



# SOUTHERN GRAMPIANS SHIRE COUNCIL

## HEALTH AND WELLBEING PLAN 2017-2021



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**Note:** Appendix 3 contains a listing of the acronyms used in the document.



*Creating* AN  
ENVIRONMENT  
THAT WILL  
ENSURE **GOOD**  
**HEALTH**, ON  
EQUAL TERMS,  
FOR **ALL** OUR  
RESIDENTS



# EXECUTIVE SUMMARY

The aim of this Plan is to lead and inspire a large community effort and partnership towards creating an environment that will ensure good health, on equal terms, for all our residents.

The approach used throughout the stakeholder consultation process has been new, innovative and certainly adaptive. It has proven successful in challenging our traditional approach to thinking about both the development and implementation of the Southern Grampians Health and Wellbeing Plan.

This Plan recognises the broader community health and wellbeing systems, its influencing factors and their relationships. This has led to a diverse group of partners (Appendix 3) being part of the Plan and recognises the contribution of and opportunity for, many partners contributing towards achieving the core health and wellbeing outcomes.

The core health and wellbeing outcomes at the centre of the Southern Grampians community's health and wellbeing system remains similar to the past, being:

Mental Health	Family Violence	Physical Health	Overweight and Obesity
Suicide Prevention	Alcohol and Other Drugs	Education Attainment	

This Plan places more emphasis on the influencing factors and their relationships. Having this systems view will assist partners in identifying opportunities to work beyond single health issues during implementation. These key influencing factors are grouped and summarised below:

<ul style="list-style-type: none"> <li>• Physical Activity</li> <li>• Community and Recreation Spaces</li> <li>• Healthy Eating</li> <li>• Sedentary Behaviour</li> </ul>	<ul style="list-style-type: none"> <li>• Parental Skills</li> <li>• Engagement in Education</li> <li>• Health Knowledge</li> </ul>	<ul style="list-style-type: none"> <li>• Access to Appropriate Services</li> </ul>
<ul style="list-style-type: none"> <li>• Healthy Environment</li> <li>• Adaptation to Climatic Events</li> </ul>	<ul style="list-style-type: none"> <li>• Community Connection</li> <li>• Inclusion and Equity</li> <li>• Resilience</li> <li>• Access to Transport</li> <li>• Technological Connectedness</li> </ul>	<ul style="list-style-type: none"> <li>• Access to Housing</li> <li>• Individual and Family Stress</li> <li>• Employment and Financial Security</li> </ul>

The Southern Grampians community has some maturing initiatives making progress to achieve a few of the desired outcomes outlined in this Plan. These will continue to be supported and encouraged to grow and adapt and seek opportunities to support a broader range of outcomes where relevant. In other areas, there is strong activity at the project level, but there is general consensus that working together towards a collaborative approach will achieve better outcomes, faster. The initial strategies focus on bringing partners together to explore ways of working better, whilst supporting ongoing activities.

Four foundational themes have also been identified to be implemented to support success across all health and wellbeing outcomes. They are:

- Continuing the strategic collaboration conversation
- Shared measurement program
- Empowering the whole community to act
- Skill development for collective impact, systems thinking and community empowerment

# INTRODUCTION

Good health and wellbeing is important to everyone and enables people to more fully participate in communities, education and employment opportunities. Good health and wellbeing is also essential for a strong economy.

The World Health Organisation's defines of 'health' as;

"...a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity" (WHO, 1948)

The relationships between the multiple contributions to health and wellbeing over the life course is illustrated in figure 1 opposite (Ansari et al. 2003; National Health Information Standards and Statistics Committee 2009). Inequalities in health can lead to, or result from, inequalities in various other areas of life – housing, education, employment and transport accessibility among others. The link between poor health and poverty is clear: those with the least resources suffer more from avoidable illness and reduced life expectancy, often across generations. Recognising that these are circumstances in which people are born, grow up, live, work and age can lead to policies and strategies that consider the Health and Wellbeing of our residents. For example, employment, education, attention to the early years of life, housing, social connections, and access to transport, healthy food and health services.

## Scope of this plan

This plan includes a focus on many of the same health issues and approaches as the 2013–2017 plan as their importance has not changed. In most cases change in any one area of public health requires a long timeframe for any improvement to be realised.

