Community Health and Wellbeing Plan

2022-2025

Contents

Message from the Mayor

Cr David Lucas
Mayor, City of Swan

In accordance with the Public Health Act 2016, I am pleased to present the first City of Swan Community Health and Wellbeing Plan.

The last few years have been challenging in terms of Public Health. We have all seen the tragic consequences of a global pandemic spreading across the world with governments being forced to take extreme measures to safeguard their communities. In addition to delivering planned programs the City must also be flexible so as to respond to community needs during unexpected challenges and to help it recover from issues such as the COVID-19 pandemic.

Many things affect our health and wellbeing. Physical needs include food, safety, absence of disease, and physical exercise, and the City has a number of functions in these areas. Equally important are access to services and facilities, opportunities in early life, employment and our sense of community. The City is also active in these areas with a number of programs ranging from early learning to aged care.

This Plan documents our roles and responsibilities and sets goals to maintain community health now and into the future no matter what challenges we face. It describes how we will work with the community, government and NGO sectors in a coordinated manner to influence those factors so as to improve health and wellbeing for all residents.

Our vision for a healthy and happy community includes:

· Active and engaged community members

· Opportunities for passive and active recreation

· A built and natural environment that supports healthy living

The Plan will help us to prioritise activities and resources in response to key health issues. We recognise that not all communities are the same and therefore their health needs will be different. We will tailor actions in accordance with our Place Management approach to make sure we deliver appropriate programs. We are dedicated to providing our residents with what they need to lead healthy and productive lives.

The Role of Local Government in Public Health Planning

Improving health and wellbeing is a complex and long-term process that requires a strategic approach and careful consideration. Good health is more than not getting sick; it is a positive quality influenced by many factors.

The Community Health and Wellbeing Plan reflects the community's needs and wants, and is also linked to the City's Strategic Community Plan 2021-2031. The Strategic Community Plan is the City's principal outline which drives all the City's actions, including those in this Plan.

In this Plan, we have applied an evidence based approach to focus our actions on key factors that influence health. This City has used epidemiological data provided by the Department of Health as well as other key informing documents such as the WA Department of Health's Sustainable Health Review to guide the development of this plan. The Plan provides information for decision making at a business unit or department level to drive improvements in community health and wellbeing.

Addressing the needs of the community is a 'whole of organisation' matter, with many sections of the City contributing to public health outcomes. Even if health and wellbeing is not the primary function of the business unit or department, its activities and actions can directly impact health outcomes. It is important that these activities are included in the Community Health and Wellbeing Plan.

While some of the activities may be a case of 'business as usual,' there are new and emerging roles for local government. These are particularly relevant to addressing lifestyle diseases and the role we can play to combat this issue. In addition the City must also be able to adapt to new and unforeseen health issues to protect and assist our community respond and recover from the likes of the COVID-19 pandemic.

We recognise the diversity of our community. Needs and wishes will vary from one suburb to another, meaning that a one size fits all approach is not an effective solution for community health and wellbeing. Actions must be tailored to specific areas of need within the community. The City has been a leading local government in the Place Management approach, which is reflected in the City's theme 'One City, diverse people, cultures and places'.

This Community Health and Wellbeing Plan should be read in conjunction with the different Local Area Plans which have been developed to identify priority issues in these areas.

This Plan has been structured around three core themes.

Healthy Community

To provide a range of services and facilities that meet community wellbeing needs by promoting and developing positive external influences to health.

Life Factors

To empower individuals to make positive health choices which enhance physical and mental wellbeing by promoting healthier options or advocating against adverse behaviours.

Prevention and Protection

Implement safeguards to protect people's health from external sources in the built and natural environment.

What is Health?

Health has been defined by World Health Organization (WHO) as a "state of complete physical, mental, and social wellbeing, and not merely the absence of disease or infirmity."

Social Determinants of Health
The social determinants of health describe all the various factors that contribute to and influence an individual's health and wellbeing.

People
Age
Sex
Hereditary factors
Income

Community
Social cohesion
Community centres
Community development
Youth and aged care
Community safety advocates (rangers)
Social networks

Local Economy
Local government jobs
Regeneration
Economic development
Tourism
Marketing
Community grants

Lifestyle
Libraries
Leisure centres
Sports development
Social support
Heritage
Museums and art
Education

Natural Environment
Trails
Biodiversity
Public open space
Coastal management
Air quality monitoring
Conservation areas
Sustainable development
Conservation officers

Activities
Physical activity promotion
Play provision
Day centres
Financial advice
Community programs
Healthy eating programs
Recreation and Leisure

Global Ecosystem
Waste disposal
Planning and development control
Climate change strategies
Energy saving
Recycling
Safe water

Built Environment
Building control
Environmental health
Road management
Speed limits
Street lighting
Play spaces
Cycle routes
Pedestrian zones
Facility development
Parks and playing fields
CCTV
Car parking
Housing and homelessness
Disability access standards

Source: WHO
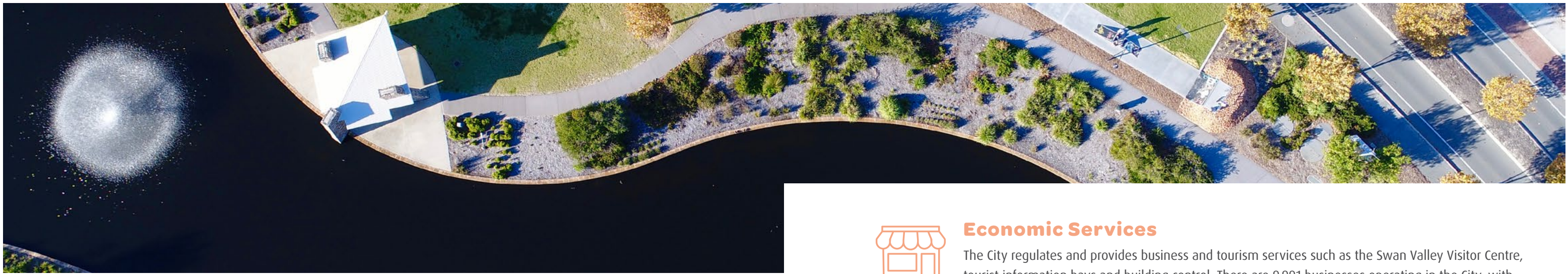
A Snapshot of Some Current Key Activities

The City's role is diverse. It includes providing activities and services that have been carefully planned as well as responding to new and unexpected situations, such as the Covid-19 pandemic. In doing so the City must consider what new actions and initiatives it can take to best assist our community recover in these challenging times. This may necessarily involve certain planned activities being postponed or redesigned to align with new priorities.

