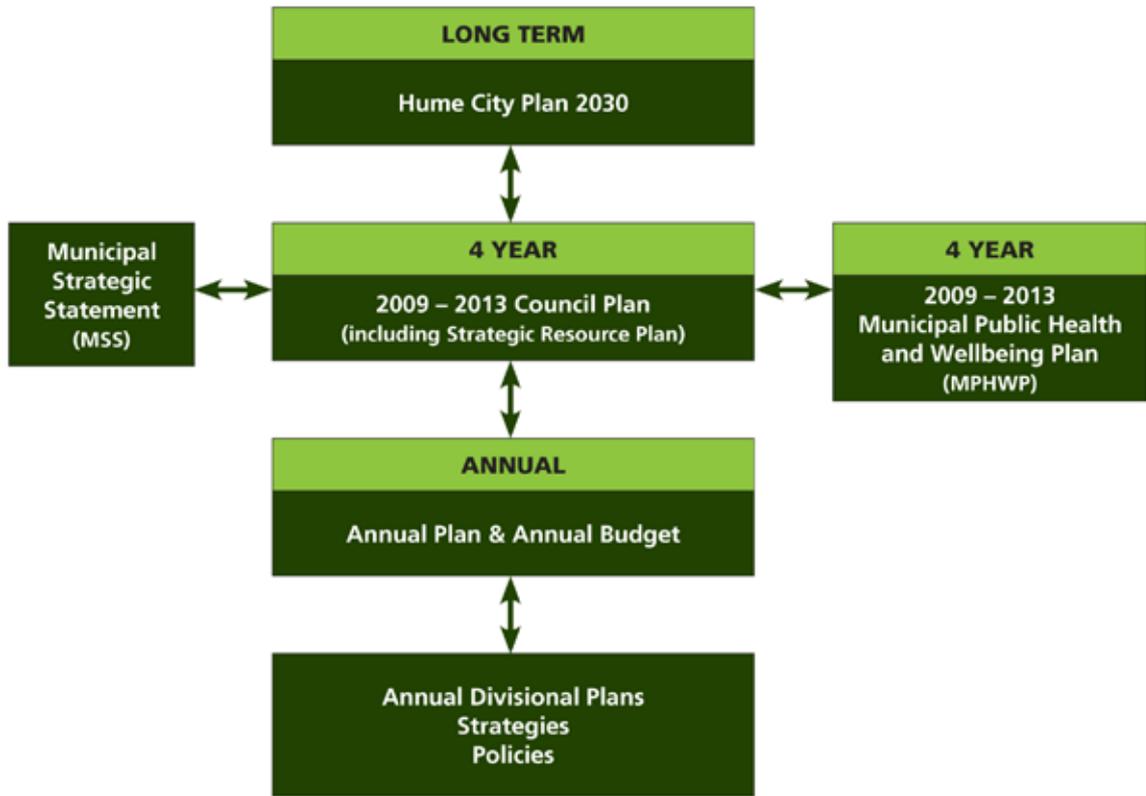


Figure 1 Hume City Council Planning Framework

This Figure illustrates the relationship between Council’s Strategic Hume City Plan 2030, the 2009–2013 Council Plan, the MPHWP, and the Municipal Strategic Statement (MSS). It demonstrates that the Council Plan, MPHWP and MSS are interrelated and achieve greatest results when applied collectively. The MPHWP is legislated to be produced 12 months following the swearing in of a new Council.

Collectively these documents make up a holistic planning framework that considers:

- Strategic planning, land use and development
- Population health indicators and social determinants of health
- Community based infrastructure and service provision

The responsibility for development of MPHWP is with Council’s Aged Services and Public Health as well as annual reviews and reporting. The whole of Council has responsibility for the implementation of Strategic Objectives and Actions and the facilitation of partnerships in the implementation process. Council partners and the community will continue to be involved in collaborating with Council to achieve shared outcomes by ongoing:

- Refinement and implementation of the MPHWP
- Evaluation and feedback

1. INTRODUCTION

1.4 MPHWP Planning Approach

Developing the MPHWP involved:

- Engagement of Project Management and Project Reference Groups to guide and support the planning process
- An update of the Hume City Health Snapshot
- A review of documents relating to the local context including relevant Council plans and reports
- State and National public health planning and policy review
- Community Stakeholder Consultations to support the development of Strategic Objectives relating to each Theme. The consultations involved:
 - Community Health Services
 - Representatives from local health, community and welfare agencies
 - Department of Health (Regional Health Promotion)
 - Community representatives
 - Hume City Council Officers

1. INTRODUCTION

1.5 Terminology used in this Plan

Key terms reflective of Hume City Council's planning framework have been adopted as well as terms commonly used in planning and evaluating health programs³. Figure 2 below demonstrates the model of terminology and relationship structure, with definitions articulated thereafter.

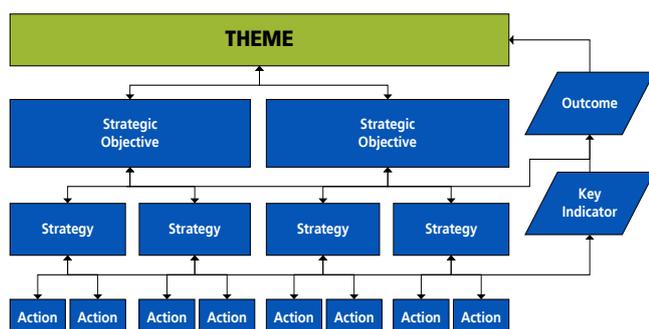


Figure 2 Terminology Structure

Indicators may be drawn from a range of data sources including program evaluation, self-reported results of community wellbeing surveys⁶ and from wider preexisting data sources. The combined results of the Key Indicators indicate achievements toward the Strategic Objective.

Actions

Specific Actions will be linked to each Strategy, they will include regular reviews that will contribute to refinement of the Plan's Strategies at Phase intervals. They are presented in the Phase Action Plans.

Themes

Themes act as goals to address health needs identified. The MPHWP Themes will guide the long term evaluation of outcomes.

Strategic Objectives and Outcomes

Strategic Objectives are identified under each Theme. They are statements of intent aiming to achieve improved population health outcomes in the community by addressing the determinants of health⁴. They may target particular population groups, aspects of health need or geographic areas. Outcomes are defined as changes to health status in the community that may be measured using health status indicators such as burden of disease information⁵. The combined results of the Outcomes indicate achievements toward the Theme.

Strategies and Key Indicators

Strategies sit under the Strategic Objectives. They will be evaluated in terms of their Impacts using pre and post data snapshots of relevant health status and wellbeing indicators. Key Indicators are short or medium term changes identified in the Plan's Strategies.

³ Measuring Health Promotion Impacts, DHS2008

⁴ WHO Commission on social Determinants of Health Final Report, August 2008

⁵ Victoria Burden of Disease studies, 2001

⁶ Community Indicators Victoria, 2007

2. CONTEXT

Council practice is influenced and guided by key strategic documents developed at both a local and broader level. To inform the development of the MPHWP it is imperative to consider their directions to ensure connectivity, relationships and linkages exist between them. The relevant themes and supporting information from these Plans and Strategies have been highlighted below to demonstrate the interrelation between the documents. Where other plans within Hume are dedicated to specific issues, MPHWP may not assume responsibility in that area.

2.1 Local Context

These documents contribute to the identification of Themes that will form the basis of the MPHWP 2009–2013.

