Cross Keys Reserve
Master Plan 2016

Cross Keys Reserve Master Plan

December 2016

City of Moonee Valley

introduction

Cross Keys Reserve is located within the suburb of Essendon and is bounded by Woodland Street, Bridge Street, Cameron Road, a Council owned laneway and the Moonee Ponds Creek. The Reserve is approximately eight and a half hectares and is defined in the Moonee Valley Open Space Strategy as a Regional Park. The site is primarily for neighbourhood use but has broader regional catchment significance due to its location along the Moonee Ponds Linear Park. Its' primary classification is 'Sporting' and secondary classifications are 'Waterway' and 'Nature Conservation'. Woodland Street Grassland Area is being included within the overall site for the purposes of the Master Plan. The naming of the Reserve is related to its proximity to the Cross Keys Hotel which sits to the west of the Reserve.

Cross Keys Reserve has a rich history, including pre-European habitation. Areas such as this along the Moonee Ponds Creek prior to urbanisation would have been a sequence of vegetated water holes. Since urbanisation, modifications to the Moonee Ponds Creek and other drainage systems has led to a reduction in natural overland flow and water collection on the site. The construction of the Tullamarine Freeway and its associated drainage system has also created a physical barrier to the catchment.

While the Reserve is primarily sporting in nature, it also remains an important piece of open space for passive use. The site has a combination of active playing fields, green open space and a dogs off-leash area. The Moonee Ponds Creek Trail also passes alongside the Reserve and is used by a large number of recreational and commuter cyclists.

Moonee Valley City Council's Open Space Strategy recommends to "Implement the existing Master Plan for this Reserve." A Master Plan was developed in 2008 for the purpose of relocating Essendon Cricket Club from Windy Hill to Cross Keys Reserve. This move did not eventuate, hence a new Master Plan for Cross Keys Reserve was required to guide its design, development and management into the future.

Cross Keys Reserve in an open space context

history

The Wurundjeri people are the traditional owners of the land. They relied on the Maribyrnong River, Moonee Ponds Creek and Steele Creek for fishing, transport and food. Following colonisation, the Cross Keys Reserve area was used as grazing land.

The timeline below shows some historical events that have occurred at the site since post European settlement. Reference for this chronological history have been sourced from The Annals of Essendon by R.W Chalmers

1848 - The Cross Keys Hotel was built (it was one of only 16 properties along Pascoe Vale Road in 1872)

21 May 1928 - The Essendon Council has been appointed Committee of Management for the Cross Keys Reserve. An area of 4 acres, 2 roods and 35 perches at North Essendon ("The Argus")

7 October 1933 - The Glenbervie Cricket Club, recently formed, played its first match in the North West Cricket Association. The Club was granted use of Cross Keys Reserve as its home ground ("The Annals of Essendon"Vol 2. 1925-1962)

6 May 1944 - Rev RL Mc Donald, President of the North Essendon Methodist Football Club, unveiled the 1943 Pennant won by his Club in the Methodist Association last year prior to the commencement of the 1944 Season at Cross Keys Reserve ("The Annals of Essendon"Vol 2. 1925-1962)

1950 and 60s - Melbourne Metropolitan Board of Works (now called Melbourne Water) realigned and concreted the Moonee Ponds Creek in an attempt to stop flooding

2003 - 'The Totems' artworks by Glenn Romanis installed in Cross Keys Reserve, Travancore Park and Boeing Reserve

21 June 2003 - Gangland murder of Jason Moran and Pasquale Barbaro in the carpark at Cross Keys Reserve ("The Age" 23/6/2003)

2008 - Cross Keys Reserve Master Plan 2008 adopted

Aerial view of Cross Keys Reserve and surroundinding area 1945

Cross Keys Reserve location on the plan of suburban allotments - Parish of Doutta Galla 1858

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planning overlays and land ownership

Land Subject to Inundation Overlay
This overlay identifies land which is subject to 1 in 100 year flood. This ensures that developments allow for the free passage of water and do not hinder flood levels or flow velocity.

Incorporated Plan Overlay
To coordinate the development along the Moonee Ponds Creek, it's banks and surrounding environment
To reserve the natural features and remnant vegetation of the Creek and prevent further deterioration of the creek and its environs.
To improve access to land adjacent to the creek and the creek itself, to enable the extension of the linear trail along the entire creek and developing links to other areas.

Land Ownership
The site is divided into several different titles: Land owned by Moonee Valley City Council, Crown Land and Government Road.
Cross Keys Reserve is zoned Public Park Recreation Zone (PPRZ), the open space bordered by Woodlands Street, Reynard Street and CityLink is in the process of being re-zoned from Residential Zone 1 (RZ1) to Public Park Recreation Zone (PPRZ).

strategic directions

Open Space Strategy
Vision: *A linked, sustainable and accessible system of quality open space well used by Moonee Valley's diverse community, comprising the waterway corridors that are highly valued for their native habitat and recreational use, and a diverse range of other open space reserves across the City including historical gardens, large sporting reserves and a network of smaller vibrant open spaces.*

Cross Keys Reserve is a Regional Open Space, with primary character classification of Sporting and Secondary Character Classification of Waterway, Nature Conservation. The recommendation in the Open Space Strategy is "Implement existing landscape master plan (including Woodlands Street Grassland Area)"

The anticipated length of stay and potential use of the reserve guides the type of facilities considered. As a Regional Park the following facilities are appropriate:

- Barbeques
- Car parking
- Club based indoor recreation and leisure facilities
- Club based outdoor recreation and leisure facilities, including sports fields, courts etc.
- Drinking taps
- Feature garden beds
- Informal sports facilities including tennis wall
- Basketball half court
- Cricket nets
- Large open grassed areas
- Lighting
- Paths – including shared
- Picnic shelters
- Playground – Large
- Public toilets
- Rubbish bins
- Seating
- Skate facilities

Leisure Strategy 2013
The Leisure Strategy focuses on enabling, supporting and improving people's capacity to be active socially, mentally and physically. This will involve many people and organisations, including community groups, clubs and commercial entities, working together to help achieve positive health and wellbeing outcomes for our community. The strategy includes goals that will guide us in our planning for leisure services, places and spaces. The goals are:

- Enable enhanced program and service delivery
- Optimise, develop or redevelop spaces and places for leisure activities to meet the needs of multiple users
- Encourage leisure participation across the whole community
- Ensure that people are informed about leisure opportunities
- Support both structured and casual leisure activities
- Support, facilitate and build effective partnerships

City Sustainability Policy
"In 2035, Moonee Valley will be a city of clean, green and beautiful, vibrant, diverse and sustainable community that people experience as friendly and safe to live in." MV Next Generation 2035

Our lifestyles and cities are rapidly changing and our City Sustainability Policy takes the environmental knowledge we have gained over the past ten years, and brings it forward into the design and policy development for our community.
For leadership in city sustainability, Council's strategies need to think long term, find big picture connections and lay the foundations for more specific strategies, actions and guidelines.

The policy provides guidance through four themes:

- Urban Ecology – Greening our City
- Living Locally – Designing our City Better
- Your Home and Workplace – Lessening the Impact
- Valuing our Resources – Ways to lessen our waste

Cross Keys Reserve Master Plan **December 2016**

existing conditions and opportunities

Buildings and Structures
The existing pavilion contains rooms for the sports clubs and the Essendon Gem and Lapidary Club. The pavilion does not meet Australian Standards and is currently the lowest rated in Moonee Valley City Council's Pavilion Redevelopment Plan for functionality and condition. Portables are currently being used to act as a second change room. The existing public toilets are in poor condition and not well located.
The site for the telecommunications tower has been leased into perpetuity. This infrastructure will remain in its current location for this Master Plan.

Opportunities
There is an opportunity to replace the existing pavilion with a new multi-use pavilion designed in accordance with Universal Design Principles. A new location for the pavilion would allow for a larger building with better pedestrian and vehicular access. Publicly accessible toilets would be included within the pavilion.

Cross Keys Reserve - existing and proposed buildings

existing buildings

proposed pavilion and carpark

Sports Fields
Cross Keys Reserve currently contains two cricket fields and one soccer field which are used throughout the year. The following clubs play at Cross Keys Reserve:

- Essendon Royals Soccer Club
- Essendon Cricket Club
- Strathmore Cricket Club
- Aberfeldie Cricket Club

Opportunities
There is an opportunity to re-configure the playing fields to maximise the number of games that can be played throughout the year. The re-configuration allows for two senior soccer fields, one senior cricket field and several smaller fields for lower grades and junior sport. Aligning soccer fields in an east-west direction reduces the possibility of stray balls crossing onto Woodland Street and associated footpaths. With this re-configuration there is an opportunity to reposition the pavilion location. There is an opportunity to upgrade and enhance sports field lighting to allow for evening training sessions. Safety fencing is required along Woodlands Street to prevent stray soccer balls from entering the road environment.

Cross Keys Reserve - existing and proposed sports field layout

existing sports field layout

proposed safety fencing

proposed sports field layout

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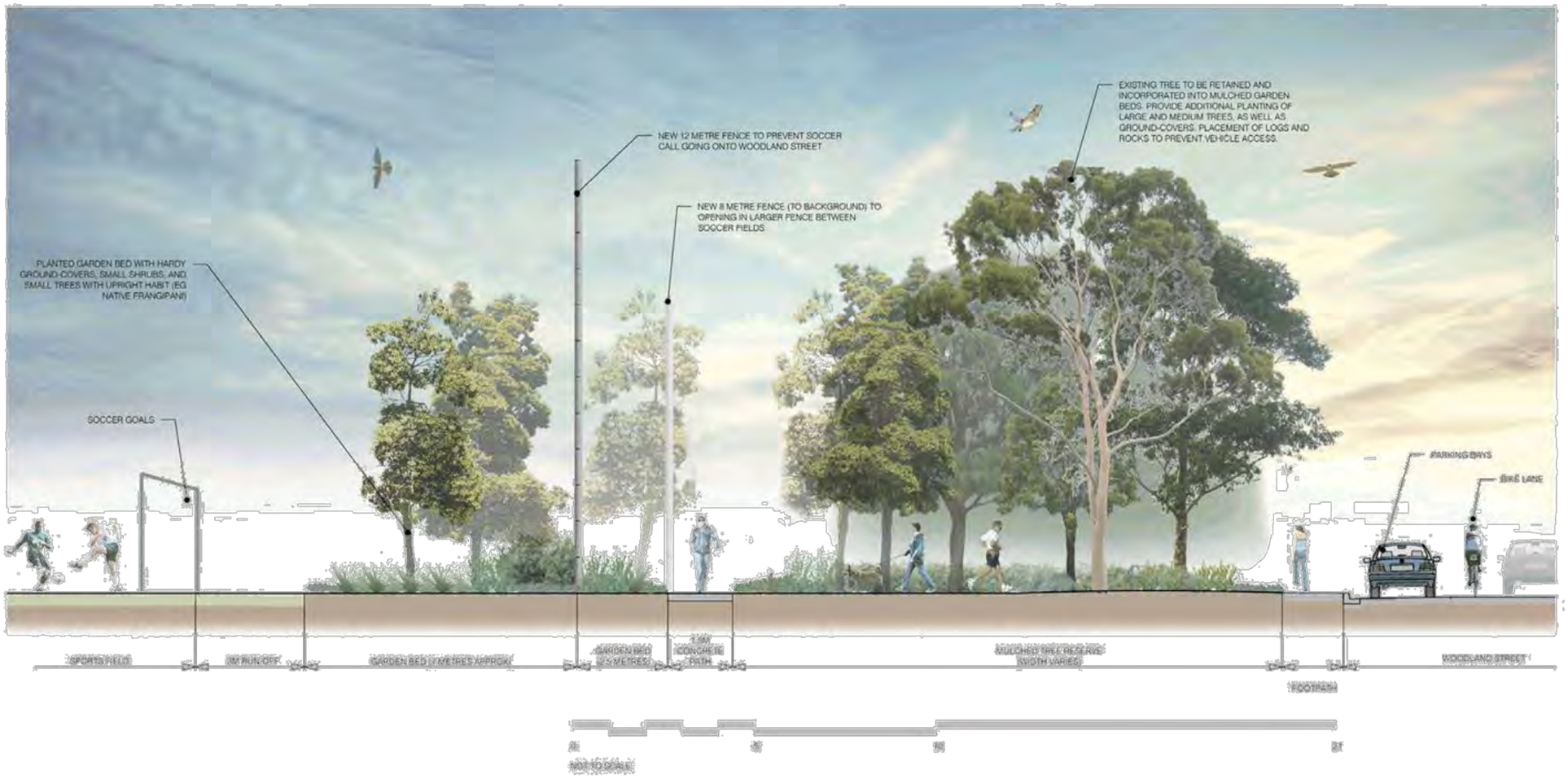
existing conditions and opportunities

Safety Fencing
The proximity of the proposed soccer fields to Woodland Street poses a risk to drivers and pedestrians. To mititgate this risk, a 12m high safety fence is proposed along the northern edge of the soccer fields. This will prevent soccers balls from being kicked onto Woodland Street. The fencing will be screen from the road through extensive plantings.



Cross Keys Reserve - proposed Woodland Street edge

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existing conditions and opportunities

Pathways and pedestrian entrances
Cross Keys Reserve currently has limited internal pathways. The Moonee Ponds Creek Shared Path runs to the south and east of the Reserve and there are existing footpaths along adjacent roads. The Cycling and Walking Strategy contains recommendations for improved connections from Woodlands Street and Pascoe Vale Road to the Moonee Ponds Creek Trail and existing worn tracks highlight this need. The bridge across the Moonee Ponds Creek leads to residential areas beyond and this is a well used connection for access to the Strathmore train station. The pedestrian entrances into the Reserve are not well marked or accessible.

Opportunities
There is an opportunity to provide pathway connections within and to the Reserve. A circuit path around the perimeter of the Reserve would provide a designated route for walking and jogging. An internal network would also provide alternative routes to the shared path and define areas within the Reserve such as the dog off-leash zone. There is the opportunity to provide more recognisable and accessible pedestrian entrances into the Reserve.

Cross Keys Reserve - pathway network and pedestrian entrances


Existing desire line through the Reserve


Bridge Crossing over Moonee Ponds Creek

Site hydrology, drainage and irrigation
Stormwater from local catchments flows to the north and south west of the Reserve. These drainage systems discharge into the Moonee Ponds Creek which runs to the south and east of the Reserve.
The stormwater drainage system that runs along the northern edge of the Reserve is under capacity. This causes flooding in high rainfall events, resulting in damage to the Moonee Ponds Creek Trail and associated embankment.

Opportunities
There is an opportunity to divert some of the stormwater from the surrounding drainage systems into a small wetland. Diverting this stormwater would alleviate the need to upgrade the under-capacity drainage system along the northern edge of the Reserve. Incorporating a wetland or other stormwater bio-retention area, would enhance local biodiversity and protect the Moonee Ponds Creek by reducing the amount of pollutant entering the waterway.

There is an opportunity to install a rain garden in the south western corner of the Reserve which would capture stormwater from Cameron Road and Bridge Street and treat the water to remove pollutants prior to it entering the Moonee Ponds Creek.

The local storm water catchment (1.5Ha) is not large enough to harvest water for sports field irrigation.

Cross Keys Reserve - Water Sensitive Urban Design opportunities


Moonee Ponds Creek at Cross Keys Reserve

existing conditions and opportunities

Vehicle access and circulation
There is currently one vehicular access point Cross Keys Reserve car park on the corner of Bridge Street and Cameron Road. There are current traffic congestion issues in Cameron Road due to width of the road. There is a laneway along the western edge of the Reserve that is accessed from Woodlands Street, this provides access to the Reserve carparking and also to the rear of the properties that adjoin the site to the west.