To understand our future role in public health, it is important to recognise what we are already doing. Many of our current program areas have a direct correlation to public health outcomes. In 2020/21, Council handed down a $211.9M budget. The keys areas of expenditure are outlined in the image below.

Leisure, Arts and Culture

The City manages community centres, public libraries, cultural events, public art maintenance and leisure centres. There are over 900,000 attendances at our leisure centres each year and an estimated 450,000 visitors using our resources and programs at our libraries. The City works directly with over 80 different sporting clubs plus other independent clubs and this number is increasing. Total participants and club members are 9,335.

Community Amenities

The City delivers rubbish collection services, disposal of waste, recycling, stormwater drainage, statutory and strategic planning and other community amenities. Waste Services provide over 58,160 household collections which pick up 43,252 tonnes of general rubbish and 12,015 tonnes of recyclable material each year.

Education and Welfare

The City provides a range of community and place initiatives and supports for the whole community and our increasing aging population. Our Community Care Services offer a variety of support services for the frail, aged or people living with dementia or disabilities. These services are designed to help people maintain independence, improve quality of life and prevent premature entry into residential care.

Economic Services

The City regulates and provides business and tourism services such as the Swan Valley Visitor Centre, tourist information bays and building control. There are 9,991 businesses operating in the City, with an estimated 72,624 people employed and an annual gross regional product value of $9.47B.

Law, Order and Public Safety

The City effectively manages its responsibilities related to fire prevention, emergency services, animal control and enforcement of legislation requirements. The City receives almost 100,000 calls and general enquiries to our call centre annually. Almost 30,000 different work requests are lodged with the City to be actioned by relevant departments. There are over 1400 registered food businesses operating within the City and we undertake over 2,100 inspections annually to ensure food sold is safe. Forty per cent of the requests received by the City's Health Services relate to neighbourhood noise issues.

Environment

The Sustainable Environment Strategy focuses on seven key areas (biodiversity retention, water quality, water efficiency, carbon reduction, adaptation for the future, waste minimization, and corporate capacity) and details the strategies, policy positions and actions that the City will undertake to pursue environmental improvement in coming years.
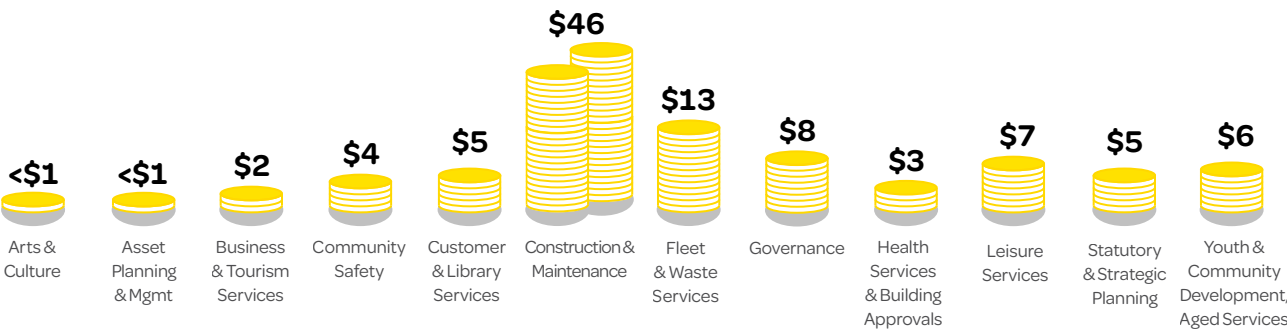
Transport

The City manages over $1.3B worth of assets, including roads, footpaths, bus shelters and cycleways. The City also maintains verge and parking conditions.

The City has some of the fastest growing suburbs in WA, with an average annual growth rate of 2.43 per cent. It is anticipated that the population will grow to more than 309,000 by 2051. It is important that activities remain sustainable and continue to be carefully planned and budgeted for. As the City continues to grow, new facilities and services may be required and new opportunities may arise.

Budget Expenditure

Areas of expenditure for every $100 Council receives.

Arts & Culture	Asset Planning & Mgmt	Business & Tourism Services	Community Safety	Customer & Library Services	Construction & Maintenance	Fleet & Waste Services	Governance	Health Services & Building Approvals	Leisure Services	Statutory & Strategic Planning	Youth & Community Development, Aged Services
<$1	<$1	$2	$4	$5	$46	$13	$8	$3	$7	$5	$6

Behavioural Risk Factors

29.8% of adults drink at high risk levels for long term harms (15 years and over)

14.7% of adults currently smoke

69.7% of adults are not active enough

89.6%* of adults eat less than five serves of vegies daily

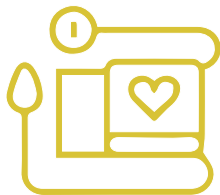**30.3%** of adults get less than 150 mins of exercise per week

48.3%* of adults eat less than two serves of fruit daily

39% of adults eat fast food at least once per week

Biomedical Risk Factors

21.3% of adults have high blood pressure

61.1% of adults are overweight or obese

34.8% of adults are overweight (BMI 25 < 30)

18.8% of children are overweight (BMI 25 < 30)

26.3% of adults are obese (BMI 30+)

6.7% of children are obese (BMI 30+)

Information compiled by East Metropolitan Community and Population Health Service, June 2017.