Hume City Plan 2030 (2009 Update)

The Hume City Plan 2030 has been developed by the community for the community to ensure that by the year 2030, Hume City will be recognised as the ideal location for healthy living, lifelong learning, employment, recreation, enjoyment and prosperity.

The 2009 update grouped existing actions according to four themes:

- Prosperity of the City
- Community Wellbeing
- Appearance of the City and Environment
- Council Leadership

High level indicators nominated for evaluation in the Hume City Plan 2030 that contribute to population health outcomes are:

- Service uptake levels of Home and Community Care by the Culturally and Linguistically Diverse and Aboriginal and Torres Strait Islander communities are representative of the broader community demographics
- Increase in participation levels of leisure activities above the average annual population growth

HCC Council Plan 2009–2013

This plan is structured around the same four themes as the Hume City Plan 2030 mentioned above, and specifically includes three Strategic Objectives within the Community Wellbeing component:

- Social Inclusion
- Health, Safety and Wellbeing
- Arts, Leisure and Recreation

Municipal Strategic Statement

The development of this MPHWP has the potential to influence the direction of the Municipal Strategic Statement (MSS). All local Councils are required to develop a MSS, which details key strategic planning, land use, transport and development objectives and strategies for the municipality, with clear links to the Council Plan.

It furthers the objectives of planning in Victoria to the extent that the State Planning Policy Framework is applicable to the municipality and local issues.

Further Local Plans

Council also supports community health and wellbeing through a range of strategies and policies that address specific policy areas or population groups. A summary of the key points of relevance within these plans is available in Appendix 5.1. The documents of particular relevance to the MPHWP are:

- Hume and Moreland Mental Health Action Plan 2009–2012
- Hume Social Justice Charter 2007
- HCC Art and Cultural Development Strategy 2009–2013
- HCC Community Safety Strategy 2009–2013 (including WHO safe community accreditation)
- HCC Pathways to Sustainability – An Environmental Framework 2008
- Hume Family and Children’s Plan 2008–2013
- Hume Leisure Strategy Plan 2006–2010
- Healthy Ageing in Hume City – Research Report 2006
- Hume Youth Strategy 2010 –2013 (2009) – Issues and Ideas Paper – Consultation Paper
- Learning Together 2 Strategy 2007–2010

2. CONTEXT

2.2 Broader Context

National Preventative Health Strategy (Australia: The Healthiest Country by 2020, 2009)

Strategies relevant to this MPHWP and linked to Integrated Health Promotion Plans for Community Health Services are:

- Act early and throughout life
- Engage communities
- Reduce inequity
- “Close the Gap” for Indigenous Australians
- Refocus primary healthcare towards prevention

Indigenous Health (Close the Gap – National Statement of Intent), March 2008

This Statement of Intent notes the challenge to embrace a new partnership between Indigenous and non-Indigenous Australians and that the core of the partnership is to “Close the Gap” on life expectancy, educational achievements and employment opportunities between these groups. The statement notes a shared commitment to achieving concrete targets relating to literacy, numeracy and employment, to halving the gap in infant mortality and life expectancy.

The statement includes commitments relevant to Theme 3 as follows:

- Long term action to address inequities in health services
- Ensure primary health care services and health infrastructure are capable of bridging the gap in health standards by 2018
- Work collectively and systematically to address the social determinants which impact on health inequality
- Measure, monitor and report on joint efforts in accordance with benchmarks and targets

Victorian Health Promotion Priorities (2007–2012)

The aim of the Health Promotion Priorities is to improve overall health and reduce health inequalities for all. To achieve this aim, seven priority issues have been identified:

- Promoting physical activity and active communities
- Promoting accessible and nutritious food
- Promoting mental health and wellbeing
- Reducing tobacco-related harm
- Reducing and minimising harm from alcohol and other drugs
- Safe environments to prevent unintentional injury
- Sexual and reproductive health

Neighbourhood Renewal sites were also confirmed as one of the priority settings for health promotion practice from 2007.

Further Context documents

A summary of the relevance of the following documents to the MPHWP is available in Appendix 5.2:

- National Primary Care Strategy (Building a 21st Century Health Care System, 2009)
- Mental health reform (Because Mental Health Matters 2009 Strategy)
- Urban growth strategies (Melbourne 2030 and Melbourne @ 5 million)

3. THE PLAN

3.1 Council's Focus

Council acknowledges that there are various sources of data and information available regarding the social profile, health status, health risk factors and service requirements in Hume. Drawing on this array of data, Council has considered the following factors when determining the focus for this plan:

- Compliance with legislative requirements of MPHWP
- Council's finite resources can be directed to achieve maximum population health outcome
- Working within capacity of Council's reach
- Minimise duplication of services, fill gaps and complement existing initiatives

Through an analysis of evidence of population health needs, a review of Hume City Health Snapshot 2009 and local, state and national contexts, Hume City Council will target the health needs that will have the greatest population health outcomes for the community.

3.2 Evidence of Need

The following findings of evidence review influenced directions for setting the Themes for the MPHWP.

Mental Health

Mental illness is the highest ranking contributor to the burden of disease⁷ in Hume and accounts for a significantly higher proportion of Disability Adjusted Life Years (DALYs) when compared to regional and State figures.

Tobacco, Alcohol and Other Drug Use

Alcohol abuse/dependence is the most prevalent mental illness in Hume. Lung cancer is a higher contributor to Years of Life Lost (YLLs) in Hume compared to the state average. Cirrhosis of the liver and chronic respiratory disease significantly contribute to increased YLLs in Hume than for Victoria.

Demographic Change

A number of local councils in Melbourne are facing the challenge of a growing ageing population or the pressures of significant growth corridors. However Hume is unique in needing to address the dual

challenges of major growth in young families as well as escalating aged care demands.

Socio-Economic and Health Inequity

Hume has three of the 10 lowest ranked suburbs in Metropolitan Melbourne in relation to education and occupation, demonstrating disadvantage.

Life expectancy for Indigenous Victorians is significantly lower than for non-Indigenous Victorians and Indigenous households in the Northern Metropolitan Region of Melbourne tend to have lower household incomes than non-Indigenous households.

Hume City is one of the most culturally diverse Local Government Areas in Victoria, with 29.3% of Hume City residents born overseas from 145 countries of birth and 36.2% residents speak a language other than English at home. This vast range of cultural diversity impacts on the capacity of health services to provide equitable access and culturally appropriate services.

Behavioural Risk Factors

The behavioural risk factors⁸ in Hume affecting health are:

- Alcohol consumption
- Tobacco smoking
- Intimate partner violence / family violence
- Physical inactivity
- Body Mass Index (BMI)
- Inadequate consumption of fruit and vegetables

Initiatives addressing the above behavioural factors have been identified as having the greatest impact on population health.

⁷Victorian Burden of Disease studies, 2001

⁸The Health and Benefit of reducing Disease Risk Factors Research Report – VicHealth (2009)

3. THE PLAN

3.3 Identifying Themes

The process of identifying themes for the MPHWP involved responding to the evidence of health need and inequity within Hume City. The MPHWP Themes identified through this process are indicated in Figure 3.