Opportunities
There is an opportunity to upgrade the laneway to allow safer and more efficient vehicle movement. This is possible through surface improvements, line-marking and provision of better site-lines at the entrance. The congestion issues along Cameron Road would be alleviated by the proposed relocation of car parking.

Cross Keys Reserve - existing vehicular movement and desire lines in and around the Reserve

Existing laneway accessed from Woodlands Street

Car Parking
Cross Keys Reserve currently contains several car parking areas; one large car park on the corner of Bridge Street and Cameron Road accommodates approximately 49 cars. A smaller car park along the western edge of the Reserve accommodates approximately 28 cars. Parking within surrounding streets is also possible, such as along Woodland Street. There is informal car parking area on the corner of Bridge Street and Pascoe Vale Road.

The car parks are often used by commuters who use Strathmore train station. There are issues associated with limited passive surveillance within the existing car parks.

Opportunities
There is an opportunity to relocate car parking in association with the proposed pavilion location. The relocated car park would be accessed via Woodland Street and would be sealed and line marked to maximise efficiency. The proposed location would encourage more passive surveillance. Shade trees and Water Sensitive Urban Design would be incorporated into the car park design. There is an opportunity to provide additional car parking along Bridge Street in association with pathways and plantings. The informal car park on the corner of Pascoe Vale Road and Bridge Street is to be removed due to safety issues and converted to a seating area with shade trees.

Cross Keys Reserve - existing and proposed car parking locations

Existing car park on corner of Bridge Street and Cameron Road

existing conditions and opportunities

Public Art
The sculpture in Cross Keys Reserve is one of three sculptures that are placed along the Moonee Ponds Creek by Indigenous artist Glenn Romanis. All three are considered one single work titled 'The Totems'. They were commissioned in 2003 and made from River Red Gum sourced from the Murray River. The other two sculptures are in Boeing Reserve and Travancore Park.

The sculptures along the creek tell a story of the history of the waterway. The sculpture in Cross Keys Reserve resembles a spear and pays homage to the Aboriginal occupation of the land. The work in Boeing Reserve represents the natural land before human occupation and resembles a young plant breaking through the soil. The sculpture in Travancore Park resembles cogs which reflect the industry associated with the area and European occupation.

Opportunities
The sculpture in Cross Keys Reserve receives annual maintenance. It now requires renovation to repair areas of damage to ensure that it remains resilient into the future. There is an opportunity to incorporate the sculpture into the surrounding landscape through plantings and surface treatments.


Cross Keys Reserve - public artwork location


Existing public artwork 'The Totems' series by artist Glenn Romanis

Dog Off-Leash Area
The eastern end of Cross Keys Reserve is designated as a dog off-leash area. The local law states that dogs are to be kept under effective control at all times and are to be kept on a leash within 15m of shared paths. When sports games are being played, dog owners are expected to keep their dogs under effective control and prevent them running onto the playing field areas. The dog off-leash area is marked with two signs at each end of the off-leash zone.

Opportunities
Cross Keys Reserve is popular for dog walkers and the off-leash area will be maintained. There is an opportunity for additional amenities such as dog drinking bowls, more bins for dog waste disposal and pathways to delineate the off-leash areas which will assist with navigation and the local law requirements.


Cross Keys Reserve - dog off-leash area

existing conditions and opportunities

Play Spaces, Picnic Areas and Exercise Stations
Cross Keys Reserve does not currently contain a playspace, picnic areas, circuit pathway or outdoor fitness stations.
The Moonee Valley City Council Playspace Plan recommends incorporating a playspace into the Reserve that provides play opportunities for children of all ages and also natural play opportunities. The Leisure Strategy encourages leisure activities for all, including facilities for outdoor exercise and passive leisure.

Opportunities
There is an opportunity to provide a playspace for local families as well as for those using the Moonee Ponds Creek shared trail and visiting the Reserve for sport. The proposed playspace would be located at the southern end of the Reserve and would include play opportunities for children of all ages, including a basketball half court. It would also include natural play opportunities and reference the Totem artwork and the creek environment.

There is an opportunity to provide two picnic areas. One at the southern end of the site in close proximity to the Moonee Ponds Creek shared trail. The other at the northern section of the Reserve. The picnic areas would include shelters, tables and drinking fountains.

There is an opportunity to provide the community with an exercise circuit around the Reserve including exercise stations for people who want to increase their fitness levels in an open and social setting.

There is an opportunity to provide seating throughout the Reserve both in shaded and in sunny locations. The seating will be located along pathways to provide resting points, either singularly or in arrangements that encourage social interaction.

There is an opportunity to provide litter bins at key locations around the Reserve such as at the playspace, near the pavilion and in the dog off-leash zone along with dog waste bags.

Cross Keys Reserve - proposed playspace, picnic areas and excercise stations


Examples of possible playspace opportunities


Examples of possible outdoor exercise station opportunities

existing conditions and opportunities

Vegetation and Urban Ecology
Cross Keys Reserve currently consists of open sports fields, perimeter plantings of tall trees and escarpment plantings along the Moonee Ponds Creek. The species are predominantly native to Australia with a number of exotic trees in the north west corner. The Friends of Moonee Ponds Creek have undertaken revegetation along the creek embankments.

Opportunities
There is an opportunity to strengthen the plantings throughout the park to define spaces, provide more shade for users, provide more habitat for local fauna and improve local biodiversity. There is an opportunity to create an urban forest by planting more trees and understorey plantings throughout the Reserve. Fruit trees and other edible vegetation could be incorporated to increase local food production.

At the eastern end of the Reserve there is an opportunity to capture local stormwater and collect it in a series of vegetated ponds or small wetlands. The purpose of these ponds would be to reduce the instances of flooding (refer Site hydrology, drainage and irrigation), reduce pollutant entering the Moonee Ponds Creek and to increase local biodiversity. As part of this environment mid-storey plantings could provide more habitat and visual interest for park users.

"There are a range of benefits that have been shown to come from incorporating natural ecological systems and processes into park designs. For example, WSUD can provide habitat, filter, slow and reduce the quantity of stormwater and recharge the groundwater. .....The provision of trees and vegetation ameliorates the local climate, reducing the urban heat island effect and providing shady meeting and gathering places for local people. Birds and other wildlife can be encouraged to flourish and spaces can be created to enable children and adults to engage in nature through recreation and play."
Moonee Valley City Council Urban Ecology Park Scenario


Cross Keys Reserve - proposed vegetation areas


Local species of birds that could benefit from the collection and treatment of stormwater on site using natural processes


Existing sportsfield with tall trees bordering the Reserve to the north


Example of small wetland
(image Tom Biebighauser)


Example of opportunity to increase mid-storey plantings at eastern end of site

CROSS KEYS RESERVE

DRAFT MASTERPLAN - NOVEMBER 2016

City of Moonee Valley

Legend

- Existing vegetation to be protected and retained.
- New tree planting.
- New concrete path network and seating.
- New gravel paths
- Dog off leash area. Provide seating, shade and drinking taps with dog bowls.
- New low fencing

0 50 100 115

1:1000 @ A2 (NOT TO SCALE AT A3)

NORTH

1. Reconstructed two-way laneway. Bicycle access, including relevant line marking, shared zone signage and speed limit, to be incorporated. Keep Clear zone at Woodland Street (subject to Vicroads approval) including relocation of services as required.
2. New pavilion designed to universal design principles including paved area for spectator viewing.
3. New carpark with asphalt surface with water runoff directed to passively irrigate trees.
4. New carpark with asphalt surface with water runoff directed to passively irrigate avenue of trees.
5. New pocket park with mature feature trees and seating.
6. New shared path linking to path along Moonee Ponds Creek. Reduce steepness with earthworks and grading. Provide secondary path that is less steep for better pedestrian accessibility. Provide new crossing point across Cameron Road. At this location there is an opportunity for a rain-garden to collect water runoff from road before entering creek. Provide wayfinding signage.
7. New picnic area with shelter, picnic tables, drinking fountain, and rubbish bin. Incorporate adjoining carved timber seating and art totem into gravel area and additional planting and create link to playground.
8. New playground that encourages children of all ages and abilities to participate in play. Incorporate natural elements including logs for climbing and balancing, rocks for seating and stepping stones and sculptural elements. Provide variety of equipment including swings, spinners, climbing net and combination unit. Provide seating in shade.
9. Basketball court with adjoining seating and shade for viewing both basketball and soccer field.
10. Existing communications tower infrastructure to remain.
11. Outdoor fitness stations
12. New picnic shelter with seating and drinking fountain including tap for filling bottles.
13. Investigate possibilities to capture and treat storm water from adjoining streets to prevent localised flooding. This could include installation of small wetlands. Pathways with seating would provide an opportunity to experience the natural setting and bird-life the wetlands would attract.
14. New path connecting connecting Reynard Street to shared path along Moonee Ponds Creek.
15. Enhance bushland planting through re-vegetation and erosion control.
16. Urban Ecology Park at Woodland Street grassland area. Predominantly existing eucalyptus canopy with native grass. Incorporate existing trees into mulched beds with logs and rocks, which will also act as barriers to vehicle access. Planting of additional trees and native ground-cover planting. Maintain clear mid-storey for visual permeability. Encourage nature play. Install generous gravel circulation path with seating in shaded areas.
17. New pedestrian crossing across Reynard Street.
18. New practice nets with retractable nets for cricket and soccer practice.
19. New low fence along north side of soccer pitch to prevent balls being kicked onto the road. Elsewhere along Woodland Street edge, incorporate logs and rocks into mulched beds in combination with trees to contribute to exclude cars from reserve, helping create a less formal 'bushland' edge.
20. New 12m high fence to prevent soccer balls going onto road.
21. Replace existing fence with new low fence, and continue along oval adjoining proposed wetland.

consultation

Information Gathering
As part of the development of the Cross Keys Reserve Draft Master Plan, three rounds of community consultation were undertaken.
The first round was to gather information from the local community about what they wanted to see in the Reserve in the future. There was a Saturday morning session in the reserve on 12 September 2015 where local residents were invited to talk about their ideas and raise any concerns they had about the reserve in its current state and for the future. For those who couldn't attend, a feedback form and reply paid envelope was provided as part of their invitation. Residents could also call or email their feedback to Council. A summary of the consultation feedback is below. This feedback was used to develop the draft Master Plan.

The comments and issues that were gathered fell under the following headings:
- Access and Connectivity
- Car Parking
- Character
- Landscaping
- Playspaces
- Recreation and Activities
- Park Amenities
- Dogs
- Management and Maintenance

Draft Master Plan consultation
Consultation was undertaken to give the community an opportunity to view the draft Master Plan and provide feedback. A community session was run in the reserve on Saturday 13 February 2016.

Feedback received was reviewed and given that there were some significant changes requested, an updated draft Master Plan was sent out to the community for comment as the third round of consultation. The changes requested included moving the cricket oval closer to the pavilion, which meant reorientating the senior soccer fields and required the inclusion of a high safety fence along Woodland Street to stop errant balls hitting cars and pedestrians. The other main change was to keep the entrance and exit to the car park from Woodland Street to prevent an increase of cars in Cameron Road. The final Master Plan relfects the feedback recieved.

External Stakeholders
- Clubs:
  - Essendon Cricket Club
  - Essendon Royals Soccer Club
  - Strathmore Cricket Club
  - Aberfeldie Cricket Club
  - Essendon Gem & Lapidary Club
- Friends of Moonee Ponds Creek
- Friends of Five Mile Creek
- Local Residents
- Local businesses:
  - McCanns Plumbing Supplies
  - Nongkhai Thai Restaurant
  - Cross Keys Hotel
- Moreland City Council
- Melbourne Water

Internal Working Group
- Venta Slizys - Open Space and Urban Design
- Liz Chapman - Open Space and Urban Design
- Penny Ball - Environment and Climate Change
- Michelle Gooding - Parks and Conservation
- Andrew Carey - Sport and Recreation
- Anna Psarras - Traffic and Transport
- Kosta Smirnis - Engineering
- Chris Morris - Sustainable Transport

implementation

Based on the current facility upgrade needs and feedback recieved from the community, the following implementation plan has been developed. The master plan implementation will occur over a period of approximately ten years and will be subject to budgetry considerations and possible external funding opportunities. The purpose of master plans for open spaces such as Cross Keys Reserve is to provide a guiding document that can carefully guide any future development that may occur within the Reserve.

Short Term	**2016/17-19/20**	**Cost Estimate $**
2016/17	Pavilion concept design, detailed design & construction documentation	400,000
	Subtotal	*(400,000)*
2017/18	Pavilion tendering and construction (stage 1)	2,000,000
	Sportsfield lighting	100,000
	Subtotal	*(2,100,000)*
2018/19	New pavilion construction (stage 2)	2,000,000
	Car park construction and laneway redevelopment	850,000
	Subtotal	*(2,850,000)*
2019/20	Pavilion and toilet demolition	100,000
	Sportfield grading and levelling	200,000
	Cricket pitch re-positioning	100,000
	Perimeter fencing	120,000
	High safety fencing and associated screening vegetation	440,000
	Subtotal	*(960,000)*
Medium Term 2020-23		
	Playspace and half court	170,000
	Pathway construction - concrete and gravel	450,000
	Picnic areas: shelters and tables	60,400
	Drinking fountains	4,000
	Park seating	30,000
	Bike racks	6,000
	Tree planting	28,000
	Wetland	150,000
	Subtotal	*(898,400)*
Long Term 2024-27		
	Exercise equipment	60,000
	Cricket nets	50,000
	Rain garden (Cameron Road)	65,000
	Garden beds (understorey plantings, logs and rocks)	50,000
	Wayfinding signage	6,000
	Subtotal	*(231,000)*

Prepared For:

Moonee Valley City Council

By:

Barry Hedley

For

Hedley Rail Consulting Pty Ltd

11 July 2016

City of Moonee Valley	Cross Keys Reserve Soccer Field - Moonee Ponds Independent Risk Report	Hedley Rail Consulting Pty Ltd

Contents

1.0 INTRODUCTION

Moonee Valley City Council engaged the services of Mr. Barry Hedley of Hedley Rail Consulting in July 2016 to undertake an independent study of the risks associated with soccer balls leaving the Cross Keys Reserve soccer pitches and entering Woodlands Street Essendon. The reserve has been in use as a soccer and cricket ground for many years however proposed redevelopment includes the repositioning and changed orientation of the soccer pitches. This has potentially increased the exposure of passing traffic and pedestrians on Woodland Street to the effects of stray soccer balls.

The objectives were:

a) To identify the potential risks of stray soccer balls to passing and parked vehicles, cyclists and pedestrians on Woodlands Street

b) To assess the effectiveness and dimensions of a series of fences aimed at reducing the likelihood of stray soccer balls escaping beyond the boundaries of the reserve.

Fig 1 Aerial View of Proposed Soccer Pitch and Barrier Fence Locations.

2.0 EXECUTIVE SUMMARY

2.1 Findings:

A previous study was conducted in April 2011 for the Quinn Reserve soccer pitch at East Keilor where soccer balls were flying over the original barrier fence and entering properties. That study involved extensive research and analysis of soccer ball aerodynamics and trajectories to determine the necessary fence height extension required to reduce the probability of balls escaping the field. MVCC advise that since completion of the fence extension works there have been no further resident complaints at that site. This study for Cross Keys reserve relies partially on that previous study as a technical basis for its recommendations.