Socio-Economic, Genetic and Cultural Factors

155,653* Forecast Resident Population in 2020

20.5% of residents speak a non-English language

1,003.0 socioeconomic index for areas (seifa) score, compared to Perth metropolitan area **1,026.0**.

A lower seifa score indicates a higher level of disadvantage

higher percentage of **children and youth** compared to the Perth metropolitan area

higher percentage of **Aboriginal people (2.9%)** compared to the Perth metropolitan area (1.6%)

Doctor Diagnosed Health Conditions*

5.6% of adults have **heart disease**

lower compared to the Perth metropolitan prevalence of 5.9%

6.6% of adults have **diabetes**

higher compared to the Perth metropolitan prevalence of 5.9%

5.2% of adults have **cancer**

same compared to the Perth metropolitan prevalence of 5.2%

Community Health Profile

Our health is influenced by the environment we live in and the choices that we make—whether we smoke, drink alcohol, are immunised, have a healthy diet or undertake regular physical activity. Health prevention and promotion, and timely and effective treatment and care, are also important contributors to good health. Factors such as income, education, conditions of employment, power and social support act to strengthen or undermine the health of individuals and communities.

Positive health and wellbeing enables individuals to increase life expectancy, better quality of life, and be in a position to take on work and volunteering responsibilities and improve social cohesion.

We need to understand our community's current health status and barriers to better health to determine what actions we should focus on. By understanding these elements, we will be better positioned to effect positive change.

Not all residents will have the same opportunities as others for a variety of reasons. Some may be a personal choice, but some may be beyond a person's ability to control, such as socioeconomic influencing factors (SEIFA).

These are a range of factors used by the Australian Bureau of Statistics to rank areas according to advantage and disadvantage. Lower scores represent greater disadvantage compared to high scores. Scores comprise an average of people in the area and may not be reflective for specific individuals.

SEIFA Suburb Map[1]

LOW - SCORE
MED-LOW SCORE
MED SCORE
MED-HIGH SCORE
HIGH SCORE
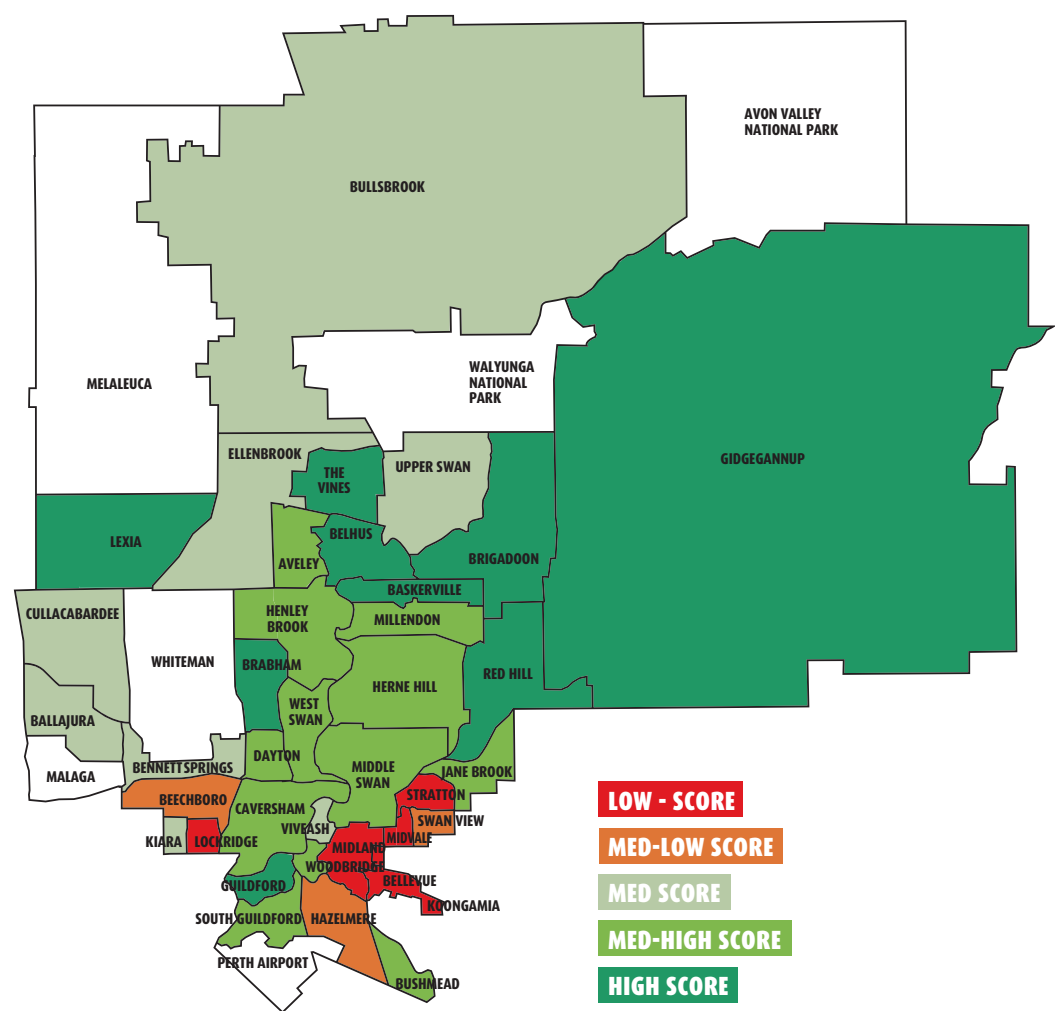
[1] Australian Bureau of Statistics' Index of Relative Socio-economic Advantage and Disadvantage (IRSAD), 2016.