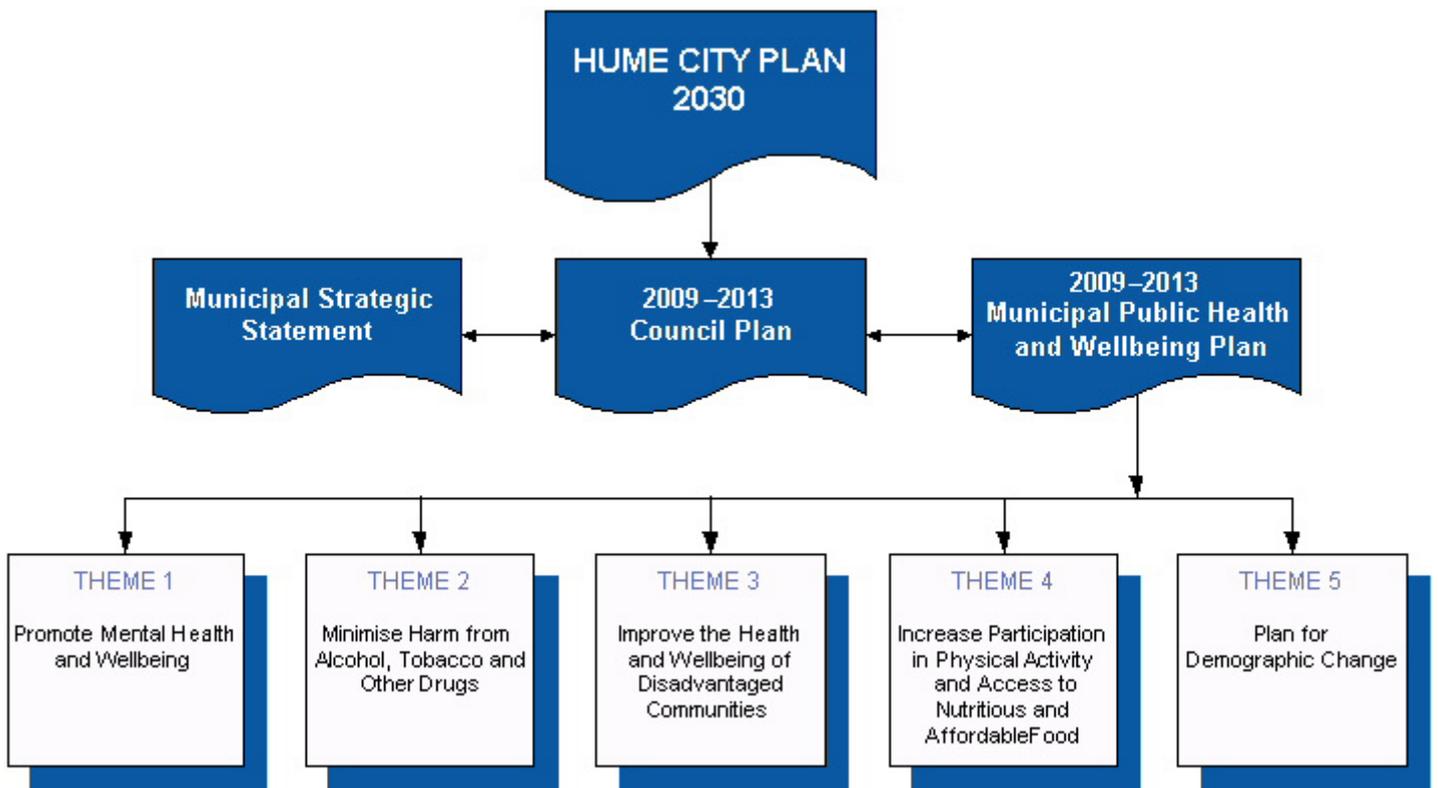


Figure 3 – MPWHP Themes

3. THE PLAN

3.4 Setting Strategic Objectives

In the development of Strategic Objectives relating to the Themes, the following was undertaken:

- Community Stakeholder Consultations included an examination of the five Themes and discussion of Strategic Objectives for each Theme
- Review of local and broader context documents and plans
- Analysis of local data information identifying at risk groups, key area of health need and geographic locations with localised issues
- Consideration of current efforts

Through a combination of these considerations, Strategic Objectives were developed that would be challenging yet attainable for maximal population health outcomes.

3.5 Overview of Structure

The following tables contain the Themes as identified above with each of the following corresponding sections:

- National and state context
- Our context
- Key data sources
- Strategic Objectives which support the achievement of the Theme
- Strategies which support the achievement of the Strategic Objectives
- Key Indicators which will be used to measure the effectiveness of the Strategies

3. THE PLAN

3.6 THEME 1: PROMOTE MENTAL HEALTH AND WELLBEING

National and State Context

- Mental Health is identified under the National Health Priority Initiative
- Priority three of the Health Promotion Priorities for Victoria 2007–2012 is Promoting Mental Health and Well Being
- 'Because Mental Health Matters' identifies the Promotion of Mental Health and Well Being as a key area of activity to maximise the health and well being of Victorians
- VicHealth's 2005 Framework for the Promotion of Mental Health and Wellbeing identifies social inclusion, freedom from discrimination and violence and access to economic participation as three key social and economic determinants of mental health

Our context

Hume City Council has identified Social Inclusion as Strategic Objective 3.1 within Hume Council Plan 2009–2013. This focuses on the importance of council supporting residents to take up opportunities to actively participate in community life. The Council Plan also recognizes that improved learning opportunities and facilitating and supporting activities that enhance employment opportunities for Hume residents is essential for community prosperity. The three aspects from the Council Plan social inclusion, learning and work are also determinants of health which will be further explored under MPHWP Theme 1.

The Hume Social Justice Charter demonstrates Councils dedication in the pursuit of a fair and just society, it comprehensively aims to address discrimination in Hume.

Hume City Council is actively involved in the Hume and Moreland Community Mental Health Promotion/Prevention Project that aims to 'improve the quality and extent that good mental health can be experienced in Hume and Moreland by creating more socially inclusive and connected communities'.

Local data indicates that mental disorder is the highest ranking disease group contributing to the burden of disease in Hume and accounts for a significantly higher proportion of the burden of disease in Hume than regionally or in Victoria as a whole.

In alignment with National and State priorities, the Hume Health Snapshot indicates that:

- Social isolation is a major contributing factor to reduced quality of life
- Family violence is a major contributor to mental ill health for women
- Depression is the largest contributor to the burden of disease
- There is a higher rate of depression amongst males in Hume than in Victoria as a whole
- The unemployment rate for Broadmeadows SLA was 10.5% in March 2009 – above the Melbourne-wide figure of 4.6%

In addition to this data, Hume City Council has evidence that services provided within the municipality are functioning at capacity, in some instances are unable to meet demand and there are service types which are currently not provided, which leads to poor health outcomes.