The probability of soccer balls entering the road reserve with no fence present is high. The majority of these instances will involve the ball bouncing or rolling along the ground at low level. The presence of a waist high barrier and shrubs adjacent to the kerbside footpath would stop most of these. Cars parked on the southern side of Woodland St will also provide some effectiveness as a barrier should MVCC decide not to provide other protection in the form of a positive barrier fence adjacent to the soccer pitch.

The major residual safety risks relate to soccer balls flying out of the ground at a height capable of clearing a low barrier and parked cars. While there is little risk of direct damage by a ball strike, this creates the potential for bicycle or road vehicle collisions due to distraction or attempted avoidance. Of secondary risk is that of a bicycle or road vehicle striking a pedestrian who is retrieving a soccer ball from the road reserve.

An assessment of the effectiveness of the existing line of eucalypt trees in providing a barrier, determined that depending on barrier fence height, more than 50% of ball fights would pass through and onto Woodland St. In the absence of any high barrier fence adjacent to the soccer pitches, the risk of ball flights creating the potential for an accident on Woodland St is calculated to be once weekly which is considered to be unacceptable. It is therefore recommended that MVCC provide a high level fence to reduce the risk to acceptable levels.

With the exception of intentional acts, this assessment concludes that approximately 98% of likely soccer ball trajectories would be intercepted and prevented from entering the road reserve by a barrier fence of 10m height and extending from corner post to corner post of each soccer pitch, 3m behind the goal line. At 12m high it would stop 99% and a further 3m extension to 15m high would control all unintentional ball flights.

Fig 2 Northward Looking Impression of 15m High Barrier Fences with an 8m High Offset Fence Across the Gap Between

Having cleared the barrier, a combination of current tree canopy interference and traffic frequencies on Woodland St would further reduce the likelihood of an accident event. A conservative estimate based on assumed frequency of soccer pitch use and for current traffic would suggest an accident return period of 5 years for an 10m high barrier, 10 years for a barrier of 12m height and greater than 20 years for 15m. A 20m high barrier should eliminate any likelihood of accidents caused by high trajectory ball escape from the Cross Keys soccer pitches onto Woodland St. A gap in between the fences could be adequately protected by an 8m high fence, offset to the north by 2m with a 2m overlap.

3.0 BACKGROUND

Moonee Valley City Council is responsible for the public safety of the sporting fields at Cross Keys Reserve Essendon. The reserve has been in use as a soccer and cricket ground for many years however proposed redevelopment includes the repositioning and changed orientation of the soccer pitches. This has potentially increased the exposure of passing traffic and pedestrians to the effects of stray soccer balls escaping from the soccer pitch and entering onto the adjacent Woodland Street.

MVCC has erected barrier fences at other new and redeveloped playing fields to reduce the potential for accidents resulting from changes to the usage or operation of those fields. The major change at Cross Keys reserve is the repositioning and reorientation of the soccer pitches to run in a north / south direction rather than east / west. The result is that the two northern goals are immediately adjacent to Woodland St and a player striking the ball past or over the goal will be kicking it in the direction of the road only 25m away.

Woodland St is a busy road by virtue of its connection to Reynard St which carries traffic over the Tullamarine freeway, connecting Pascoe Vale Road with suburbs to the east. It also provides for bicycle traffic which could be exposed to soccer ball strike. Parking along Woodland St adjacent to Cross Keys reserve, while providing a level of barrier for wayward soccer balls, may also obscure the visibility of stray balls from cyclists and drivers until they are struck. Especially for west bound traffic due to the curve.

There is a line of trees and shrubs along the northern edge of the reserve parallel to Woodland St which also provides some degree of protection. The proposed redevelopment of the site includes some additional landscaping and low level vegetation which could assist, however the mature trees along this strip are spaced out and their canopies provide limited protection against a ball travelling at height. While the planting of additional trees might eventually form an effective high soccer ball barrier, it may also increase the risk of fall from height injury by those retrieving balls lodged in trees.

Since the reserve is also used for cricket with the cricket and soccer pitches aligned, any barrier that is provided for soccer would also represent a level of protection for stray cricket balls. It is understood however that the cricket pitches are not intended to significantly change from their current position, alignment or operation.

Apart from considerations for height and length, any design for a high barrier will need to consider the impact on trees and the need to remove interfering branches. Maintenance issues and costs for the fence and the suitability of foundations required to withstand the wind loadings of a high barrier will also need to be taken into account. Aesthetics of any barrier will be of significant importance due to its visual exposure by passers-by and residents living immediately opposite Cross Keys reserve on the northern side of Woodland St.

4.0 TECHNICAL ASSESSMENT

The following information is largely drawn from the previous study for Quinn Reserve at East Keilor and tailored for the Cross Keys reserve configuration.

4.1 Soccer Ball Physics

Soccer balls used for competition in Australia are manufactured to conform to FIFA standards for size, weight, inflation pressure, roundness and rebound performance:

- Diameter 22cm
- Mass 430gm
- Terminal Velocity if dropped 9.28ms-1
- Terminal Velocity Reached in 15m
- Rebound Energy Loss 30%

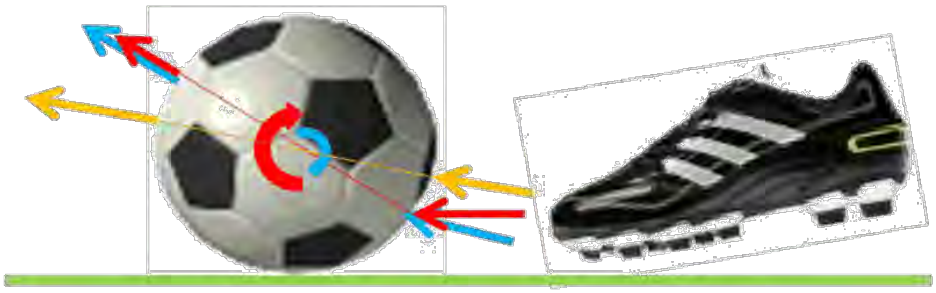

Fig 3. Kicking a Soccer Ball from the Ground

The ball in soccer is most often kicked from the ground although at times it will be kicked from a bounce. A soccer ball kicked from the ground such as for a free or penalty kick can only be effectively kicked at about 35 degrees from the horizontal due to the ground restricting boot access to the ball low enough to launch at a higher angle. Because the lowest contact point is well below the centre of gravity, a ball launched at higher angles will be subject to a reverse spin which is typically in the order of 10 to 15 revolutions per second, depending on the angle of attack of the boot. Fig 3 shows likely contact angles for a ball launched at 35 degrees, with the blue rising contact generating a greater speed but lower backspin for the same kicking velocity than the red horizontal contact. A kick which is directed through the centre of gravity shown by the yellow arrow, will produce the maximum ball velocity but with no backspin and will not climb as high.

Backspin is a significant factor in the height that a soccer ball can fly as it produces an aerodynamic effect known as a Magnus force, which acts in the opposite direction to gravity and allows the ball to fly upwards

for a greater distance before gravity causes it to return to earth. It is this Magnus force which causes a soccer ball to curve horizontally and confound goal keepers if kicked with a side spin. A ball which is kicked off the ground at angles above about 35 degrees by driving the players boot below the ball, will absorb most of the kicking energy in ball rotation and ground strike and have a much lower velocity, hence not rising as far off the ground or travelling as far.

Soccer balls are relatively light for their cross-sectional area and due to their smooth surface compared to a golf ball or tennis ball, they exhibit a markedly stepped air resistance drag characteristic. At velocities above 25 m/sec the co-efficient of drag acting on the ball is a low 0.07, however below this speed the turbulent air flow over the ball becomes smooth or laminar and the drag co-efficient quickly increases by more than seven fold to 0.51. The result is that the ball suddenly slows in flight at this critical speed and drops to the ground quite gently under the influence of gravity but with high air resistance and a continued Magnus downward curve.

These two aerodynamic effects produce a characteristic flight trajectory which results in the highest point of the flight being shifted toward the landing point and the falling part of the trajectory becoming quite steep. Typical flight curves are shown in Fig 4, along with bounce trajectories shown as dotted lines.

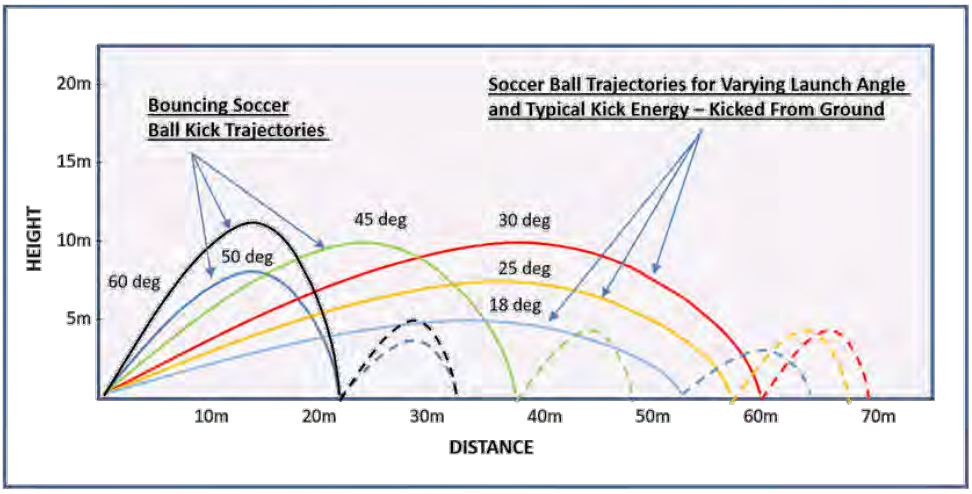

Fig 4. Soccer Ball Trajectories at Constant Typical Kick Energy

4.2 Soccer Ball Kicked While Bouncing

A bouncing soccer ball provides direct access of a players boot under the ball and will permit higher ball trajectories than from the ground. A strong intentional high kick such as that made by a goal keeper, can generate ball speeds of up to 45 m/sec and result in a soccer ball reaching a height of 17m despite the forces of drag and gravity. As an indicator, AFL goal posts are 15m high and are regularly exceeded by set goal kicks in that game. Such a kick made intentionally by a soccer player from within an attacking half

would be rare since unlike Australian Rules, it would make no tactical sense. More likely it would result from a missed kick intended to be low and hard but where the players boot struck the ball below the centre of gravity sending it upwards. Because the ball travels at an angle to the boot direction, the ball speed would be significantly less than an intended high kick and would not achieve the same height, but probably in the order of 10 to 12 metres.

4.3 Soccer Ball Rebounding from Cross-Bar

A soccer player kicking for goal and attempting to evade the goal keeper will tend to either kick the ball close to the ground or just below the goal cross-bar where it could be out of reach. Since the cross-bar is close to a goal shooting target, it is not unusual for it to be hit by a fast flat trajectory ball strike. Such a kick if made from within the penalty box area will have little time to slow to the critical speed where drag increases and may still be travelling at 30-35 m/sec. Despite rebound energy losses, such a ball could be deflected sharply upward of the cross-bar and reach a height of 12 m. Any rebound angle towards the barrier of between 60 and 80 degrees to the horizontal will risk clearing a 12m high fence. Flatter than 60 and the ball will hit the barrier fence. If steeper than 80 degrees, it will fall between the goal line and the barrier.

It is important to note that given the approximate 22m distance between the barrier and the road reserve and the near vertical trajectory of a rebound ball, it is unlikely that such a ball clearing a 12m high fence would have sufficient horizontal velocity to bounce onto the road reserve, particularly if that boundary zone is landscaped as part of the project and opportunities for high bounce or deflection are reduced.

4.4 Soccer Ball Headed by Player near Goals

The prospect of a ball being headed over the existing barrier fence, is highly unlikely if not impossible. Given the high deflection angle the rebound energy losses on such an unfixed object, the velocity required would be over 50 m/sec which is virtually unprecedented. Such an act and with the resulting impact energy absorption, would probably render the participant unconscious.

4.5 Soccer Pitch Dimensions and Kicking Locations

The two soccer pitches at Cross Keys Reserve are each 100m in length and 58m wide. They are aligned north / south with the northern goals proposed to be 3m from a high barrier fence of undetermined design, which is separated by a 22m wide strip of partially wooded and landscaped land before a proposed low boundary fence along the road reserve is reached. There is a gap of approximately 10m between the two pitches that provides a location for a cricket pitch which also runs in a north / south direction.

Penalty kicks are taken off the ground from the penalty spot, 11 m out from the goal and directly in front. From this position, a ball would have to rise at an angle of 30 degrees to just clear an 8 m high barrier fence. A kick rising at 35 degrees would strike a point on the proposed barrier approximately 9m above the ground. Such a kick would obviously be unintentional but possible. In order for such a kick to be contained the fence would need to be approximately 12 m high resulting from maximum a rise angle of 40 degrees.

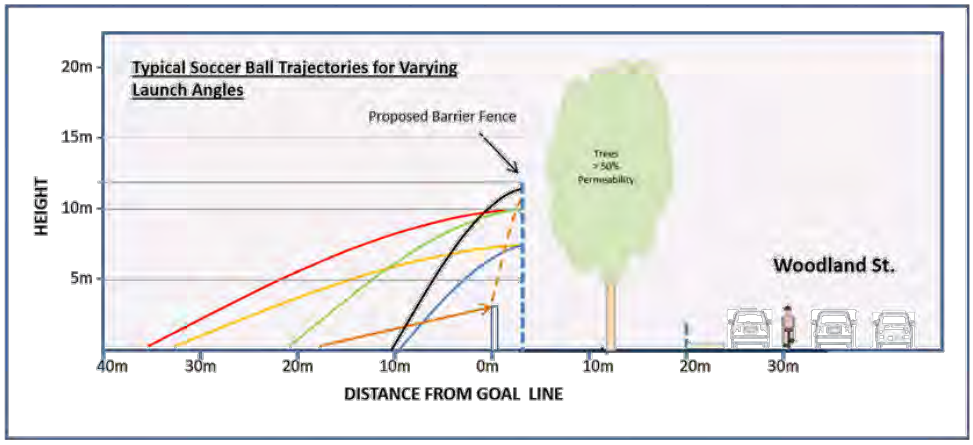

Fig 5. Effect of Barrier Fence on Ball Trajectories. (Not to Scale)

A free kick from a location just outside the penalty box or arc is more common and problematic. For such a kick the rise angle to the top of an 10m high fence is just 30 degrees and is within the possible clearance trajectory if miss-kicked (green line in fig 5). Such a ball trajectory without any further obstruction would land just outside the kerb line of Woodland St and bounce into passing traffic if present. From such a free kick position, a soccer player would be aiming for a lifted kick to clear a wall of defending opposition players, however, in such a circumstance, the kicker will be attempting to kick the ball at a much slower speed and with top and side spin in order for it to slow below the critical 25 m/sec after clearing the defenders and causing it to curve or dip sharply due to its Magnus effect before reaching and hopefully evading the goal keeper. If kicked at this lower speed, a miss-kicked ball will only just reach the top of an 8 m high barrier fence, irrespective of angle of rise. Such free kicks typically occur 4 or 5 times at each end of the pitch during a match, but obviously far more frequently during kicking practice.

In terms of the lateral extent of a barrier along the goal line, it is the corner kick which presents the most significant influence. Such kicks are generally directed to a point within or near the goal square and are intended to provide an opportunity for attacking players to rise up and head the ball into the goal. Corner kicks can occur quite frequently during games and are often practiced outside of game time. Frequently the kicker will curve the ball from the corner towards the goal and on rare occasions will kick a goal directly with no other player contact. In terms of the barrier fence risk, the ball is often kicked too high for players in the goal square to head. In such cases and provided that sufficient curve is imparted by the kicker, the ball could fly over the goal line at moderate height beyond the goal and bounce toward Woodland St. To protect against this possibility there is a need for the barrier to extend along the goal line to a point at least aligned with the side line of the pitch. While it is unlikely that such a ball trajectory would be as high as others discussed above, there would seem little to be gained by reducing the barrier height in this zone.