Ten Facts about Social Determinants and Health Inequalities

FACT 1 The 20 per cent of Australians living in the lowest socioeconomic areas in 2014–15 were 1.6 times as likely as the highest 20 per cent to have at least two chronic health conditions, such as heart disease and diabetes (ABS 2015a).

FACT 2 Australians living in the lowest socioeconomic areas lived about three years less than those living in the highest areas in 2009–2011 (NHPA 2013).

FACT 3 If all Australians had the same death rates as people living in the highest socioeconomic areas in 2009–2011, overall mortality rates would have reduced by 13 per cent—and there would have been 54,000 fewer deaths (AIHW 2014d).

FACT 4 People reporting the worst mental and physical health (those in the bottom 20 per cent) in 2006 were twice as likely to live in a poor-quality or overcrowded dwelling (Mallett et al. 2011).

FACT 5 Mothers in the lowest socioeconomic areas were 30 per cent more likely to have a low birthweight baby than mothers in the highest socioeconomic areas in 2013 (AIHW 2015a).

FACT 6 A higher proportion of people with an employment restriction due to a disability lived in the lowest socioeconomic areas (26 per cent) than in the highest socioeconomic areas (12 per cent) in 2012 (AIHW analysis of ABS 2012 Survey of Disability, Ageing and Carers).

FACT 7 Unemployed people were 1.6 times as likely to use cannabis, 2.4 times as likely to use meth/amphetamines and 1.8 times as likely to use ecstasy as employed people in 2013 (AIHW 2014e).

FACT 8 Dependent children living in the lowest socioeconomic areas in 2013 were 3.6 times as likely to be exposed to tobacco smoke inside the home as those living in the highest socioeconomic areas (7.2 per cent compared with two per cent) (AIHW analysis of the 2013 National Drug Strategy Household Survey).

FACT 9 People in low economic resource households spend proportionally less on medical and health care than other households (three per cent and 5.1 per cent of weekly equivalised expenditure, respectively, in 2009–10) (ABS 2012).

FACT 10 People living in the lowest socioeconomic areas in 2014–15 were more than twice as likely to delay seeing—or not see—a dental professional due to cost compared with those living in the highest socioeconomic areas (28 per cent compared with 12 per cent) (ABS 2015b).

(Australia's Health 2016: Australian Institute of Health and Welfare)

Not all residents in a low socioeconomic area will suffer poor health and not all residents in a high socioeconomic area will have good health. The opposite may be true for certain individuals. However, socioeconomic factors can play a significant role in affecting public health. Accordingly, intervention strategies or specific actions may be more appropriate in certain areas.

Alignment to the State Government Public Health Plan

The Public Health Act 2016 states that a Local Public Health Plan must be consistent with the State Public Health Plan, where appropriate. The Department of Health has released its first State Public Health Plan for Western Australia 2019-2024.

This State Plan sets three main objectives as public health priorities;

- empowering and enabling people to live healthy lives,
- providing health protection for the community, and
- improving Aboriginal health and wellbeing

By acting on issues identified in the State's objectives, the City is acting in accordance with the State Plan. The first two objectives have direct correlation to the health themes used in the City's own Plan.

In relation to Aboriginal Health the objectives of the State Plan are as follows;

Policy priorities	Priority activities
3.1 Promote culturally-secure initiatives and services	1. Complement population-wide approaches with targeted programs that are culturally-secure and meet the needs of Aboriginal people
	2. Ensure services, programs, and initiatives work within a holistic framework that recognises the importance of connection to country, culture, spirituality, family and community
3.2 Enhance partnership with the Aboriginal community	1. Ensure ongoing collaboration with the Aboriginal community to create a two-way transfer of skills and ensure that Aboriginal people's cultural rights, beliefs and values are respected in the development of health and wellbeing response
	2. Ensure a coordinated and collaborative approach to service delivery through knowledge exchange, information sharing and the pooling of resources, where possible
3.3 Continue to develop and promote Aboriginal controlled services	1. Work closely and collaboratively with Aboriginal controlled organisations in the development and delivery of culturally secure responses
	2. Ensure ongoing participation by Aboriginal controlled organisations in decision-making to take back care, control and responsibility of their health and wellbeing
3.4 Ensure programs and services are accessible and equitable	1. Ensure programs and services are physically and culturally accessible to Aboriginal people
	2. Develop programs and services that are inclusive of the needs of Aboriginal people
	3. Incorporate Aboriginal ways of working that facilitate the engagement of Aboriginal people
3.5 Promote Aboriginal health and wellbeing as core business for all stakeholders	1. Ensure all relevant stakeholders consider and respond to the needs of Aboriginal people as part of their core business and not only through specific funded programs
	2. Ensure services work together to acknowledge and address the impact of the cultural and social determinants of health
	3. Enhance the capacity of the Aboriginal workforces

These objectives are fully supported by the City. It is however noted that these priorities relate to ensuring programs and services were culturally secure and accessible and inclusive of the needs of Aboriginal people. To this end it is felt that these objectives better align with the City's Reconciliation Action Plan.

Aboriginal Health and Wellbeing

The City's Reconciliation Action Plan (RAP) will help strengthen the City's approach to ensure our services and facilities meet the cultural needs of our community. The RAP, along with other plans, will help ensure actions undertaken as part of this Plan are done so in a culturally sensitive, inclusive and non-discriminatory manner. The City is committed to working collaboratively with the traditional owners of the land, the Wadjuk – Noongar people, as well as other indigenous people.

The City acknowledges the health differences between Aboriginal and non-Aboriginal populations and closing this gap is an endeavour we support.

