

The City of Bayside's
Health & Wellbeing Plan
2009-2013



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1. Introduction

This is the municipal public health and wellbeing plan for Bayside City Council. This Plan strives to achieve the highest levels of health and wellbeing for the Bayside community. Broad priorities, goals and strategies have been developed that Council, in partnership with relevant stakeholders, will undertake to maintain and improve good health and wellbeing.

Councils are able to influence the health and wellbeing of their community through leadership, advocacy, strategic planning, service delivery and health promotion. All councils have a legislative requirement to develop a municipal public health and wellbeing plan and to review the plan annually. This annual review process will enable Council to respond to emerging trends and issues or changes to policy and legislation.

The development of this plan has occurred in conjunction with a wider place-based planning process, which has involved collaboration with the Kingston Bayside Primary Care Partnership, Central Bayside Community Health Services, Bentleigh Bayside Community Health and Kingston City Council. The planning process has included:

- ◆ analysis of health data
- ◆ research and consultation with the community through focus groups and surveys
- ◆ planning workshops with key stakeholders
- ◆ consultations with Council staff

Through this process, five key priority action areas have been developed that will guide Council departments, local service providers, community organisations and businesses and will provide a framework for health planning in the municipality.

Council recognises that it is not possible to address every actual or potential public health issue affecting a local government area. However, efforts will be more effective through successful partnerships and by addressing areas of greatest need through priorities, goals and strategies.

A healthy community 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 in developing to their maximum potential.

Leonard Duhl, 2002
The International Healthy Cities Foundation

2. Summary of goals and strategies

Priority Action Areas	Strategies 2009-2013
<p>1. Socially connected and inclusive communities</p> <p>Goal: A community that embraces diversity, in which people across life stages have opportunities to develop social connections, and to participate in activities that enhance wellbeing and support fulfilling lives</p>	<ol style="list-style-type: none"> 1. Provide and support facilities and services that enable community participation for all ages and abilities 2. Plan for welcoming and engaging public places in our shopping villages that encourage community interaction 3. Embrace and strengthen partnerships and networks to: <ol style="list-style-type: none"> 3.1 Support opportunities for voluntary activity 3.2 Build connections between groups and individuals in the community 4. Engage our diverse community in events, programs and cultural activities to foster community identity, develop personal skills and create social connections
<p>2. Sustainability and climate change adaptation</p> <p>Goal: A resilient community that can adapt and respond to climate change and that can increasingly undertake sustainable practices</p>	<ol style="list-style-type: none"> 1. Adopt sustainable practices in managing Council's assets, operations and services in order to adapt to changing climate conditions and reduce negative impacts on health and wellbeing 2. Encourage and facilitate responsible and sustainable natural resource consumption by the community in order to reduce environmental impacts 3. Increase community awareness and ability to adapt to climate change, particularly for vulnerable communities 4. Encourage sustainable transport opportunities that provide an alternative to use of private motor vehicles.
<p>3. Being active eating well</p> <p>Goal: A community that embraces active lifestyles and good nutrition, within an environment that supports healthy lifestyle choices</p>	<ol style="list-style-type: none"> 1. Provide well connected and accessible open spaces 2. Provide sporting and community facilities that support an active lifestyle 3. Develop a walkable city, designed to be attractive and safe with accessible, connected walking and cycling paths 4. Promote active lifestyles and healthy eating choices
<p>4. Protection of Public and Environmental Health</p> <p>Goal: A community where public and environmental health services are undertaken in accordance with best practice to minimise disease and enhance amenity</p>	<ol style="list-style-type: none"> 1. Implement amendments to legislation to ensure the protection of public and environmental health. 2. Encourage residents to share the urban environment harmoniously and to show respect for the health and amenity of their neighbourhoods. 3. Minimise incidents of infectious disease through immunisation and the provision of information regarding disease prevention.
<p>5. Safe environments for all</p> <p>Goal: A community that provides a safe environment with preventative programs to minimise risk of harm to individuals</p>	<ol style="list-style-type: none"> 1. Increase the safety of roads and public places 2. Work with the community and in partnership with relevant agencies to address and respond to unsafe behaviours, including violence and drug and alcohol misuse. 3. Enhance the perception of safety through the maintenance of infrastructure and community amenities.

3. Frameworks for health planning

Municipal public health and wellbeing plans promote the health and wellbeing of local communities through a strategic planning approach, informed by local health priorities. The World Health Organization defines health as:

a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without discrimination of race, religion, political belief or economic and social condition (WHO 2006).

Many of the factors influencing health lie outside the health sector. The Bayside Health and Wellbeing Plan 2009-2013 has been developed using a social model of health (refer Figure 1), which considers causes of disease and lack of wellbeing on a holistic basis by addressing social, cultural, biological, environmental, political and economic determinants of health. A determinants approach incorporates understanding how behaviours affect both social processes and disease risks, and how social and structural conditions enhance or diminish opportunities for communities and populations to be healthy (Keleher & Armstrong 2005). These interconnecting determinants of health have to be considered in developing Council's opportunities for providing better health in the community.



Source: Dahlgren and Whitehead (1991)

Figure 1 – Social model of health

4. National and state policy and planning context

Victorian Department of Health

The Department of Health is the responsible authority for municipal public health and wellbeing planning in Victoria.

Municipal public health and wellbeing plans are a statutory requirement under Section 29B of the *Health Act 1958 (Amended)* and Section 263 of the *Public Health and Wellbeing Act 2008*. The plan must be prepared every four years and within 12 months after each general election of council.

A municipal public health and wellbeing plan must:

- a) include an examination of data about health status and health determinants in the municipal district
- b) identify goals and strategies based on evidence for creating a local community in which people can achieve maximum health
- c) provide for involvement of people in the local community in the development, implementation and evaluation of the public health plan
- d) specify how the council will work in partnership with the Department and other agencies undertaking public health initiatives, projects and programs to achieve the goals and strategies identified in the public health plan
- e) be consistent with —
 - i) the Council Plan prepared under section 125 of the Local Government Act 1989; and
 - ii) the municipal strategic statement prepared under section 12A of the Planning and Environment Act 1987.

A council must review its municipal public health and wellbeing plan annually and, if appropriate, amend the plan.

Environments for Health

To assist councils in planning for healthier communities, the Department of Human Services and Municipal Association of Victoria publication *Environments for Health: promoting health and wellbeing through built, social, economic and natural environments* (DHS 2001) is a practical guide that considers the impact on health and wellbeing from a social model of health and looks at factors originating across four environmental dimensions namely:

- ◆ built/physical
- ◆ social
- ◆ economic
- ◆ natural

The breadth of activity that is possible across the four dimensions means that there are many opportunities for councils through direct or indirect measures to influence the health and wellbeing of their communities, as shown in Figure 2.

Action Areas

Environmental Dimensions	Components	Council Action Areas – Examples
Built / Physical	<ul style="list-style-type: none"> • Provision of infrastructure • Amenities: parks, street lighting, roads, footpaths 	<ul style="list-style-type: none"> • Land use planning • Transport and traffic management • Recreation facilities
Social	<ul style="list-style-type: none"> • Sense of community • Participation • Perceptions of safety 	<ul style="list-style-type: none"> • Community support • Art and cultural development • Library services
Economic	<ul style="list-style-type: none"> • Economic policy • Industrial development • Employment 	<ul style="list-style-type: none"> • Community economic development • Access and equity
Natural	<ul style="list-style-type: none"> • Geography • Air & water quality • Native vegetation 	<ul style="list-style-type: none"> • Water quality • Waste management • Energy consumption

Adapted from *Environments for Health* – Department of Human Services Victoria

Figure 2 – Four dimensions of health

Integrated Health Promotion

Linking closely with the *Environments for Health* framework is the Department of Health’s *Integrated Health Promotion Framework*. Health promotion is described as:

the process of enabling people to increase control over the determinants of health and thereby improve their health. To reach a state of complete physical, mental and social wellbeing an individual or group must be able to realise aspirations, to satisfy needs and to change or cope with the environment (Nutbeam 1986).

The Victorian Government has established seven state-wide health promotion priorities for 2007-2012 with the overarching aim being to improve overall health and reduce health inequalities. The priorities are:

- ◆ 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

These priorities have been considered in the development of the Bayside Health and Wellbeing Plan 2009-2013.

