

PUBLIC HEALTH AND WELLBEING PLAN 2017–2021

healthy, safe and connected



ABORIGINAL ACKNOWLEDGEMENT

The City of Kingston acknowledges the Kulin Nation as the custodians of the land on which the municipality is a part and pays its respect to their Elders past and present. Kingston City Council is a member of the Inter Council Aboriginal Consultative Committee.

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A MESSAGE FROM THE MAYOR

It is with great pleasure that I present the City of Kingston's Public Health and Wellbeing Plan 2017–2021.

The plan aims to address the important health and wellbeing issues in our community today, and envisages a future where everyone in Kingston is healthy, well, safe, connected and part of a vibrant community.

This document is a long-term strategic plan for the health and wellbeing of Kingston's residents, with a particular focus on the next four years. In the plan we've identified four key priority areas to create a holistic approach to incorporating the importance of health and wellbeing in everything that Council does.

The Public Health and Wellbeing Plan also builds on the great array of work that Council already does for health and wellbeing to extend our reach and impact in the community.

I look forward to the implementation of this plan in all of Council's work over the next four years. Health and wellbeing is important to all of us during all stages of our lives. It is impacted by not only our own behaviours, but the services, facilities and systems in our communities too.

With this in mind, I encourage everyone to work together under the priorities of this plan to achieve positive health outcomes for the Kingston community.



Cr David Eden
Mayor

EXECUTIVE SUMMARY

The *Public Health and Wellbeing Act 2008* identifies that local government councils in Victoria have a role and responsibility to ‘protect, improve and promote public health and wellbeing within the municipal district’. This requires councils to develop a Municipal Public Health and Wellbeing Plan every four years.

Kingston’s Public Health and Wellbeing Plan (PHWP) 2017–2021 provides a strategic direction for Council’s work to improve the health and wellbeing of the community. It is an overarching document that addresses key health and wellbeing issues by identifying priorities, objectives and performance measures.

The priorities, objectives and measures have been developed through a comprehensive analysis of relevant data and demographic information, policy and legislative contexts and stakeholder and community consultation.

The priorities and objectives of the PHWP are relevant and important to the work of all teams across Council. Kingston also has a range of social strategies and plans that focus on priority populations and disciplines to ensure the diverse needs of the Kingston community are met. Monitoring our performance measures in both the short and long term will tell us if we are on track to making positive changes for the health and wellbeing of our community.

The priorities and objectives for Kingston’s PHWP are outlined below:

1. A healthy and well community

- 1.1. Increase participation in physical activity
- 1.2. Increase healthy eating habits
- 1.3. Improve mental wellbeing
- 1.4. Reduce harm from consumption of alcohol and other drugs, smoking and gambling
- 1.5. Increase immunisation rates

2. A safe and secure community

- 2.1. Improve community safety
- 2.2. Improve perceptions of safety
- 2.3. Reduce prevalence of family violence

3. A connected community that participates

- 3.1. Increase participation in community activities and volunteering; and reduce social isolation
- 3.2. Improve social cohesion
- 3.3. Ensure facilities, services and open spaces are accessible and equitably provided

4. A liveable community

- 4.1. Improve environmental resilience and sustainability
- 4.2. Increase the availability of affordable housing
- 4.3. Increase participation in the workforce and local economy
- 4.4. Increase participation in learning and education



INTRODUCTION

Kingston's PHWP 2017–2021 provides an overarching strategic direction and framework that identifies and addresses key health and wellbeing issues in Kingston. It also outlines a range of performance measures that will be used to monitor the progress of this work.

The PHWP sets Kingston's approach for health and wellbeing over the next four years. The priorities set by the PHWP are implemented by actions outlined in Council's social strategies and plans. These plans are set and reviewed yearly and enable the health and wellbeing work of Council to be flexible and respond to the changing needs of our community.