It is hoped that this plan will better enable services and actions to be targeted to the specific needs of that community. A community with a higher Aboriginal population may or may not have different needs which should be reflected in the Local Area Plans for that specific community.

Where a need for a specific program or service is identified that is designed to address a particular Aboriginal Health issue it will still fit under the City's chosen themes of Healthy Community, Life Factors or Prevention and Protection. The only difference is who the target audience is and provided the activity is done in accordance with the RAP and in a culturally sensitive manner will adhere to the objectives of the State Plan.

Aboriginal health inequalities in WA (compared to the non-Aboriginal population)

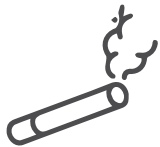Aboriginal people are **4x more likely** to have **diabetes**

Aboriginal people are **9x more likely** to **die from diabetes**
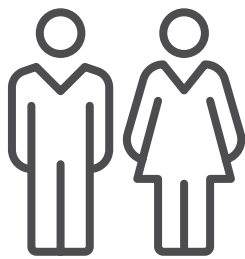
Life expectancy of Aboriginal **men is 15.1 years lower**

Life expectancy of Aboriginal **women is 13.5 years lower**

Aboriginal people are **2x more likely** to **smoke**

Aboriginal women are **4x more likely** to **smoke while pregnant**

Aboriginal people are **4x more likely** to be hospitalised for **respiratory conditions**

Aboriginal men are **3x more likely** to be hospitalised for **mental health conditions**

Source: Australian HealthinfoNet.
Summary of the health of indigenous people in Western Australia.

Public Health and Wellbeing Priorities

It is difficult to determine priority actions given the variety of factors contributing to a person's health, which may be different for different people. The City's goal is for all residents to lead a healthy and productive life.

The disability-adjusted life year (DALY) is a way of measuring the population impact of a health problem, or the burden of disease, associated with a specific condition. It is a measure of the amount of time (in years) that is 'lost' due to imperfect health from a particular cause. It takes into account not only the years of life lost due to an early death but also factors in years of living with a disability or disease.

The Department of Health analysed 29 risk factors as contributors to the burden of disease in WA. The level of influence of these factors on the Disability Adjusted Life Year is reflected in the table below. Factors with a high influencing effect have a greater negative impact on health.

Of these risk factors, the main contributors are summarised below:

- Tobacco use (7.9 per cent)
- Dietary factors (6.9 per cent)
- Alcohol use (5.6 per cent)
- Physical inactivity (4.6 per cent)

Actions designed to address these key risk factors should be given priority over other programs as they are likely to have the biggest impact on improving public health.

The City's goal is to have a community healthier than the WA average. Actions designed to address areas of poor community health performance should also be given priority consideration.

Services and facilities should be planned to address the gap analyses of the Local Area Plans for different communities, taking into consideration relevant socioeconomic factors which may impact public health outcomes.

Risk Factors as Percentage Contributors to the Burden of Disease

Risk Factor	Percentage
Tobacco use	7.9%
Alcohol use	5.6%
High body mass index	5.3%
High blood pressure	4.7%
Physical inactivity	4.6%
High blood plasma glucose	2.6%
High cholesterol	2.5%
Occupational exposure to hazards	2.4%
Diet low in fruit	1.9%
Illicit drug use	1.8%
Diet low in nuts and seeds	1.4%
Diet high in processed meat	1.3%
Diet low in vegetables	1.3%
Diet low in whole grains	1.2%
Diet low in fibre	1.0%
High sun exposure	0.9%
Diet high in saturated fat	0.7%
Air pollution	0.7%
Diet low in omega-3 fatty acids	0.6%
Intimate partner violence	0.6%
Child sex abuse	0.6%
Unsafe sex	0.4%
Diet high in sugar-sweetened beverages	0.3%
Iron deficiency	0.3%
Diet high in sodium	0.2%
Diet low in milk	0.2%
Diet high in red meat	0.2%
Low bone mineral density	0.1%
Diet low in calcium	0.1%

The following is provided as a simple snapshot and quick comparison guide. However it is important to note that percentages are reflective of the City as a whole and may be different for individual suburbs or areas within the City.

Areas Where the City Performs Worse Than Average

- 14.7 per cent currently smoke compared to WA average of 11.8 per cent
- 39 per cent eat fast food at least weekly compared to WA average of 33.2 per cent

Areas Where the City Performs in Line With Average but Could be Improved

- 26.3 per cent obese (BMI 30+) compared to WA average of 27.7 per cent
- 48.3 per cent eat less than two serves of fruit daily compared to WA average of 50.3 per cent
- 29.8 per cent drink at high risk levels for long term harm compared to WA average of 27.5 per cent
- 10.2 per cent drink at high risk levels for short term harm compared to WA average of 10 per cent

Areas Where the City Performs Better Than Average

- 34.8 per cent overweight (BMI 25<30) compared to WA average of 38.9 per cent
- 82.6 per cent of people eat less than five serves of vegetables daily compared to WA average of 88.4 per cent
- 30.3 per cent less than 150 mins of physical activity a week compared to WA average of 36.4 per cent
- 24.8 per cent spend 21+ hours per week in sedentary leisure time compared to WA average of 34.9 per cent
- Lower rate of youth suicides per 100,000 persons for both male and females.
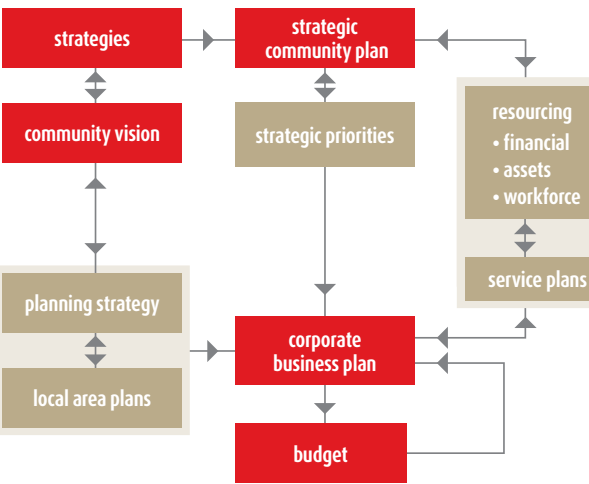
The City's Three Health Themes

The City's approach to addressing public health has been grouped into three common health themes with similar objectives, being:

- **healthy community,**
- **life factors, and**
- **prevention and protection**

The following tables outline the City's roles and responsibilities in relation to these themes. Proposed actions will be considered as part of the City's normal budgetary process.