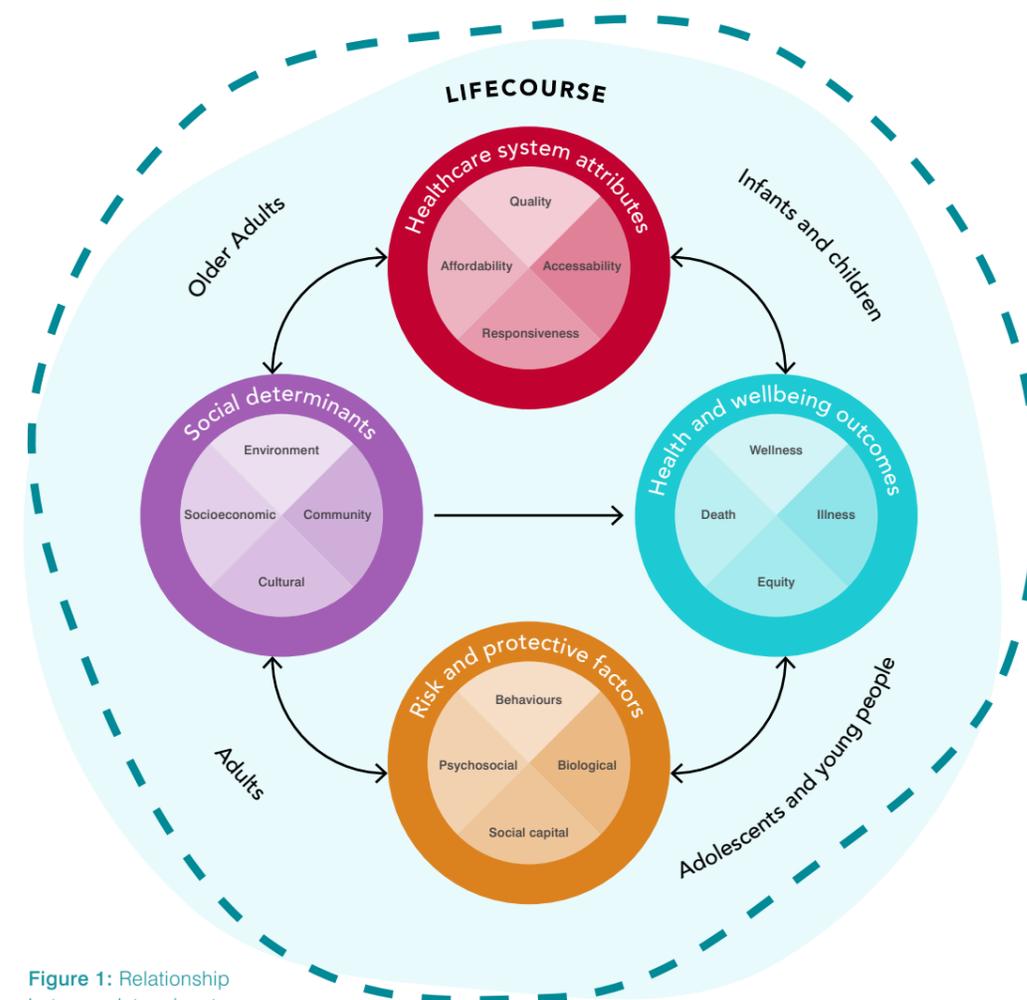


Figure 1: Relationship between determinants of health and wellbeing across the life course

## Past Achievements and Review

The following table has been extracted from the Health and Wellbeing Plan 2013-2017. It outlines the goals identified in that plan and attempts to indicate the progress made in the last four years.

Table 1 reinforces the challenge of influencing a measurable change in reported areas within in a short four year time frame. There are also limitations with the datasets in that many of the datasets used have not be recollected, or in the same way, between plans, and therefore, may indicate no change. On the surface, it may indicate that despite considerable effort not a lot of significant measurable improvement has been achieved using state-wide or national datasets.

This is the starting point for a realisation that to affect a different outcome a different approach needs to be taken. This means that moving forward we need to include a much more robust measurement plan and look to resource appropriate data collection and analysis where required.

A successful and valuable model that could be expanded upon or considered as an example is the Great South Coast childhood obesity data collection undertaken in 2015 and 2017, of which analysis of change at behaviour and outcome level, for each local LGA is in the process of being finalised.

What did we want to do?	How will we know we've done it?	What did it look like in 2013?	What did it look like in 2016?	How do we compare to the State?
Improve educational attainment and lifelong learning	Adults (15+ years) who have completed Year 12 or equivalent (Source: ABS)	33.33%	33.3%	49.8%
	Percentage of 15-19 year olds fully engaged in education or employment (Source: ABS)	93.20% (6.8% not)	N/A	N/A
Improve mental health, reduce family violence and prevent harm from alcohol and other drugs	Reduced rates of harmful alcohol consumption (Source: Victorian Population Health Survey)	16.4%	24.7%	29.4%
	Reduced rates of smoking (Source: Victorian Population Health Survey)	Males 19.7%, Females 19.2%	Males 19.7%, Females 19.2%	Males 21.4%, Females 16.9%
	Reduced rates of Family Violence (Source: Victoria Police)	10.1 per 1000 population	17.6 per1000 population	11.9 per1000 population
	Decreased rates of people reporting high psychological distress (Source: Victorian Population Health Survey)	11.6%	8.3% (2015)	12.6%
Promote healthy eating and encourage regular physical activity	Increased self-reported levels of wellbeing (Source: Community Indicators Victoria)	54.1% (Community Indicators Victoria)	80.20% (VicHealth 2015)	77.30%
	Increased rates of fruit and vegetable intake (Source: Victorian Population Health Survey)	47.6% not eating enough fruit and vegetables	52.5% not eating enough fruit and vegetables	51%
	Halt the increase in levels of overweight and obesity (Source: Victorian Population Health Survey)	66.7% Males, 52.2% Females	55.3% Males, 49.9% Females	58% Males, 41.7% Females
	Increased levels of physical activity (Source: Victorian Population Health Survey)	20.9% don't meet physical activity guidelines	20.7% don't meet physical activity guidelines	26.6%
	Improved satisfaction with footpaths, recreation facilities and appearance of public spaces. (Source: Community Satisfaction Survey)	Satisfaction Rating of 77	Satisfaction Rating of 77	N/A

What did we want to do?	How will we know we've done it?	What did it look like in 2013?	What did it look like in 2016?	How do we compare to the State?
	Increase in people feeling part of the community (Source: VicHealth Indicators Survey)	77.7% of residents feel part of the community	81.9% of residents feel part of the community	61.0% of residents feel part of the community
	Volunteering levels (Source: ABS)	49.2% volunteer more than once per month	N/A	N/A
	Increase percentage of people improved proximity to public transport (Source Dept Health LG Profile)	40.9%	43.2% (2015)	74.2%
	Improved satisfaction with footpaths, recreation facilities and appearance of public spaces. (Source: Community Satisfaction Survey)	Satisfaction Rating of 77	Satisfaction Rating of 77	N/A
Improve our community's fair access to services improving health and wellbeing	Percentage of people experiencing transport limitations (Source: VicHealth Indicators Survey)	19.5%	N/A	N/A

**Table 1:** Evaluation of Health and Wellbeing Plan 2013-2017





# COUNCIL POLICIES AND STRATEGIES



## Link to the Council Plan

In the outer ring of Figure 2 below the five key priorities for the Council Plan 2017-2021 are depicted. The Health and Wellbeing Plan is a key strategic plan to support and assist in the measurable outcomes for the Southern Grampians Community.

Southern Grampians Shire Council provides more than 70 different services to its communities.

As well as implementing various commonwealth and state government programs, Council also provides a range of discretionary services in response to local community needs.