The layout and dimensions of two standard soccer pitch relative to Woodland St is shown in Fig. 6

Fig 6. Proposed Cross Keys Reserve Soccer Pitches

5.0 RISK ASSESSMENT

5.1 Identification of Risks

Council's decision regarding the extent and need for a soccer ball barrier fence between Cross Keys reserve and Woodland St will be influenced by the costs and risks involved. Since many of the common risks associated with playing field activities such as minor injuries to players and bystanders are already generally accepted by council, clearly the additional risks for this site relate to soccer balls escaping the field and entering the road reserve. This risk and the associated consequences are influenced by the following environmental factors:

Environmental factors.

- The 2 planned full sized soccer pitches at Cross Keys reserve face north / south, with the northern goals backing onto Woodland St and approximately 25m from the southern kerb line. (Fig 6)
- There is a row of well-established eucalypt trees approximately mid-way between the goal posts and ranging in height from 15 to 20m. The spacing of these trees is irregular with gaps of up 20m (see photo). The tree canopy provides a partial barrier against soccer balls flying over the fence and this varies with height.

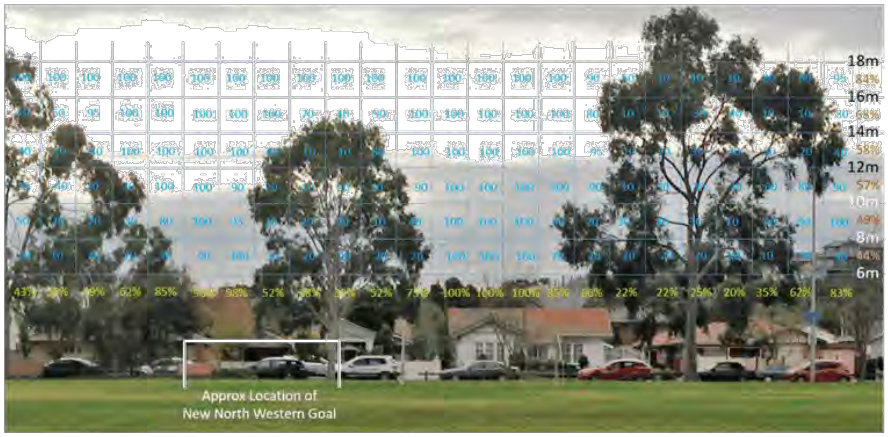

Fig 7 50m wide view from soccer pitch looking north toward Woodlands St. Tree canopy provides limited effectiveness as a soccer ball barrier. Numbers represent ball penetration probability as a percentage.

- Woodland St adjacent to the proposed soccer pitches consists of two traffic lanes plus a bicycle lane and parking on either side.
- Traffic studies conducted in 2013 indicate vehicle frequencies in the order of 150 – 300 per hour in each direction during PM peak on weekdays which would coincide with possible school game and

practice kicking times. This equates to a vehicle in either direction each 5 to 10 seconds. During weekends traffic rates are lower but less time of day dependent, with rates of between 100 and 150 vehicles per hour in each direction during likely soccer game hours. This equates to a vehicle in either direction each 10 to 15 seconds. No information was provided for bicycle traffic frequency.

- Woodland street adjacent to Cross Keys reserve has a 40kph speed limit. The average recorded road traffic speed was approximately 45kph with a small number approaching 60kph.
- There is a well formed and delineated bicycle lane on each side of Woodland St between the kerbside car parking zone and the road traffic lanes. As normal, bicycle traffic flows in the same direction as the adjacent road traffic so cyclists may hear but not see road traffic approaching from behind.
- A car parking study for Woodland St in the vicinity of the Cross Keys reserve indicated a normal occupancy rate of less than 50% however those measurements did not coincide with soccer matches.

5.2 Safety Consequences (Severity)

Sporting fields share a common safety hazard of spectators and other persons not directly involved in a game being struck by a variety of balls. Councils are well aware of this hazard and generally accept the risk based on being able to obtain insurance cover. High level protecting barriers are not generally applied unless there is a specific high risk hazard such as behind a baseball catcher or around a discus or shot put throwing position.

Balls escaping from the soccer pitches and entering the Woodland St reserve however represent a different situation due to potential impact on traffic and the potential for a high energy secondary accident. A soccer ball with a high trajectory clearing an inadequate barrier fence and/or trees and landing within the road reserve could result in a number of serious outcomes:

a) A ball landing on or immediately in front of a vehicle driver could startle the driver and cause a collision with on-coming or parked vehicles or cyclists;

b) A ball landing on or ricocheting onto a vehicle windscreen could cause it to shatter with a subsequent collision due to loss of driver visibility;

c) A ball striking a cyclist could cause them to swerve or fall into the path of a following vehicle which is unable to stop in time;

d) A ball ricocheting off a moving vehicle would increase in energy and could cause injury to pedestrians or cyclists.

e) Persons chasing stray soccer balls could be struck by passing bicycles or vehicles as they emerge from between parked cars and enter the road reserve.

Any of these scenarios could result in serious injury or fatality, or significant property damage.

5.3 Likelihoods

Total risk is a combination of consequence and likelihood of occurrence. Since the focus of this study is the erection of a high level barrier fence, it is appropriate to establish the relative probabilities of the types of incidents described in 5.2 occurring with no barrier compared to a variety of different height barriers.

Some assumed likelihoods will remain constant for different barrier scenarios such as total number of elevated ball trajectories per week or motor vehicle passing frequency. Others such as the permeability of the exposed tree canopy and probability of ball escape vary with height of the barrier. However, in absolute terms the risk will depend on a number of assumptions such as the frequency of soccer matches on the reserve and the growth in traffic numbers.

Assumptions

- For the purpose of this study it is assumed that both pitches are in use for games for a total maximum of 18 hours per week and only during daylight hours.
- Passing road and bicycle traffic remain constant at most recently recorded frequency.
- A game lasts for 90 minutes with an average of 12 kicks at each goal per game including penalty attempts. 3/4 of these kicks will be high or wide of the goals or both.
- One in 10 kicks at goal is miss-hit and could fly high.
- Half of all miss-hit kicks are from bouncing balls and not from the ground.
- Since the existing trees are mature, the average soccer ball permeability will vary little over time.
- Vehicles travelling at 45kph will pass through an assumed 20m ball danger space in approx. 1.5 seconds, with assumed vehicle frequency of 1 every 15 seconds in each direction.
- At 45kph the average stopping distance for a car is approximately 22m.
- The likely frequency of 2 vehicles passing each other from opposite directions within a particular 20m long danger zone is once every 6.1 hours.

5.4 Risk Levels

Scenario 1. No High Barrier Fence

Result (Event Frequency Daily, Accident Frequency 2 Monthly)

For the situation where no barrier fence is provided apart form a waist high fence at the reserve boundary, it will be assumed that at least 6 balls per hour will pass the goals or one every 10 minutes. Most of these will be within the 2.4m height of the goals so roughly half will be candidate balls to clear the low boundary fence. At low heights there is less tree foliage to stop a ball than at greater heights however there will be more shrubs, so a permeability of 50% is assumed unless more advance shrubs are plated as part of the redevelopment.

Assuming that some of the candidate balls of sufficient height also clear or pass between parked cars, there should be a reasonable probability that during game and practice hours, one ball will enter the bicycle or

motor traffic lanes and pose a risk to traffic every 60 minutes. Given that motor vehicles pass at an average frequency of one every fifteen seconds in each direction during game times and clearance time of any 20m road section is 1.5 seconds, exposure to an accident causing event is approximately once per week. High ball trajectories of the kind which would be stopped by a high barrier fence were it present, would probably double this exposure to 2 per week.

It must be recognised that the entry of a ball onto the road reserve coinciding with a car or bicycle passing in either direction through that 20m braking distance space is much lower at approximately once every 2 weeks. Coincidence with 2 cars passing in opposite directions at the same point and creating the opportunity for a moving vehicle collision is much less frequent again at approximately once every 60 days.

With one ball escaping the reserve and onto the roadway every hour, that creates an opportunity for vehicle pedestrian collisions which would otherwise not occur, particularly for children who may be more focussed on the ball than approaching traffic, particularly towards the east where the road is curved and visibility restricted. Signage may assist to reduce such a risk.

Scenario 2. 10m High Barrier Fence

Result (Event Frequency 6 Monthly, Accident Frequency 5 Yearly)

Any continuous barrier fence of at least 3.4m height (1m above goal height) which reaches down to ground level will stop all low and bouncing balls from reaching the road reserve. These represent the majority of stray balls considered in scenario 1 above and would be effective in significantly reducing the probability of stray ball down one per year. The obvious question then is how high should it be to reduce the probability to an acceptable level and how is that acceptable level decided. These decisions are generally made either on a cost / benefit or insurable risk, or on the basis of public acceptance. Public risk acceptance varies significantly depending on whether the person at risk has some control over the risk event (e.g. exceeding speed limit), or not (e.g. risk as an aeroplane passenger). For the motor vehicle collision accidents considered here, the public would consider the sudden appearance of a bouncing ball causing an accident to be out of their control so public risk tolerance is likely to be low.

As a first scenario and based on the typical soccer ball trajectories during a game or practice, an assessment is made of the likelihood of balls flying or rebounding over a 10m high barrier fence is considered. 10m is near the upper boundary height for both a ball kicked from the ground or from a bouncing ball for normal play. Although there will be a number of exceptions for miss-kicked bouncing balls and hard kicks rebounding from the goal cross bar, 98% of ball trajectories will be stopped by such a fence. Given the event probabilities and road vehicle exposure probabilities, this represents a likely accident return period in the order of every 5 years. It must be considered that such a vehicle accident could conceivably be a fatal collision between vehicles.

In addition, barrier fences of 10m or above would almost eliminate the risk of accidents involving pedestrians retrieving stray balls from the road reserve.

Scenario 3. 12m High Barrier Fence

Result (Event Frequency 2 Yearly, Accident Frequency 10 Yearly)

The next scenario considers the likelihood of balls flying or rebounding over a 12m high barrier fence. 12m is the upper height limit for both a ball miss-kicked strongly while bouncing in normal play and hard kicks rebounding from the goal cross bar. 99% of ball trajectories will be stopped by such a fence. Given the event probabilities and road vehicle exposure probabilities, this will double the accident return period to approximately one every 10 years.

Scenario 4. 15m High Barrier Fence

Result (Event Frequency 4 Yearly, Accident Frequency 20 Yearly)

Scenario 4 considers a 15m high barrier fence. For scale,15m is the height of an AFL goal post which for a soccer ball is highly unlikely to be reached during any soccer game or practice unless in an intentional attempt and then only by skilled and trained person. With this one exception, a review of soccer ball aerodynamics and potential trajectories show that 100% of trajectories will be stopped by a 15m high fence. It is believed therefore that subject to effective maintenance of a 15m barrier fence, an accident return period in excess of one every 20 years can be expected.

Scenario 5. 20m High Barrier Fence

Result (Risk Events Eliminated, Accident Frequency Never)

As a final scenario and as a barrier against an intentional attempt to kick a soccer ball over the fence a 20m barrier is considered. It provides some comfort that the 20m barrier fence built by MVCC at Quinn Reserve East Keilor has resisted such attempts. In addition, a soccer ball trajectory able to scale a 15m high barrier would need to be so near vertical that it would be likely to land in the landscaped space between the barrier and the Woodland St boundary. It is believed therefore that such a barrier would represent an unnecessary investment and environment impact for the additional risk reduction achieved.

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6.0 RECOMMENDATIONS

The following recommendations are made as a result of this study:

1. That the option to provide only a low level fence on the reserve boundary adjacent to the proposed soccer pitches represents an unacceptable risk of serious motor vehicle and bicycle accidents resulting from stray soccer balls entering the Woodland St road reserve.

2. That a barrier fence of 15m height extending for the full width of each soccer pitch northern goal line be considered by council as the best value option delivering an accident return period in excess of 20 years. Stray ball access through the gap provided for access purposes between these two fences should be protected with a barrier of at least 8m height and staggered 2m to the north of the main barrier alignment. That fence should overlap the ends of the main barriers by at least 2m.

3. MVCC consider the planting of additional tall trees and low level vegetation in the space between the barrier fence and Woodland St. as both a means of controlling bounce of intentionally kicked soccer balls and as a means of reducing the visual impact of the barrier to passing motorists and northern residents.

4. The proposed low level fence adjacent to the road reserve and either side of the soccer pitches is required to control escape of soccer balls kicked across the sidelines. It also provides additional protection against the escape of stray cricket balls

7.0 REFERENCES

1. Aerial photograph from Google © Earth.
2. International Federation of Association Football (FIFA) Standards
3. R D Mehta 1985 Aerodynamics of sports balls - Ann. Rev. Fluid Mech.
4. NASA Glenn Educational Programs – Soccer ball trajectory simulation.
5. X Group Traffic Study, Nov 2013.
6. Traffic Works Traffic and Parking Study, Nov 2015

…. End of report

Public Health and Wellbeing Background Paper

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Public Health and Wellbeing – Background Paper

This paper provides an overview of Council's role in public health and wellbeing planning, and how we influence health and wellbeing.

A summary of our health and wellbeing status and the determinants that affect our local community and priority populations are included. Key highlights and the lessons learnt from an evaluation of the current Health Plan 2013–17 are also included.

The strategic context and health planning priorities for Moonee Valley feature and will inform the development of the Council Plan 2017–21 integrating the Health Plan.

Contents

Introduction

Moonee Valley City Council has a responsibility to improve health and wellbeing outcomes, reduce health inequalities and create healthy environments for everyone who lives, learns, works or plays in our municipality.

This background paper explains:

- Council's role in public health and wellbeing planning, how we influence health and wellbeing and the frameworks used to inform a population health and prevention approach
- The implications of national, state and local policies and priorities
- A summary of the Municipal Profile to identify determinants, risk factors and issues that are having a significant impact on the local community, and for priority populations
- The lessons learnt and opportunities identified through evaluation of the Moonee Valley Public Health and Wellbeing Plan (the Health Plan) 2013-17

The paper will inform the development of the Council Plan 2017-21 integrating the Health Plan and health planning priorities. It can also be used to support planning and priority setting for local agencies whose work has an impact on public health and wellbeing to improve health and to guide local action.

Other documents that will inform the development of the Council Plan 2017-21 integrating the Health Plan are:

- The Municipal Profile
- The Health Plan 2013-17 Evaluation
- A summary of consultation with community and stakeholders

These documents will be available on Council's website http://www.mvcc.vic.gov.au/healthplan. You can also register your interest in our upcoming consultation program www.mvcc.vic.gov.au/yourideas

The role of Local Government

The Victorian Local Government Act 1989 acknowledges the important role Council has to play in planning. This includes a specific responsibility to improve the overall quality of life for people in the local community.

This responsibility is reinforced by the *Victorian Public Health and Wellbeing Act 2008* which specifies Council's role in traditional public health functions such as immunisation and sanitation.

The Act also requires councils to create an environment that supports the health of the local community and strengthen the capacity of the community and individuals to achieve a better level of health.