Key data sources

The following data sources were utilised to identify performance measures relating to the Outcome and Impacts for this Theme. They include but may not be limited to:

- Prevalence of Mental Illness and Intimate Partner Violence data (Burden of Disease Studies, 2001)
- Family Violence Statistics (Department of Justice, 2008–09)
- Community Indicators Victoria (2007) – community wellbeing indicators (CWIs)

3. THE PLAN

3.6 THEME 1: PROMOTE MENTAL HEALTH AND WELLBEING

Strategic Objective 1.1: Increase community participation for people who are at risk of social isolation	
Outcome: Increase incidence of participation of people in community inclusion programs who are at risk of social isolation	
Strategies	Key indicators
1.1.1 Build on initiatives undertaken that increase social inclusion and community connectedness.	<p>An improvement in residents feeling part of the community as evidenced through:</p> <ul style="list-style-type: none"> ■ Data source: Community Indicators Victoria Satisfaction with feeling part of the community ■ Benchmark: Hume 2007 – Index Score 67.1 ■ Target 2013: Equivalent to Metro Melbourne average
<p>1.1.2 Explore, identify and implement best practice initiatives for high risk target groups such as:</p> <ul style="list-style-type: none"> ■ Homeless and people at risk of homelessness ■ Older people ■ Isolated youth and children ■ People with and at risk of problematic gambling habits ■ Increase skills and knowledge of people who are unemployed and at risk of unemployment, to enhance their capacity to contribute to economic growth. 	<p>There is an increase of community members from high risk target groups that access and benefit from participating in social inclusion activities</p> <p>A 10% increase in participation in activities that enhance skills and knowledge of those unemployed and at risk of unemployment</p>

3. THE PLAN

THEME 1: PROMOTE MENTAL HEALTH AND WELLBEING

Strategic Objective 1.2: Enhance protective factors that minimise family violence	
Outcome: Decreasing incidence of family violence incidents within the community	
Strategies	Key Indicators
1.2.1 Identify and quantify persons and groups at risk of family violence	There is an increased knowledge and understanding of prevalence of risk factors amongst key stakeholders, agencies and networks
1.2.2 Build capacity with relevant stakeholders, agencies and networks to collaborate on initiatives that enhance family cohesion	Increased collaboration and corroboration between key stakeholders, agencies and networks on projects that support family cohesion
1.2.3 Investigate the impact of family violence on community safety and develop and implement initiatives to create a safer community	<p>A reduction of reported incidences of Family Violence, per rate of 100,000 persons as evidenced through:</p> <ul style="list-style-type: none"> ■ Data source: Victoria Police ■ Benchmark Hume 2009 – 951.6 ■ Target 2013 Hume– 900.0

3. THE PLAN

THEME 1: PROMOTE MENTAL HEALTH AND WELLBEING

<p>Strategic Objective 1.3: Lessen the impact of depression by building community awareness, resilience and enhancing emotional wellbeing</p>	
<p>Outcome: Reduction in indicators of depression in the community</p>	
Strategies	Key Indicators
<p>1.3.1 Identify and implement best practice initiatives which build resilience for people from the following target groups which include but may not be limited to:</p> <ul style="list-style-type: none"> ■ Women at risk of or have experienced post natal depression ■ Children and Young people ■ Men in at risk age groups ■ Community arts projects 	<p>Increased resilience by members of the community to deal with psychological distress and the impact of depression by enhancing emotional wellbeing and support mechanisms</p> <p>The proportion of persons with K10 (Kessler Psychological Distress Scale 10) scores above 30 (high) remain below 2.4% as evidenced through:</p> <ul style="list-style-type: none"> ■ Data Source: Victorian Population Health Survey ■ Benchmark: Hume data available February 2010. ■ Target: 2013:2.4% (2007 Victorian score)
<p>1.3.2 Increase community awareness and understanding of depression and reduce associated stigmas</p>	<p>Increased community awareness, understanding and acceptance of the effects of depression on individuals and community</p>

3. THE PLAN

3.7 THEME 2: MINIMISE HARM FROM ALCOHOL, TOBACCO AND OTHER DRUGS

National and State Context

- The National Preventative Health Taskforce set two national targets around Reduction in Prevalence of Daily Smoking and Reduction in Prevalence of Harmful Drinking for Australians by 2020
- Two Health Promotion Priorities for Victoria 2007–2012 are Reducing Tobacco Related Harm and Reducing and Minimising Harm from Alcohol and Other Drugs
- VicHealth’s Strategic Priorities for 2006–2009 include Reducing Harm from Tobacco and Alcohol

Our context

Hume City Council has identified Health, Safety and Wellbeing of Hume residents in the Hume Council Plan 2009–2013 under ‘Community Prosperity’. It recognises that physical and emotional health are the key foundations for individual wellbeing. In addition, Hume’s Social Justice Charter Action Plan on Alcohol, other Drugs and Gambling recognises that sustained action in this area is required to enhance community health and wellbeing. Turning Point Alcohol and Drug centre data recognises the increase in liquor license density in Hume. Addiction is identified as a social determinant of health and work addressing alcohol dependence, illicit drug use and cigarette smoking will be further explored in Theme 2 of MPHWP.

In alignment with National and State priorities, the Hume Health Snapshot indicates that:

- For males, tobacco use is by far the largest contributor to health risk
- Residents of Campbellfield, Meadow Heights and Broadmeadows spend more on cigarettes than any other suburbs in metropolitan Melbourne
- Lung cancer is the second largest contributor to burden of disease in Hume with chronic respiratory diseases accounting for a greater burden of disease in Hume than for the Northern Metropolitan region and Victoria
- Alcohol abuse accounts for 45% of mental disabilities for males in Hume, with 77% of cases aged 25–54 years

- Heroin abuse/dependence contributes 9.2% of the burden of disease for males aged 15–24 years, which is greater than figures for Victoria as a whole

In addition to this data, Hume City Council has evidence that services provided within the municipality are functioning at capacity, in some instances are unable to meet demand and there are service types which are currently not provided, which leads to poor health outcomes.

Key data sources

The data sources utilised to identify performance measures relating to the Outcome and Impacts for this Theme will include but may not be limited to:

- Victorian Burden of Disease Study (2001)
- Alcohol and drug treatment clients as a percentage of Estimated Resident Populations (DHS Mental Health and Drugs Division)
- Community Indicators Victoria (2007) – community wellbeing indicators (CWIs)

3. THE PLAN

3.7 THEME 2: MINIMISE HARM FROM ALCOHOL, TOBACCO AND OTHER DRUGS

<p>Strategic Objective 2.1: Work actively with local service agencies to explore proactive approaches in preventing and reducing the harms associated with alcohol, tobacco and other drugs</p>	
<p>Outcome: Reduced uptake and utilisation of alcohol, tobacco and other drugs within Hume</p>	
Strategies	Key Indicators
<p>2.1.1 Engage community stakeholders, agencies and networks to identify and implement proactive approaches to prevention and reduction of harms associated with tobacco with a focus on target suburbs</p>	<p>Reduction of persons who identify as smokers as evidenced through:</p> <ul style="list-style-type: none"> ■ Data source: Victorian Population Health Survey ■ Benchmark: Hume data available February 2010. ■ Target: 19.5% of the population
<p>2.1.2 Carry out education and enforcement activity to tobacco retailers on sale of tobacco to minors</p>	<p>Through increased awareness and enforcement of Victoria’s tobacco laws, maintain compliance at no less than 80%</p>
<p>2.1.3 In collaboration with Youth Substance Abuse Service and other partners, undertake work in preventing alcohol related harm amongst young people</p>	<p>Council will undertake three initiatives that aim to reduce alcohol related harm</p>