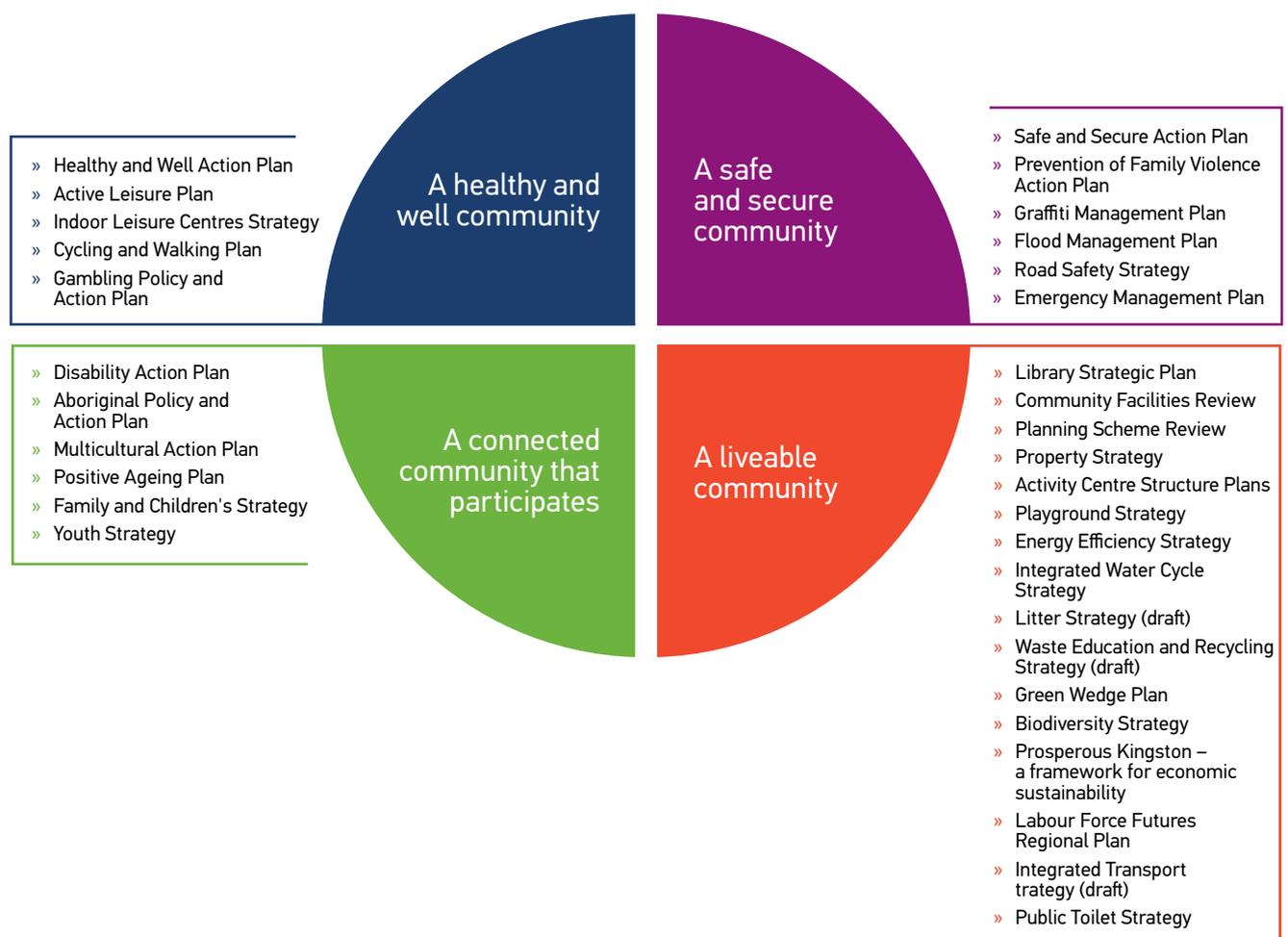
The direction of the PHWP is set by four key priorities for promoting and protecting the health and wellbeing of the Kingston community:

- » A healthy and well community
- » A safe and secure community
- » A connected community that participates
- » A liveable community

The holistic priorities of the PHWP reflect the wide variety of functions and services delivered by Council. These activities contribute to maintaining or improving health and wellbeing outcomes for Kingston residents and visitors. Maintaining parks and gardens, providing leisure centres, collecting waste and operating children's programs are just few of the many ways Council helps our community to be healthy and well.



Figure 1: How Council’s strategies and plans contribute to the priorities of our PHWP





OUR HEALTH AND WELLBEING STRATEGIC DIRECTION FOR KINGSTON OBJECTIVES AND PERFORMANCE MEASURES

Our health and wellbeing strategic direction for Kingston is structured with three layers of detail to provide a comprehensive approach in improving the health and wellbeing of the Kingston community.

LAYER 1: *Priorities*

The priorities describe four broad areas highlighted for change in our community.

LAYER 2: *Objectives*

The objectives identify the changes we want to achieve. They contribute to achieving our priorities and are measurable so that we know how we are progressing in improving health and wellbeing in Kingston.

LAYER 3: *Performance measures*

The performance measures provide us with a data-based way of measuring the objectives. They are reviewed every four years to track the long term changes to our objectives. Sources of the performance measures are on page 14.

WELLBEING PRIORITIES, PERFORMANCE MEASURES

Priority 1

A healthy and well community

OBJECTIVE 1.1.

Increase participation in physical activity



MEASURES:

- » Proportion of the population who participate in physical activity 0 and 4 or more days per week
- » Average time spent sitting on usual work day
- » Proportion of the population who participate in moderate physical activity per week – sufficient, insufficient, sedentary
- » Proportion of adult population who are overweight
- » Proportion of adult population who are obese
- » Proportion of the population who walked / cycled to local shops or facilities in the past week
- » Proportion of adult population cycling for transport during the preceding week
- » Team numbers and proportion of population participating in field based sports

OBJECTIVE 1.2.

Increase consumption of a healthy diet



MEASURES:

- » Proportion of the population consuming vegetables (serves per day); less than 1, 1–2, 3–4, 5+
- » Proportion of the population consuming fruit (serves per day); less than 2, 2+
- » Proportion of the population complying with fruit and vegetable consumption guidelines; met both fruit and vegetable, met vegetable only, met fruit only, did not meet guidelines
- » Proportion of the adult population who eat take-away meals or snacks
- » Proportion of the adult population who consume or did not consume, sugar-sweetened soft drinks daily
- » Average number of serves of vegetables per day
- » Average number of serves of fruit per day
- » Level of agreement of population to have access to fresh and affordable food to meet their household's needs

OBJECTIVE 1.3.

Improve mental wellbeing



MEASURES:

- » Rating of mental health on a scale of 1 (very poor) to 5 (excellent)
- » Rating of agreement that 'I am able to manage stress most of the time'
- » Proportion of the population's satisfaction with life as a whole
- » Average resilience score for population
- » Prevalence of depression or anxiety
- » Proportion of the population who sought professional help for a mental health problem in the previous year
- » Estimated number of people with mental and behavioural problems
- » Proportion of young people who are low, fair, good or excellent resilience groups for mental health

- » Proportion of young people who consume alcohol
- » Rating of agreement that 'alcohol consumption has a negative impact on my household'

MEASURES (OTHER DRUG USE):

- » Illicit drugs – rate of emergency department presentations total population
- » Illicit drugs – rate of emergency department presentations 15-24 years
- » Proportion of young people who consume illegal drugs
- » Rating of agreement that 'illegal drugs have a negative impact on my household'

MEASURES (SMOKING):

- » Proportion of young people who smoke
- » Rating of agreement that 'I am exposed to smoky environments at least once a week'
- » Proportion of population who smoke / do not smoke
- » Proportion of population who considers themselves to be a smoker
- » Proportion of population – time since quitting smoking – less than one year, one to two years, two to five years, five to ten years, ten years or more, not stated

OBJECTIVE 1.4.