Victorian Department of Planning and Community Development

The Department of Planning and Community Development was established to lead and support the development of liveable communities and is responsible for key government policies that influence health and wellbeing. *Melbourne 2030 – Planning for sustainable growth* was released in 2002, providing a long-term planning framework to manage Melbourne’s growth. In December 2008, *Melbourne 2030: a planning update - Melbourne @ 5 million* was released as an update to *Melbourne 2030* in light of the rapid population growth predicted and provides policy initiatives that are complementary to the directions of *Melbourne 2030*.

Melbourne 2030 describes nine core ‘directions’ along with a number of key initiatives. Many of these initiatives have a direct correlation with health and wellbeing for a municipality. Examples of initiatives include:

- ◆ growth and developments around activity centres.
- ◆ improving the quality, distribution and protection of local open space
- ◆ improving community safety through good neighbourhood design
- ◆ recognition and protection of cultural identity, neighbourhood character and sense of place
- ◆ promotion of attractive, walkable and diverse communities
- ◆ protection of coastal and foreshore environments
- ◆ planning for a more equitable distribution of social infrastructure
- ◆ increasing access to arts, recreation and cultural facilities
- ◆ promotion of the concept of sustainability through waste reduction, management of water resources and biodiversity
- ◆ reviewing of transport practices through better design and management to reduce environmental impacts.
- ◆ promotion of sustainable personal transport options and prioritising cycling and walking in urban areas.

Victorian Human Rights Charter

The Victorian Human Rights Charter came into operation on 1 January 2007. It is an agreed set of human rights and freedoms protected by law. Council must comply with this Charter when developing policies, creating local laws, managing its staff or delivering services.

The human rights implications of this Plan have been properly considered and the Plan has been found to comply with the *Charter of Human Rights and Responsibilities Act 2006 (Vic)*.

National Preventative Health Taskforce

The Australian government also recognises the importance of health planning and health promotion. The National Preventative Health Taskforce was established by the Minister for Health and Ageing in April 2008, to provide evidence-based advice to governments and health providers on preventative health programs and strategies and provides pertinent information for municipal public health planning. In September 2009 *Australia: The Healthiest Country by 2020 – National Preventative Health Strategy* was released. The strategy provides a blueprint for tackling the burden of chronic disease currently caused by obesity, tobacco and excessive alcohol consumption. It is directed at primary prevention and addresses all relevant arms of policy and all available points of influence, in both the health and non-health sectors.

Human Rights Charter

The Charter contains 20 rights that reflect four key principles namely:

Freedom

- ◆ Freedom from forced work
- ◆ Freedom of movement
- ◆ Freedom of thought, conscience, religion and belief
- ◆ Freedom of expression
- ◆ Peaceful assembly and freedom of association
- ◆ Property rights
- ◆ Liberty and security of person
- ◆ Fair hearing
- ◆ Rights in criminal proceedings
- ◆ Appropriate treatment of children in the criminal process
- ◆ Right not to be tried and punished more than once for the same offence
- ◆ Protection from retrospective criminal laws.

Respect

- ◆ Right to life
- ◆ Cultural rights
- ◆ Protection of families and children

Equality

- ◆ Entitlement to participate in public life
- ◆ Recognition and equality before the law.

Dignity

- ◆ Protection from torture and cruel, inhuman or degrading treatment
- ◆ Protection of privacy and reputation
- ◆ Humane treatment when deprived of liberty.

5. The Bayside policy and planning context

The Bayside Health and Wellbeing Plan has been prepared within a broader strategic planning framework that incorporates the Council Plan and the Municipal Strategic Statement.

The Bayside City Council - Council Plan 2009-2013

The Council Plan is a key document that outlines Council's strategic direction over a four-year period. The Council has identified six commitments that reflect the key areas it feels passionate about and in which it is committed to making a difference. Each commitment notes the challenges that will be addressed and are incorporated in Council's Strategic Objectives.

The six commitments and challenges are:

- 1) Lifestage wellbeing of our people
 - ◆ equitable access to services and facilities
 - ◆ improving quality of life by being responsive to need
- 2) Advocacy for, and with, our community
 - ◆ effective representation of our people to state and federal government, other adjoining municipalities, agencies and private organisations, peak bodies and the media
- 3) Managing our built environment
 - ◆ maintaining neighbourhood character
 - ◆ encouraging environmental sustainability in design practices
 - ◆ creating a sense of community in our villages and activity centres
 - ◆ providing housing that will meet the changing needs of the community
 - ◆ creating and maintaining suitable infrastructure
- 4) Natural environment, open space and biodiversity
 - ◆ equity in access to open spaces and the foreshore
 - ◆ reducing our ecological footprint
 - ◆ preservation of our built and natural heritage
- 5) Community engagement and having real conversations
 - ◆ improving our communication with the community and major stakeholders
 - ◆ seeking alternative methods of communication
- 6) Stewardship, governance and leadership
 - ◆ maintaining the financial sustainability of Bayside City Council as an organisation
 - ◆ providing the highest standards of professional conduct

Purpose - To work with our community to make Bayside a better place

Municipal Strategic Statement

The Municipal Strategic Statement (MSS) provides the vision for land use planning and development within the City of Bayside. The MSS is currently being reviewed.

The MSS reflects the objectives of Council and the community and provides a snapshot of existing and projected conditions regarding Bayside's people, built form and natural resources as well as regional strengths and key influences. The Statement identifies major issues, directions and strategies with zones, overlays and policies providing the means to achieving Council's long-term objectives.

Other Bayside City Council strategies

A number of other Council plans, strategies or guidelines also have an important role in contributing to the health and wellbeing of the Bayside community. These are noted in Appendix 1 - 'How Council contributes to public health and wellbeing'.

MSS Vision (proposed)

Bayside's vision is a city which:

- ◆ *Provides a healthy, attractive environment for residents, visitors and workers.*
- ◆ *Celebrates its heritage and cultural features and valued neighbourhood character*
- ◆ *Facilitates economic and environmentally sustainable development that enhances the standard of living and prosperity of the community.*
- ◆ *Protects and improves the natural environment, particularly the foreshore and bushland reserves.*
- ◆ *Can adapt and effectively address the impacts of climate change.*

6. Partnerships for health and wellbeing

Joint planning

Bayside City Council was able to plan with the Kingston Bayside Primary Care Partnership, Kingston City Council and the area’s two community health services. This unique opportunity emerged because all the organisation’s planning cycles were aligned.

As result of this innovative collaboration, the *Kingston Bayside Health & Wellbeing – Strategic Directions Paper 2009-2013* was developed. This document outlines the shared health and wellbeing priorities of partner organisations. It aims to facilitate coordinated and integrated health planning and avoid duplication, in order to maximise the outcomes of health promotion investment in the Kingston and Bayside areas. This document will have a lifespan of four years from 2009 – 2013, in line with the Bayside Health and Wellbeing Plan.

The *Strategic Directions Paper* provides an overview of the research and consultation processes that have informed the strategic directions and outlines the framework developed for future planning partnerships. It is intended that the strategic directions provide a way forward on identified priority health and wellbeing issues and focus on key initiatives that can benefit from a partnership approach. This is represented in Figure 3. The *Strategic Directions Paper* was designed to complement and build on the individual organisation plans through partnerships. Further information on the joint planning process is described in Section 14 of this Plan.



Figure 3 – Joint strategic directions

Partnerships

The increasing recognition of the role that the social determinants play in the health of the population makes it clear that health can not be the responsibility of just one agency (Hayes et al 2009). The different ways that Council will work in partnership include:

- ◆ sharing health data and information
- ◆ being involved in relevant Kingston Bayside Primary Care Partnership working groups
- ◆ participating and undertaking regular community consultation
- ◆ advocating on behalf of the local community/organisations to influence decision makers
- ◆ networking with relevant agencies, the Department of Health and other local governments to share ideas and information
- ◆ promoting and supporting capacity building through workforce and organisational development
- ◆ joint funding applications for projects/programs, letters of support for other applications, use of venues, promotion of events and other in-kind support
- ◆ action planning involving the Department of Health and local agencies to implement the goals and strategies of this Plan.

Partnerships bring together a diversity of skills and resources for more effective and efficient health planning/promotion initiatives and outcomes and for this reason pursuing partnerships between health and non-health services is important to effectively impact on overall wellbeing.