3. THE PLAN

3.7 THEME 2: MINIMISE HARM FROM ALCOHOL, TOBACCO AND OTHER DRUGS

<p>Strategic Objective 2.2: In partnership with key stakeholders, agencies and networks identify opportunities and contribute to policies, directions and initiatives that influence alcohol, tobacco and other drug outcomes</p>	
<p>Outcome: Actively contribute to policy directions and initiatives of key stakeholders, agencies and networks that influence alcohol, tobacco and other drug use</p>	
Strategies	Key Indicators
<p>2.2.1 Monitor and quantify current and future trends in abuse/dependence related to alcohol, tobacco and other drugs to inform policy, planning and service development</p>	<p>Through increased awareness of the prevalence and risks within the community there is improved capacity to contribute to policies and undertake initiatives relating to alcohol, tobacco and other drugs use</p>
<p>2.2.2 Actively source and work collaboratively with key stakeholders, agencies and networks to secure resources for initiatives that influence alcohol, tobacco and other drug use</p>	<p>Increased collaboration with key stakeholders, agencies and networks</p> <p>Opportunities for additional resources identified</p> <p>Work undertaken to secure resources</p> <p>Increase in resources to implement initiatives</p>

3. THE PLAN

3.8 THEME 3: IMPROVE THE HEALTH AND WELLBEING OF DISADVANTAGED COMMUNITIES

National and State Context

- National Preventative Health Taskforce has set a focus to meet 'Close the Gap' targets for Indigenous Australians
- The life expectancy of Indigenous men and women in Victoria is significantly lower than for non-Indigenous people
- The four elements identified within The Charter of Human Rights and Responsibility Act 2008 are Freedom, Respect, Equality and Dignity. The upholding of human rights is particularly important for disadvantaged communities

Our context

Through Strategic Objective 3.1 of the Hume Council Plan 2009–2013, Council continues its commitment to social justice with a view to advance a fair and just society, promote respect for all citizens and reduce the causes of disadvantage. Hume's Social Justice Charter and Charter of Rights has developed eight Action Plans to improve social justice within our municipality for disadvantaged communities and groups. Learning Together 2 demonstrates Council's commitment to lifelong learning. Social exclusion has been identified as a social determinant of health and recognises that being excluded from the life of society and treated as less than equal leads to decreased health outcomes.

In alignment with National and State priorities, the Hume Health Snapshot indicates that:

- Hume City is the fourth most disadvantaged LGA in metropolitan Melbourne
- The unemployment rate for Hume was 7% in 2006–above the Melbourne-wide figure of 5.3%
- Hume's residents are born in over 145 countries, with 36.2% speaking a language other than English at home. This diversity impacts on the capacity of health agencies to provide equitable access and culturally appropriate services.
- ABS Census 2006 reported 892 Indigenous persons living in Hume City representing 0.06% of the total population which is equivalent to the Victorian average of 0.061%

In addition to this data, Hume City Council has evidence that services provided within the municipality are functioning at capacity, in some instances are unable to meet demand and there are service types which are currently not provided, which leads to poor health outcomes.

Key data sources

The following data sources may be utilised to identify performance measures (indicators) relating to the Outcome and Impacts for this Theme:

- Individual and household income, ABS data (2006 and upcoming 2011 figures)
- Centrelink data (2008) by postcode (HCC estimates)
- Service access data – ratio of CALD users as proportion of CALD populations
- Community Indicators Victoria (2007) – community wellbeing indicators (CWIs)

3. THE PLAN

3.8 THEME 3: IMPROVE THE HEALTH AND WELLBEING OF DISADVANTAGED COMMUNITIES

<p>Strategic Objective 3.1: To improve health and wellbeing for those who are socio-economically disadvantaged.</p>	
<p>Outcome: Socio-economically disadvantaged groups have improved health and wellbeing</p>	
Strategies	Key Indicators
<p>3.1.1 In partnership with key stakeholders, agencies and networks develop and implement a sustainable approach to improving health and wellbeing through:</p> <ul style="list-style-type: none"> ■ Identification of socio-economically disadvantaged groups and barriers to their health and wellbeing. ■ Exploration and implementation of initiatives that minimise barriers to health and wellbeing ■ Identification and implementation of initiatives targeted to priority health needs ■ Monitor the impact and effectiveness of initiatives over time to ensure they remain relevant and appropriate 	<p>Improved understanding of issues impacting health and wellbeing for groups within our community who are socio-economically disadvantaged</p> <p>Barriers are identified and quantified to achieving optimal health and wellbeing</p> <p>Increased collaboration and corroboration between key stakeholders, agencies and networks on projects that support health and wellbeing</p> <p>Increase in self-reported health as 'Excellent' or 'Very Good' as evidenced through:</p> <ul style="list-style-type: none"> ■ Data Source: Community Indicators Victoria ■ Benchmark: 53.3% Hume ■ Victoria: 54.3% ■ Target: Increase to Victorian average
<p>3.1.2 Work collaboratively with local employers and other levels of government to implement programs that will increase employment opportunities</p>	<p>Stronger cross sector collaborations between levels of government, education providers and local employers will ensure a continuation of the downward trend in unemployment figures</p>

3. THE PLAN

3.8 THEME 3: IMPROVE THE HEALTH AND WELLBEING OF DISADVANTAGED COMMUNITIES

Strategic Objective 3.2: To improve health and wellbeing for Indigenous Australians	
Outcome: Increased engagement of key stakeholders and the Indigenous Australian community in Hume City	
Strategies	Key Indicators
<p>3.2.1 In partnership with key stakeholders, agencies, networks and local community develop and implement a sustainable approach to improving health and wellbeing through:</p> <ul style="list-style-type: none"> ■ Identification of barriers ■ Exploration and implementation of initiatives that minimise identified barriers to health and wellbeing ■ Identification and implementation of initiatives targeted to priority health needs ■ Monitor the impact and effectiveness of initiatives over time to ensure they remain relevant and appropriate 	<p>Improved understanding of issues impacting Indigenous Australian health and wellbeing</p> <p>Increased awareness within Hume City Council of factors influencing health outcome inequities for Indigenous people within Australia and at a local level</p> <p>Increased collaboration and corroboration between community, key stakeholders, agencies and networks on projects that support Indigenous health and wellbeing</p> <p>Barriers identified and quantified to achieving optimal health and wellbeing</p>
<p>3.2.2 Consider 'Close the Gap' initiatives and in partnership with local community members, stakeholders, agencies and networks implement health and wellbeing strategies appropriate for Hume's Indigenous Australians</p>	<p>Improvement in the Community Wellbeing Indicator – attendance at community events, member of group that has taken local action, feels valued by society (for indigenous residents of Hume City)</p>

3. THE PLAN

3.8 THEME 3: IMPROVE THE HEALTH AND WELLBEING OF DISADVANTAGED COMMUNITIES

Strategic Objective 3.3: To improve health and wellbeing of Culturally and Linguistically Diverse communities	
Outcome: Increased engagement of key stakeholders and the Culturally and Linguistically Diverse communities in Hume City.	
Strategies	Key Indicators
<p>3.3.1 In partnership with key stakeholders, agencies, networks and local community develop and implement a sustainable approach to improving health and wellbeing through:</p> <ul style="list-style-type: none"> ■ Identification of health and wellbeing barriers relevant to individual CALD groups, including emerging populations ■ Exploration and implementation of initiatives that minimise barriers to health and wellbeing ■ Identification and implementation of initiatives targeted to priority health needs ■ Monitor the impact and effectiveness of initiatives over time to ensure they remain relevant and appropriate 	<p>Knowledge of CALD groups within our community and improved understanding of issues impacting their health and wellbeing</p> <p>Barriers preventing the achievement of optimal health and well being are identified and quantified</p> <p>Increased collaboration and corroboration between key communities, stakeholders, agencies and networks on projects that support health and wellbeing</p>