In order to best use limited resources to provide effective local government and services for the community, councils undertake extensive strategic planning across all areas of service delivery. To assist in providing strategic direction to the delivery of services Council has developed a number of plans. In general these plans and strategies are guided by three high-level plans required by legislation:

- **Council Plan** – required by the Local Government Act 1989
- **Municipal Strategic Statement** – required by the Planning and Environment Act 1987.
- **Municipal Public Health and Wellbeing Plan** – required by the Public Health and Wellbeing Act 2008

The **Council Plan** is the central planning instrument of Council and the primary strategic driver for whole-of-council priorities and the activity of all business units. It is prepared every four years following local government elections and reviewed annually.

The **Municipal Strategic Statement** provides the broad outline and vision for existing and future land use within a municipality. It provides the rationale for the zone and overlay requirements and particular provisions in Council's planning scheme.

The **Municipal Public Health and Wellbeing Plan** aims to develop and promote a healthier community and provides the strategic driver for Council's health and wellbeing related activity across the organisation. Like the Council Plan it is also prepared every four years following local government elections and reviewed annually.



Figure 2: Council Plan Linked to Health and Wellbeing

# UNDERSTANDING HEALTH AND WELLBEING

## What's it all about?

This Health and Wellbeing Plan identifies goals and strategies for creating a local community in which people can achieve maximum health and wellbeing. Enjoying good health and wellbeing means:

**Good start** – genes, food, water, air, housing, space, transport, safety

**Good future** – education, skills, work, income, self-esteem

**Good care** – life skills, health care and community services, social policy

**Good support** – parents, family, friends, social connections

All of us, Local, State and Federal Government, business, health agencies and community members play a role in creating an environment for our community to prosper. The goals and strategies below provide the blueprint for our work in the coming years.

## The GLOBE Systems Approach

What influences health and wellbeing is complex. In order to identify areas where change maybe effective it is important to first understand the complexity. Southern Grampians Shire Council in partnership with Southern Grampians Glenelg Primary Care Partnership and Deakin University decided to employ a process where workshop participants identified factors within Southern Grampians that influenced the health and wellbeing of the community and how these factors were interrelated. Through three workshops a “picture” of the complex nature of health and wellbeing emerged.

Appendix 1 illustrates the outcome from the first two workshops and outlines the approach taken. This approach identifies the key cause and effect relationship and thus the key influencing factors we need to target in order to achieve transformation.

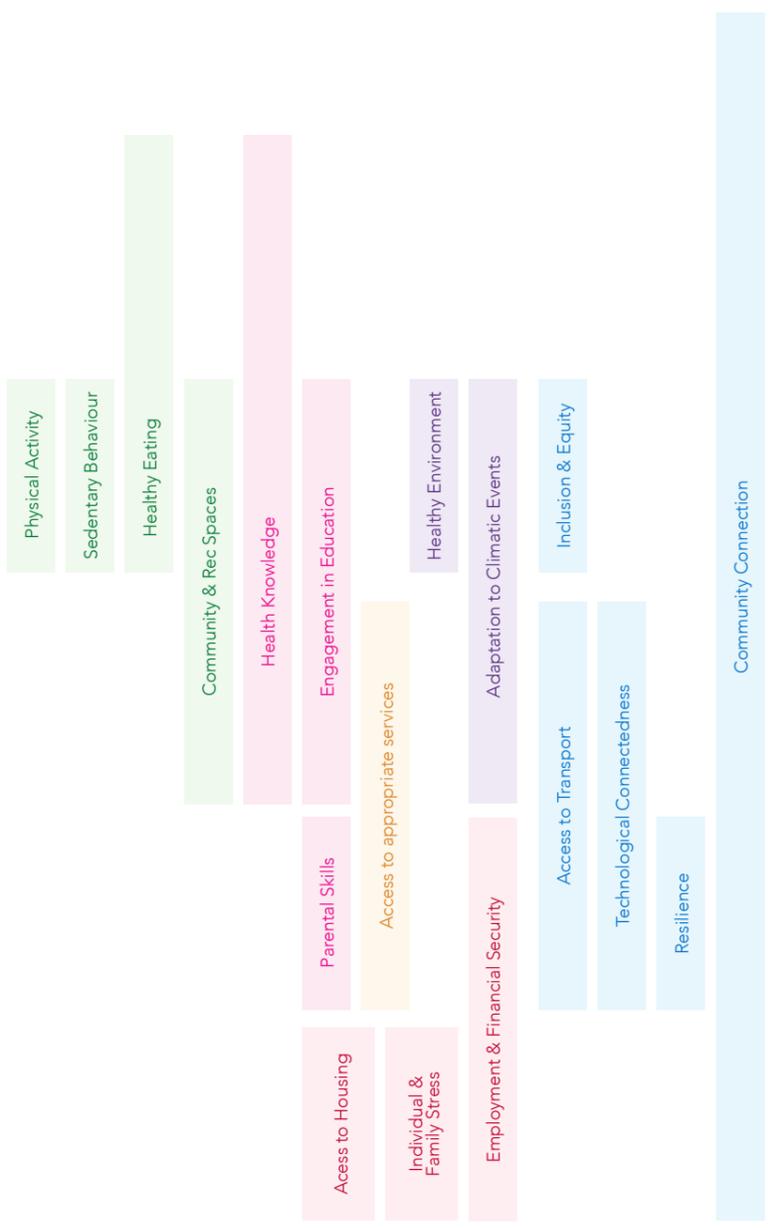
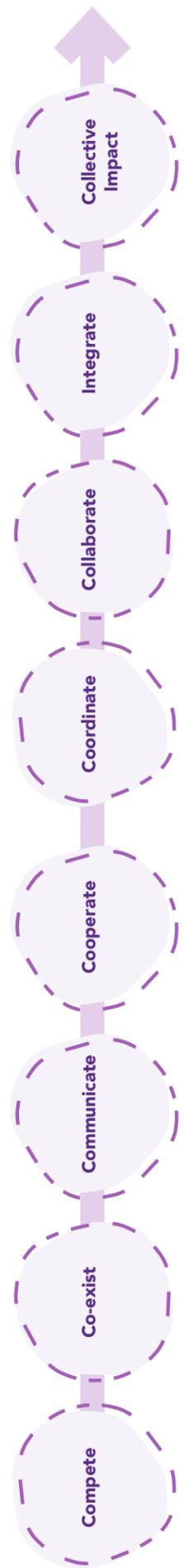
The Southern Grampians Community Wellbeing stakeholder group (identified in Appendix 3), discussed at length where current work in each domain lies on the collaboration continuum. The group formed a strong consensus that in order to work most effectively, all variables need to be moved along the continuum to some degree. Whilst it's not a realistic expectation that we achieve collective impact on all issues, the aim is to move the majority of variables along. Two variables, namely Technological Connectedness and Access to Appropriate Services were identified as exceptions to this goal. These two issues were not considered to be as complex as others and therefore do not warrant partnerships beyond the Communicate to Coordinate range of the spectrum.