Reduce harm from consumption of alcohol and other drugs, smoking and gambling



MEASURES (ALCOHOL CONSUMPTION):

- » Proportion of the population who are at risk of short-term harm each month from alcohol consumption
- » Proportion of the population who are at very high risk of short-term harm each month from alcohol consumption
- » Proportion of the population who agree that getting drunk every now and then is okay
- » Proportion of the adult population with lifetime risk of alcohol-related harm
- » Proportion of the adult population at risk of alcohol-related injury on a single occasion
- » Alcohol – emergency department presentation rate total population
- » Alcohol – emergency department presentation rate 15-24 years

MEASURES (GAMBLING):

- » Rating of agreement that 'online gambling has a negative impact on my household'
- » Rating of agreement that 'pokies have a negative impact on my household'
- » Rating of agreement that 'other forms of gambling have a negative impact on my household'
- » Total losses on poker machines in Kingston

OBJECTIVE 1.5

Increase immunisation rates



Measures:

- » Percentage of children fully immunised at 12-15 months
- » Percentage of children fully immunised at 24-27 months
- » Percentage of children fully immunised at 60-63 months

Priority 2

A safe and secure community

OBJECTIVE 2.1.

Improve community safety



MEASURES:

- » Total number and percentage of offences committed
- » Total number and percentage of crimes against the person committed
- » Total number and percentage of property damage offences committed
- » Number of contacts and key themes of community safety issues registered with council

OBJECTIVE 2.3.

Reduce prevalence of family violence



MEASURES:

- » Number of family incidents recorded by police region and local government area
- » Rating of agreement with actions which are considered to be family violence
- » Proportion of population who have a low gender equality score

OBJECTIVE 2.2.

Improve perceptions of safety



MEASURES:

- » Proportion of population who feel safe walking alone during day
- » Perceptions of safety – proportion of population who feel safe walking alone after dark
- » Proportion of population who feel safe in selected situations
- » Reasons provided for feeling less safe
- » Perceptions of neighbourhood – proportion of population who feel that people can be trusted

Priority 3

A connected community that participates

OBJECTIVE 3.1.

Increase participation in community activities and volunteering; and reduce social isolation



MEASURES:

- » Proportion of population who are an active member of a club or community group
- » Proportion of population who volunteer regularly
- » Proportion of population who play an active role in their community
- » Proportion of population who sometimes feel isolated and out of contact with other people

OBJECTIVE 3.2.

Improve social cohesion



MEASURES:

- » Proportion of population who agree that in times of need they could turn to the neighbours for help
- » Proportion of population who feel a strong sense of belonging to a community
- » Proportion of population who agree there are opportunities to have a real say on issues that are important
- » Perceptions of neighbourhood – proportion of population who agree people are willing to help each other
- » Perceptions of neighbourhood – proportion of population who agree this is a close-knit neighbourhood
- » Perceptions of neighbourhood – proportion of population who agree people can be trusted

OBJECTIVE 3.3.

Ensure facilities, services and open spaces are accessible and equitably provided



MEASURES:

- » Proportion of population who agree they have access to services and facilities in local area
- » Proportion of population who are satisfied with the quality of parks, playgrounds and open spaces
- » Proportion of population who agree “it’s easy to find out what services are available to residents in the local area”
- » Proportion of population who visit parks, gardens and reserves regularly, often, rarely or never
- » Suggestions for improvements needed in local area to support/improve health and wellbeing
- » Proportion of population who agree that they like the look and feel of their local area

Priority 4

A liveable community

OBJECTIVE 4.1.

Improve environmental resilience and sustainability



MEASURES:

- » Proportion of the population who walked/cycled to local shops or facilities in the past week
- » Proportion of adult population cycling for transport during the preceding week
- » Proportion of population who travel to work by method of travel to work – car, train, bus, tram, taxi, truck, bicycle and walk
- » Kerbside recyclables household yield (kg) by local government
- » Kerbside garbage household yield (kg) by local government
- » Average water consumption of households
- » Average gas use of households
- » Average electricity use of households
- » Number of participants in City of Kingston's 'Our Place' workshops

OBJECTIVE 4.2.

Increase the availability of affordable housing



MEASURES:

- » Proportion of population experiencing mortgage stress
- » Proportion of population experiencing rental stress
- » Affordability of rental properties: Victoria
- » Proportion of persons residing in non-private dwellings
- » Estimate of the number of homeless persons

OBJECTIVE 4.3.

Increase participation in the workforce and the local economy



MEASURES:

- » Unemployment rate
- » Number and proportion of jobs in Kingston
- » Place of usual residence of workers in Kingston (LGA proportions)
- » Number of registrations on the Kingston Jobs website

OBJECTIVE 4.4.