Projects designed to address an identified gap or area of poor performance should be given priority over other projects which may have a lesser impact on improving public health.

It will be the responsibility of individual business unit Managers to determine how their unit's activities adhere to the principles of this plan and what changes, if any, are required. Our actions are regularly reviewed as part of our integrated planning framework (refer to diagram below.)

Measuring Success

The following section outlines the broad objectives, possible actions and measures for gauging success related to our three health themes.

Theme 1: Healthy Community

Aim: To provide a range of services and facilities that meet community wellbeing needs by promoting and developing positive external influences to health.

Strategy 1: Services

No.	Objective	Action	Measure
1.1	Provide a range of services that meet the community's health needs both physically and mentally	a) Services are designed to meet the objectives of the different Local Area Plans catering for the specific demographic needs of each area	• Undertaking the actions outlined in Local Area Plans • Undertaking the actions outlined in other Corporate Plans
		b) Services are given priority on issues which target poorly performing areas of public health	• Comparative data produced by the Epidemiology Branch at Department of Health
1.2	Provide waste collection services	a) Services are reviewed regularly to ensure that they remain relevant to community needs and are consistent with industry best practice standards	• Number of waste collection services • Tonnage of material collected
		b) Improve the level of material either recycled or diverted from landfill either via education or new programs	• Per cent of material recycled • Tonnage of material recycled • Volume of material per household reduced
		c) Minimise and control illegal dumping	• Reduced cost of removing illegally dumped material

Strategy 2: Facilities

No.	Objective	Action	Measure
2.1	Provide a range of facilities that meet the community's health needs both physically and mentally	a) Provide facilities that meet the objectives of the different Local Area Plans and cater for the specific demographic needs of each area	• Facilities are consistent with the City's Public Open Space and Community Facilities Strategy and meet community needs at a Local, District and Regional level. Including, but not limited to: libraries, recreation centres, community halls, place hubs, sporting clubs and parks.
		b) Ensure facilities are designed with flexibility and, where possible, multipurpose use	
		c) Ensure facilities are maintained and, where necessary, improved	• Facility renewal undertaken in accordance with the City's Asset Management Plan

No.	Objective	Action	Measure
2.2	Maintain and, where necessary, improve active public open space	a) Public open space maintained and enhanced to encourage active living by incorporating Healthy Active by Design principles where possible	• Community satisfaction level with the quality of public open space
2.3	Maintain and improve active transport networks	a) Maintain and enhance active transport networks such as connected footpaths and cycle ways	• Total length of footpaths and cycle ways • Undertaking the actions outlined in the CycleConnect Strategy
		b) Promote and facilitate the use of public transport options	• Undertaking the actions outlined in the Transport Strategy

Strategy 3: Access

No.	Objective	Action	Measure
3.1	Ensure the City remains open and transparent in its actions so that the Community maintains its trust and faith in the City	a) Decisions and actions taken by the City are open and transparent	• Council agendas and minutes made freely available
		b) Community consultation to be undertaken on key issues as and when deemed appropriate	• Consultation undertaken as required on key issues
3.2	Ensure that all members of the community have equal and fair access to the City's facilities and services	a) People from all cultures and abilities are able to access services and facilities within the City	• Adherence to the City's Disability Access Inclusion Plan
3.3	Ensure that all members of the community have equitable access to technology and digital services	a) Access to technology and digital services provided at City libraries	• Digital services available for use by the community

Strategy 4: Community Development

No.	Objective	Action	Measure
4.1	Foster the development of an active and vibrant community	a) Build the capacity of community groups and service agencies to deliver programs and services.	• Number of capacity building training events held by the City.
		b) Develop community partnerships to ensure the needs of the community are appropriately met.	• Number of formal community partnerships developed.
		c) Activate places and spaces to provide opportunities for the community to come together, celebrate and build social networks.	• Number of community events delivered and supported by the City.
		d) Attract and retain services in the community to meet community needs.	• Number of new services or programs attracted to the City.

No.	Objective	Action	Measure
4.2	Ensure new developments facilitate public health initiatives	a) Incorporate Healthy Active By Design or other health principles in new Planning Policy for new developments	• Planning policy developed to include consideration of public health elements
4.3	Encourage a diverse range of different housing options	a) Undertake the actions outlined in the Urban Housing Strategy to address housing affordability issues	• Ratio of single and multi-unit dwellings in the City
4.4	Encourage different education options within the City	a) Encourage and advocate the development of a variety of education and training services including expanding the range of University courses offered locally	• Per cent of population with tertiary qualifications
4.5	Encourage business development within the City	a) Encourage and support the establishment of a diverse range of businesses and industry types to provide local employment opportunities	• Per cent of workforce who are City residents • Per cent unemployment
		b) Encourage and support tourism activities	• Number of visitors to the City

Strategy 5: Emergency Management and Safety

No.	Objective	Action	Measure
5.1	Undertake actions designed to prevent, prepare, respond and recover from emergency situations affecting the City and the community	a) Ensure the City's Local Emergency Management Arrangements remain relevant to cater to emergency situations	• As per Community Safety Action Plan
5.2	Ensure residents feel safe in the community	a) Undertake programs designed at improving community safety with a focus on detecting and deterring crime, addressing underlying causes of crime, addressing safety issues and increased coordination between agencies	• As per Community Safety Action Plan