To make a difference in the health and wellbeing of its population, Bayside recognises it will need to maintain its existing, as well as identify and seek, new partnerships. As such, Bayside is committed to continue working in partnership with a range of government, non-government and community organisations to develop and implement actions guided by the strategies in this Plan.

7. The development of Bayside's Health and Wellbeing Plan

The focus of this Plan is to improve the health and wellbeing of the Bayside community. This will be achieved by addressing five key priority action areas. Each key priority has broad strategies. These strategies are designed to be carried across the life of the plan and allow for flexibility to ensure changing needs or demands can be met. Underpinning this process are the guiding principles of health promotion.

The development of this Plan included:

- ◆ Navigating for health and wellbeing
- ◆ Analysis of health data
- ◆ Research and consultation
- ◆ Planning workshops
- ◆ Consultation with Council officers
- ◆ Final community consultation
- ◆ Implementation and evaluation

The initial consultation and research process occurred as part of the joint Kingston Bayside place-based planning process. This was followed by a more detailed analysis of Bayside health issues, community views and Council priorities and plans, to ensure that the Bayside Health and Wellbeing Plan reflects the unique needs of this municipality.

Navigating for health and wellbeing

Acknowledging Council's broad role in community health and wellbeing and to build the capacity of Council staff, Bayside applied for, and were successful in participating in the pilot project *Navigating for Health and Wellbeing*. Consultants funded by the Southern Metropolitan Region of the Department of Health undertook this project, with the aim of producing a resource that would assist health planners to clarify the roles and activities carried out by different council departments and to consider how these can contribute to integrated health and wellbeing outcomes for a municipality.

Health Promotion Principles

Address the broader determinants of health

Recognising that political, social, economic and environmental factors are critical to health and that it is more than genetics, individual lifestyles and the provision of health care.

Base activities on the best available data and evidence

With respect to why there is a need for action in a particular area and what is most likely to effect sustainable change.

Act to reduce social inequities and injustice

To ensure every individual, family and community group may benefit from living, learning and working in a health-promoting environment.

Emphasise active consumer and community participation

Ensure processes enable and encourage people to have a say about what influences their health and wellbeing and what would make a difference.

Empower individuals and communities

Through information, skill development, support, advocacy and structural change strategies, to have an understanding of what promotes health, wellbeing and take control of their own lives.

Explicitly consider differences in gender and culture

Recognising that gender and culture lie at the heart of the way in which health beliefs and behaviours are developed and transmitted.

Work in collaboration

Understanding that partnerships must be actively sought across a broad range of sectors, including those organisations that may not have an explicit health focus. This focus aims to build on the capacity of a wide range of sectors to deliver quality integrated health promotion programs.

A series of interviews with the managers, coordinators and officers of business units across Bayside Council were held, with a total of 72 staff involved. The interviews highlighted themes important to improving planning for health and wellbeing across councils such as acknowledging and working with different professional disciplines and understanding planning and decision-making processes. A key outcome of participating in this pilot project was the dialogue it created between Bayside staff, that will support integrated planning and collaboration across Council. Information attained from the project is noted in Appendix 2 'Business units contributing to health and wellbeing'.

Analysis of health data

An analysis of Bayside's key demographic and population health data was collated and considered to inform the planning process. This is further described in Sections 8 to 13, however data ranging across the four environments for health were used including:

- ◆ community health and wellbeing indicators
- ◆ index of relative socio-economic disadvantage
- ◆ burden of disease data
- ◆ drug and alcohol data
- ◆ community safety data
- ◆ hospital admissions data
- ◆ cultural diversity data
- ◆ transport data
- ◆ education data
- ◆ employment data
- ◆ housing data
- ◆ disability data
- ◆ environment data

Research and consultation

The research was designed to identify community values and priorities, to use information captured through recent Council consultations (eg for the Ageing Well Strategy), in addition to gathering evidence about local, state and national emerging health issues.

The consultation activities included a phone survey of over 200 residents across Bayside, a survey of Home and Community Care clients and a number of focus groups involving residents across the different lifestages (children and families, young people, people aged between 25-55 years old and older adults).

Much of the initial research and consultation work for this Plan was undertaken as part of the broader joint Kingston Bayside approach. This enabled the pooling of resources, information and knowledge in recognition that communities spread across municipal borders. The relevant information captured during this process is further described under each of the identified priority areas in Sections 9 to 13.

Planning workshops

Two planning workshops were held with over 40 stakeholders from service providers operating within the Cities of Bayside and Kingston. Participants considered the

health and profile data, consultation and research findings, and their own experiences and learnings to identify priority health and wellbeing issues for the Kingston Bayside areas. These were refined into key areas for partner action. The organisations involved committed to an ongoing role in the partnership process and future action planning.

Consultation with Council officers

A workshop was held with 30 key internal staff from across the organisation, including community services, environment sustainability, economic development, communications and engineering services. Information from the joint process was reported back to staff to ensure that the goals and strategies developed were in line with the priorities and strategic objectives in the Council Plan, Municipal Strategic Statement and other key Council strategies and plans. This approach has ensured truly integrated process.

Final community consultation

The draft plan was released for a final round of community consultation during all of February 2010. A four-page summary of the plan was sent to over 200 environmental, community and economic groups as well as schools, service providers and other key stakeholders involved in the process. Full copies of the draft plan were available on Council's website and from Bayside's libraries and Corporate Centre. An email was also sent through the Kingston Bayside Primary Care Partnership network. Feedback was returned via email, an online survey or by completing a feedback form.

Implementation and evaluation

The goals and strategies outlined in this Plan will be developed into detailed annual action plans through consultations with the community, and in partnership with relevant stakeholders. The action plans will link into Council's Department Service Plans and budget cycle. These action plans will guide the implementation of the strategies by relevant Council departments and any identified external partners. The action plans will be available for viewing on Council's website.

An evaluation plan will be incorporated into the first year action plan. The methods used to evaluate the Plan will involve a mix of qualitative and quantitative indicators relevant to each priority area.

This process used to develop the Bayside Health and Wellbeing Plan is reflected in Figure 4.



Figure 4 - Development of the Bayside Health & Wellbeing Plan

Taking into consideration the priorities of the joint planning process and incorporating the key strategic direction of the Council, the health data and research and consultation findings, five key health and wellbeing priorities have been developed to guide the direction of Council for the next four years, namely:

- ◆ Socially Connected and Inclusive Communities
- ◆ Sustainability and Climate Change Adaptation
- ◆ Being Active Eating Well
- ◆ Protection of Public and Environmental Health
- ◆ Safe Environments for All

8. Who are the Bayside community?

The City of Bayside is located along the coastline of Port Phillip Bay in the southern region of Melbourne, with a population of 95,000 persons (as at June 2008). Bayside has a stunning foreshore, beautiful parks and open spaces, vibrant retail centres and is considered one of Melbourne's most attractive municipalities.

The City of Bayside (refer to Figure 5) incorporates the suburbs of Brighton, Brighton East, Hampton, Hampton East, Sandringham, Black Rock, Beaumaris and parts of Highett and Cheltenham. Bayside is a leafy, predominately residential municipality.



Figure 5 – Map of the City of Bayside

At the time of the 2006 Census of Population and Housing, children aged 0-14 years represented 19 per cent and young people aged 15-24 years represented 12 per cent of the Bayside population. The median age of Bayside residents was 41 years, with 40 per cent of the population aged 25-54 years. Older residents aged 55 years and over accounted for 29 per cent of the Bayside population.

A shorter life expectancy for Bayside males, 80.7 years compared to females 85.2 years, means that there are substantially more elderly females aged 75 years and over. Compared to metropolitan Melbourne, Bayside has fewer young adults aged 20-34 years, more mature adults aged 45-64 years and more elderly adults aged 80 years and over.

The majority (70%) of Bayside's 33,000 households are family households, mostly couples without children and couples with children under 15 years of age. Lone person households comprised 25 per cent of all Bayside households in 2006, many being older adults aged 55-84 years.

During the past several decades, the number and proportion of the population aged 65 years and over have increased considerably (AIHW 2008). Whilst Bayside is forecast to have minimal population growth over the next ten years, it will experience substantial population growth amongst the 65-74 year cohort (a 39% increase for this age group). Average household size (persons per household) will continue to decrease, with decreasing proportions of couple families with children and increasing proportions of lone person households.