Increase participation in learning and education



MEASURES:

- » Proportion of children vulnerable on one or more domain; two or more domains
- » 4 year old kindergarten participation rates
- » Proportion of age groups highest level of schooling
- » Proportion of age groups highest qualification achieved
- » Destinations of year 12 or equivalent completers – tafe, university or work
- » Proportion of year 12 or equivalent completers not in continuing education or training

Where we sourced our measures

The data for the measures is collected from reputable and reliable sources of information. These include:

- » VicHealth Indicators Survey – Kingston LGA Profile
- » Kingston City Council Health and Wellbeing Survey
- » Victorian Population Health Survey – Modifiable risk factors contributing to chronic disease in Victoria
- » Victorian Population Health Survey – Health and wellbeing, chronic conditions, screening and eye health
- » Public Health Information Department Unit, Social Health Atlas of Australia, Data by Local Government Area
- » NATSEM University of Canberra, Alzheimer’s Australia Fight Dementia, Dementia Statistics for Victoria
- » Resilient Youth Australia, Resilience Survey, Kingston Council
- » Turning Point, Eastern Health, AOD Stats
- » Victorian Commission for Gambling and Liquor Regulation 2016, Gaming expenditure by local area
- » Crime Statistics Agency, Explore crime by location
- » ABS Census Community Profile
- » Victorian Local Government Annual Waste Service Report
- » City of Greater Dandenong, Statistical Data for Victorian Communities
- » Department of Employment, Small Area Labour Markets publication
- » Remplan Economy, Kingston Economy Profile
- » Australian Early Development Census
- » Victorian Government On Track Survey
- » Department of Education and Training Victoria
- » Sustainability Victoria
- » United Energy

How our objectives will be put into action

A whole of Council approach will be undertaken to implement actions to achieve the objectives of the PHWP. Primary delivery of actions will occur through Council’s social strategies and plans that have a direct ‘people’ focus. Objectives with a more specific focus, such as improving environmental resilience and sustainability, will be delivered through team work plans.

An outline of which plans will implement the objectives of the PHWP is as follows:

1. A HEALTHY AND WELL COMMUNITY

- 1.1. Increase participation in physical activity
Actions – Healthy and Well Action Plan, Active Leisure Plan, Indoor Leisure Centres Strategy
- 1.2. Increase healthy eating habits
Actions – Healthy and Well Action Plan
- 1.3. Improve mental wellbeing
Actions – Healthy and Well Action Plan, Youth Strategy
- 1.4. Reduce harm from consumption of alcohol and other drugs, smoking and gambling
Actions – Healthy and Well Action Plan, Gambling Policy and Action Plan
- 1.5. Increase immunisation rates
Actions – Family and Children’s Strategy

2. A SAFE AND SECURE COMMUNITY

- 2.1. Improve community safety
Actions – Safe and Secure Action Plan, Road Safety Strategy
- 2.2. Improve perceptions of safety
Actions – Safe and Secure Action Plan
- 2.3. Reduce prevalence of family violence
Actions – Prevention of Family Violence Action Plan

3. A CONNECTED COMMUNITY THAT PARTICIPATES

- 3.1. Increase participation in community activities and volunteering; and reduce social isolation
Actions – Aboriginal Policy and Action Plan, Disability Action Plan, Multicultural Action Plan, Positive Ageing Plan, Youth Strategy
- 3.2. Improve social cohesion
Actions – Aboriginal Policy and Action Plan, Disability Action Plan, Multicultural Action Plan
- 3.3. Ensure facilities, services and open spaces are accessible and equitably provided
Actions – Aboriginal Policy and Action Plan, Disability Action Plan, Multicultural Action Plan, Positive Ageing Plan, Youth Strategy

4. A LIVEABLE COMMUNITY

- 4.1. Improve environmental resilience and sustainability
Actions – Sustainability workshops
- 4.2. Increase the availability of affordable housing
Actions – Council Plan
- 4.3. Increase participation in the workforce and local economy
Actions – Prosperous Kingston – a framework for economic sustainability
- 4.4. Increase participation in learning and education
Actions – Library Strategic Plan, Youth Strategy, Family and Children’s Strategy

Why our priorities are important

Our priorities and objectives for this PHWP are based on an analysis of a range of health and wellbeing data combined with community consultation input. The health and wellbeing data tells us about how healthy Kingston's residents are and highlights issues for focus. Key statistics for each priority are provided below.

Our priorities, objectives and performance measures also align with the *Victorian Public Health and Wellbeing Plan 2015–2019* and the *Victorian Public Health and Wellbeing Outcomes Framework*. This enables a shared focus on priorities between Kingston and the State and a whole of government approach to health and wellbeing planning.

A healthy and well community

A healthy and well community is one where people engage in physical activity, maintain a healthy, well balanced diet and diseases and injury are minimised. Creating a healthy and well community requires a whole of community, whole of government approach.

KEY STATISTICS



Less than **one-third** of the Kingston population **meets the recommended amount of physical activity** each week¹



Kingston residents spend on average **4:37 hours sitting at work** on a usual day²



Kingston's **smoking rates** (13.9%) are **on par with the Victorian average** (13.1%)⁹, however the National Tobacco Strategy¹⁰ target to reduce the national smoking rate to 10% by 2018 has not yet been achieved.



Most people eat enough fruit per day (80%), but only **two-thirds eat the recommended amount of vegetables**³



Just over **half** (57%) of our population is overweight or obese⁵



Kingston has the **3rd highest** number of **poker gaming venues** and **6th highest** number of **poker machines** of all Victorian local government areas. \$83.5 million was lost on poker machines in Kingston in 2015/16¹²

12% of our population **eat take-away meals or snacks** at least three times a week⁴

Kingston rates **6th highest rate of injuries from falls** of all Victorian local government areas⁶

Kingston has **higher rates of avoidable deaths from cancer** (33%) than the Victorian average (29%)⁷

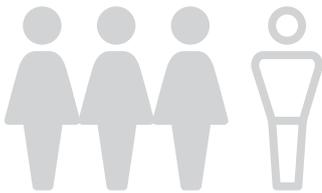
Kingston has the **8th highest dementia rate** of all Victorian local government areas⁸

One-third of our population are **at risk or very high risk of short term harm** from drinking alcohol¹¹

A safe and secure community

A safe and secure community promotes community connection, active living and contributes to the overall health of those within it. Perceptions of safety and security, whether real or perceived, impact on the way people feel and interact in their community. A safe and secure community is not just about emergency management and crime prevention; it is about building strong, cohesive, participatory communities that are free from harm.