Local Government is uniquely placed to respond to local needs and issues as the closest level of government to the community that offers a variety of services. A number of recent initiatives build on this position and emphasise Council's role as a leader in prevention:

- The *Local Government Act 1989* is currently being reviewed. The aim of the reform agenda is to broaden the scope of Council's role to ensure greater transparency and strengthen participatory planning with the community.
- Despite ending in July 2015, the Healthy Together initiative[1] saw a dedicated health promotion workforce placed within Victorian councils and community health to focus on delivering shared priorities and influencing population health outcomes through non-traditional health areas.
- Recommendations from the Royal Commission into Family Violence highlight the key role local government can play in the prevention of violence against women and children.

Municipal Public Health and Wellbeing Plans

It is a requirement of the *Victorian Public Health and Wellbeing Act 2008* that every Victorian local government provides a Municipal Public Health and Wellbeing Plan within 12 months of the general council election.

Municipal Public Health and Wellbeing Plans (or Health Plans) outline actions to prevent or minimise public health dangers, and to enable people living in the municipality to achieve optimum health and wellbeing.

The Act requires that in addition to addressing local needs and contexts, the Health Plan needs to:

- Have regard to the State plan (Victorian Public Health and Wellbeing Plan 2015-19).
- Draw on evidence; involve the community, and include evaluations to improve planning and coordination.
- Promote a collaborative approach including how Council will work in partnership with the Department of Health and Human Services and other agencies that undertake public health initiatives, projects and programs.
- Be consistent with the Council Plan and the Municipal Strategic Statement.

The factors that contribute to the health and wellbeing of individuals and the broader community extend beyond individual factors. They are also determined by the places in which

[1] Healthy Together was born out of the National Partnership Agreement on Preventive Health State and Federal Government

we live, work, study and play. For this reason, Council must consider relevant legislation and the plans of its partners and other organisations when undertaking activities that are likely to have an impact on the health and wellbeing of people in Moonee Valley.

The current Moonee Valley Public Health and Wellbeing Plan 2013-17 outlines how we intend to develop a healthier city throughout the life of the plan with a focus on four themes:

- Healthy Places
- Safe and Connected Communities
- Healthy People
- Governance and Partnerships

A summary of the achievements, lessons learnt and future opportunities identified through an evaluation of the Health Plan are included in this paper.

How Council influences health and wellbeing

Many of the challenges in improving health and reducing inequalities are common across Victoria. These challenges include a growing and ageing population and increases in non-communicable diseases and complex conditions. These challenges call for new, innovative approaches across the prevention system and healthcare system.

The role of Council varies from leadership to partnerships, advocacy, research, policy and planning and service delivery. Within a rate-capping environment Council must specify its role clearly to ensure investment achieves the best outcome and the biggest impact, while meeting statutory requirements and remaining transparent and accountable to the community.

Historically, local government has protected the health and wellbeing of residents through waste management, sanitation, hygiene and health protection measures such as immunisation programs. More recently, councils in the North West Melbourne region have demonstrated they are addressing the diverse upstream 'causes of the causes' of health, rather than health promotion behaviour change programs[2].

Leadership: Local government plays a leading role in coordinating and facilitating research, planning and policy to guide local health planning priorities and action. Council can demonstrate leadership in many ways, including placing an emphasis on creating healthy settings. For example, as an organisation that is one of the largest employers in Moonee Valley, Council can model and demonstrate a well-performing organisation that promotes health, wellbeing and equity among staff.

Partnerships and collaboration: Partnership is central to all local government work. We recognise a multifaceted approach and a collective effort by multiple stakeholders is required to

[2] Browne, Davern & Giles-Corti (2015). An analysis of local government health policy against state priorities and a social determinants framework. *Australian and New Zealand Journal of Public Health.*

have an impact on the health and wellbeing of communities. The *Public Health and Wellbeing Act 2008* requires that Council work in partnership to develop and implement its Health Plan. Council partnerships range from formal advisory committees to Council to the delivery of programs in partnership to informal networks.

Our partnerships with the community, stakeholders and within the organisation support a consistent, transparent and integrated approach to improving health outcomes and reducing inequalities. Engagement of community and stakeholders in the development, implementation and evaluation of the plan is critical.

An increasing emphasis is placed on collective impact and systems approaches[3]. A collective impact approach establishes shared goals and measures of success, undertaking mutually reinforcing activities, and committing to ongoing communication between partners. A systems approach offers the ability to think big about population health issues and find effective solutions by considering the various elements of the system, how they interact, and the opportunities to influence and change the way the system operates.

Advocacy: Council actively advocates on behalf of our community to the state and federal governments and key decision-makers on a range of important issues including matters that will influence the health and wellbeing of our community where it is outside of Council's jurisdiction. Local Government can also play a role in attracting services that meet an identified need within the community.

Service and program delivery: Council delivers a number of services that aim to protect, promote and improve health and wellbeing. Examples include the development and enforcement of public health standards around food and water; coordinating immunisation and early childhood services, and ensuring a clean and sanitary environment through waste and water management.

Community development: Empowered communities have a sense of ownership and control, and they are more likely to experience positive health and wellbeing outcomes. To improve the social, economic and environmental wellbeing of the community, Council needs to integrate its community development approach at a strategic and service level. Council draws on existing strengths within the community to build capacity and strengthen public participation through arts and cultural events and programs, and the Community Grants Program that aims to improve the health and wellbeing of the community.

[3] Department of Health and Human Services. Implementing the Victorian public health and wellbeing plan 2015–2019: Taking action – the first two years. Viewed at https://www2.health.vic.gov.au/about/health-strategies/public-health-wellbeing-plan

Frameworks for public health and wellbeing

Reducing health inequalities

Prevention is at the centre of efforts to deliver lasting improvements to health and wellbeing, and reductions in health and wellbeing inequalities.[4]

Moonee Valley's health planning process is underpinned by our policy position outlined in the *Diversity, Access and Equity Policy.* Equity in practice is about actively seeking to reduce the differences in health and wellbeing status between different groups or communities, and distributing the opportunities for wellbeing according to people's needs. For example, service and program funding can be prioritised and targeted to specific priority populations to address barriers to participation and reduce social disadvantage.

A particular focus for achieving equitable outcomes is on reducing gaps in health and wellbeing between groups of people who experience health inequalities. While some interventions aim to reach the whole population, we can also prioritise and target those who experience the greatest disadvantage and need to achieve faster and greater improvements in health and social outcomes.

The Social Determinants of Health

'Health starts where we live, learn, work and play. We know that individual behaviours such as eating well, staying active, not smoking, getting immunised and accessing health care influences our health. Our health is also determined in part by access to social and economic opportunities; the resources and supports available in our homes, neighbourhoods, and communities; the quality of our education; the safety of our workplaces; the cleanliness of our water, food, and air; and the nature of our social interactions and relationships. The conditions in which we live explain in part why some people are healthier than others and why some groups of people are not as healthy as they could be.'[5]

In developing a Health Plan, consideration must be given to the social determinants of health[6]. The World Health Organization describes the determinants of health as the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. They include the social and economic environment, the physical environment and individual characteristics and behaviours.

[4] Department of Health and Human Services. Implementing the Victorian public health and wellbeing plan 2015–2019 Taking action – the first two years. Viewed at https://www2.health.vic.gov.au/about/health-strategies/public-health-wellbeing-plan

[5] Robert Wood Johnson Foundation. A new way to talk about the Social Determinants of Health. Viewed at http://rwjf.ws/1BwVG0K

[6] World Health Organization. Available http://www.who.int/social_determinants/en/

Environments for health

The *Environments for Health*[7] framework guides how councils think broadly about public health planning. This includes all the ways in which the social, economic, natural and built aspects of the world around us have an impact on health and quality of life.[8]

Planning by Victoria's local government sector is framed by the Victorian Department of Health document, *Environments for Health* which is built on the four pillars of the built, economic, social and cultural environments.

Place-based approaches

There is increasing emphasis in Health Plans and other policies on place-based approaches to improving liveability. Place-based approaches are ways of developing and delivering local solutions to local problems. This approach incorporates joint planning and multi-disciplinary input to create wellbeing for people living in a particular geographic area that encompasses economic, social and environmental factors. When done well, they bring together community members, community organisations, businesses, governments and public services such as schools and health centres, to solve local problems and build on local strengths. [9]

Local government has a responsibility to create healthy environments. Council is well placed to play a leadership role in delivering place-based approaches that reinforce a commitment to community development principles and a focus on primary prevention through addressing the social determinants of health.

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[7] Department of Human Services 2001. Environments for Health. Viewed at: http://healthyplaces.org.au/userfiles/file/Environments%20for%20Health%20Victoria.pdf

[8] Department of Health 2013. Guide to municipal public health and wellbeing planning. Viewed at: http://www.health.vic.gov.au/localgov/municipal-planning.htm

[9] Victorian Council of Social Services. Communities Taking Power. Viewed at: http://vcoss.org.au/documents/2016/10/Communities-Taking-Power.pdf

Strategic context

Moonee Valley strategic planning

In general, Council's plans, strategies and actions are guided by three key plans required by legislation: the Council Plan, the Health Plan and the Municipal Strategic Statement. Council has statutory obligations to review each of these. All three are underpinned by the community vision expressed in MV2035 and will be aligned to reflect Council's long-term strategic plan MV2040.

An integrated plan

There is an increasing trend for councils to include health and wellbeing matters within their Council Plan. Moonee Valley City Council is combining the Council Plan and the Health Plan into a single plan - the Council Plan 2017-21 integrating the Health Plan. Integrating the plans provides an opportunity for Council to strengthen health and wellbeing actions across all areas of Council.

An integrated Council Plan will be developed in collaboration across Council and in partnership with health and community stakeholders. The strengths of an integrated approach include consideration of health and wellbeing in Council decision making, reduced duplication, a stronger evidence base and an emphasis on evaluation and working in partnership.

The integrated approach will also support Council in meeting its role set out in the *Local Government Act 1989* to:

- Promote community wellbeing
- Provide services that best meet the needs of the local community
- Improve the quality of life for communities
- Promote business and employment opportunities
- Ensure services are accessible and equitable
- Be transparent and accountable for ratepayer money

MV2040

At the same time as developing the Council Plan, we are also developing MV2040, a long-term plan to improve the liveability and sustainability of Moonee Valley between now and 2040.

MV2040 will be a whole-of-council, long-term plan which focuses on the three themes of people, places and movement. The document will consist of a number of policy commitments, strategies to improve the liveability for current and future residents and, importantly, neighbourhood plans for each of the 13 'neighbourhoods' in Moonee Valley.

Figure 1 shows that the Council Plan will be aligned with MV2035, the current Community Vision. Upon development of MV2040, the Council Plan will be reviewed and aligned with the MV2040 themes and strategies.

Figure 1. Council Plan alignment with MV2040

MV2035 Community Vision

Moonee Valley Next Generation 2035 (MV2035) articulates the community's long-term vision. It represents an overarching guide for all Council decision making. Developing this long-term vision involved asking the community what sort of place they want to live in.

The vision highlights interrelated themes reflecting the attributes and aspirations most commonly identified by the Moonee Valley community:

In 2035 Moonee Valley will be a city of clean, green and beautiful, vibrant, diverse and sustainable communities that people experience as friendly and safe to live in.

Planning Scheme

Required by the *Planning and Environment Act 1987* the Planning Scheme must relate to the State Government Metropolitan Growth Strategy, Plan Melbourne 2014. The Planning Scheme also includes Council's local vision and strategies for planning and development. This section of the planning scheme is called the Municipal Strategic Statement (MSS). It relates to the Council Plan, and will be updated to relate to MV2040 as part of the Planning Scheme Review.

Specific policies within the Planning Scheme deal with matters such as residential and industrial zoning, heritage buildings, the environment, and community infrastructure and gaming. These are all aspects of the built and natural environment that can significantly influence the health of the community.

Local context

Local Government health planning processes complement, and are supported by, area based planning and partnerships with health and wellbeing stakeholders and other sectors that influence health and wellbeing.

Integrated Health Promotion funding provided primarily via community health and women's health services offers a significant investment in local areas. Integrated Health Promotion and

municipal planning cycles are aligned to support local health and wellbeing leadership and action.

Community Health

Council works closely in partnership with cohealth who provide local health and support services across Melbourne's central business district, northern and western suburbs. Cohealth's four year Integrated Health Promotion Plan (2013- 2017) prioritises mental health, violence against women, sexual and reproductive health and improving health literacy.

Women's Health

Women's Health West works within a feminist framework to deliver projects that improve women's health, safety and wellbeing across seven municipalities in the western region of Melbourne. Their Integrated Health Promotion plan identifies preventing violence against women, mental wellbeing and sexual and reproductive health as their priorities for 2013-17.

Primary Care Partnership

Health agencies and other organisations that deliver community-based health services collaborate to improve health at a regional level through organisations such as the Inner North West Primary Care Partnership (INW PCP) [10]. The INW PCP covers four local government areas: the cities of Melbourne, Yarra, Moreland and Moonee Valley.

Strategic priorities for the PCP for 2013-17 are:

1. Prevention of violence against women (inclusive of children and families)
2. Improve the system's capacity to increase prevention and support people from priority populations with chronic disease and its co-morbidities.

Primary Health Network

In July 2015, the Australian Government created Primary Health Networks (PHN) as part of National Health Reforms that replaced Medicare Locals across Australia. Moonee Valley is one of 13 local government areas within the North Western Melbourne Primary Health Network catchment. The PHN aims to improve health through strengthening primary care services. Its vision focuses on the development of Primary Health Care systems and services that are evidence-based, consumer focused, support clinicians and providers, and address access and equity issues for our diverse local communities.

Hospital catchments

Moonee Valley is also part of the catchment of the Royal Melbourne Hospital, the Royal Women's and Western Health.

[10] INW PCP. Viewed at: http://www.inwpcp.org.au

Better Health Plan for the West

The Better Health Plan for the West 2011-21[11], led by Western Health, is grounded in an important regional partnership between 22 health, government and other organisations including Councils such as Moonee Valley. This plan is currently being refreshed and identifies three priority areas:

- Mental Health
- Cardiovascular disease/obesity/diabetes
- Cancer

State context

Victorian Public health and Wellbeing Plan 2015-19 and outcomes framework

Under the *Public Health and Wellbeing Act 2008* the State has a significant role to play in promoting and protecting the public health and wellbeing of all Victorians. The State Plan has an explicit aim to reduce inequalities in health and wellbeing. It identifies challenges to the health status of Victorians including:

- Increases in some risks to health and only limited or no improvement in others, particularly obesity and physical abuse associated with alcohol
- The increasing impact of chronic disease
- Persistent inequalities in health status
- Demographic trends that require new approaches including population ageing, the need for an increased focus on the health and wellbeing of health and families
- Environmental sustainability and health protection including the impact of climate change, the spread of communicable diseases and the emergence of new diseases, and the need for communicable disease planning and preparedness

The State Plan places a strong emphasis on prevention and early intervention that is supported by a number of current State Government policies and initiatives that include:

- Implementation of the Victorian Royal Commission into Family Violence recommendations
- Victorian gender equality strategy (under development)
- *Roadmap for Reform: strong families, safe children*
- *Education State*
- *Victoria's 10-year mental health plan and the Victorian Suicide Prevention Framework*
- *Victorian state disability plan 2017-20 and the National Disability Insurance Scheme*
- *Aboriginal Social and Emotional Wellbeing Framework*
- Victorian Government's response to the Hazelwood Mine Fire Inquiry

[11] Western Health and others. Viewed at: Better Health Plan for the West 2011-21

The *Victorian Public Health and Wellbeing Outcomes Framework* provides a new approach to monitoring and reporting on collective efforts to improve health and wellbeing over the long term. It uses a whole of government approach and includes five domains[12]:

1. Victorians are healthy and well
2. Victorians are safe and secure
3. Victorians are connected to culture and community
4. Victorians have the capabilities to participate
5. Victoria is liveable

The Outcomes Framework provides a comprehensive set of public health and wellbeing outcomes, indicators, targets and measures for our major population health and wellbeing priorities and their determinants. Where data is available, the Outcomes Framework also enables assessment of health and wellbeing inequalities.