Figure 3 developed in the final workshop, represents the next stage in the evolution of the plan. This represents a more in-depth analysis of how we (as agencies and Council) are currently working together. The concept of the Collaboration Continuum was also explored in the context of the key influencers with consideration to the collective impact.

The key influencers are also reviewed in relation to the desired long term outcomes as a measure of success (Table 3).

Figure 3: Workshop 3 – Collective Impact





# DESIRED OUTCOMES

How do we want to work differently into the future, and what do we want to achieve?

From the 3rd workshop the stakeholder group also developed a broad outline of how we are currently working and more importantly what we will strive to do differently in the future to influence future desired outcomes.

The desired outcomes intentionally focus on a longer term timeframe than four years. This acknowledges the complex challenges involved in influencing a collective community cultural transformation. This detailed below in Table 2.

Table 2: How We are Currently Working

How are we currently working?	How do we want to be working?	Desired Outcomes	Key Strategies	Key Partners
<b>Obesity</b>				
Number of agencies contributing to the backbone of GenR8 Change	Increase integration, achieving a collective impact approach through maintaining and building on current activity	2021 - No increase in childhood overweight or obesity	Grow and adapt GenR8 Change	SGSC SGGPCP WDHS
Deakin weights and measures , several agencies providing capacity for data collection	Ensure organisations maintain their support for GenR8 Change Continue engagement of community Embed weights and measures through State Government/Department of Education	2037 - A reduction in obesity rates across the whole Southern Grampians Population		



How are we currently working?	How do we want to be working?	Desired Outcomes	Key Strategies	Key Partners
<b>Mental Health</b>				
A number of organisations are working in silos	Develop and share a clear mutual understanding of referral pathways. Educate practitioners and community around available services Break down barriers between services Empower the community to take action through more community workshops and events – eg Casterton Resilience Project. Use these as an opportunity to create more social community interaction	2021 - Improved awareness of self-care, reduced stigma and knowledge around availability of services 2037- Increase mental wellbeing	Bring partners together to determine common goals and objectives for mental health wellbeing work and ways of working together better	NCFH Winda-Mara Vic Pol PHN YacVic GSG LLEN Brophy Lifeline Wellways
<b>Suicide</b>				
	Increase cross collaboration between services	2021 - Increase access to support services 2021 - Improved education and awareness around suicide/mental health 2037 - To reduce suicide rates in the Shire of Southern Grampians	Work with Great South Coast Suicide Prevention Group to explore opportunity of the work being relevant and supported by Southern Grampians community, also in conjunction with any work discussions in SG progressing mental health collaboration work.	Lifeline NCFH YacVic GSG LLEN Wellways

How are we currently working?	How do we want to be working?	Desired Outcomes	Key Strategies	Key Partners
<b>Family Violence</b>				
Working in silos where we are working – an evident lack of collaboration	Come together and identify who is involved in what area of Family Violence – early intervention, prevention or response? Identify how can we collaborate better in each of these areas and any potential intersects between	2021 - Decrease in incidence of family violence and increase in awareness and community support. Our community feels empowered and knows where/how to seek help 2037- Half the current incidence rate in the Southern Grampians (at 2017)	Work collaboratively to: Determine enablers and barriers to the community engaging in family violence prevention Consistent definitions of family violence and messaging within community Continue important initiatives including: White Ribbon Day Gender Equity Focus at Southern Grampians Council	SGGPCP SGSC WDHS WH BSW VicPol Monivae College Wannon Water
	Emphasise Gender Equality in all Family Violence prevention efforts	2037 - Build a generally resilient community		
	Take a multi-agency approach to reducing the stigma of Family Violence through education	2037 – Prevent generational Family Violence		
	Build the communities capacity to speak out/ seek assistance. Incorporate education around basic resources eg- emergency housing			
<b>Alcohol and drug use</b>				
At national level there are education campaigns and changes to packaging and marketing that effect our region ICE group is developing an educational App	Improve how we engage with our community to empower them to make genuine change	2021- Increase multi agency collaboration 2037 - Decrease rates of smoking, illicit drug use and excess alcohol consumption across all ages	Explore opportunities to resource backbone support for collective work or view to incorporate work into other initiatives with more capacity	SGG SGGPCP Winda-Mara VicPol SGSC PDH

How are we currently working?	How do we want to be working?	Desired Outcomes	Key Strategies	Key Partners
<b>Education Attainment</b>				
The Beyond the Bell initiative is in place, with current emphasis on the early year's sector.	Build further connections. Expand both organisational partners and community commitment	2021 = Increase the number of students completing year 12 or equivalent 2021 - Increase attainment rates for vulnerable groups, including; Aboriginal & Torres Strait Islander, CALD, LGBTI and students with disabilities	Grow and adapt Beyond the Bell	GSG LLEN SGSC
Growing Greater Readers project including the Lets Read Book boxes is proving successful	Establish an all-inclusive and sustainable transition program. This may begin with a specific transition worker	2021 - Increase equitable transition to school readiness indicators, establish local protocol around this		
Beyond the Bell reorientating efforts to empowerment of community	Work with the community to identify 'Literacy Champions'	2021 - Increase equitable transition to school readiness indicators, establish local protocol around this		
Council, Maternal and Child Health and Library Services are partnering to deliver specific project works	Strengthen collaboration between education providers to improve/ diversify student pathways	2037 - Greatly increase the number of students completing year 12 or equivalent 2037 - Vulnerable groups have improved access to education attainment supports and programs 2037 - Reduce the gap/ differential of above		
<b>Physical Health</b>				
Providing facilities and resources to the community Community strengthening grants available to community groups for projects that will enhance Physical Health National Centre for Farmer Health engaging vulnerable farmer population with physical health awareness clinics and checks	Drive change through Southern Grampian Shire Council user group agreements – education, empowerment and resources Promote different types of activities available across the Southern Grampians Up skill community to drive development of resources and programs Better coordinate any current activity or program that improves the natural or built environment	2021 - An increase in behaviours that allow for an increase in physical health and decrease in determinants of chronic disease 2037 - Decrease in incidence of chronic disease		NCFH