KEY STATISTICS



Women in Kingston are **three times more likely** to experience family violence than men¹³

In a survey of Kingston residents in 2012 and 2016¹⁴ there was a **measurable deterioration** in respondents who **agreed that the following actions are family violence:**

- » Preventing another from worshipping in their desired faith
- » Controlling where another goes or who they see
- » Forcing another to engage in sexual activities against their will

Most common total offences in 2016 – theft (39%), breaches of orders (12%), burglary/break and enter (10%)¹⁵

Most common crimes against the person in 2016 – assault (46%), sexual offences (28%), stalking, harassment and threatening behaviour (14%)¹⁶

Sexual offences increased from 2015 to 2016 by 75% (230 to 403 incidents)¹⁷

A connected community that participates

Participation in groups, clubs and volunteering provide opportunities for people to develop friendships, learn, grow, connect and be active in improving their community. A connected community that participates reduces isolation, can break down barriers between different cultures and groups, and improves mental wellbeing within the community.

KEY STATISTICS



15% of our population sometimes **feel isolated**¹⁸

Under one-third of our population **volunteer regularly**¹⁹

People **view their community support positively** – 79% feel people are willing to help each other and people can be trusted, 70% feel it is a close-knit neighbourhood²⁰

Only **half** of our population agree that they play an **active role** in their community²¹

A liveable community

Liveability refers to a community's quality of life and is a sum of factors that include: the built and natural environments, social stability and equity, sustainability, alternative transport options and access to education, services and facilities. A community that is liveable promotes health, benefits people of all ages and reduces the community's negative impact on the environment.

KEY STATISTICS



245kg of recyclables were produced per household in Kingston in 2014–15²³



Kingston households produced **more garbage** (486kg) than the Victorian average (471kg) in 2014–15²²



One tenth (9.7%) of households live with **mortgage stress**²⁹
One quarter (25.3%) of households live with **rental stress**³⁰

The Kingston population has slightly less people with **bachelor or higher degrees** (21%), and more people with **diploma or vocational qualifications** (26%) than Greater Melbourne (24% and 24% respectively)³¹

Kingston is a relatively advantaged Council area, however there are areas of relative **socio-economic disadvantage** – Clarinda, Clayton South, Chelsea, Bonbeach and Carrum²⁷

Suburbs with the **highest unemployment rate** in 2016 were **Chelsea Heights** (8.7%), **Chelsea** (8.4%) and **Bonbeach** (8.4%) compared to Kingston at 5.8%²⁸



Climate change key risks for Kingston are:

- » Storms – sea level rise²⁴
- » Heatwaves²⁵
- » Floods
- » Future food security
- » Energy and water security²⁶



Young people who have **good/excellent resilience** in Kingston is on par with the National average – **Kingston 39%**, National average 37%³³

Top 3 resilience strengths for **young people**³⁴

- » Family belonging (37%)
- » Mental & physical wellbeing (35%)
- » Positive identity (12%)

Bottom 3 resilience strengths for **young people**³⁵

- » Community belonging (4%)
- » Positive values (8%)
- » Empowerment (25%)



Kingston suburbs with **children who are vulnerable on two or more** Australian Early Development Census **domains** – Clayton South and Moorabbin³²



BACKGROUND INFORMATION

Why we have a public health and wellbeing plan

The PHWP is a strategic document that links the work of Council with the health and wellbeing priorities of the Victorian State Government.

All Victorian councils are legislated by the State Government to develop a PHWP every four years to “protect, improve and promote public health and wellbeing within the municipal district”. Kingston’s PHWP 2017–2021 aligns with the Victorian Public Health and Wellbeing Plan 2015–2019 and Victorian Public Health and Wellbeing Outcomes Framework.

Kingston’s *‘Our Roadmap’ Council Plan 2017–2021* sets Kingston’s course for the future, provides accountability to the community, directs the organisation and helps guide decision making. It outlines the wide range of work undertaken by Council and is complemented by the PHWP.

At a local level, the PHWP provides a holistic approach to health and wellbeing for work identified in Council’s social strategies and plans. These plans outline Council’s activities and initiatives for working with priority populations and disciplines to ensure the diverse needs of the Kingston community are met. The focus and activities of these plans are guided by the PHWP because they all contribute to improving the health and wellbeing of Kingston residents.

The range of Council’s social strategies and plans provide different features of our community according to life-cycle stages, population groups and priority issues:

- » Life-cycle – families and children, youth and older people
- » Population groups – people who are Aboriginal, Torres Strait Islander or multicultural, and people who have a disability
- » Issues – health and wellbeing, safety and gambling



Figure 2: How our PWHP links Council’s priorities with those of the State Government



Who is affected by this plan

Demographic data has been analysed to tell us about who lives in Kingston in 2017 and how our population is predicted to change into the future. This helps Kingston to picture who we are developing the PHWP priorities for and identify populations within the Kingston community that may benefit from targeted approaches in our work.

The following priority populations are planned for in Council's social strategies and plans:

- » People from multicultural backgrounds
- » People with disabilities
- » Older people
- » People who identify as Aboriginal and Torres Strait Islander
- » Children, young people and families
- » People of low socio-economic status

Council also has a large workforce with 1,323 staff, of which 44% live in Kingston. The health and wellbeing of staff is important to Council and so the priorities of the PHWP are also highly relevant to staff.