The cultural mix of the Bayside community is largely Australian-born (72%) with the main overseas countries of birth being the United Kingdom (7%), New Zealand (2%) and South Africa (1%). The main non-English languages spoken are Greek, Italian and Russian, although over the last ten years (1996-2006) there has been an increasing population of Russian and Mandarin speaking residents.

Bayside is a relatively affluent area, as measured by the Australian Bureau of Statistics Index of Relative Socio-Economic Disadvantage in 2006. Bayside is ranked third highest of all 31 metropolitan Melbourne municipalities on the Index, meaning it is one of the *least disadvantaged*. Of the nine Bayside suburbs, Beaumaris is the least disadvantaged and Hampton East, the most disadvantaged. However, Bayside does have scattered pockets or neighbourhoods experiencing disadvantage, which are masked by the affluence across the municipality. Many of these disadvantaged neighbourhoods contain higher proportions of public housing and/or households in housing stress.

How people experience and cope with disability can be greatly affected by the opportunities and services provided for them (WHO 2001). For example, are buildings and public transport easily accessible? These factors can all reduce a person's effective level of disability and support their participation in society (AIHW, 2008). In 2006, 3,534 persons living in Bayside (4%) reported that they needed assistance in their day-to-day lives because of a disability, long-term health condition or old age. A further 8,083 persons (12%) were carers, providing unpaid assistance to a person with a disability, long term illness or old age.

In 2006, nearly 24,000 persons (both residents and non-residents) were working in the City of Bayside. The most common industries located in Bayside are health care and assistance, retail trade, professional services and education and training.

In comparison with the rest of Victoria, Bayside residents enjoy a very high level of health and wellbeing and rate well in a number of areas including perceptions of safety, education levels, food security and feeling part of a community.

Nevertheless, Bayside is an ageing community and as a result chronic disease and disability will increase, impacting on health and wellbeing. Primary health care interventions could include support with daily living, communication, mobility aids, eye care, dementia-specific programs and services, appropriate accommodation and capacity to support carers. Providing preventative services has, and can, reduce the chance of some illnesses occurring and also reduce the extent to which disabilities are associated with diseases and injuries.

The increase in the incidence of mental illness and age-specific diseases such as dementia suggests additional support or targeted interventions will need to be considered.

The impact of climate change, including extreme weather events such as heatwaves, fires, storms and floods may adversely affect health and wellbeing, with possible threats to homes and community facilities, air and water quality, spread of infectious diseases, and levels of ultraviolet radiation. The ageing population and young children may be particularly at risk in these circumstances.

In light of the ageing population, health promotion or prevention programs need to recognise those in the community approaching middle to late-middle years. This is so healthy lifestyle habits can be formed to reduce future risk factors such as premature mortality and the development of chronic diseases.

Some population groups are particularly vulnerable to poor health in the community. The following groups have been identified in Bayside:

- ◆ Older and frail adults
- ◆ Families with young children
- ◆ Young people
- ◆ People living in public housing
- ◆ People with a low socio-economic status
- ◆ People with a disability
- ◆ People whose first language is not English

Further details regarding the health status and health determinants of the Bayside community are described under each of the identified priority areas.

9. Priority 1 – Socially connected and inclusive communities

Goal:

A community that embraces diversity, in which people across life stages have opportunities to develop social connections, and to participate in activities that enhance wellbeing and support fulfilling lives

Strategies:

- 1.1 Provide and support facilities and services that enable community participation for all ages and abilities
- 1.2 Plan for welcoming and engaging public places in our shopping villages that encourage community interaction
- 1.3 Embrace and strengthen partnerships and networks to:
 - 1.3a Support opportunities for voluntary activity
 - 1.3b Build connections between groups and individuals in the community
- 1.4 Engage our diverse community in events, programs and cultural activities to foster community identity, develop personal skills and create social connections

Rationale

Social inclusion is a key determinant of mental health and wellbeing. A socially inclusive society is one where all people feel valued, respected and are able to have their basic needs met. Social inclusion acknowledges that people need good social relations and strong supportive networks, opportunities for social engagements and access to resources. Social inclusion is a broad term that incorporates concepts of social capital, social networks, social connectedness and social trust (Keleher & Armstrong 2005).

Healthy people often report a sense of connection to family, friends, and the broader community. They may also have confidence in their ability to make decisions, solve problems and make a meaningful contribution to society. By contrast, people who are excluded through lack of housing, employment or socio-economic disadvantage experience health inequities and inequalities.

At one level it represents the degree to which individuals feel connected with their communities but more broadly it is the strength and resilience within communities and organisations that sustains positive mental health. Mental health and wellbeing are not only vital to the functioning of the individual, but also to the functioning of societies and populations. To this effect current research and practice is now moving towards identifying successful population-based public health interventions.

The consultations identified that people in the community are often unaware of the resources and opportunities available that can enhance their wellbeing.

Why is this important for Bayside?

- ◆ People who are socially isolated or excluded have between two and five times the risk of dying prematurely from all causes compared to those who maintain strong ties with family, friends and community (Brasher & Wiseman 2007).
- ◆ Whilst Bayside was a relatively advantaged area as measured by the ABS index of socio-economic disadvantage, it has scattered neighbourhoods in Hampton East and Highett experiencing disadvantage, which is masked by the affluence across the municipality. Many of these neighbourhoods have high proportions of public housing and/or households in housing stress.
- ◆ Lone person households comprised a quarter of all Bayside households. More than 8,000 people were living alone, many of whom were older adults aged 55-84 years. Over the next ten years, the number of lone person households will increase substantially, to more than 11,000 people.
- ◆ Community wellbeing survey data showed that Bayside residents reported a high satisfaction with “feeling part of the community” (higher than metropolitan Melbourne). Volunteering by Bayside residents was high compared to metropolitan Melbourne, with nearly 50 per cent helping out as a volunteer. Involvement in decision-making boards/committees, participation in citizen engagement activities and parent participation in schools were also higher for Bayside residents, than those across metropolitan Melbourne.
- ◆ Whilst nine out of ten Bayside residents could get help from friends, family or neighbours when needed, this was lower than the proportion reported across metropolitan Melbourne.
- ◆ Whilst 91 per cent of Bayside residents agreed that it is “good for society to be made up of people from different cultures”, this proportion was lower compared to the neighbouring municipalities of Glen Eira, Monash and Port Phillip.
- ◆ Mental disorders were the fourth main cause of disease burden for Bayside residents, with depression and anxiety disorders being the most common mental health conditions. Bayside had a growing number of hospital admissions for mental disorders, with mental health a particular issue for young people (15-24 years).
- ◆ Estimates for the Bayside General Practice Network area (covering both the Bayside and Kingston municipalities) indicate that 21,600 residents could benefit from a mental health care plan prepared by a general practitioner. Mental health care plans involve assessment of the patient and referral to psychiatrists, clinical psychologists or qualified general practitioners.
- ◆ Social connections and a sense of community are also related to the length of time spent living in a neighbourhood. One third of Bayside residents had moved house between 2001 and 2006, both within the municipality and arrivals from other parts of Victoria, Australia and overseas.
- ◆ Feedback from the Bayside community (through the recent focus groups) was similar across the different life stages:
 - ❖ **Young people** – identified that being part of a community or a community activity was something that contributes to their wellbeing. Developing friendships and connections were part of this process. They focused on the

importance of family cohesion for their health and wellbeing, with some having experienced family conflict whilst living at home.

In addition to personal relationships and participation in formal clubs, they relied on social connection and a feeling of group membership through technology (mobile phones, Facebook). Mental health was thought to be something that the community still struggled to deal with. They felt that society needed to understand that early trauma (such as sexual abuse or depression) to young people can adversely affect them for the rest of their lives and indeed, shape who they are. These young people wanted to see evidence of a community that rallied to help those in need, driven from a local level.