VicHealth Fair Foundations framework for health equity

The Victorian Health Promotion Foundation or VicHealth also has a focus on equity and how our individual choices are shaped by the environment around us.

Fair Foundations: The VicHealth framework for health equity is a planning tool for health promotion policy and practice. It outlines the social determinants of health inequities, suggesting entry points for action.

VicHealth Action Agenda for Health Promotion

The 2016 Action Agenda[13] update sets out priorities for the 2016-2019 period. Gender, youth and community themes are priorities to frame future work. The five strategic imperatives identified in the plan are:

- Promoting healthy eating
- Encouraging regular physical activity
- Preventing tobacco use
- Preventing harm from alcohol
- Improving mental wellbeing

[12] The outcomes framework uses the same domains as the Department of Health and Human Services outcomes framework, with an additional domain – 'Victoria is liveable'. This additional domain is derived from the Department of Economic Development, Jobs, Transport and Resources outcomes framework.

[13] VicHealth Action Agenda update 2016 Viewed at: https://www.vichealth.vic.gov.au/media-and-resources/publications/action-agenda-for-health-promotion

Health priorities framework

The *Victorian Health Priorities Framework 2012-2022*[14] articulates the long-term planning and development priorities for Victoria's health system. This framework identifies that prevention is an important component for 'improving every Victorian's health status and health experiences'[15] and responding to pressures that face the health care system.

Population growth and ageing, along with the increasing prevalence of chronic disease and the escalating costs of health care technology, have led to increasing attention at all levels of government on how to keep the population well.

Resilient Melbourne

Resilient Melbourne is part of the 100 Resilient Cities global challenge that was pioneered by the Rockefeller Foundation. The project is a collaboration of councils that constitute Greater Melbourne. There are four objectives of the Resilient Melbourne Strategy that include: stronger together; a dynamic economy; a healthier environment and our shared places with four action areas to achieve the objectives: adapt, survive, thrive and embed.

Plan Melbourne 2014

One of the most important goals of the Victorian Government's strategy for the sustainable growth of greater Melbourne, Plan Melbourne[16] is the 20-minute neighbourhood. By embedding this urban planning and design concept, the strategy puts population health and wellbeing at the forefront and includes a series of strategies that promote accessible, walkable and rollable neighbourhoods and better access to local services for daily needs.

Legislation

The *Local Government Act 1989* and the Public Health and Wellbeing Act 2008 outline councils' responsibility for improving the quality of life for communities.

The *Victorian Public Health and Wellbeing Act 2008* aims to help achieve state-wide benefits through a consistent approach to planning across both state and local governments. The Act is a major legislative driver for improving the health and wellbeing of Victorians.

The Act recognises that the State has a significant role in promoting and protecting the public health and wellbeing of people living in Victoria and clearly defines public health to be:

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[14]Department of Health Victorian Health Priorities Framework Viewed at: http://docs.health.vic.gov.au/docs/doc/Victorian-Health-Priorities-Framework-2012-2022:-Metropolitan-Health-Plan

[15] Resilient Melbourne. Viewed at: http://resilientmelbourne.com.au/

[16] Department of Environment, Land, Water and Planning. Plan Melbourne 2014 Viewed at: http://www.planmelbourne.vic.gov.au/Plan-Melbourne

- What we, as a society, can do collectively to assure the conditions in which people can be healthy
- About prevention, promotion and protection rather than treatment
- About populations rather than individuals
- About the factors and behaviour that cause illness and injury
- About ways inequalities can be reduced

At least 29 different Victorian Acts and regulations attribute responsibilities to councils in contributing to protecting the health of their communities, and keeping people well. Some of the most recent Victorian legislation that will influence public health is the *Improving Cancer Outcomes Act 2014* and amendments to the *Tobacco Act 1987.*

Victorian legislation that is particularly important for health planning includes:

- The *Charter of Human Rights and Responsibilities Act 2006.* This places specific legal obligations on public authorities such as local councils with regard to human rights. The Charter can be seen to reinforce the role of the Public Health and Wellbeing Plan because it explicitly requires consideration of equity in Council decision making.
- The *Climate Change Act 2010* creates a legal framework for actions and initiatives on this issue. Local government is specifically required to address climate change in the preparation of Health Plans as part of the effort to mitigate the risks.
- The *Planning and Environment Act 1987* and the *Environment Protection Act 1970* recognise that the built and natural environment — buildings, streetscapes, parks and gardens — influence our quality of life. The Acts impose controls to prevent and minimise damage, and protect human health and ecosystems

Other legislation that protects the health and safety of Victorians include community safety laws that focus on the protection and care of children, road safety, safe drinking water, food and liquor regulation and controlling use and access to drugs and poisons. Health and wellbeing is promoted and supported through legislation such as the *Transport Integration Act 2010* and the *Sport and Recreation Act 2008.*

Climate change

Health and climate are intrinsically linked and a changing climate affects the social and environmental determinants of health and wellbeing — clean air, safe drinking water, sufficient food and secure housing.

The direct impact of climate change is likely to result from extreme weather events such as flooding or heatwaves. The indirect health impacts are likely to occur after an event and can exacerbate existing health inequalities.

There are often additional benefits associated with actions designed to reduce the impact of climate change or promote health and wellbeing. For example, if a small shift to active travel (walking and cycling) and public transport was achieved in Australia, greenhouse gas emissions could be reduced by up to two-thirds for peak travel and by about 95 per cent for off-peak

travel. The joint potential to improve our environment and reduce chronic diseases is significant.[17]

Royal Commission into Family Violence

The State Government's Royal Commission into Family Violence provided practical recommendations to prevent and address family violence, based on an examination of the current service system and best practice approaches.

Recommendation 94 is that:

> *The Victorian Government amend section 26 of the Public Health and Wellbeing Act 2008 (Vic)—which requires that councils prepare a municipal public health and wellbeing plan —to require councils to report on the measures the council proposes to take to reduce family violence and respond to the needs of victims. Alternatively, the Victorian Government could amend section 125 of the Local Government Act 1989 (Vic) — which requires each council to prepare a council plan — to require councils to include these measures in their council plan (rather than their health and wellbeing plans) [within 12 months].*

Council will include measures to reduce the incidents of family violence across the municipality in the integrated Council Plan 2017-21. This will demonstrate a commitment to work with the community to act on the Royal Commission's recommendations and work in partnership with the community to reduce the incidence of family violence.

National

National health priority areas

The National Health Priority Areas (NHPAs) are diseases and conditions that Australian governments have chosen for focused attention because they contribute significantly to the burden of illness and injury in the Australian community. The AIHW publishes information on the NHPAs and their associated indicators and risk factors across the Australian population with a focus on particular population groups of interest[18].

The 9 NHPAs are:

- Cancer control (first set of conditions, 1996)
- Cardiovascular health *(first set of conditions, 1996)*
- Injury prevention and control (first set of conditions, 1996)
- Mental health (first set of conditions, 1996)

[17] Victoria University. Chronic diseases in Australia: Blueprint for preventive action. Viewed at: https://www.vu.edu.au/sites/default/files/AHPC/pdfs/Chronic-Diseases-in-Australia-Blueprint-for-preventive-action.pdf

[18] AIHW. National Health Priority Areas. Viewed at: http://aihw.gov.au/national-health-priority-areas/, accessed 20 March 2016.

- Diabetes mellitus (added 1997)
- Asthma (added 1999)
- Arthritis and musculoskeletal conditions (added 2002)
- Obesity (added 2008)
- Dementia (*added 2012)*

The Cost of Inaction on the Social Determinants of Health (2012)[19]

In June 2012, The National Centre for Social and Economic Modelling produced a research report on behalf of Catholic Health Australia titled *The Cost of Inaction on the Social Determinants of Health.* The report attempts to gauge the social and economic impact of government inaction on the social determinants of health.

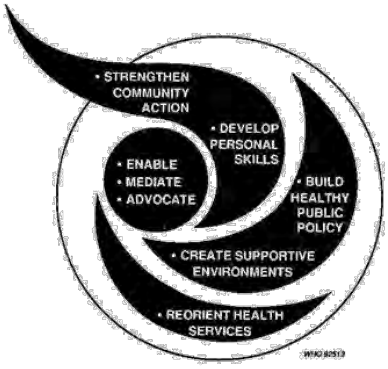
The findings suggest that if the World Health Organization's recommendations for Australia relating to the social determinants of health were actioned by federal and state governments across a range of sectors:

- 500,000 Australians could avoid suffering a chronic illness
- 170,000 extra Australians could enter the workforce, generating $8 billion in extra earnings
- Annual savings of $4 billion in welfare support payments could be made; 60,000 fewer people would need to be admitted to hospital annually, resulting in savings of $2.3 billion in hospital expenditure
- 5.5 million fewer Medicare services would be needed each year, resulting in annual savings of $273 million
- 5.3 million fewer Pharmaceutical Benefit Scheme scripts would be filled each year, resulting in annual savings of $184.5 million each year

Global

The Ottawa Charter

The *Ottawa Charter for Health Promotion (1986)* emphasises the critical role of local government in building the capacity of the community to address local health issues and was reiterated in the *Jakarta Declaration on Leading Health Promotion in the 21st Century (1997).* The Charter includes five pillars outlined in the image pictured.



[19] NATSEM. Viewed at: The Cost of Inaction on the Social Determinants of Health

Healthy Settings and Health Systems Strengthening

The Healthy Settings movement came out of the WHO strategy of Health for All in 1980. Schools, workplaces, hospitals and cities are examples of settings where people can actively use and shape the environment to solve problems relating to health. Action to promote health in different settings can vary in focus

WHO's building blocks for strengthening health systems have been adapted to provide a useful tool for considering the primary prevention system in Victoria.

A healthy settings approach has informed investment in health promotion across Victoria and Australia, shaping prevention and place-based approaches embedded in the *Victorian Public Health and Wellbeing Plan 2015-19* and initiatives like the Achievement Program.

Sustainable Development Goals

The United Nations Sustainable Development Goals[20] are a universal call to action to end poverty, protect the planet and ensure that all people enjoy peace and prosperity. Council will be aligning its long-term planning with these goals and considering other frameworks in the development of MV2040.

The 17 interconnected goals build on the successes of the Millennium Development Goals, and include new areas such as climate change, economic inequality, innovation, sustainable consumption, peace and justice.

[20] United Nations Sustainable Development Goals, viewed at: http://www.undp.org/content/undp/en/home/sustainable-development-goals/

Municipal Profile

Moonee Valley City Council is developing the Council Plan 2017-21 integrating the Municipal Public Health and Wellbeing Plan (Health Plan). By integrating the Health Plan, Council will be able to embed health and wellbeing matters across all areas of Council.

The *Victorian Public Health and Wellbeing Act 2008* requires that when developing a Health Plan, councils include an analysis of data about health status and health determinants in the municipality.

In preparing a Public Health and Wellbeing Plan, the municipal scan provides a comprehensive understanding of the health and wellbeing status of the community, the determinants that contribute to this status and opportunities for action.

The Municipal Profile 2016 will inform:

- The identification of priorities for health planning
- The development of the Council Plan 2017-21 integrating the Health Plan
- Other Council strategies, policies, planning and service delivery
- Planning and the identification of priorities with stakeholders
- Priority setting to guide local action with local agencies

Moonee Valley's population is forecast to increase by 24 per cent in the next 20 years,[21] with a significant increase in the number of older people. Our community will continue to diversify and experience specific challenges such as increases in the cost of living and access to affordable housing.

Many of the challenges in improving health and reducing inequalities are common across Victoria. These challenges include a growing and ageing population and increases in non-communicable diseases and complex conditions. These challenges call for new, innovative approaches to ensure investment achieves the best health and wellbeing outcomes and promotes a more equitable future for those who live, work, learn and play in Moonee Valley.

The Municipal Profile identifies key considerations and priorities for health and wellbeing in Moonee Valley. A summary of identified priorities is included in the table below.

[21] (id, 2015)

Health and wellbeing priorities
Chronic disease and lifestyle risk factors – increasing rates of Type 2 diabetes, hypertension and osteoporosis and prevalence of pre-obesity/overweight people
Sexual and reproductive health – high rates of sexually transmitted infection transmissions and low condom use in young people
Mental health – increasing rates of psychological distress
Physical activity and healthy eating – high levels of insufficient physical activity, especially children and adolescents, and low levels of fruit and vegetable consumption which gets worse as the population ages

Environments for health	
Social	**Economic**
A diverse population with an increase of older people	High levels of unemployment in some neighbourhoods
Increasing rates of family violence	High levels of food insecurity
Increasing Electronic Gaming Machine (EGM) expenditure	Rising cost of living and increasing gap between advantaged and disadvantaged
Built	**Natural**
An increasing population with an increase of older people	Adapting to climate change
	Unequal access to quality green spaces
Lack of affordable housing	Maintaining natural spaces as climate variability increases
Poor access to public transport in some areas and high use of cars for travel to work	

Priority population groups
People who live in social housing, notably Flemington and Ascot Vale
Low income earners and low income households
Older people, particularly those living alone and those living with disability
People who are unemployed
People from culturally and linguistically diverse backgrounds
Single parent households
Women and girls

Health Plan Evaluation

The *Moonee Valley Public Health and Wellbeing Plan 2013-17* (the Health Plan) outlines how Council intends to develop a healthier city over four years. Council is required as part of the *Public Health and Wellbeing Act 2008* to evaluate the Health Plan, promote a collaborative approach and set out how it will work in partnership with other health and community agencies.

The Health Plan 2013–17 emphasises collaboration and communication with our partners, acknowledging that it takes a combined effort to achieve the objectives of the Health Plan. It relies on cooperation across Council and the support and participation of the community and other partners.

Health Plan Evaluation Framework

Council developed an Evaluation Framework to support the evaluation process of its Health Plan. Annual Action Plans were developed to implement strategies and annual Progress Reports measured success against indicators and to inform the development of subsequent year's action plan.

This document has two parts; Part 1 provides the background and introduction and Part 2 is the Evaluation Report – including process, outcomes, impact and partnerships.

Highlights

The Health Plan Evaluation demonstrates Council tracked well against the majority of indicators with 94 per cent of actions from 2013-16 complete or on track to being achieved. The following table demonstrates some highlights throughout the four years.

Initiative Type	Partners	Priority	Outcome	Output
Policy	Community Planning Strategic and Statutory Planning	Address gaming harm	Socio-economic disadvantage and density considered in Electronic Gaming Machine applications to Council	Local Planning Policy in Moonee Valley Planning Scheme
Evaluation	Inner North West Primary Care Partnership members	Prevention of violence against women	Collaborative evaluation approach developed to guide collective impact	Evaluation toolkit
Place-based built environment project	Department of Justice Strategic Planning and Community Planning	Improve community safety	Improved infrastructure and activation at Pridham Plaza in Flemington	Infrastructure upgrades and public activation
Environmental and urban design	Aged and Disability Services (Council business unit)	Improve community access and inclusion	World first best practice design guide	Age and Dementia Friendly Streetscapes Toolkit

Lessons and opportunities

An important aim of the evaluation was to answer two key questions. What did we learn? And what could we improve in the future? Learnings and opportunities are described below.