## What are desired outcomes for identified key fluencies?

The focus then shifted to the desired changes to the identified key influencing factors (Table 3 below). These have been grouped according to their relationship to the overarching health and wellbeing principles (as detailed in Table 2 and as illustrated in Appendix 1). They represent the five priority clusters which are also represented on the Collective Impact continuum (Figure 3).

This process also recognised whilst the current plan spans only four years, genuine social change requires a much longer timeframe. It also highlights the challenges as some areas the stakeholders struggled to populate. The gaps in the below table were not populated by the stakeholder group and have been left intentionally blank and will be reviewed at the next workshop.

**Table 3: Desired Outcomes by Key Influences**

Desired Outcome - 2021	Desired Outcome - 2037	Key Strategies	Key Partners
<b>Physical Activity</b>			
An increase in participation in physical activity and utilisation of existing community spaces	A continued increase in participation in physical activity and utilisation of existing community spaces	Within the implementation of GenR8 Change, work towards achieving these outcomes, whilst recognising the opportunity and influence these have on other health outcomes, particularly mental health and community connection	SGSC SGGPCP WDHS Winda-Mara
<b>Community and Recreation Spaces</b>			
Compliant, accessible and inclusive facilities that are well utilised	Our community and recreation spaces are well utilised and are responsive to the communities identified needs		Mulle-raterong
<b>Healthy Eating</b>			
An increase in environments where the healthy choice is the easy choice	The entire Southern Grampians community is consuming a diet in line with the Australian Dietary Guidelines and this is the 'norm'		
An increase in community education and skill to make healthy choices			
<b>Physical Activity</b>			
Begin working in a more co-ordinated way to increase awareness of sedentary behaviour and plateau its presence in lifestyles within the Southern Grampians	Continue working collaboratively to increase awareness of sedentary behaviour and decrease its presence in lifestyles within the Southern Grampians		

Desired Outcome - 2021	Desired Outcome - 2037	Key Strategies	Key Partners
<b>Parental Skills</b>			
Have built agency knowledge and capacity to investigate parents needs		Explore opportunities to integrate actions within these influencing factors from across other initiatives and projects	SGGPCP YacVic CFA GSG LLEN Mulle-raterong
<b>Engagement in Education</b>			
Increase opportunities for parents to be involved in schools			VicPol NCFH WDHS PHN
<b>Health Knowledge</b>			
	Ensure community access to reliable sources of key health knowledge.		
	Increase community understanding of good nutrition		
<b>Access to Appropriate Services</b>			
Have developed a four year plan to identify and map current service provision and future providers	All community members have awareness and access to appropriate services in the Southern Grampians region	Develop an agreed combined advocacy paper regarding access to services for all partners to use in their advocacy work	SGGPCP VicPol PHN Winda-Mara WDHS NCFH YacVic LLEN
<b>Healthy Environment</b>			
Protection and maintenance of our natural assets	Increase environmental sustainability and quality within the Southern Grampians	Increase discussions with natural resource managers about the interconnection between healthy environment and healthy people	GHCMA SGSC DWELP SGGPCP
<b>Adaptation to Climatic Events</b>			
Increase adaptation to the impacts of climate change	Increase neighbourhood liveability	Support the most disadvantaged and vulnerable people to adapt to climate change through gaining a better understanding of how community partnerships build community resilience	SGGPCP
		Integrate this work with resilience activity outlined below	

Desired Outcome - 2021	Desired Outcome - 2037	Key Strategies	Key Partners
<b>Community Connection</b>			
Increase the number of community members that are connected, both socially and digitally	All members of the Southern Grampians community are connected, either socially or digitally	Bring partners together to determine common goals and objectives for resilience, community connection, inclusion and equity activity at the program level and determine ways of working together better	SGGPCP LLEN DE&T Mulle-raterong WH BSW VicPol CFA YacVic NCFH DET
<b>Inclusion and Equity</b>			
		Continue supporting activities, including L2P Mentoring Programme Greater Grants Criteria Implementation of Disability Action Plan User Group Inclusion Clauses Youth Leadership Programme Promote Inclusive Events Promote Inclusive approach with sporting and user groups	
<b>Resilience</b>			
<b>Access to Transport</b>		Bring local community transport providers together to explore ways to improve access to transport together	Winda-Mara WDHS SGSC
<b>Technological Connectedness</b>		Implement SGSC Digital Technology Strategy	SGSC PHN
<b>Access to Housing</b>			
Collate and evaluate data on availability of housing	All community members to have access to appropriate housing	Develop stronger relationship with organisations working in these sectors in order to progress work	Winda-Mara Salvo Connect Office of Housing SGSC Mulle-raterong WDEA Westvic Centrelink St Laurence
<b>Individual and Family Stress</b>			
Identify individual risk factors and solutions to manage individual and family stress	A reduction in the risk factors that are causative of individual and family stress		
<b>Employment and Financial Security</b>			
Collate and evaluate quantitative and qualitative data to obtain a better understanding of employment and financial security in our community	To attain and maintain the capacity for employment opportunity and hence financial security		



## TRANSLATING DESIRED OUTCOMES INTO ACTIONS - WORKING TOWARDS COLLECTIVE IMPACT

In addition to the above strategies and revised outcomes as recorded by each table group, the entire stakeholder group held comprehensive conversation at the conclusion of workshop three that formed several recommendations for the way forward.

Following discussion and reflection of where, within each issue, agencies are currently working on the collaboration continuum, it became clear that in addition to setting goals for each determinant of community wellbeing, it is equally important to create targets and strategies to ensure increased collaboration in our work.