Strategic Objective 3.4: Reduce the impact of climate change on health and wellbeing for Vulnerable Groups	
Outcome: The impact of climate change on health and wellbeing for vulnerable communities is reduced.	
Strategies	Key Indicators
<p>3.4.1 In partnership with key stakeholders, agencies and networks:</p> <ul style="list-style-type: none"> ■ Investigate the impact of Climate Change on health and wellbeing for vulnerable communities ■ Develop and implement initiatives to minimise negative impacts on these communities ■ Monitor the impact of these initiatives over time to ensure they remain relevant and appropriate. 	<p>Improved understanding by vulnerable communities of the impact of climate change.</p> <p>Participation of vulnerable communities in initiatives to reduce the impact of climate change</p> <p>Vulnerable communities are better informed to manage effects of climate change</p>

3. THE PLAN

3.9 THEME 4: INCREASE PARTICIPATION IN PHYSICAL ACTIVITY AND ACCESS TO NUTRITIOUS AND AFFORDABLE FOOD

National and State Context

- The National Preventative Health Taskforce has set a target to 'halt and reverse the rise in overweight and obesity by 2020'.
- The first two Health Promotion Priorities for Victoria 2007–2012 are 'Promoting Physical Activity and Active Communities' and 'Promoting Accessible and Nutritious Food'.
- VicHealth's Strategic Priority Two is Creating Active Communities and Promoting Healthy Eating
- Healthy by Design: A planners' guide to environments for active living

Our context

Strategic Objective 3.3 under the Theme 'Arts, Culture and Recreation' of Hume Council Plan 2009–2013, has a focus on the equitable provision of recreational and leisure services suitable for all ages, cultures, abilities and gender to enable healthy and active communities.

Council Public Health Services uphold health and food safety and quality standards for Hume City through food premise inspections and other health protection mechanisms. The Council Plan also identifies work to support and improve community health and safety through programs, partnerships and services. Under this umbrella, actions addressing Food Access and Nutrition have been identified and carried out. Food is identified as a social determinant of health and it is recognised that the food supply and access to affordable and hygienic food are central for promoting health and wellbeing.

In alignment with National and State priorities, the Hume Health Snapshot indicates that:

- Males and females in the North and West Metropolitan region are less likely to exercise daily compared to the Victorian population
- Ischaemic heart disease is the largest contributor towards reduced life expectancy in Hume
- Obesity is the largest contributor to burden of disease for females and the third largest for males
- Males and females in the North and West Metropolitan region are less likely to eat the recommended daily serves of fruit and vegetables compared to the Victorian population

- 7.7% of adults in Hume City reported that they had run out of food in the past 12 months and couldn't afford to buy more. This is the third highest percentage for all the LGAs in metropolitan Melbourne, and is slightly higher than the figures for the north and west metropolitan region (6.3%), metropolitan Melbourne (6.0%), and Victoria (6.0%).
- General health status of school children in Hume is consistently lower than across Victoria as a whole, and lower than regional figures

In addition to this data, Hume City Council has evidence that services provided within the municipality are functioning at capacity, in some instances are unable to meet demand and there are service types which are currently not provided, which leads to poor health outcomes.

Key data sources

The data sources utilised to identify performance measures relating to the Outcome and Impacts for this Theme will include but may not be limited to:

- Burden of Disease Study (2001)
- Victorian Participation in Exercise, Recreation and Sport (2001–02)
- Victorian Population Health Survey, DHS (2006)
- Child Health & Wellbeing Indicators (2007)
- Community Indicators Victoria (2006) – food security indicator
- Australian Early Development Index: Building Better Communities for Children, Australian Results (2004–06)

3. THE PLAN

3.9 THEME 4: INCREASE PARTICIPATION IN PHYSICAL ACTIVITY AND ACCESS TO NUTRITIOUS AND AFFORDABLE FOOD

Strategic Objective 4.1: To implement physical activity programs and provide opportunities that will increase and sustain participation	
Outcome: Improve the physical health and wellbeing of the community in Hume City	
Strategies	Key Indicators
4.1.1 Development and implementation of the Walking and Cycling Strategy	Increased access to walking and cycling spaces
4.1.2 In partnership with key stakeholders, agencies and networks, lead and implement projects that encourage sustained physical activity and healthy by design principles	<p>Sustained increase in participation in physical activity</p> <p>Percent of persons whose adequacy of physical activity is described as having 'sufficient time and sessions'</p> <ul style="list-style-type: none"> ■ Data source: Victorian Population Health Survey ■ Benchmark: Hume data available February 2010. ■ Target by 2013: 65%

3. THE PLAN

3.9 THEME 4: INCREASE PARTICIPATION IN PHYSICAL ACTIVITY AND ACCESS TO NUTRITIOUS AND AFFORDABLE FOOD

Strategic Objective 4.2: Improve food security across the municipality	
Outcome: Improved access to nutritious and affordable food	
Strategies	Key Indicators
4.2.1 Work in partnership with key stakeholders, agencies and networks to explore, identify and implement best practice food security initiatives within the municipality	<p>The community has improved access to affordable and nutritious food.</p> <p>Improvement in Community Wellbeing Indicator – Food Security</p> <p>Decrease in percentage of people (7.3%) who ran out of food in the last 12 months and could not afford to buy more</p> <p>Data Source: Community Indicators Victoria</p>
4.2.2 Monitor compliance of legislative obligations on premises relating to food safety and handling	Ongoing compliance with food safety management and handling for food premises

3. THE PLAN

3.10 THEME 5: PLAN FOR DEMOGRAPHIC CHANGE

National and State Context

- Urban Growth Strategies, Melbourne 2030 and Melbourne @ 5 million, identify the following directions relevant to health and wellbeing:
 - Better management of metropolitan growth
 - A great place to be
 - A fairer city
 - A greener city
 - Better transport links
 - Better planning decisions, careful management
- Melbourne 2030 initiatives impacting health and wellbeing include requirements to provide facilities much earlier in the development cycle, inclusion of part of Hume as an Urban Growth Area, new urban design guidelines to create a local sense of place and a focus on improved supply of affordable housing

Our context

The Hume Council Plan 2009–2013 identifies transport, community infrastructure and adequate service provision as essential to achieving a prosperous, healthy community. It recognises that growth areas within the municipality need to be carefully planned to ensure that adequate resources are available for new and emerging communities, supporting the approach to placed based population health.

Hume City is in the process of growth as the population is expected to increase by almost 54% by 2030.

Population projections in key suburbs are noted below:

- In Broadmeadows, early years and older person age cohorts will increase: 0–4 years – from 835 in 2006 to 942 in 2030, 5–11 years – 1142 to 1308, 60+ years – 1763 to 2694
- In Craigieburn, projected population changes are similar: 0–4 years – 1867 in 2006 to 4838 in 2030, 5–11 years – 2793 to 6644, 60+ years – 1350 to 8668
- In Sunbury, we will see a similar pattern of population growth for young children with a

marked increase in older persons: 0–4 years – 2227 in 2006 to 3718 in 2030, 5–11 years – 3521 to 5846, 60+ years – 3943 to 11304.