	Lessons	Opportunities
Integrated and evidence based planning	The process to develop the Health Plan was effective Evidence is to inform priorities, but used less to guide action	• Integration of the Health Plan in the Council Plan will provide a strengthened approach • Evidence is critical to inform priorities and actions • Develop lower level data (area profiles)
Strengthening strategic priorities	Evaluation is critical to measuring success Don't overcommit to actions that cannot be measured Strong commitment has been shown for health and wellbeing actions across Council (addressing the social determinants of health with over 70 actions per year)	• Strengthen measurement of health, wellbeing and equity outcomes through integration • Consider the best role for Council • Focus on fewer priorities to have a more significant impact • Clear criteria for priority setting: measurable, outcomes focused and partners to demonstrate a collective impact
Partnership and collaboration	Many different agencies contribute to the health, safety and wellbeing of our community, and we know that progress relies on collaboration and working in partnership	• More creative engagement techniques • Peer review processes embedded • Partnership actions identified and monitored early in the planning • Partnership evaluation and governance model established
Build on the existing evaluation framework	Good example of evaluation practice within Council and best practice in the sector Limitations in demonstrating the impact attributable only to the Health Plan	• Increase accountability and promote a culture of evaluation across the organisation • Align with the State Outcomes Framework • Demonstrate and measure collective impact • Program logic for strategic indicators • Track priority population indicators • Be realistic with in-depth evaluation and consider opportunities to partner and demonstrate impact and best practice

Conclusion

This background paper, along with the Municipal Profile and the lessons learnt from evaluation will be used to inform the development of the Council Plan 2017-21 integrating the Health Plan, and will be used to guide discussions with community and stakeholders on health planning priorities.

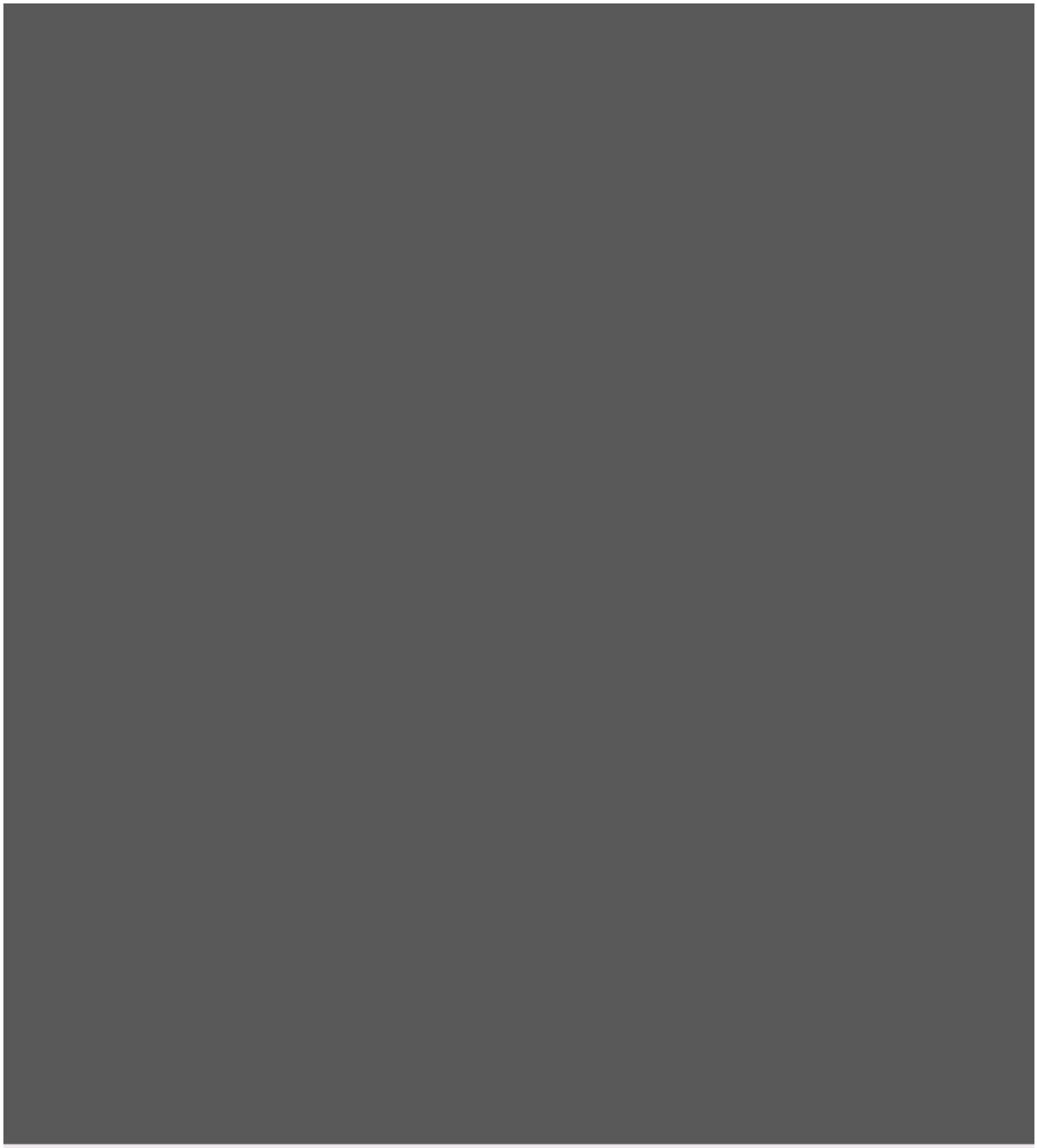
Community and stakeholder engagement will take place throughout 2016 and early 2017. A Draft Council Plan integrating the Health Plan will be on public exhibition in April, 2017. Council will seek an exemption from developing a stand-alone Health Plan from the Secretary of the Department of Health and Human Services. The final plan will be developed by 30 June, 2017 and submitted to the Minister for Local Government and Secretary of the Department of Health and Human Services.

Supporting documents that will be developed include:

1. A Health Plan Action Plan – year 1
2. The Evaluation Strategy

The guide to including public health and wellbeing matters in the council plan or strategic plan[22] will be used as a reference to inform the process for developing the Plan and will ensure that Council adheres to the process set out in the *Public Health and Wellbeing Act 2008*.

[22] Department of Health and Human Services. Including public health and wellbeing matters in the council plan or strategic plan: a resource for local government planners. Viewed at https://www2.health.vic.gov.au/Api/downloadmedia/%7BB1F21BE8-3A0E-4629-A7FA-D7EA293C85C6%7D



Moonee Valley Language Line

عربي	Arabic	9280 0738	Ελληνικά	Greek	9280 0741	Español	Spanish	9280 0744
中文	Cantonese	9280 0739	Italiano	Italian	9280 0742	Türkçe	Turkish	9280 0745
Hrvatski	Croatian	9280 0740	Somali	Somali	9280 0743	Việt-ngữ	Vietnamese	9280 0746

All other languages 9280 0747

National Relay Service 133 677 or iprelay.com.au

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City of Moonee Valley

Municipal Profile 2016

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Contents

Executive Summary

Moonee Valley City Council is developing the Council Plan 2017-21 integrating the Municipal Public Health and Wellbeing Plan (Health Plan). By integrating the Health Plan, Council will be able to embed health and wellbeing matters across all areas of Council.

The *Victorian Public Health and Wellbeing Act 2008* requires that when developing a Health Plan, councils include an analysis of data about health status and health determinants in the municipality.

In preparing a Public Health and Wellbeing Plan, the municipal scan provides a comprehensive understanding of the health and wellbeing status of the community, the determinants that contribute to this status and opportunities for action.

The Municipal Profile 2016 will inform:

- The identification of priorities for health planning
- The development of the Council Plan 2017-21 integrating the Health Plan
- Other Council strategies, policies, planning and service delivery
- Planning and the identification of priorities with stakeholders
- Priority setting to guide local action with local agencies

Moonee Valley's population is forecast to increase by 24 per cent in the next 20 years,[1] with a significant increase in the number of older people. Our community will continue to diversify and experience specific challenges such as increases in the cost of living and access to affordable housing.

Many of the challenges in improving health and reducing inequalities are common across Victoria. These challenges include a growing and ageing population and increases in non-communicable diseases and complex conditions. These challenges call for new, innovative approaches to ensure investment achieves the best health and wellbeing outcomes and promotes a more equitable future for those who live, work, learn and play in Moonee Valley.

The Municipal Profile identifies key considerations and priorities for health and wellbeing in Moonee Valley. A summary of identified priorities is included in the table below.

[1] (id, 2015)

Health and wellbeing priorities
Chronic disease and lifestyle risk factors – increasing rates of Type 2 diabetes, hypertension and osteoporosis and prevalence of pre-obesity/overweight people
Sexual and reproductive health – high rates of sexually transmitted infection transmissions and low condom use in young people
Mental health – increasing rates of psychological distress
Physical activity and healthy eating – high levels of insufficient physical activity, especially children and adolescents, and low levels of fruit and vegetable consumption which gets worse as the population ages

Environments for health	
Social	**Economic**
A diverse population with an increase of older people	High levels of unemployment in some neighbourhoods
Increasing rates of family violence	High levels of food insecurity
Increasing Electronic Gaming Machine (EGM) expenditure	Rising cost of living and increasing gap between advantaged and disadvantaged
Built	**Natural**
An increasing population with an increase of older people	Adapting to climate change
Lack of affordable housing	Unequal access to quality green spaces
Poor access to public transport in some areas and high use of cars for travel to work	Maintaining natural spaces as climate variability increases

Priority population groups
People who live in social housing, notably Flemington and Ascot Vale
Low income earners and low income households
Older people, particularly those living alone and those living with disability
People who are unemployed
People from culturally and linguistically diverse backgrounds
Single parent households
Women and girls

The Health Tracker gives a more detailed summary of health and wellbeing in Moonee Valley and tracks how these indicators have changed over time. It also sets medium term targets, which will allow Council to aim to achieve its health and wellbeing goals.

Moonee Valley Health Tracker

The Moonee Valley health tracker provides a summary of key information within the Municipal Profile where relevant tracking and trend information is available. The Health tracker provides a high level summary of key data to assist with understanding our current and future community, our health and wellbeing status and the determinants that are having a significant impact on the local community and priority populations. Population level health outcomes may not be directly attributable to Council actions but provide an indicator of our health and wellbeing status and can be monitored and evaluated alongside program and individual health and social outcome measures.

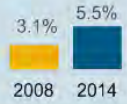
The tracker can also be used to inform other Council strategies, policies, planning and service delivery and to support planning and priority setting for local agencies whose work has an impact on public health and wellbeing and guide local action.

Key and target parameters

The target figures are based on a number of targets in Australia's Health Tracker 2016 and Victorian measures. Working towards these targets will help Moonee Valley improve against the 7 outcome areas identified in the Victorian Public Health and Wellbeing Outcomes Framework.

Trend in the right direction. **Good progress towards target.**	2008	Moonee Valley
Trend indicates **no/limited progress** towards target.	2011	North West Metropolitan Region
Trend in wrong direction. **Poor progress** against target.	2014	Victoria
	2015/16	

Indicator	Moonee Valley	Victoria	Notes
Health and wellbeing status			
The following figures provide a guide as to the current health status of Moonee Valley residents across a range of measures that can be indicative of the broader health and wellbeing of the community. Many of these measures are inter-related, illustrating both capacity for improving health as well as incidence of disease.			
 SEIFA IRAD *Index of relative advantage and disadvantage*	1031	1017	68th percentile. Pockets of disadvantage, eg. SA1 in Flemington 492 (Flemington in 11th percentile).
 Low income persons *earning <$400pw*	35%	36.8%	Moonee Valley also has a high proportion of high income earners (15.6% $1,500+pw). The gap between low and high incomes is increasing over time.
 Low income households *earning <$600pw*	20.7%	21.3%	Moonee Valley has households at both end of the spectrum: 22.8% high income.
 Children fully immunised by 24 months	93.7%	91.2%	Rates down from 95% in 2012
 Fruits and vegetables Children consuming recommended	10.9%	10.6%	Though fruit and vegetable intake is higher for children than adults, only one in ten children is achieving fruit and vegetable intake guidelines
 Smoking Young people who ever smoked	5.7%	8.3%	Smoking rates declining across the board. Adult rates decreased from 16% in 2011 to 13% in 2014.
 Severe / profound Disability 65+ year olds	18%	13.7%	Accentuated by the higher than average proportion of 60+ year olds in Moonee Valley: 20.7% 60+ compared to 18.2% across the wider Melbourne metropolitan area

Indicator	Moonee Valley	Target	Victoria	Data over time	Trend
Type 2 Diabetes	6.3%	4.1%	5%		
Alcohol related harm *Increased risk long term harm*	57.9%	52%	59.2%	New guidelines, past data not comparable	Lower than Victoria but still warrants reduction
Fruit and vegetables *All ages meeting guidelines*	5.8%	11.6%	4.4%		
Overweight	36.4%	32.7%	21.2%		
Physical activity *Sufficient to meet guidelines*	38.3%	41.4%	41.4%	New guidelines, past data not comparable	n/a
% increase in violence against women incidents *'12/13 to '13/14 police attended*	11%	0%	18.8%		
Family incident reports *per 100,000 population*	882	0	1129		
STIs *Syphilis per 100,000*	17.8	0	16.3		
Psychological distress *Kessler 10 scale*	14.3%	monitor	12.6%		

Introduction

The *Victorian Local Government Act 1989* acknowledges the important role that Council has to play in planning for its community. Councils are tasked with representing community interests when making decisions or advocating to other tiers of government and encouraging participation in community life through planning, services and local law making. This includes a specific responsibility to improve the overall quality of life of people in the local community.

This responsibility is reinforced by the *Victorian Public Health and Wellbeing Act 2008.* The Act requires Council to develop a Municipal Public Health and Wellbeing Plan (Health Plan) within 12 months of the general Council election. Health Plans outline actions to prevent or minimise public health dangers, as well as to enable people living in the municipality to achieve maximum health and wellbeing.

In addition to addressing local needs the Health Plan must:

- Have regard to the Victorian Public Health and Wellbeing Plan 2015-19
- Draw on evidence, involve the community, and include evaluation to improve planning and coordination
- Promote a collaborative approach including partnerships with the Department of Health and other agencies undertaking public health initiatives, projects and programs
- Be consistent with the Council Plan and the Municipal Strategic Statement

The *Public Health and Wellbeing Act 2008* requires that when developing a Health Plan, councils include an analysis of data to gain a preliminary understanding of the health and wellbeing status of the community and the determinants that contribute to this status. The *Municipal Profile* fulfils this purpose.

Purpose

This Profile will inform:

- The identification of priorities for health planning
- The development of the Council Plan 2017-21, integrating the Health Plan
- Other Council strategies, policies, planning and service delivery
- Further analysis and discussion with stakeholders and the community for identifying priorities
- Planning and priority setting for local agencies whose work has an impact on public health and wellbeing.

The Profile is one of a suite of documents that will inform the development of the Council Plan 2017-21, integrating the Health Plan. These documents include:

- Public Health and Wellbeing – Background Paper
- The Health Plan 2013-17 Evaluation
- A summary of consultation with community and stakeholders

These documents will be available on Council's website www.mvcc.vic.gov.au/healthplan

Framework

This Profile is divided into four sections:

1. Introduction –background, purpose and framework
2. Our community – population, diversity, age and current and future demographics
3. Our health and wellbeing status – including health inequities, health across the life course, disease prevalence and lifestyle and behavioural risk factors
4. Environments for health – social, natural, built and economic environments that determine our health and wellbeing

The Profile is underpinned by frameworks for thinking about public health and wellbeing including health inequalities and the social determinants of health and environments for health. A data map outlining data sources and frequency of data availability is included in Appendix 1.