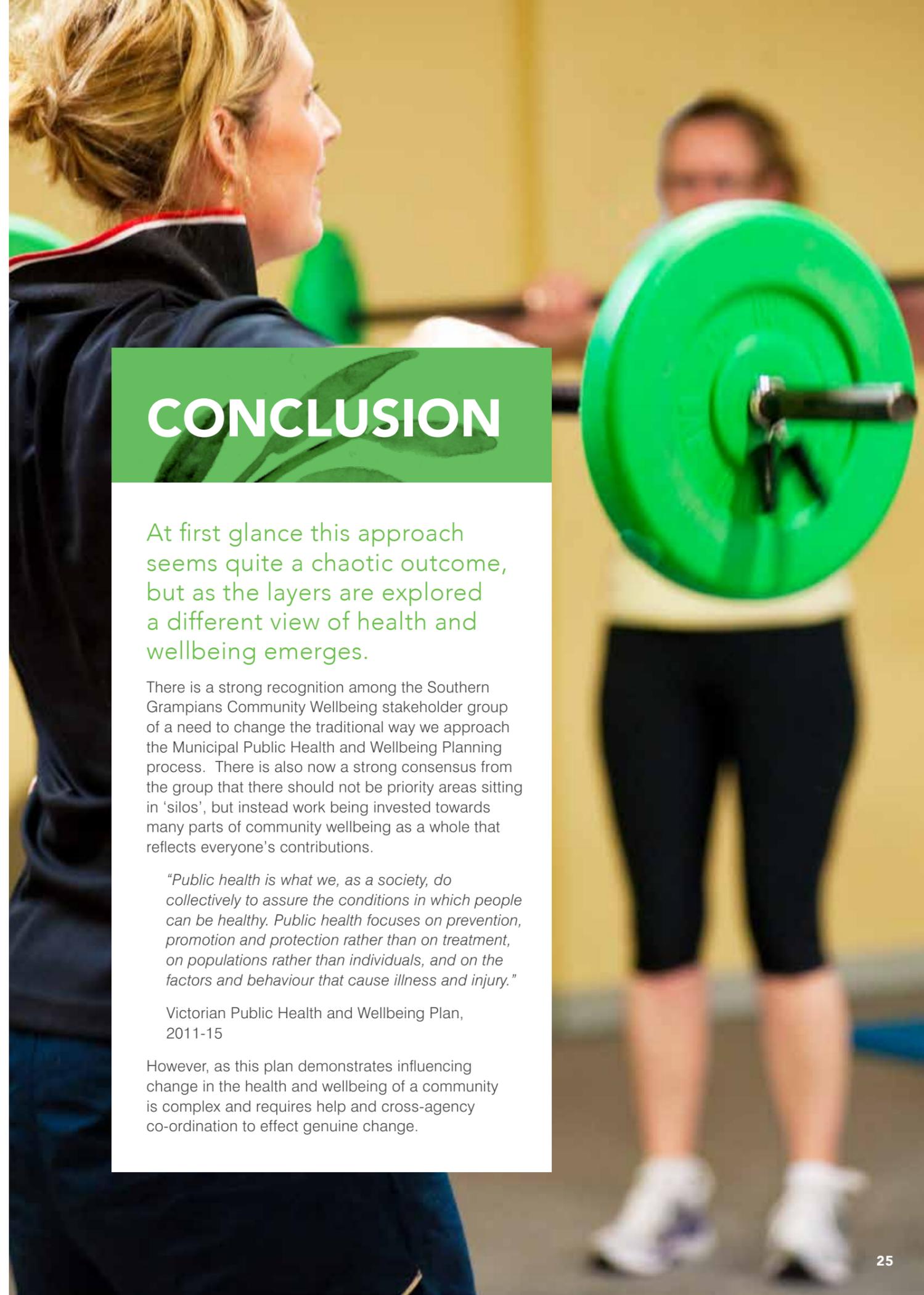
The stakeholder group identified that generally agencies should be investing in empowering the community to be a part of the solution, continuously learning from the community around what's important and responding with appropriate support. It was also noted that the eight outlying township community plans should be considered to give insight into where each community has readiness to act.

The table below outlines specific actions developed to work towards the achievement of desired outcomes. Whilst our starting point does include initiatives currently these are intended by way of example only and are not meant to suggest that the efforts to provide innovative solutions will be satisfied by simply continuing to accomplish these.



Table 4: Translating Outcomes into Actions and Measures

What do we want to do?	Who will our partners be?	What does success look like?	How will we do this?	When do we want to achieve this?
Work together to move along the continuum of collaboration towards Collective Impact	All relevant agencies	Self-assessed progress from current level of interaction.	Forums 3 to 4 times annually review progress and identify emerging opportunities  Utilise opportunities provided through Beyond the Bell to build our skills and expertise in Collective Impact	Every year
Use a systems approach to support an improved understanding of the problems and identify solutions.	All relevant agencies	Self-assessed progress from current level of interaction	Build skills and experiential practice of agencies, community groups and community members  Use frameworks and tools to support a Collective Impact and Systems Thinking approach to all of our health promotion/prevention work	Every year
Develop and share outcomes and measurement plans, in order to measure and monitor changes.	All relevant agencies	Self-assessed progress from current level of interaction	Develop a shared measurement plan that has a mix of outcome measures as well as intermediate impact and process measures.  Explore ways to resource key local data collection and analysis work to provide timely feedback about how the system is changing.  Empower the community to be the solution in addressing social issues	Every year



## CONCLUSION

At first glance this approach seems quite a chaotic outcome, but as the layers are explored a different view of health and wellbeing emerges.

There is a strong recognition among the Southern Grampians Community Wellbeing stakeholder group of a need to change the traditional way we approach the Municipal Public Health and Wellbeing Planning process. There is also now a strong consensus from the group that there should not be priority areas sitting in 'silos', but instead work being invested towards many parts of community wellbeing as a whole that reflects everyone's contributions.