COMMUNITY PROFILE

- » Our population in 2017 is **157,375** people and is forecast to grow by **18%** to **185,214** people in 2036³⁶
- » **Women and men** make up fairly **equal proportions** of our community (51% women and 49% men)³⁷
- » People in their **middle years** make up the **largest age group** in 2017³⁸
- » We have an **ageing population** – the population of people aged over 70 years are forecast to grow the most from 2017 to 2036³⁹
- » Nearly **one-quarter** (21%) of our population were **born in a non-English speaking country**. The main countries of birth are the United Kingdom, India, Greece, China and New Zealand⁴⁰
- » We have **380 people** living in Kingston who are of **Aboriginal or Torres Strait Islander** background⁴¹
- » **5%** of our population **need help** with their daily living tasks due to a **disability**⁴²
- » The total number of people estimated to have **any type of disability** is nearly **20% of our population**⁴³
- » **Cheltenham** has the highest proportion of people living in it in 2017, **12% of the population**⁴⁴
- » **Moorabbin and Highett** are forecast to have the **highest population growth** from 2017 to 2036 (93% and 92%)
- » The **number of households** in Kingston is forecast to **grow by 20%** from 2017 to 2036. The largest growth is anticipated to occur in **people living alone**⁴⁵

COUNCIL STAFF PROFILE

- » The population of Council staff in **2017 is 1,323 people**
- » **Almost half** (44%) of our staff **live in Kingston**
- » **Three quarters** of our staff are **women** (74%).
- » People in their **middle years** (aged 35 to 49) make up the **largest staff age group** in 2017 (32%)

See attachment 1 for our Health and Wellbeing Profile, a more detailed report of the demographic and health and wellbeing data.

Relevant policies and legislation

The *Public Health and Wellbeing Act 2008* identifies that local government councils in Victoria have a role and responsibility to “protect, improve and promote public health and wellbeing within the municipal district”. This requires councils to develop an evidence based, community involved Municipal Public Health and Wellbeing Plan every four years.

Councils must also consider the *Climate Change Act 2010*, which acknowledges the responsibility of all levels of government, industry, and communities to respond to climate change when developing strategies and preparing their own plans.

Further, in accordance with the Recommendation 94 from the Victoria Government’s Royal Commission into Family Violence, our PHWP includes measures that Council will take to reduce family violence and respond to the needs of victims and their families.

The PHWP is also responsive to other international, national, state and local legislation and policy including:

INTERNATIONAL

- » *The Ottawa Charter for Health Promotion*
- » *Global Non-Communicable Diseases Action Plan 2013-2020* (World Health Organisation 2013)
- » *United Nations Universal Declaration of Human Rights* (1948)

NATIONAL

- » *National Health Priority Areas*
- » *National Strategic Framework for Chronic Conditions*
- » *National Mental Health Policy 2008*
- » *National Alcohol Strategy 2016–2021* (in development)
- » *Draft National Drug Strategy 2016–2025*
- » *National Tobacco Strategy 2012–2018*
- » *Australian Dietary guidelines 2013* (National Health and Medical Research Council)

STATE

- » *Disability Act 2006*
- » *The Victorian Public Health and Wellbeing Plan 2015–2019*
- » *The Victorian Health Priorities Framework 2012–2022: Metropolitan Health Plan*
- » *Victoria’s 10 Year Mental Health Plan* (2015)
- » *Racism in Victoria and what it means for the health of Victorians* (2017)
- » *Age-Friendly Victoria: Declaration* (2016)

VICTORIAN PUBLIC HEALTH AND WELLBEING PLAN 2015–2019

The Victorian Public Health and Wellbeing Plan 2015–2019⁴⁶ establishes a population health vision for Victoria aiming to reduce inequalities in health and wellbeing. The vision of the plan is for ‘all Victorians (to) enjoy the highest attainable standards of health, wellbeing and participation at every age’.

The priorities outlined in the plan, which guide action until 2019, are:

- » healthier eating and active living
- » tobacco-free living
- » reducing harmful alcohol and drug use
- » improving mental health

- » preventing violence and injury
- » improving sexual and reproductive health

The importance of addressing climate change and its impact on people’s health and wellbeing is also identified throughout the plan.

VICTORIAN PUBLIC HEALTH AND WELLBEING OUTCOMES FRAMEWORK

The Victorian Public Health and Wellbeing Outcomes Framework⁴⁷ (the outcomes framework) provides a transparent approach to monitoring and reporting progress in the State Government’s efforts to achieve better health and wellbeing. It details a comprehensive set of outcomes, indicators, measures and targets to help track whether the work being done is improving the health and wellbeing of Victorians over time.

The outcomes framework monitors the progress of longer-range outcomes, taking into account that it can take years and sometimes even decades to see real improvements in health conditions at the population level.

Kingston’s PHWP reflects the outcomes and measures of the Victorian outcomes framework to provide a direct link between the efforts of Council and the State.