- ❖ **Families with young children** – noted the importance of creative expression in their daily lives and the opportunity to view works of art in their local area. They saw communal gardens as one way of bringing people together and building community (also mentioned by older adults). Most seemed to know their neighbours and felt they could rely on them if they needed help, but those who did not, felt it as a real absence.
 - ❖ **Adults** in their twenties and thirties – noted the importance of being involved in a team for social connection. Formal groups or clubs with a social aspect were seen as an opportunity to ‘give’ to communities. Disadvantaged groups (people with a disability, those needing low cost housing) were acknowledged as needing more community connection and assistance.
 - ❖ **Older adults** – emphasised the importance of their children and grandchildren to their health and wellbeing. They observed that both their own families and their neighbours seemed ‘rushed’ in their everyday lives, allowing less time for social interaction. Membership of a formal group (social or educational) was seen as invaluable for their wellbeing.
- ◆ Almost all Bayside residents reported that they felt confident asking neighbours for help if needed, however lower rates of confidence were reported by young persons aged 15-24 years.
 - ◆ One in ten Bayside residents sometimes felt isolated or out of contact with people.
 - ◆ Three-quarters of Bayside residents reported that they felt a strong sense of belonging in the community, particularly for older adults and families.
 - ◆ Nine out of ten Bayside residents were able to manage their stress levels most of the time and the same proportion would access an appropriate service if they felt their mental health was suffering. However Bayside males felt they would be less likely to access an appropriate mental health service, compared to females. Optimism about the future was higher for adults aged 25-55 years and lower for those over 65 years.
 - ◆ About half of Bayside residents felt that they played an active role in their community, particularly those aged in their forties and early fifties. Club or group membership was common (59 per cent); more so for young people and older adults aged over 65 years but adults aged 25-39 years reported lower proportions.
 - ◆ Three-quarters of Bayside residents nominated social connection and mental health factors as important to their sense of health and wellbeing – 51 per cent mentioned their family and 30 per cent mentioned their friends as the main contributors.

10. Priority 2 – Sustainability and climate change adaptation

Goal:

A resilient community that can adapt and respond to climate change and that can increasingly undertake sustainable practices

Strategies:

- 2.1 Adopt sustainable practices in managing Council's assets, operations and services in order to adapt to changing climate conditions and reduce negative impacts on health and wellbeing
- 2.2 Encourage and facilitate responsible and sustainable natural resource consumption by the community in order to reduce environmental impacts
- 2.3 Increase community awareness and ability to adapt to climate change, particularly for vulnerable communities
- 2.4 Encourage sustainable transport opportunities that provide an alternative to private motor vehicles use

Rationale

The social and health impacts of climate change encompass a very broad range of factors and may affect the quality of life experienced by individuals and communities. In Australia, projections suggest that most of the country will warm by 0.4 – 2.0°C by 2030 and up to 6°C by 2070, resulting in changes to rainfall patterns and evaporation rates and sea level rises (Australian Greenhouse Office, 2007).

Broadly, the potential impact of climate change on health will affect most populations through changing patterns of disease, water and food insecurity, vulnerability of housing, extreme climatic events (such as floods, storm surges, drought and bushfires) and population growth and migration (Costello et al 2009). Though a global problem, the impacts are invariably experienced at the local level and Council's responses will be dependent on the distinct and particular characteristics of our community.

Bayside is able to play an influential role in developing community resilience and capacity to adapt to climate change and minimise the impacts. A number of tools and capabilities are available to us with the potential for greater recognition and planning for the social impacts of climate change. These functions may include informing and educating communities, supporting local community action, policy initiatives through statutory and strategic planning, through the design and operation of infrastructure and facilities, local regulation and advocacy. Council can also provide leadership to others through exhibiting best practice, supporting innovation and making climate positive outcomes a priority. Both industry and householders should be encouraged to conserve water and community education should commence early in life for young children.

It is important to recognise that the health and social impacts of climate change are affected by and can reinforce existing social inequities (Edwards & Wiseman 2010).

Vulnerable groups to climate change impacts (such as heat stress) may include older people, children, and those economically disadvantaged. People on low incomes may struggle to afford water tanks, water saving technologies or houses equipped for thermal comfort. The higher costs of petrol and public transport due to 'peak oil', increasing electricity costs and policies to reduce emissions will make mobility and living costs more expensive.

"Transport contributes 16.5 per cent of Victoria's greenhouse gas emissions, and this is influenced mostly by our car dependence when compared to other forms of transport" (DSE 2006). Sustainable transport strategies and programs encourage walking, cycling and the use of public transport. Reducing the use of private motor vehicles for short trips and encouraging walking and cycling as a means of 'active travel' can reduce impacts on the environment by decreasing air and noise pollution and reducing the use of fossil fuels. In addition to the environmental benefits, active travel offers public health benefits such as increased physical activity, promotion of community cohesion and a protection against neighbourhood crime (NPHP 2001).

Why is this important for Bayside?

- ◆ Council's position is that local action will be crucial for responding to climate change. Council is committed to demonstrating leadership in its management of public assets, provision of services and supporting the community to act in response to climate change. Council has a role in implementing and influencing regulatory measures in planning and building to encourage more environmentally sustainable development.
- ◆ Council has a key role in improving the energy efficiency of its buildings and its street lighting. Public lighting is a significant cost and energy consumer for Bayside City Council – in 2008, street lighting of 8,700 lights was responsible for 50 per cent of Council's total greenhouse gas emissions. The remaining half of Council's greenhouse gas emissions was due to electricity and gas supply to infrastructure (43%) and fuel for fleet vehicles (7%).
- ◆ Bayside has a diversity of open space, including the foreshore, vegetation reserves, parks, sporting reserves, golf courses, urban space and streetscapes. In addition there are 46,000 street trees in the municipality. The drought conditions, experienced in Melbourne since 1997, have meant severe restrictions on Council's irrigation of these assets. The current water allocation is insufficient to maintain all sportsgrounds for club, community and school use. For some sports this has meant reduced availability for school use and/or training sessions and for Council, additional expenditure to support irrigation infrastructure, rainwater tanks and changes to playing surfaces.
- ◆ Eighty-three per cent of water consumption in the municipality occurs in households. Bayside has the highest residential water use per person in South East Water's service area (covering 15 municipalities). Council research shows that the high water consumption is associated with large houses and gardens. There are also over 5,000 swimming pools on private properties across Bayside.
- ◆ The Victorian Chief Medical Officer estimated that 374 excess deaths were related to the heatwave conditions during the Victorian summer (January 2009). Elderly adults aged 75 years and over were particularly vulnerable to heat stress and dehydration. Bayside has a substantial population of persons aged 75 years

and over (8,751 persons in 2008) and nearly half were living alone in their own homes.

- ◆ Around 27 per cent of the Bayside community's emissions come from transport. Car ownership in Bayside is higher than the Melbourne average. Thirty-three per cent of Bayside residents own one vehicle, 41 per cent own two vehicles and 13 per cent own three vehicles or more. Whilst about one quarter of Bayside's employed residents *live and travel to work* within the municipality, only 12 per cent of Bayside residents use public transport as their method of travel to work.
- ◆ Feedback from young people in Bayside (taken from the focus groups) showed that there was concern that the behaviour and choices people make today (disposable goods, high consumption) will impact the kind of community they might live in, in the future.

11. Priority 3 – Being active eating well

Goal:

A community that embraces active lifestyles and good nutrition, within an environment that supports healthy lifestyle choices

Strategies:

- 3.1 Provide well connected and accessible open spaces
- 3.2 Provide sporting and community facilities that support an active lifestyle
- 3.3 Develop a walkable city, designed to be attractive and safe with accessible, connected walking and cycling paths
- 3.4 Promote active lifestyles and healthy eating choices

Rationale

Eating well and being physically active is important to maintaining and protecting health.

Good nutrition in the early years is closely related to optimal growth, good education outcomes and health throughout life. Barriers to nutritious food choices across age groups are the increasing access to and consumption of inexpensive, energy dense, nutrient-poor food, a changing food culture including the lack of cooking and gardening skills, less time spent preparing and sharing food, increased television viewing times and less time spent with support networks such as family and friends.

Being active constitutes one of the major components of a healthy lifestyle. There is now strong evidence that regular physical activity provides people of all ages with substantial physical, social and mental health gains throughout life. Regular physical activity reduces the risk of premature mortality, and the development of the major non-communicable chronic diseases such as diabetes, heart disease, osteoporosis, stroke and some cancers.