*"Public health is what we, as a society, do collectively to assure the conditions in which people can be healthy. Public health focuses on prevention, promotion and protection rather than on treatment, on populations rather than individuals, and on the factors and behaviour that cause illness and injury."*

Victorian Public Health and Wellbeing Plan, 2011-15

However, as this plan demonstrates influencing change in the health and wellbeing of a community is complex and requires help and cross-agency co-ordination to effect genuine change.



Figure 4: Workshop 1 - Systems Approach

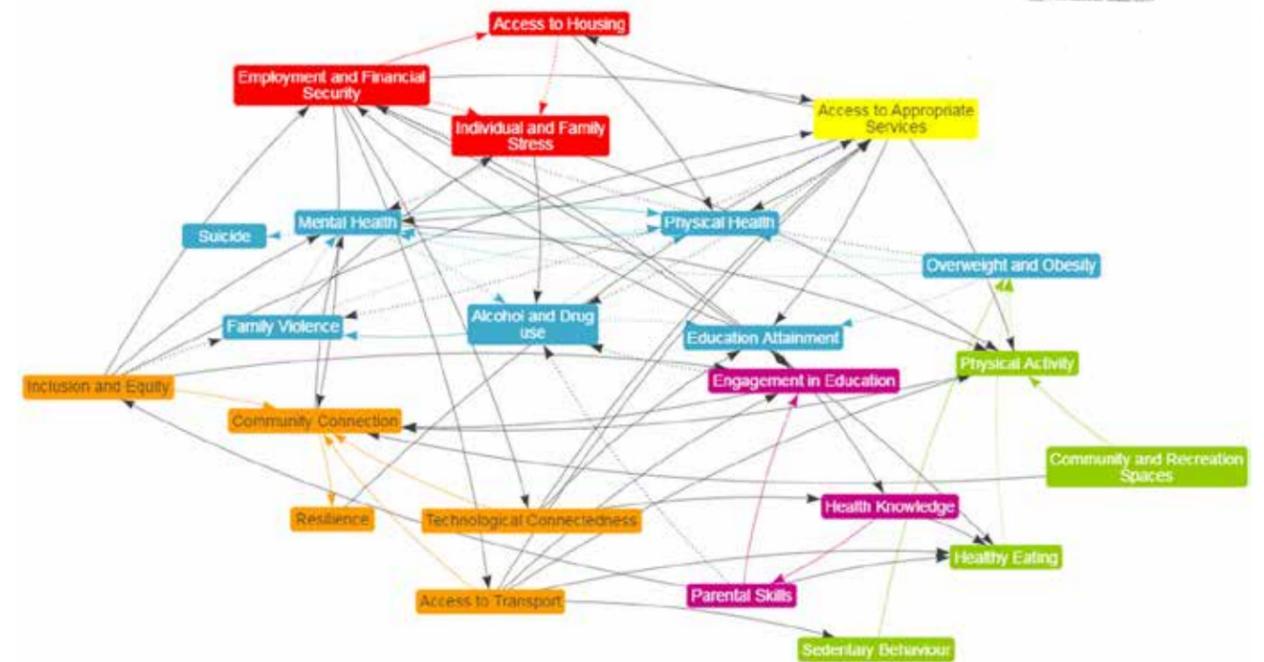
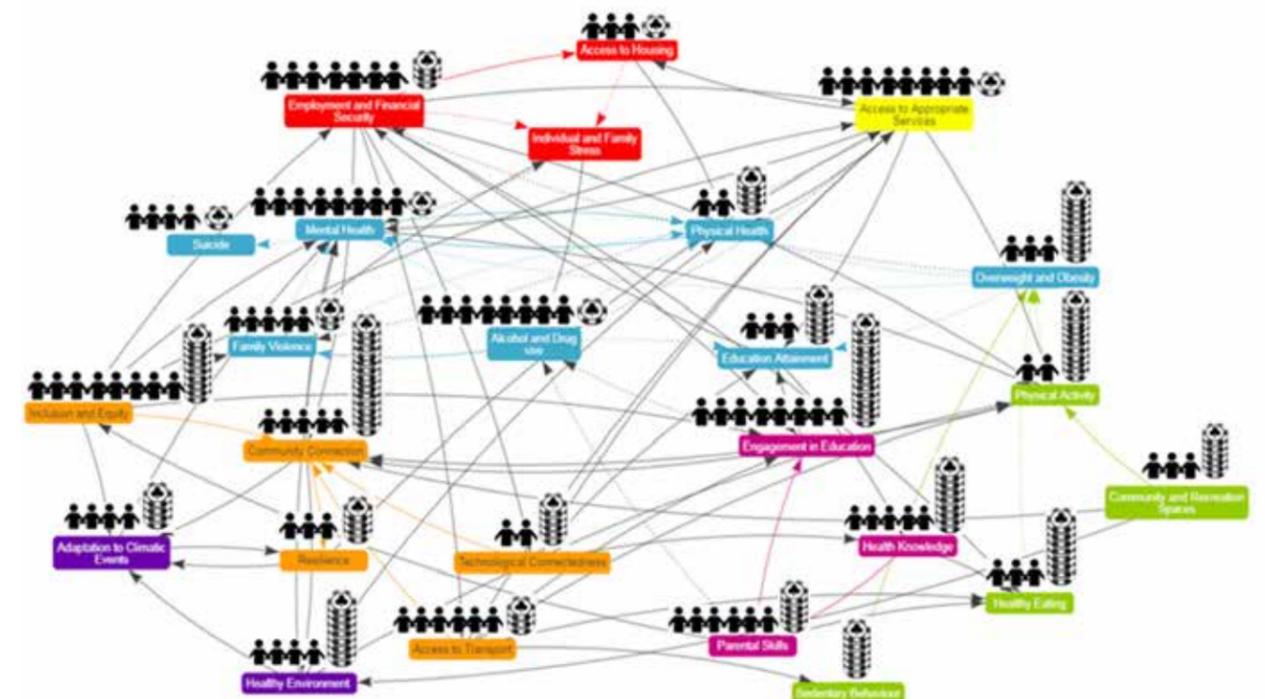


Figure 5: Workshop 2 - Systems Approach Including Resources



## DEVELOPING THE PLAN

In developing the priorities to be addressed in this Plan, the current evidence of our community’s health and wellbeing was carefully examined, the stakeholders were consulted to better understand the issues and the policies and actions of others around Australia and around the world were analysed.