- Growth will be particularly amongst persons aged 60+. It is projected that the number of residents aged 65+ will almost triple by 2030.
- Significant growth will also occur for persons aged between 12 and 59 with increasing demands for schools and family services as well as health promotion for the 'young elderly' (aged 50-59)
- Hume is unique compared to other growth municipalities as it needs to address the dual challenges of major growth in young families as well as escalating aged care demands

Key data sources

The following data sources may be utilised to identify performance measures (indicators) relating to the Outcome and Impacts for this Theme:

- Population Forecasts from .id, Hume City 2009–2031
- Suburb and SLA Profiles (Department of Sustainability and Environment), Victoria in Future 2008

3. THE PLAN

3.10 THEME 5: PLAN FOR DEMOGRAPHIC CHANGE

Strategic Objective 5.1: Proactively plan for and prepare response to emerging public health and wellbeing needs of our changing demographic	
Outcome: Planned response to our emerging public health and wellbeing needs.	
Strategies	Key Indicators
<p>5.1.1 Hume City Council will take a leadership role in relation to public health and community infrastructure and service planning by:</p> <ul style="list-style-type: none"> ■ Using systems that identify population mix and movement ■ Monitor emerging public health and wellbeing needs to plan for economic, built, natural and socio-cultural environments. ■ Undertake comprehensive assessment of existing social infrastructure, gap identification and analysis of location requirements for infrastructure needs ■ Internally consulting with key departments to identify and quantify anticipated requirements ■ Externally consulting with key stakeholders including service recipient and service providers to quantify implications of the changing demographic 	<p>Planned response developed that links changes in population to public health and wellbeing needs, including social infrastructure</p> <p>Hume is well positioned to respond to the health and wellbeing needs of the changing demographic.</p> <p>Population forecast reviewed annually, and updated as required.</p> <p>Social Profiles maintained for Hume Suburbs</p>
<p>5.1.2 Identify, coordinate and respond to opportunities to advocate for Hume’s needs in response to the changing demographic.</p>	<p>Advocacy opportunities are identified and undertaken</p>

3. THE PLAN

3.10 THEME 5: PLAN FOR DEMOGRAPHIC CHANGE

Strategic Objective 5.2: To ensure public health and wellbeing needs of our changing demographic are supported by appropriate and related policies	
Outcome: Public health and wellbeing policies are relevant, inclusive and support the needs of our changing demographic over time.	
Strategies	Key Indicators
5.2.1 Using identified population trends: <ul style="list-style-type: none">■ Proactively adapt local policy to reflect demographic changes■ Advocate on behalf of our community for policy to support the public health and wellbeing needs of our changing demographic	Policies that impact health and wellbeing are inclusive of the changing demographic Municipal Public Health and Wellbeing Plan is reviewed annually Annual action plans are developed or modified as required

4. MPHWP Implementation and Evaluation

The Hume City Council MPHWP Framework, as described in Section 2 of this document, supports effective planning, implementation, evaluation and learning over the life of the Plan.

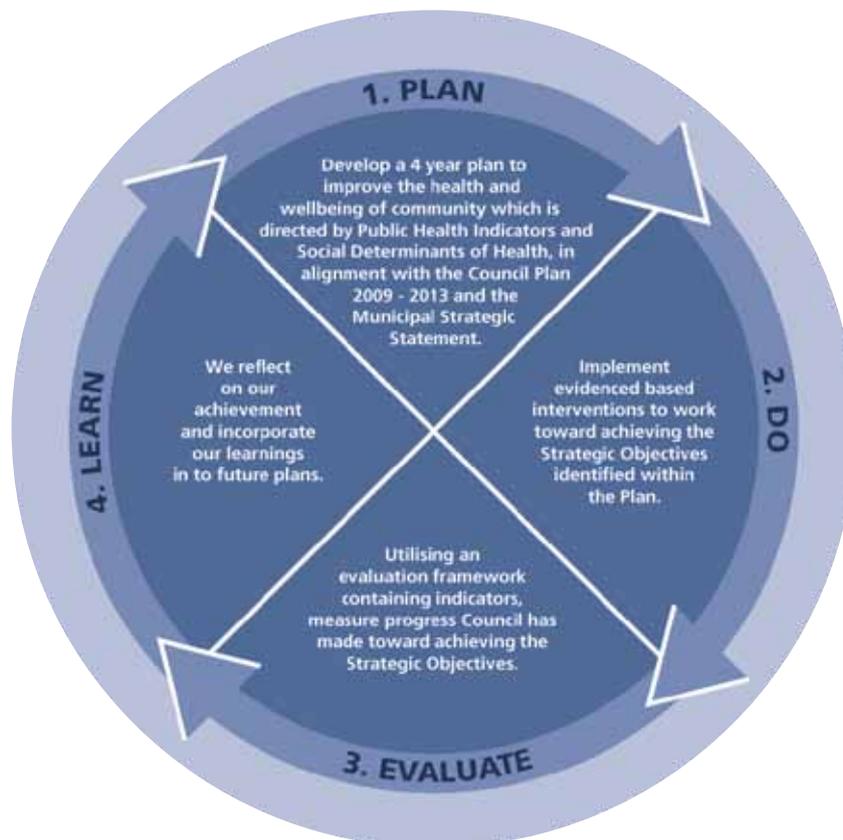


Figure 4 MPHWP Planning Cycle

Our approach will ensure our MPHWP results in changes in community health status in line with the plan's Themes and Strategic Objectives and includes:

- Mechanisms and tools for monitoring progress and achievements over the life of the plan
- Mechanisms to support effective and rigorous evaluation
- Review and refinement/realignment of strategies over time to ensure they remain relevant and appropriate
- Ongoing consultation and feedback
- Development and implementation of annual MPHWP Action Plans in line with Council Planning and Reporting timelines

The Planning and Service Development Unit within the Aged Services and Public Health Department of Hume City Council will be responsible for the implementation of the MPHWP.

4. MPHWP IMPLEMENTATION AND EVALUATION

4.1 Monitoring progress and achievements

A framework for monitoring progress and achievements will be established and consist of:

- Detailed phase action plans which include specific tasks, resources required to complete tasks, measurable outcomes to be achieved and specific timelines for completion of each task
- Assigning specific roles and responsibilities of staff within the Planning and Service Development Unit to support the implementation of the phase action plans
- Director of City Communities Hume City Council to undertake role of Executive Sponsor to ensure challenges and barriers to completing tasks and achieving outcomes are minimised and / or addressed
- Reporting templates, timelines and responsibilities provided to support routine and regular reporting of progress and achievements against planned outcomes

4.2 Mechanisms to support effective and rigorous evaluation

Mechanisms to support effective and rigorous evaluation of the key impacts and outcomes of MPHWP over time include:

- The assignment of measurable outcome and key impacts to each Theme, Strategic Objective and associated Strategies. A description of each outcome and key impact and mechanisms for collection and validation of associated data and information will be incorporated and described within each phase action plan.
- Scheduled and regular measurement of key indicators to determine progress and provide evidence of positive change and improve health and wellbeing of our community
- Using key indicator results and outcomes to identify if Strategies and associated tasks need to be reviewed and /or re-aligned
- Utilising data reported in the Hume Health Snapshot 2009 to provide baseline data and information on the Social Profile, Health Status, Health Risk Factors and Population Groups within Hume.