Strategy 6: Organisational

No.	Objective	Action	Measure
6.1	Staff safety and wellbeing	a) Remain an equal opportunity employer with strong actions against workplace bullying and sexual harassment	• Staff engagement survey
		b) Provide an Employee Assistance Program (EAP) which provides confidential counselling services for work related or personal issues	• Delivery of a confidential EAP
		c) Provide a safe working environment and ensure staff undertake tasks in a safe and healthy manner	• Biannual OSH and Worksafe audit and reporting of lead indicators
6.2	Financial management	a) Undertake responsible financial management and seek alternative sources of revenue where possible	• Financial audit
6.3	Governance	a) Ensure local laws, policies and procedures are regularly reviewed and meet the needs and expectations of the community whilst endeavouring to streamline process and reduce red tape	• Local laws and policy reviewed as per set time frame
		b) City projects and services are reviewed as part of the business planning process	• Business plans submitted, reviewed and endorsed • Strategic Community Plan reviewed to ensure it reflects community needs and wants
6.4	Responding to climate change	a) Undertake initiatives that encourage reduced resource consumption or mitigate the effects of climate change	• Improved environmental credential assets, policy and practices i.e. energy rating in facilities, green fleet, recharge stations, tree canopy policy, Water Sensitive Urban Design, Water Action Plan, TravelSmart etc.

What this means
(we know we have been successful when):

- Communities have access to diverse facilities which cater for their health needs.
- A variety of services are provided to address community health needs.
- Communities are developed with a strong sense of place and purpose to help people feel connected and engaged.
- The City is well prepared to respond to emergency situations.
- The City is seen as a leading local authority in comparison to other metro local governments.

Theme 2: Life Factors

To empower individuals to make positive health choices which enhance physical and mental wellbeing by promoting healthier options or advocating against adverse behaviours.

Strategy 1: Services

No.	Objective	Action	Measure
1.1	Develop programs that promote physical exercise and active living	a) Educational material to be available on the City's website and other channels	• Website pages contain desired and up to date information
		b) Provide and promote a range of activities and programs at the City's Leisure Centres, sporting fields and other community facilities. Where relevant, support community and sporting groups and individuals	• Attendance figures at different centres and different programs
1.2	Develop programs designed to promote healthy eating	a) Educational material to be available on the City's website and other mediums	• Website pages contain desired and up to date information
		b) Run community workshop seminars or other programs in partnership with other organisations as appropriate	• Participation level in different programs offered
		c) Healthy food choice policy developed to provide guidance on types of food provided at City facilities or functions	• Healthy food policy developed and implemented
		d) Promote and expand the Community Garden program and Humane Food Region	• Level of program participation and support
1.3	Develop programs to discourage excessive alcohol consumption and tobacco use	a) Educational material to be available on the City's website and other mediums	• Website pages contain desired and up to date information
		b) Run community workshop seminars or other programs in partnership with other organisations as may be appropriate	• Participation level in different programs offered
1.4	Develop programs to inform, assist and support individuals improve mental health and wellbeing issues whilst also helping destigmatize this issue within the community	a) Educational material to be available on the City's website and other mediums	• Website pages contain desired and up to date information
		b) Where appropriate and required, develop partnerships with other organisations to provide local mental health services	• Participation level in relevant programs
1.5	Develop programs to promote disease prevention and protection	a) Educational material to be available on the City's website and other mediums	• Website pages contain desired and up to date information
		b) Develop partnerships with other organisations as may be appropriate to provide disease prevention programs, such as immunisation clinics and other services as required	• Immunisation rates

Strategy 2: Advocacy and Control

No.	Objective	Action	Measure
2.1	Undertake initiatives designed to minimise alcohol consumption	a) Develop a clear position regarding alcohol consumption and promotion within the City's facilities and at City events	• Alcohol Policy developed and endorsed by Council
2.2	Undertake initiatives designed to minimise tobacco use	a) Develop a clear position regarding tobacco use in and around City facilities and at City events	• Tobacco Control Policy developed and endorsed by Council
		b) Encourage other promoters and business owners to make their events and premises smoke free even if outdoors and not legally required to do so	• Number of smoke free events
2.3	Undertake initiatives designed to maximise healthy food choices	a) Develop a clear position of the City's actions which supports healthy food options and discourages unhealthy options	• Healthy Food Policy developed and endorsed by Council

What this means (We know we have been successful when):

• Residents are empowered to make positive healthy lifestyle choices
• The City becomes a strong advocate for effecting change on harmful lifestyle issues

Theme 3: Prevention and Protection

Aim: Implement safeguards to protect people's health from external sources in the built and natural environment.

Strategy 1: Approval of Built Form

No.	Objective	Action	Measure
1.1	Ensure development is compliant with legislative and policy requirements	a) Applications assessed with relevant conditions applied when approved. Input from relevant stakeholders sought where appropriate	• Number of Development Applications • Number of Building Licences • Number of Health Applications
		a) Ensure noncompliant development issues are investigated and adequately addressed. Enforcement actions undertaken where appropriate	• Number of Work Requests • Number of enforcement actions