The blue boxes in Figure 3 are identified as key areas of health outcomes; they are the fundamentals to a balanced picture of health and wellbeing. Each coloured group surrounding them represents a cluster of influencers and the arrows represent the nature of the influence.

For example a solid line arrow indicates a positive relationship – better Access to Transport improves access to Appropriate Services as one improves so does the other.

A dotted line arrow indicates a negative relationship – an increase in the consumption of Alcohol and Drugs may result in a reduction in Engagement in Education, as one increases, the other decreases.

The second workshop expanded this concept (Figure 4) by adding people and “poker chips” representing the level of resources available from the agencies attending. This picture illustrates clearly where no resources are being expended. It also suggests that a possible barrier to meaningful change is not necessarily a lack of neither resources nor agency commitment.



## ACKNOWLEDGEMENTS

We wish to thank all the participants over the series of three workshops that all came and contributed so openly and whole heartedly to the process and the journey we went on together, all with the driving goal to genuinely improve the wellbeing of the Southern Grampians community.



We wish to acknowledge Global Obesity Centre at Deakin for their support in building the skills and understanding of systems thinking in our region and providing time, tools and support for the workshop process.



We wish to acknowledge the Southern Grampians Glenelg Primary Care Partnership team. Their support, guidance and input have made a significant contribution to the formation of this plan. This ongoing partnership is also critical the implementation of this plan.

## STAKE HOLDER GROUP - WORKSHOP PARTICIPANTS

Listed below are the agencies and community groups that generously participated in the workshop process which forms the foundations of this plan. The ongoing partnerships and common understanding will be used to review and inform Health and Wellbeing into the future.

- ✓ Western District Health Service (WDHS)
- ✓ Victoria Police (VicPol)
- ✓ Department of Human Services (DHS)
- ✓ RMIT Hamilton Campus Department of Health
- ✓ Brophy Family and Youth Services (Brophy)
- ✓ Rural Access
- ✓ Preschools/Kindergartens
- ✓ Community Transport Services
- ✓ Country Fire Authority (CFA)
- ✓ Secondary & Primary Schools
- ✓ Service Clubs
- ✓ National Centre for Farmer Health (NCFH)
- ✓ Department of Education and Early Childhood Development
- ✓ South West TAFE
- ✓ Southern Grampians Glenelg Primary Care Partnership (PCP)
- ✓ Southern Grampians Shire Council (SGSC)
- ✓ South West Sport
- ✓ South West Alliance of Rural Health
- ✓ Wellways
- ✓ West Victoria Primary Health Network (PHN)
- ✓ Hamilton Community House
- ✓ Mulleraterong Disability Support (Mulleraterong)
- ✓ Southern Grampians Early Years Network
- ✓ Glenelg & Southern Grampians LLEN (GSG LLEN)
- ✓ Women's Health & Wellbeing BSW (WH BSW)
- ✓ Great South Coast Early Years Network
- ✓ Monivae College
- ✓ Wannon Water
- ✓ Winda-Mara Aboriginal Corporation
- ✓ Western District Employment Access (WDEA)
- ✓ Westvic Staffing Solutions (Westvic)
- ✓ Youth Affairs Council Victoria (YacVic)
- ✓ Life Lines

## LEGISLATIVE CONTEXT

### The Public Health and Wellbeing Act 2008

The Public Health and Wellbeing Act 2008 is a major legislative driver for improving the health and wellbeing of Victorians. The Act recognises that Local Government has a significant role in promoting and protecting the public health and wellbeing of people living in Victoria.

The section 26 of the Act requires that

1. Unless section 27 applies, a Council must, in consultation with the Secretary, prepare a municipal public health and wellbeing plan within the period of 12 months after each general election of the Council.
2. 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 available evidence for creating a local community in which people can achieve maximum health and wellbeing;
  - (c) provide for the involvement of people in the local community in the development, implementation and evaluation of the public health and wellbeing plan;
  - (d) specify how the Council will work in partnership with the Department and other agencies undertaking public health initiatives, projects and programs to accomplish the goals and strategies identified in the public health and wellbeing 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.
3. In preparing a municipal public health and wellbeing plan, a Council must have regard to the State Public Health and Wellbeing Plan prepared under section 49.
  4. A Council must review its municipal public health and wellbeing plan annually and, if appropriate, amend the municipal public health and wellbeing plan.
  5. Despite subsection (2)(c), a Council is not required to provide for the involvement of people in the local community when reviewing or amending a municipal public health and wellbeing plan under subsection (4).
  6. A Council must give a copy of the current municipal public health and wellbeing plan to the Secretary.
  7. A copy of the current municipal public health and wellbeing plan must be available for inspection by members of the public at the places at which the current Council Plan must be available under section 125(11) of the Local Government Act 1989

### Other legislation

Other recent Victorian legalisation that has shaped public health and wellbeing includes:

- Local Government Act 1989
- Improving Cancer Outcomes Act 2014
- Tobacco Act 1987 and amendments
- Radiation Act 2005
- Safe Drinking Water Act 2003
- Drugs Poisons and Controlled Substances Act 1981
- The Food Act 1984
- Environment Protection Act 1970
- Planning and Environment Act 1987
- The Climate Change Act 2010
- The Transport Integration Act 2010
- The Sport and Recreation Act 1972 (amended in 2008)
- The Charter of Human Rights and Responsibilities 2006

### References

- Australian Bureau of Statistics (ABS), 2011 Census of Population and Housing - [www.id.com.au](http://www.id.com.au)
- Australian Early Development Index 2012 - <http://maps.aedi.org.au/>
- Department of Health – Local Government Community Profiles 2012
- Great South Coast Health and Wellbeing Profile 2013
- Southern Grampians Shire Council Customer Satisfaction Survey 2012
- VicHealth Indicators 2011 and Community Indicators Victoria – Southern Grampians Shire
- VicHealth Indicators 2015 and Community Indicators Victoria – Southern Grampians Shire
- Victoria In Future 2012, Department of Planning and Community Development
- Victorian Population Health Survey by LGA 2008



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