Concepts behind our health planning

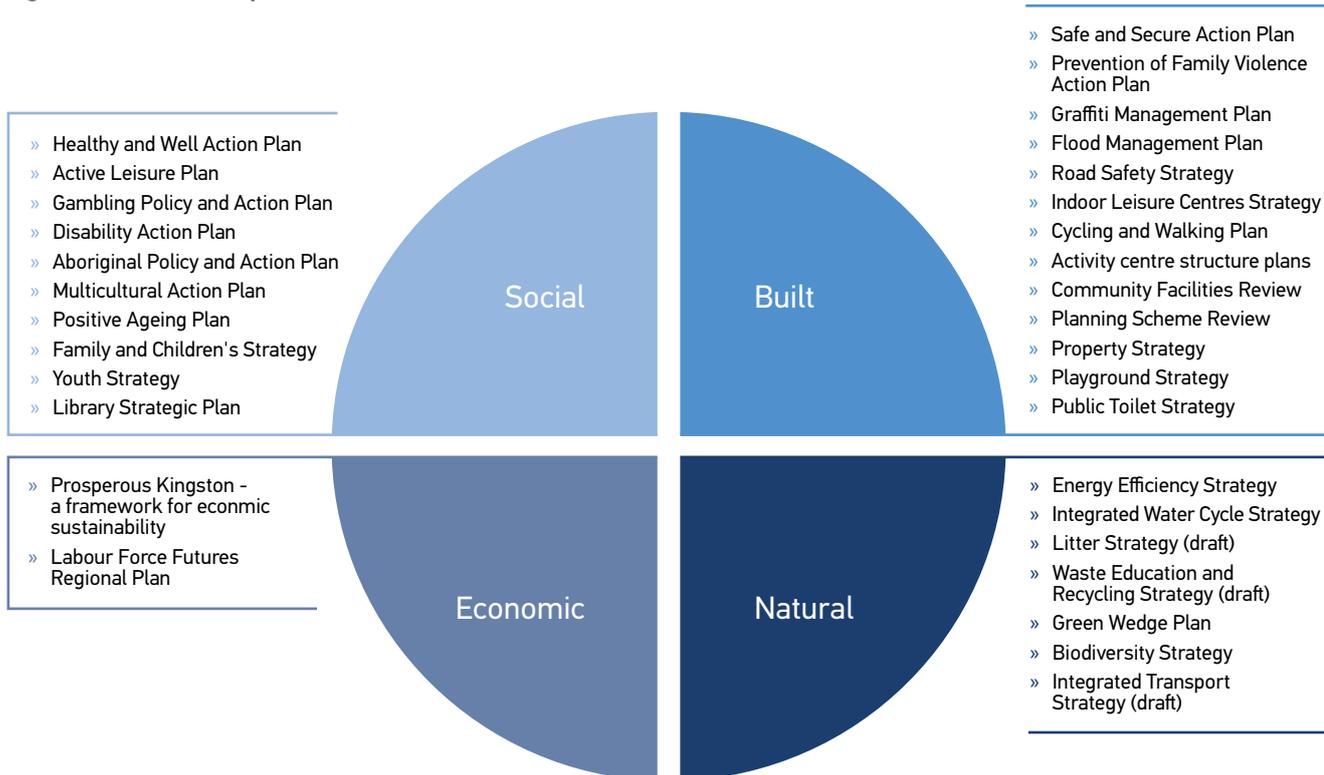
ENVIRONMENTS FOR HEALTH FRAMEWORK

The Environments for Health Framework⁴⁸ is a conceptual framework that underpins a systems approach to public health planning. It is based on the understanding that health and wellbeing are affected by factors that can originate across any or all of four environmental dimensions:

- » built
- » natural
- » economic
- » social

Council implements a range of strategies and plans across these four environments for health that impact on community health and wellbeing. The environments for health were referred to and explored during consultations with staff for the update of the PHWP to build understanding among staff about how their work contributes to the health of the community, and ensure all aspects of health were being discussed.

Figure 3: How Council priorities fit in the Environments for Health Framework



HEALTH PROMOTION APPROACHES

Two highly relevant approaches for guiding the work of our PHWP are the social determinants of health and the continuum of intervention for health and wellbeing.

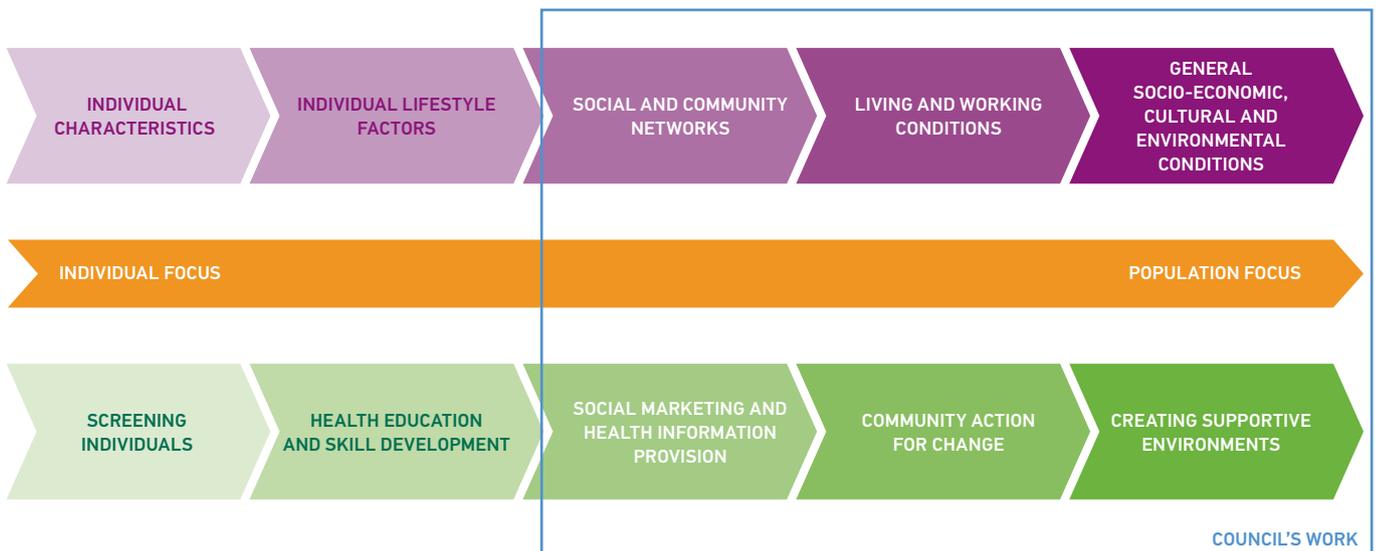
The social determinants of health⁴⁹ outlines that there are interrelated factors that contribute to an individual's health and wellbeing:

- » individual characteristics such as age, gender and hereditary factors
- » individual lifestyle factors
- » social and community networks
- » living and working conditions
- » general socio-economic, cultural and environmental conditions

A continuum of intervention for health and wellbeing shows that health promotion activities can occur at any point along a continuum, from those that focus on individuals through to interventions that focus on population outcomes. In many instances a combination of approaches for the same health issue is effective.