Strategy 2: Surveillance and Monitoring Programs

No.	Objective	Action	Measure
2.1	Undertake a risk based surveillance program for public health	a) Ensure food premises operate to required standards by a range of activities, including routine inspections, food sampling for analyses, complaint investigation, education and promotion	• Number of inspections and percent of inspection on time • Number of samples submitted
		b) Ensure public building and public events are operated in a manner which minimise the risk of harm to the community	• Number of inspections and percent of inspections on time
		c) Ensure Industrial Premises are adhering to legislative requirements and not causing pollution to the environment	• Number of inspections
		d) Ensure public swimming pools are safe for the public by undertaking routine water samples and audits	• Number of water samples collected
		e) Monitor a range of other premises stypes where the Local Authority is the enforcement agency	• Number of inspections
2.2	Monitor a range of environmental parameters to ensure there is no risk to the public	a) Collect and analyse air, water and soil samples when required and implement actions designed to improve public health outcomes	• Sample analysed against legislative requirement
2.3	Undertake pest surveillance and control programs as approved of pests which may have a public health significance	a) Monitor mosquito breeding and undertake control action when required	• Adult mosquito trap numbers recorded and record of treatment when required
		b) Monitor, investigate and action situations involving other pests (i.e. rats, mice, European Wasps) which may have an impact on public health	• Actions undertaken as per approved plans

Strategy 3: Work Request Investigation

No.	Objective	Action	Measure
3.1	Respond to and investigate complaints relating to issues which may impact public health or safety	a) Requests are actioned and investigated within set KPIs and any identified non-compliance issues adequately addressed	• Number of Work Requests and per cent of Work Requests completed on time

Strategy 4: Infectious Diseases, Biological and Chemical Threats

No.	Objective	Action	Measure
4.1	Undertake programs to minimise risks of Infectious Disease	a) Where reports of a Notifiable Disease (such as a food poisoning outbreak or Ross River Virus) are received from the Department of Health, undertake follow up actions as required	• Action Notifiable Disease reports as recommended by Department of Health
		b) Provide services and activities designed to assist the community prevent, respond and recover from the transmission of new and novel diseases such as Covid-19	• Actions should be taken in accordance with the City's Emergency Management Plan for such situations and / or Government directions
4.2	Undertake actions in response to identified Biological or Chemical threats	a) Where issues of biological, asbestos, contaminated sites, clandestine drug laboratories or significant pollution incidents are brought to the City's attention take appropriate action as is warranted in accordance with best practice guidelines	• Actions should be in accordance with recommendations from State Government agencies including but not limited to Department of Health, Department of Water and Environmental Regulation, FESA or WorkSafe WA

Strategy 5: Program development

No.	Objective	Action	Measure
5.1	Provide relevant and accurate information	a) Website, guidelines and information sheets continually reviewed and updated as required	• Website pages contain desired and up to date information
5.2	Develop mutually beneficial partnerships with other agencies and organisations when opportunity arises	a) Improved level of cooperation, resource sharing, information sharing and a collaborative approach to address issues relating to protection of public health	• Memorandum of Understanding between City of Swan and other agencies and organisations
5.3	Continue to keep abreast of emerging public health risks and new areas requiring attention	a) Staff are given opportunity to attend relevant training, seminars, conferences and other forums to improve their level of knowledge	• Participation in relevant training programs
5.4	Ensure City programs remain relevant to community needs	a) City programs are reviewed as part of the business unit planning process	• Annual business unit plans submitted and endorsed within required time frame

What this means
(we know we have been successful when):

- Regulatory provisions are administered
- Complaints are investigated and actioned within set time frames
- Surveillance of key public health issues to minimise risk to public health

Review Process

The Community Health and Wellbeing Plan will be monitored on an ongoing basis by:

- annually reviewing the action plan outputs and measures,
- updating the health profile as new data becomes available, and
- reviewing strategies and actions in line with new evidence.

The Plan will be reviewed annually and may be amended or replaced at any time. In accordance with the Public Health Act 2016, the Plan must be replaced every three years at minimum.

Glossary

Burden of Disease
The burden of disease is a measurement of the gap between a population's current health and the optimal state where all people attain full life expectancy without suffering major ill-health.

Capacity Building
Developing sustainable skills, organisational structures and resources to prolong and multiply health gains. Capacity building can not only can occur within programs, but also more broadly occurs within systems and leads to greater capacity of people, organisations and communities to promote health. This means that capacity building activity may be developed with individuals, groups, teams, organisations, inter-organisational coalitions, or communities.

Community
A specific group of people, often living in a defined geographical area, who are arranged in a social structure according to their relationships. Members of a community gain their personal and social identity by sharing common beliefs, values and norms which have been developed by the community in the past and may be modified in the future. They exhibit some awareness of their identity as a group, and share common needs and a commitment to meeting them.

Determinants of Health
The range of personal, social, economic and environmental factors which determine the health status of individuals or populations.

Environmental Health
Environmental health addresses all the physical, chemical, and biological factors external to a person, and all the related factors impacting behaviours. It encompasses the assessment and control of environmental factors that can potentially affect health. It is targeted towards preventing disease and creating health-supportive environments. This definition excludes behaviour not related to environment, as well as behaviour related to genetics and the social and cultural environment.

Health
Health is the state of complete physical, mental and social wellbeing and not the 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 distinction of race, religion, political belief or economic and social condition.

Health Outcomes
A change in the health status of an individual, group or population which is attributable to a planned intervention or series of interventions, regardless of whether such an intervention was intended to change health status.

Lifestyle
Lifestyle is a way of living based on identifiable patterns of behaviour which are determined by the interplay between an individual's personal characteristics, social interactions, and socioeconomic and environmental living conditions.

Network
A grouping of individuals, organizations and agencies organized on a non-hierarchical basis around common issues or concerns, which are pursued proactively and systematically, based on commitment and trust.

Risk Factor
Social, economic or biological status, behaviours or environments which are associated with or cause increased susceptibility to a specific disease, ill health, or injury.

Public Health
The science and art of promoting health, preventing disease, and prolonging life through the organised efforts of society.

Social View of Health
A social view of health implies that we must intervene to change those aspects of the environment which are promoting ill health, rather than continuing to simply deal with illness after it appears, or continuing to encourage individuals to change their behaviours and lifestyles, when in fact, the environment in which they live and work gives them little or no choice for making such changes.

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