4.3 Review and refinement/realignment of Strategies

Monitoring progress and outcomes achieved will allow Hume to review and where appropriate refine and / or realign planned Strategies over the life of the MPHWP

4.4 Ongoing consultation and feedback

Mechanisms to support and promote consultation and feedback including review and evaluation of Strategies will be articulated in each phase action plan and occur over the life of the MPHWP. These will include but may not be limited to:

- Regular community stakeholder consultation forums
- Agency and network meetings, working groups and forums
- Community surveys and focus groups

4.5 Phase MPHWP Action Plans

Phase MPHWP Action Plans will be developed commencing June 2010 in line with Council Planning and Reporting timelines. A formal evaluation of the previous MPHWP Action Plan will be undertaken prior to the development of the subsequent action plan to quantify and provide evidence of achievements and outcomes.

These annual evaluations will be used to inform the content of subsequent Municipal Public Health and Wellbeing Plans.

5. APPENDICES

5.1 Summary of Local Context Documents

Hume Social Justice Charter 2007

Council commits under the charter to act within a range of stated Principles and Accountabilities. The Charter contains the Citizens' Bill of Rights which details human and participatory rights. The Human Rights include:

- The right to access adequate food, clothing, housing and health
- The right to income support and social support
- The right of protection for children and families

HCC Art and Cultural Development Strategy 2009–2013

This Strategy identifies three goals to guide Council's work in Art and Culture over the next four years:

- Social Justice and Inclusion
- Places and Spaces to express and enable innovative arts practice
- Increased Identity and livability

Hume Community Safety Strategy 2009–2013

The strategy includes the following broad goals:

- Goal 1: Reduction of intentional and unintentional injury
- Goal 2: Community safety as an integral part of community health and wellbeing

The Key Performance Indicators identified for each goal are:

- Goal 1: Percentage reduction in unintentional and intentional injury
- Goal 2: Percentage of population who recognise safety as an integral part of their health and wellbeing

Five key areas of safety are identified as well as expected Outcomes and KPIs for each.

HCC Pathways to Sustainability – An Environmental Framework 2008

This Framework document follows a review of the earlier Framework in 2008. It restates Hume's overall vision and identifies five pathways relevant to the MPHWP:

- Create sustainable places
- Support communities
- Support sustainable learning and action
- Build Council sustainability leadership
- Provide strong environmental stewardship

Hume Family and Children's Plan 2008–2011

The Plan notes policy trends towards greater recognition of the importance of the early years for children. Guiding principles include a statement that, "healthy, flourishing communities support the best outcomes for children".

The plan contains the following goals that are relevant to MPHWP:

- Accessible, high quality universal services
- Responsive services recognising community diversity
- Integrated service provision and planning with Council's partners
- "Family-friendly" infrastructure which is flexible and adaptable

Hume Leisure Strategy Plan 2006–2010

The Hume Leisure Strategy Plan notes that data obtained during its' development indicated low participation rates in physical activities in Hume (60%) compared to Victorian benchmarks (85%). There was also a high disparity between men and women's membership of sporting clubs compared with the Victorian average (65% men / 35% women in Hume versus the Victorian average of 49.1% men / 43.7% women)

The Plan also confirms that the City's socio-economic profile and burden of disease data indicates a strong need for accessible and affordable recreation opportunities. Consultations indicated open and free access to public facilities was highly valued.

5. APPENDICES

5.1 Summary of Local Context Documents (cont'd)

Healthy Ageing in Hume City – Research Report 2006

This report provides extensive data and evidence regarding aged care services and needs in Hume City. It identifies seven Strategic Directions with related Implementation Strategies, Actions and Responsibilities. The new MPHWP will align with relevant Themes within this report as follows:

- Promote restorative health and positive ageing in the community
- Provide accessible and culturally responsive services
- Establish environments for healthy ageing in the community and at home

Hume Youth Strategy 2010 –13 (2009) – Issues and Ideas Paper – Consultation Paper

This paper forms Stage 3 of Hume's Youth Strategy development consisting of eight stages. It presents a summary of key findings from research and consultation and outlines issues for public comment. The paper invites comment and community contributions, which are being collected at the time of writing.

Consideration of the outcomes of this feedback process will be included within the ongoing refinement of Strategies relevant to young people within this MPHWP.

Hume and Moreland Mental Health Action Plan 2009–2012

This Plan relates to a three year partnership project between North West Area Mental Health Service and Hume and Moreland community organisations, residents and government. Hume City Council is a member of the partnership.

The Plan is supported by substantial research work documented in a Hume and Moreland Community Health and Wellbeing Profile, a literature review on Social Determinants of Mental Health Outcomes and a report on extensive community consultations.

The Plan Reference Group (the partners) decided to adopt the Theme of Social Inclusion and Community Connectedness as the key social determinant of mental health outcomes on which to collaborate.

The overarching Goal of the Plan is:

To improve the quality and extent that good mental health can be experienced in Hume and Moreland by creating more socially inclusive and connected communities

The Key Objectives identified are:

- Broadening community awareness about positive mental health and social inclusion factors
- Increasing community participation in activities that extend social networks, strengthen bonds and ties and foster a sense of belonging, pride and empowerment
- Increasing opportunities to exchange ideas, support new partnerships, strengthen research and effective mental health promotions in Hume and Moreland

5.2 Summary of Further Context Documents

National Primary Care Strategy (Building a 21st Century Health Care System, 2009)

This Strategy contains key Priority Areas and Directions for Change relevant to this MPHWP as follows:

- Improving access and reducing inequity
- Better management of chronic conditions via a practice or provider who becomes responsible for managing care
- Increasing the focus on prevention via regular risk assessments available at multiple points of service, which are actively linked to community-based supports and activities

Mental health reform (Because Mental Health Matters 2009 Strategy)

This reform strategy identifies "Areas" relevant to this MPHWP:

- Area 1: Promoting mental health and wellbeing – preventing mental health problems by addressing risk and protective factors
- Area 2: Early in life – helping children, adolescents and young people and their families

5. APPENDICES

5.2 Summary of Further Context Documents (cont'd)

- Area 5: Support in the community – building the foundation for recovery and participation in community life
- Area 6: Reducing inequalities – responding better to vulnerable people
- Area 7: Workforce and innovation – improving capacity, skills, leadership and knowledge

Each of the reform “Areas” contains specific goals and actions to achieve the goals and these will be considered in the ongoing review and refinement process of Strategies linked to this MPHWP.

Urban growth strategies (Melbourne 2030 and Melbourne @ 5 million)

Melbourne 2030 contains a core of nine ‘directions’ or desired results of which the most relevant to the MPHWP are:

- Direction 1 – A more compact city
- Direction 2 – Better management of metropolitan growth
- Direction 5 – A great place to be
- Direction 6 – A fairer city
- Direction 8 – Better transport links

Initiatives particularly relevant to the MPHWP include:

- Establishment of Principal or Major Activities Centres in Hume
- Possible location of a Transit City at Broadmeadows
- Inclusion of part of Hume as an Urban Growth Area
- Requirements to provide facilities earlier in the development cycle
- New urban design guidelines to create a local sense of place
- A focus on improved supply of affordable housing
- Improvements to cross-town bus services and faster public transport

Melbourne @ 5 Million makes adjustments that are relevant to the MPHWP as follows:

- A shift to a “multi-centre” city structure to better distribute jobs and activity
- Promotion of Broadmeadows as one of the six designated Central Activity Districts

Expansion of Urban Growth Areas to possibly include northern Hume areas beyond the areas in Hume designated in Melbourne 2030. This new area is by far the largest new area for investigation in Metropolitan Melbourne.