Both of these approaches outline a scale of focus progressing from individual factors to population features. The health and wellbeing work of Council is predominantly placed at the population focused end of these scales. Figure 4 illustrates this below.

Figure 4: Where Council's health promotion work fits best





DEVELOPMENT, IMPLEMENTATION AND MONITORING

How we developed this plan

The key public health and wellbeing priority areas for Kingston were developed through an analysis of relevant data and demographic information, policy and legislation and stakeholder and community consultation.

DATA AND LITERATURE

- » Evaluation of the previous Public Health and Wellbeing Plan strategies
- » Review and analysis of state and federal policies and literature
- » Review and benchmarking of other Councils' Public Health and Wellbeing Plans
- » Collation and analysis of health and demographic data from a variety of government sources such as the Australian Bureau of Statistics, VicHealth and the Crime Statistics Agency Victoria (see attachment 1)
- » Consideration of the Victorian Public Health and Wellbeing Outcomes Framework

COMMUNITY ENGAGEMENT

- » 2016 Health and Wellbeing Survey, which provided a representative sample of Kingston's residents and their views on health, wellbeing and safety in Kingston (see attachment 2)
- » Consultation with key stakeholders and community members to gather local health and safety knowledge
- » Discussions with internal Council staff regarding their priorities relating to health and safety to identify opportunities to improve health and safety through Council's services
- » See attachment 3 for a summary of the community engagement outcomes.



MENTATION

REPORTS

The following reports are available on Council's website (kingston.vic.gov.au):

- » Health and Wellbeing Profile, City of Kingston Public Health and Wellbeing Plan 2017–2021
- » 2016 Health and Wellbeing Survey, September 2016
- » Community Engagement Report, City of Kingston Public Health and Wellbeing Plan 2017–2021

FEEDBACK

Feedback on the draft document was sought between 18 July and 18 August 2017.

ADOPTION

Council adopted the Kingston Public Health and Wellbeing Plan 2017–2021 on Monday 25 September 2017.

How we will implement this plan

The whole of Council approach for this plan ensures that Kingston’s health and wellbeing priorities are met through the delivery of all of Council’s services.

Council also has range of social strategies and plans that focus on priority populations and disciplines to ensure the diverse needs of the Kingston community are met. These ‘people oriented’ social plans have the most direct relationship with the PWHP and the actions detailed in them show clear implementation of the PHWP priorities and objectives. They will be endorsed through Council’s approval processes.

Working collaboratively within Council, with local organisations and with the community is an important aspect of the implementation of our health and wellbeing priorities. Partnerships are specified within the actions of the social plans when they have been formed for a project.

Council’s social strategies and plans are:

- » Aboriginal Policy & Action Plan
- » Safe and Secure Action Plan
- » Prevention of Family Violence Action Plan
- » Disability Action Plan
- » Family and Children’s Strategy
- » Gambling Policy & Action Plan
- » Healthy and Well Action Plan
- » Multicultural Action Plan
- » Positive Ageing Plan
- » Youth Strategy
- » Family and Children’s Strategy

How we will monitor this plan

The PHWP is an overarching document that will be reviewed every four years. Assessment of the long term performance measures will form part of this review. Relevant social plans and other plans of Council are reviewed and updated annually. Assessment of the short term performance measures will form part of these reviews.

The performance measures detailed for our objectives are high level and focus on tracking the outcomes of our work over time. It is not anticipated that we will see a change in these figures in the immediate years of this plan. But we expect to see changes in our community in the long term, and these measures help us to track these changes.

We also need to measure our progress as we work towards achieving our high level objectives. These shorter term measures report on the outcomes of the actions implemented in Council’s action plans and work activities. As a part of this PHWP we are aiming to develop a new system for collating these short term outcomes to better tell the story of our health and wellbeing progress throughout the years. This will provide us with a comprehensive overview into the future of how we are helping our community to be healthy and well in the short and long term.

WE WILL	COUNCIL ROLE	LEAD COUNCIL TEAM	TIMEFRAME
Develop standardised data collection tool to assess short term outcomes across Council.	Data Collection	Social Development	2017/2018
Establish an online system to collate outcome data across Council.	Data Collection	Social Development	2017/2018

HOW YOU CAN GET INVOLVED

Be informed

- » Make sure you have all the right relevant health and wellbeing information for you, your family and your friends.
- » The State Government's 'Better Health Channel' and your general practitioner can provide you with health information.

Be active

- » Keep your body moving – walk in one of Kingston's amazing parks, swim at one of Kingston's leisure centres or join a sports club.
- » Keep your mind active – visit one of Kingston's libraries to borrow books or magazines; participate in one of their information sessions.

Be involved

- » Join a group, club or activity.
- » Know your neighbours and help them out.
- » Volunteer with a community group, emergency service organisation, community support service or one of Council's advisory committees.
- » Can't find a group that's right for you? Set your own group up!

Not sure where to start?

- » Have a look on Council's community website My Community Life mycommunitylife.com.au
- » Contact Council's Social Development Team – 1300 653 356 or mycommunitylife@kingston.vic.gov.au

ATTACHMENTS

Available for download at kingston.vic.gov.au

1. Health and Wellbeing Profile, City of Kingston Public Health and Wellbeing Plan 2017-2021
2. 2016 City of Kingston Health and Wellbeing Survey, September 2016
3. Community Engagement Report, City of Kingston Public Health and Wellbeing Plan 2017-2021

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