Having accessible and well-maintained open space is beneficial to health and wellbeing through the provision of settings for physical activity and community engagement. In the urban environment, the foreshore, beaches and parklands provide access to nature. These areas vary in size, shape, quality and character and hence satisfy the whole spectrum of opportunities for contact with the natural world. These opportunities may be *physical*, through formal and informal sport and recreation, *mental* and *spiritual* by providing areas for reflection, contemplation or artistic inspiration, *social* by providing settings for interaction and events and *environmental* through the preservation of ecosystems and biodiversity (Deakin University & Parks Victoria 2008).

Well-designed walking paths, bike tracks and parks offer affordable and equitable opportunities for people to be active. Sporting and recreational clubs and facilities provide opportunities for community engagement and activity.

Lastly, the 'walkability' of a community means that streets need to be designed for people and not only for cars. Streets are a social as well as a transport space and therefore, need a social design as well as engineering measures. This can include implementing pedestrian priority areas, cycling paths and creating car-free environments to be enjoyed by all, supporting social interaction, play and recreation for both adults and children.

Why is this important for Bayside?

- ◆ Low fruit and vegetable consumption accounts for just over four per cent of the total disease burden for males living in the southern metropolitan region of Melbourne (as defined by the state government). For females in the region, low fruit and vegetable consumption accounts for two per cent of the total disease burden.
- ◆ The Victorian Population Health Survey 2007 found that only a small percentage of adult residents in the southern metropolitan region of Melbourne met the dietary guidelines for vegetable intake and about half met the dietary guidelines for fruit intake.
- ◆ Physical inactivity is responsible for approximately four per cent of the total disease burden in the southern metropolitan region of Melbourne. The Victorian Population Health Survey 2007 found that only 62 per cent of adult residents in the southern metropolitan region of Melbourne met the physical activity guidelines, 29 per cent were insufficiently active and six per cent were classified as sedentary.
- ◆ Not eating well and being physically inactive is also linked to the risk factors of high cholesterol, high blood pressure and obesity. For male residents in the southern metropolitan region of Melbourne, high blood pressure and obesity were in the top three risk factors (after tobacco use). For female residents in the region, obesity contributed most to disease burden.
- ◆ Diabetes is expected to cause the largest growth in disability in the elderly (Obesity Working Group, 2009). Population ageing and the challenges of maintaining a healthy weight and active lifestyle will continue to increase the prevalence of type 2 diabetes for Bayside residents. In 2008 nearly 2,700 Bayside residents had diabetes, many aged in their sixties, seventies and eighties. Diabetes complications led to 1,910 hospital admissions for Bayside residents in 2007-08, a significantly higher admission rate compared to the other common 'avoidable' health conditions. The average number of hospital bed days for diabetes complications was seven days.
- ◆ Local research from 2005 examined young people's weight, diet and exercise by surveying a sample of Bayside students in Year 6 and Year 8 (Williams et al 2006).

For the **Year 6** students in Bayside:

- ❖ 18 per cent were above the recommended weight for age
- ❖ 26 per cent met the National Exercise Guideline for their year level
- ❖ 22 per cent were spending more than two hours per day using electronic media for entertainment (computer, TV)
- ❖ 82 per cent *did not meet* the fruit and vegetable intake guidelines

- ❖ 25 per cent were not eating breakfast every day (behaviour which is predictive of weight gain)

For the **Year 8** students in Bayside, fewer students were adopting healthy behaviours:

- ❖ 20 per cent were above the recommended weight for age
 - ❖ 11 per cent met the National Exercise Guideline for their year level
 - ❖ 34 per cent were spending more than two hours per day using electronic media for entertainment (computer, TV)
 - ❖ 85 per cent *did not meet* the fruit and vegetable intake guidelines
 - ❖ 42 per cent were not eating breakfast every day (behaviour which is predictive of weight gain)
- ◆ Feedback from the Bayside community (from the recent consultations) ranged across the life stages:
 - ❖ **Young people** – liked being involved in physical activity (individually or in a group) and emphasised the importance of public places for young people to go to such as the beach. Healthy eating was acknowledged as important but motivation and self-discipline were mentioned as challenges (both maintaining a healthy diet and resisting bingeing/dieting). Concerns about preserving self-identity and belief in the face of poor body image, stereotyping and labelling by others, over-reactions to occasional unhealthy choices.
 - ❖ **Families with young children** – concerns over increasing fresh food prices and the availability of cheaper fresh food (and more diverse choices) from local markets. Some parents reported that their children feel unnecessarily anxious about body image (unrealistic idea of healthy weight) and so are restricting their diet. Parents wanted support from a community service to check their child's weight and development. Playgrounds were mentioned as an important community facility.
 - ❖ **Adults** in their twenties and thirties – emphasised the need for young people to gain skills and confidence in cooking healthy meals at home (many having grown up with working parents). This target group also mentioned the need for a local fresh food market. Parks, gardens and open space were mentioned as important community facilities.
 - ❖ **Older adults** – recognised the importance of physical activity but conceded that many were frail or restricted in their mobility.
 - ◆ Bayside residents self-reported high levels of regular exercise, with 77 per cent doing 2.5 hours of vigorous exercise per week. Lower rates of exercise were reported by adults aged 40-45 years and families with young children. About two-thirds of Bayside residents reported walking to local shops and facilities, particularly young people. Most Bayside residents (85%) were satisfied with the quality of the parks, playgrounds and open spaces in their local area.
 - ◆ Bayside residents nominated physical activity as their second most important contributor to their sense of health and wellbeing, specifically mentioning 'keeping fit', recreation and hobbies, outdoor activities and gardening. Residents' suggestions for improvements to local areas included more attention to parkland, improved beach facilities and more bicycle and walking tracks.
 - ◆ Almost all Bayside residents reported eating fruit and vegetables on a daily basis however some residents (11%) found it difficult to access fresh and affordable food.

- ◆ Only a small proportion of Bayside residents – four per cent – reported that they had run out of food (and could not afford to buy more) in the last 12 months, compared to the seven per cent reported by residents in the southern metropolitan region of Melbourne.

12. Priority 4 – Protection of public and environmental health

Goal:

A community where public and environmental health services are undertaken in accordance with best practice to minimise disease and enhance amenity

Strategies:

- 4.1 Implement amendments to legislation to ensure the protection of public and environmental health
- 4.2 Encourage residents to share the urban environment harmoniously and to show respect for the health and amenity of their neighbourhoods
- 4.3 Minimise incidents of infectious disease through immunisation and the provision of information regarding disease prevention

Rationale

Local government is responsible for the delivery of a range of public health services mandated by legislation. Recently, both the *Health Act, 1958* and the *Food Act, 1984* have undergone significant changes.

The new *Health and Wellbeing Act 2008* legislation is designed to strengthen councils' traditional public health roles and to deal proactively with contemporary public health concerns and emerging risks. The main changes are to the legal tools available to councils and council officers to administer their public health and wellbeing functions and responsibilities. The core public health functions and responsibilities such as monitoring nuisances and the regulation of certain businesses (for example hairdressers, beauty therapists, tattooists, body piercers, aquatic facilities, hotels, motels, hostels, rooming houses and now including colonic irrigation practices) will continue.

The *Food Act 1984* amendments will provide improved guidance and leadership to councils. This includes better systems to identify where the risks of food poisoning are highest, and giving councils more flexible statutory tools to address food safety problems. The amendments will make the new system simpler for businesses, but it will require more management at a council level.

Immunisation is one of the most cost-effective public health interventions through the reduction, elimination and eradication of preventable communicable diseases (DHS 2009). The Victorian Government has recently released the *Victorian Immunisation Strategy 2009-2012* focusing on improving both immunisation rates for all age groups and immunisation coverage for high-risk groups.

Food-borne illness is a considerable burden on Australian society, costing an estimated \$1.2 billion dollars annually (Abelson 2006). Having safe food and a program to prevent and control disease is important in the context of our economic environment, which is based heavily on tourism and patronage at local cafes and restaurants.

It is important that the provision of public health services such as environmental health and immunisation are delivered within a strategic framework.

Why is this important for Bayside?

- ◆ Infectious diseases typically caused by contaminated food or water made up 44 per cent of all infectious disease notifications for Bayside residents in 2008. Of these 276 notifications, the most common infectious diseases were campylobacter infection, giardiasis and salmonellosis. Bayside's notification rates per capita for these three diseases were higher than the notification rates across the southern metropolitan region.
- ◆ Immunisation coverage levels for Bayside children at 12 months of age were 91 per cent, at 24 months, 93 per cent and at 60 months, 84 per cent. Council is focusing on increasing immunisation coverage at 60 months (preschool age) and improving the quality of its immunisation data. Immunisations sessions are regularly delivered at ten secondary schools and five community centres throughout the Bayside area.
- ◆ Tobacco sales to minors is monitored in accordance with the *Tobacco Act 1987*. Local research from 2005 indicated that 16 per cent of Bayside Year 8 school students had 'ever smoked' cigarettes and 5 per cent had smoked in the last month. Smoking rates for this age group had decreased substantially from earlier studies conducted in 1999 and 2003. Bayside males aged 15-24 years were more likely to report that they spent "some part of my day in a (cigarette) smoky environment".
- ◆ Bayside has more than 720 food premises operating, all of which are required to be registered under the *Food Act 1984* and comply with its new requirements.
- ◆ Council receives and investigates an average of 350 complaints each year relating to food handling, noise and nuisances, smoking areas and other environmental health issues. The most common complaint received is excessive noise, predominately coming from construction sites, pool pumps or heating/cooling units.

13. Priority 5 – Safe environments for all

Goal:

A community that provides a safe environment with preventative programs to support people at risk of harm

Strategies:

- 5.1 To increase the safety of roads and public places
- 5.2 Work with the community and in partnership with relevant agencies to address and respond to unsafe behaviours, including violence and drug and alcohol misuse.
- 5.3 Enhance the perception of safety through the maintenance of infrastructure and community amenities.

Rationale

A safe environment where people can live, work or play has a direct impact on the community's physical, social and emotional wellbeing. Whilst Bayside is one of the safest municipalities in Victoria, injuries, accidents, violence and crime do occur and can have an impact on individuals, families and the community. Community safety is multi-faceted and covers a range of issues including crime, road safety, safety in the home and in public places. Individuals in the community should have a strong perception of safety, in addition to actually being safe.

Harm minimisation strategies for tobacco and alcohol use are important in the context of safety as alcohol-related injuries can include motor vehicle accidents, falls, burns and drownings. High-risk drinking in older adults can damage healthy brain activity by reducing memory and thinking ability and cause problems with balance and coordination leading to falls. Risky drinking during adolescence can impair social development and lead to poor performances at school and increased psychological problems.

Problem gambling behaviour has been linked with health and wellbeing status. A 2008 Victorian survey found that there was a "strong tendency for health to decline with increasing risk status for problem gambling". Problem gamblers had poor access to social connectedness in the community and increased levels of psychological distress. Problem gamblers had experienced substantially more "trauma and hardship in their lives" compared to the non-problem gamblers (Department of Justice 2009).

Why is this important for Bayside?

- ◆ In the last five years 1,372 road users were injured (or killed) on Bayside roads - on average 275 each year. Of these, 65 per cent were car drivers or passengers, 21 per cent were bicyclists, eight per cent were pedestrians and six per cent were motor cyclists.

- ◆ In Bayside, car drivers or passengers injured in accidents were predominately young drivers aged 18-21 years.
- ◆ The Bay Bicycle Trail and the Beach Road-Esplanade arterial road are popular cycling routes for residents and visitors. In Bayside bicyclists injured in accidents were predominately aged in their thirties and forties.
- ◆ Vulnerable groups for pedestrian injury in the community are the young, the elderly and the intoxicated. In Bayside, pedestrians injured in accidents were predominately aged 60-74 years and 75 years and over.
- ◆ Criminal offences in Bayside were predominately crimes against property (77%) - particularly property damage (19%), theft *from* motor vehicles (19%), other theft (11%) and residential burglaries (9%). The majority of offences of theft from/of motor cars occur in railway station car parks and other car park areas, not on residential streets. The major factors involved in these offences are unlocked cars, and the visible presence of valuables in the cars.
- ◆ Crimes against persons – mostly assaults - made up 10 per cent of criminal offences in Bayside.
- ◆ Bayside residents have a very high perception of safety of their local area, compared to other residents in Melbourne. There is a clear relationship between age group and perception of safety, when looking at walking alone in local area during the night. Older persons aged 55 years and over have a lower perception of safety, than 35-54 year olds and 18-34 year olds.
- ◆ On average Bayside has 320 recorded family violence incidents each year. In 2008-2009 police charges were laid in 30 per cent of cases and intervention orders were applied for, in 21 per cent of cases.
- ◆ Forty-three per cent of family violence incidents in Bayside had some alcohol involvement, (as assessed by the attending police officer). Bayside residents involved in family violence incidents were more likely to have 'definite alcohol' involvement, compared to residents in Glen Eira, Kingston, Stonnington and the wider metropolitan Melbourne area. Three-quarters of these Bayside victims were female and young persons aged 18-24 and adults aged 25-39 years were over-represented.
- ◆ The main cause of emergency department presentations was injury and poisoning, accounting for 30 per cent of total presentations. Persons aged 55 years and over and young persons aged 15-24 had the highest admission rates per capita.
- ◆ Bayside's main cause of injury underlying emergency department presentations was falls (of less than one metre) and was disproportionately affecting the elderly population.
- ◆ Injury incidents on Council-owned infrastructure are mostly trips or falls on pathways and footpaths in shopping areas.
- ◆ Mobility issues associated with ageing will become increasingly important in Bayside, with substantial population growth forecast for the 65-74 year cohort in the next ten years.
- ◆ Hospital admissions related to tobacco, alcohol and illicit drug use show that in Bayside, tobacco-related hospital admissions were substantially more prevalent (91 admission per 10,000 persons) than alcohol (52 admissions) or illicit drug admissions (12 admissions).

- ◆ Bayside's rate of tobacco-related hospital admissions was higher (91 per 10,000 residents) than the Melbourne metropolitan area (82 per 10,000 residents) with males and older adults (65 years and over) over-represented.
- ◆ Bayside's rate of alcohol-related hospital admissions was higher (52 per 10,000 residents) than the Melbourne metropolitan area (50 per 10,000 residents).
- ◆ Looking at just young persons aged 15-24 years, Bayside had the highest rate of alcohol-related hospital admissions compared to the neighbouring areas of Glen Eira, Kingston and Stonnington.
- ◆ Within Bayside, males and older adults aged 65 years and over were over-represented in the numbers of alcohol-related hospital admissions.
- ◆ Ambulance attendances to Bayside locations, where drugs or alcohol were mentioned, predominately involved alcohol use with one-third of attendances involving alcohol only.
- ◆ Bayside's rate of illicit drug-related hospital admissions for young people, and all age groups overall, was lower than those in the neighbouring areas of Glen Eira, Kingston and Stonnington. Within Bayside, adults aged 20-34 years were over-represented in the numbers of illicit drug-related hospital admissions.
- ◆ In the 2008/2009 year, total expenditure on electronic gaming machines at Bayside venues was \$19.43 million.
- ◆ A 2003 community attitudes survey found that nearly one-third (30%) of Bayside respondents indicated they had played electronic gaming machines in the previous 12 months.
- ◆ Feedback from the Bayside community (from the recent consultations) was:
 - ❖ **Young people** – concerns about their safety and security on public transport, violence in public places, reflections about their later alcohol use as adults
 - ❖ **Older residents** – feelings of being at risk of the impacts of illicit drugs, seeking improvements in footpath quality and public transport
 - ❖ **Frail aged** – concerns about street lighting and footpath quality.

14. Joint Kingston Bayside health and wellbeing planning

Development of the Kingston Bayside Health and Wellbeing Strategic Directions 2009-2013



The Kingston Bayside Primary Care Partnership (KBPCP) is an alliance of over forty government, health and support care providers and community organisations providing services in the Cities of Kingston and Bayside. Like local government, the KBPCP and the two community health services are required to develop strategic integrated health promotion plans as part of their funding agreements.

The focus on integration supports key stakeholders and local agencies to have greater capacity to address key health and wellbeing priorities effectively, and to minimise duplicated or fragmented effort.

In September 2008, a steering committee was established with planning representatives from:

- ◆ Bayside City Council
- ◆ Kingston City Council
- ◆ Kingston Bayside Primary Care Partnership
- ◆ Central Bayside Community Health Services
- ◆ Bentleigh Bayside Community Health

Partnership Vision

The partnership is committed to planning and working collaboratively on identified health and wellbeing priorities to improve the health outcomes of the Kingston Bayside community

The purpose of this committee was to guide and oversee the development and implementation of a collaborative planning process to ensure common health and wellbeing priorities and programs are effectively integrated across the Kingston Bayside catchment.

The Kingston Bayside Health and Wellbeing Strategic planning process was developed in consultation with the partnership organisations based on shared information and research, gathered over a 10 month period and included:

- ◆ the collation and analysis of demographic and health profile data for each municipality
- ◆ a phone survey of over 200 residents in each of the Bayside and Kingston municipalities

- ◆ consultations with key population groups including:
 - ❖ children and families – *Talking Realities* young mothers group, Familylife playgroup
 - ❖ young people – Bayside Council’s school holiday program, Bayside and Kingston’s Youth Advisory Groups, *Mind Australia* program participants
 - ❖ middle years - Bayside Young Rotarians, *Matt’s Place*
 - ❖ older adults – Bayside and Chelsea Men’s Shed, Black Rock Social Support group, Home and Community Care clients survey
- ◆ two stakeholder forums and planning sessions with over 40 partnership organisations

Consultants were engaged to support the consultation process and the planning framework, in partnership with a Project Steering Committee.

The joint planning process was to identify three key health promotion priority areas for the Kingston Bayside catchment in order to facilitate coordinated and integrated health planning and avoid duplication to maximise the outcomes of health promotion investment in the catchment. In considering the range of health issues identified through the research, priorities were identified by the partner agencies based on the following criteria:

- ◆ supported by evidence (through data and consultation)
- ◆ particularly benefit from a partnership approach
- ◆ have measurable outcomes
- ◆ be delivered without additional funding being available.

This was a challenging task and provided much debate regarding the significance of the different issues identified. Each priority health promotion issue was discussed in the context of the goals relevant to the partnership agencies involved and the potential outcomes from the partnership. This information will form the basis of future detailed planning and strategy development in the Kingston Bayside area.

As a result of this process, the key priority areas developed for Kingston Bayside are:

- 1) Promoting mental health and wellbeing
- 2) Promoting accessible and nutritious food
- 3) Promoting physical activity and active communities

A number of other important issues were identified through the planning process and will be considered when addressing the top three priority areas above including: chronic disease, access and transport, housing, environment and climate change and the economic environment.

The following neighbourhoods were identified as priority areas for action:

- ◆ Clayton South/Clarinda (Kingston)
- ◆ Chelsea/Bonbeach (Kingston)
- ◆ Highett/Hampton East (Bayside)

The following population target groups were identified as priorities:

- ◆ Children and families
- ◆ Young people aged 12-25 years
- ◆ Older adults
- ◆ Culturally and linguistically diverse (CALD) communities
- ◆ Homeless
- ◆ People with a disability and their carers

More detailed information about this process, including the research and consultation summary is located in the *Kingston Bayside Health & Wellbeing Strategic Directions Paper 2009-2013*. This document is available from www.kingstonbaysidepcp.org.au.

15. Acknowledgements

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- ◆ Department of Human Services Southern Metropolitan Region
- ◆ Consultants
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 - ❖ Collaborations – Planning for your community
 - ❖ PDF Management Services Pty Ltd
 - ❖ LMH Consulting Group

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18. Appendix 1 - How Council contributes to public health and wellbeing

Council strategies and plans categorised using the *Environments For Health* framework that contribute to health and wellbeing.

Council Plan, Strategy or Policy	Economic	Natural	Social	Physical/ Built
Accessible Bayside Policy 2007			*	*
Ageing Well in Bayside An Age Friendly Strategy 2008-2018			*	*
Asset Management Strategy 2004		*		*
Bayside Coastal Strategy 1997		*		
Bicycle Strategy 2004-2009			*	*
Bushland Strategy 2002-2007		*		
Climate Change Community Communications Strategy (being developed)	*	*	*	*
Communications Strategy 2008-2011	*	*	*	*
Community Engagement Framework	*	*	*	*
Community Neighbourhood Audits			*	*
Cultural Diversity Strategy 2006			*	
Cultural Collection Policy 2007	*			
Customer Focus Strategy 2005-2008			*	
Disability Access and Inclusion Plan 2007-2009			*	
Drug and Alcohol Strategy 2004			*	
Environmental Sustainability Framework 2007		*		
Graffiti Prevention Strategy 2006				*
Greenhouse Action Plan		*		
HACC Demand Strategy			*	
Heritage Review Report 1999	*	*		
Housing Strategy 2005 (under review)	*	*	*	
Indigenous Issues and Reconciliation Strategy 2009-2011	*			
Industrial Area Strategy 2003-2008	*			
Introduction of Heritage Controls Policy 2001		*		
Leisure Plan 2002-2007			*	
Library Strategic Plan 2007-2011			*	
Major Activity Centre Structure Plans 2006	*	*		
Municipal Early Years Plan 2009-2013 (being developed)			*	
Municipal Emergency Management Plan 2005				*
Municipal Emergency Recovery Plan 2008			*	
Municipal Strategic Statement 2000		*		

Open Space Strategy (under review)		*		*
Playground Strategy 2004-2009			*	*
Regional Soccer Strategy				**
Residential Strategy 1999		*		
Road Management Plan 2007				*
Road Safety Strategic Plan 2002				*
Shopping Centre Improvement Strategy 2002				*
Skate and BMX Strategy 2004-2007			*	*
Sports Facility Policy 2006			*	*
Street Parties Policy 2006			*	
Street Tree Management Strategy 2008		*		*
Tennis, Lawn Bowls and Croquet Strategy 2007			*	
Tree Strategy 2005		*		
Vegetation Character Study 2000		*		
Volunteer Activity Policy 2007			*	
Waste Education Strategy 2002		*		
Water Action Plan 2007-2008		*	*	*
Youth Strategy 2010-2013 (being developed)			*	
Council Plan, Strategy or Policy	Economic	Natural	Social	Physical/ Built

19. Appendix 2 - Business units contributing to health and wellbeing

Information from the *Navigating for health and wellbeing* Project undertaken by PDF Management Services Pty Ltd and funded by the Department of Health.

Division	Business Unit	Contribution to health and wellbeing
Infrastructure Services	Engineering Services	Building an accessible and connected built environment Transport planning – public transport and road networks Waste Cycling
	Properties	Maintaining an accessible and connected built environment Roads and drains, signage, street furniture Open space planning, shared paths, sports fields, parks, trees and beaches Service sites and community facilities maintenance, leasing for community purposes
	Local Laws and Investigations	Maintaining local order and public safety Regulation of land use, footpath trading and vegetation controls
Sustainability	Planning	Designing a user-friendly built and natural environment Urban planning, structure planning Planning scheme amendments
	City Futures	Supporting a dynamic and diverse community Strategic planning land use, affordable housing, gambling Open space planning Economic development, business networking and support tourism
	Environmental Sustainability	Designing a sustainable and liveable natural environment
	Building	Supporting safe and liveable buildings Building permits ensure safe building, safe pools, liveability and amenity
Community Services	Family Services	Supporting children, families and young people Maternal and child health, child care, immunisation Youth services

Community Services (cont)	Health and Community Care	<ul style="list-style-type: none"> Supporting older people and people with a disability Care in the home and respite services for vulnerable people Social support and advocacy Community transport Specific CALD services Public and environmental health protection Food safety
	Libraries & Culture	<ul style="list-style-type: none"> Providing information and resources to the wider community, children and older people Onsite and website access to information and resources (including eg pedometers) Specific programs for children, older people and CALD Outreach to older people (and bus in) Venues for cultural displays Cultural events
	Service Development	<ul style="list-style-type: none"> Supporting the wider community and population groups to engage in sport and active recreation Leisure services Support to sporting and recreation clubs Coordinating council's response to social needs Disability access Policy and planning for health & wellbeing Developing community partnerships Grants for community agencies Social research
Corporate Services	Finance	Providing budgeting, procurement and accounts
	Information Services	Providing technical support to Business Units
	People and Performance	Coordinating council's strategic direction through the Council Plan and Quarterly Performance Reporting.
	Customer Relations	Providing 'front desk services' – face of council