Our Community

Summary

Moonee Valley is a municipality located in the inner-north region of metropolitan Melbourne. Moonee Valley's estimated resident population in 2016 is 120,837 people and between now and 2036, an estimated 28,474 additional people will call Moonee Valley home.

Our community is diverse with a broad range of population groups living within different suburbs of Moonee Valley.

- Almost one-third (27 per cent) of our population was born overseas with the top three countries of origin by proportion being Italy, the United Kingdom and India. Some suburbs have much higher proportions, such as Travancore, where 45 per cent of the population was born overseas.
- Around 30 per cent of our population speak a language other than English at home, with the most dominant languages being Italian, Greek and Vietnamese.
- Most of the population is of working age but there is a higher than average proportion of older persons in Moonee Valley compared to greater Melbourne and Victoria.
- The average household size is expected to decrease from approximately 2.5 persons per household in 2016 to 2.4 in 2036.
- Moonee Valley has the third highest proportion of social housing dwellings in Victoria, with almost 9 per cent of dwellings as social housing stock.

Our location

The City of Moonee Valley is located in the inner and middle north western suburbs of Melbourne, between 4-13 kilometres from the Melbourne CBD. Moonee Valley's population is estimated to be 120,837 people in 2016, and this is predicted to increase at a steady rate over time.[2] Moonee Valley is a diverse city, with many of its residents born overseas and speaking a language other than English at home.[3]

Population and growth: Who are we?

Moonee Valley is sited on the traditional lands of the Wurundjeri people of the Kulin Nation, who for thousands of years have cared for the land and waterways. Moonee Valley is of ongoing cultural and spiritual significance to the Kulin Nation who uphold their strong connection to their traditional lands and waters to this day. Approximately 300 people identify as being Aboriginal and Torres Strait Islander in Moonee Valley.

As with the previous decade, growth in Moonee Valley is predicted to be steady, with an average growth rate of 1.2 per cent per year over the next 20 years. By 2036 we can expect to have 149,311 residents.

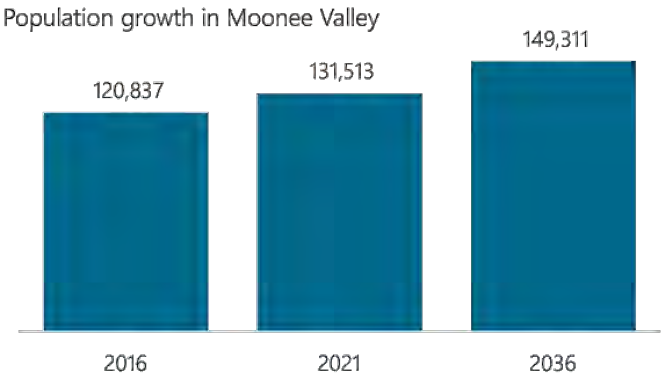


Figure 1 Population growth in Moonee Valley[4]

[2] (Department of Land, Water and Planning, 2016)

[3] (Australian Bureau of Statistics, 2011)

[4] (id., 2015)

This growth is driven by natural population increase in conjunction with domestic and international migration. The largest gains expected are in the areas of Moonee Ponds and Essendon-Essendon North and to a lesser extent Ascot Vale, Flemington-Travancore and Avondale Heights. Population growth in the rest of the municipality is expected to be minimal.

The increased supply of high density housing is expected to continue and to attract new residents in these suburbs with high growth. The population change between 2016 and 2036 by suburb is illustrated in Figure 2.

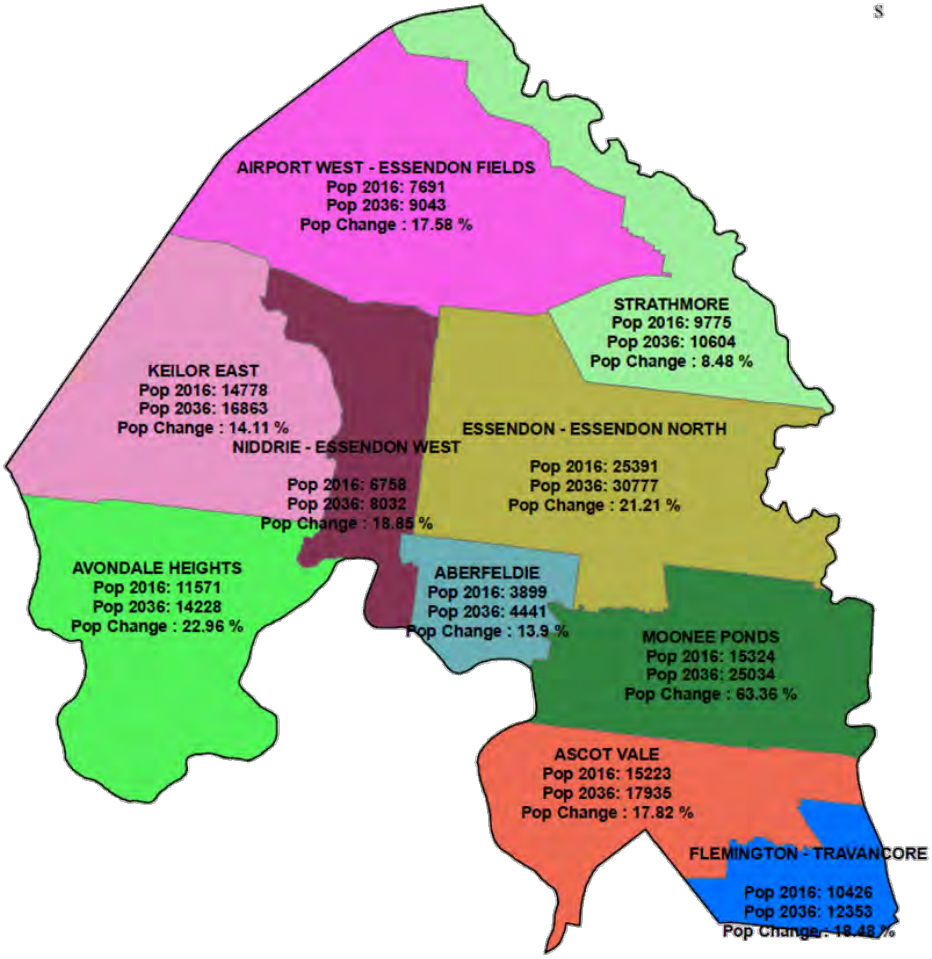


Figure 2 Map showing population change in Moonee Valley suburbs

Diversity: Where are we from?

Proportionally, half as many Moonee Valley residents identify as Aboriginal or Torres Strait Islander compared to Victoria and one tenth as many as the Australian population

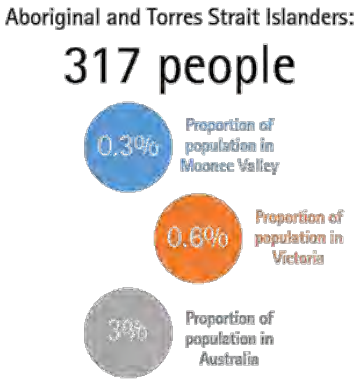


Figure 3 Aboriginal and Torres Strait Islander population in Moonee Valley[5]

More than 300 people identified as Aboriginal and Torres Strait Islanders in the 2011 Census, which is equivalent to 0.3 per cent of Moonee Valley's population. Moonee Valley has a lower proportion of people identifying as Aboriginal and Torres Strait Islander compared to Victoria and Australia. As this population is becoming increasingly urbanised it is likely that more Aboriginal and Torres Strait islander people will move into Moonee Valley in the future.[6] The median age of Aboriginal people in Moonee Valley is much lower than the general population at 26 years compared to 38 years for non-Aboriginal people.[7]

Moonee Valley is culturally and linguistically diverse, with a higher proportion of people in Moonee Valley born overseas compared to Victoria, as shown in Figure 4.

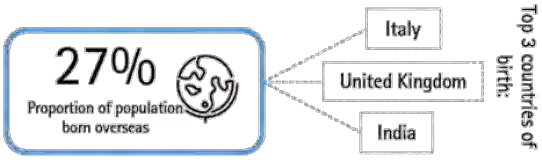


Figure 4 Population born overseas in Moonee Valley[8]

[5] (Australian Bureau of Statistics, 2011)

[6] (Australian Bureau of Statistics, 2015)

[7] Median age for indigenous persons is calculated for all members of households where at least one person identifies as being indigenous

[8] (Australian Bureau of Statistics, 2011)

As shown in Figure 5 below, there are suburbs within Moonee Valley with higher proportions of people born overseas than the Greater Melbourne and Victorian averages.

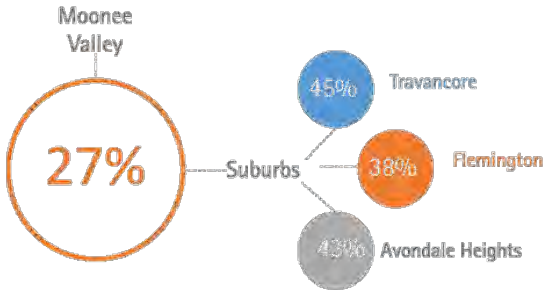


Figure 5 Overseas-born population in Moonee Valley and select suburbs[9]

Travancore, Flemington, and Avondale Heights all have very high proportions of overseas-born residents, and the demographic makeup of these residents differs between suburbs also. In Avondale Heights, for example, there is a high proportion of older aged Greek and Italian people and also more middle aged Vietnamese people while in Flemington there are many people aged 50 or under of African or Indian backgrounds.[10] Avondale Heights and Flemington also have the highest proportion of residents that were not proficient in English (10.3 per cent and 11.5 per cent respectively). Almost one-third of Moonee Valley's population speaks a language other than English at home.

Just over half of Moonee Valley residents agreed that multiculturalism makes life in their area better and only half disagreed with the statement that, 'Australia is weakened by people from various racial, cultural, ethnic and religious backgrounds sticking to their old ways'. These responses are summarised in Figure 6. While the overall results for Moonee Valley are relatively similar to Victorian responses (50.6 per cent disagreed with the second statement across Victoria) in the neighbouring City of Moreland 60.6 per cent of people disagreed with that statement.[11]

[9] (Australian Bureau of Statistics, 2011)

[10] (id, 2015)

[11] (Community Indicators Victoria, 2014)

Figure 6 Moonee Valley resident responses to 'Cultural Acceptance' questions from the VicHealth Survey 2011[12]

Age

Moonee Valley has a larger proportion of older persons (those aged 65-74 and those 75 and over) compared with greater Melbourne, and forecasts expect this trend to continue. In the Rose Hill Ward, in suburbs such as Avondale Heights and East Keilor, this ageing population will be more pronounced.

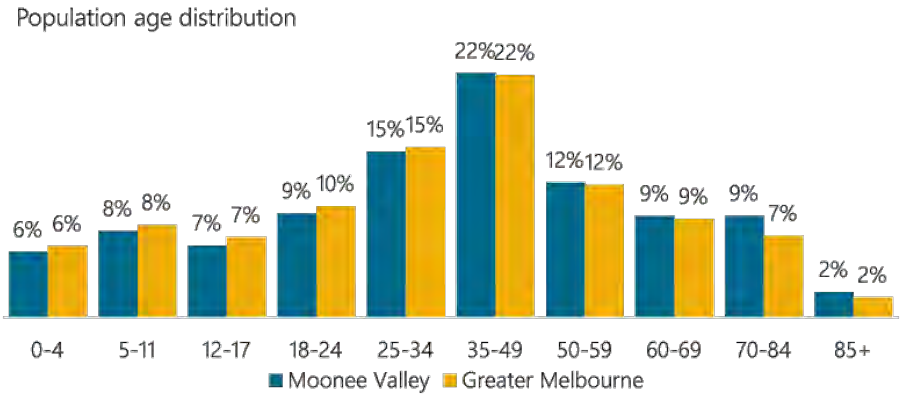


Figure 7 Age distribution of Moonee Valley population and Greater Melbourne population[13]

Between 2006 and 2011 the largest increases in population by age were those aged 25-34. Forecasts show, however, that we can expect the largest increase to be persons aged 35-39 over the next twenty

[12] (Community Indicators Victoria, 2014)

[13] (id, 2015)

years.[14] This growth in younger people and families is expected to be concentrated in eastern suburbs of our municipality such as Moonee Ponds, Essendon and Flemington.

Household structure: Where do we live?

The most dominant household type in Moonee Valley is couples with children, consisting of 32 per cent.

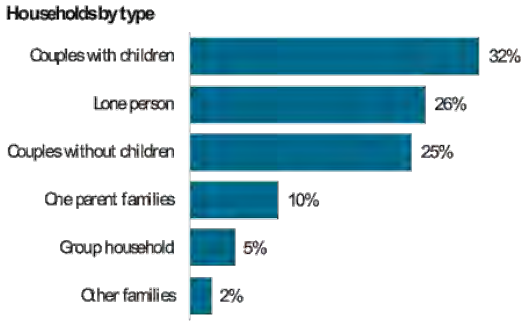


Figure 8 Household structure in Moonee Valley[15]

Those living alone make up the next highest proportion followed by couples without children. One parent households, group households and other families make up the remainder. The average household size is expected to decrease from approximately 2.5 persons per household in 2016 to 2.4 in 2036 as the proportion of lone person households increases.[16] This age distribution of household type change is an important consideration. For example, as many older persons live alone (45 per cent of people aged 85 and over) this increase in lone person households may also represent an increase in the number of older aged people living alone.[17]

Moonee Valley has the third highest proportion of social housing dwellings in Victoria: social housing makes up 8.9 per cent of total dwellings, compared with only 3.8 per cent in Victoria.[18] One in five (21.8 per cent) households experience rental stress and 7.3 per cent are experiencing mortgage stress. Less

[14] (id., 2015)

[15] (id., 2015)

[16] (id, 2015)

[17] (Australian Bureau of Statistics, 2011)

[18] (Department of Health and Human Services, 2013)

than 2 per cent of rental housing is affordable,[19] which is less than a quarter of the proportion of affordable rental housing for metropolitan areas in Victoria.[20]

The majority of dwellings in Moonee Valley are detached houses (64.9 per cent) with flats, apartments and units making up the second most prevalent housing type.[21]

[19] (Department of Health and Human Services, 2013)

[20] (Department of Health and Human Services, 2013)

[21] (Australian Bureau of Statistics, 2011)

What does this mean? What can we do?

Growing population: families

How is this affecting Moonee Valley?	What can we do?
• Most families are settling in eastern suburbs (Moonee Ponds, Essendon, Flemington). • Many families migrating from overseas will introduce greater cultural diversity. • Children's services will need to cater for more children. • Need appropriate housing options.	• Ensure children's services are adequate for a growing population, particularly immunisation and early years support. • Policy and advocacy to ensure affordable housing that is appropriate for families, including higher density near activity centres.

Growing population: older adults

How is this affecting Moonee Valley?	What can we do?
• Mostly in the western suburbs – Avondale Heights and East Keilor. • Many will be asset rich but income poor; living below the poverty line and often in single households. • Need appropriate housing options. • Need to be able to maintain connection to familiar health and community services.	• Ensure services for older adults and people with a disability are adequate for a growing population. • Policy and advocacy to ensure affordable housing which meets the health and safety needs of older people and those with a disability in appropriate locations. • Developer contributions.

Diversity

How is this affecting Moonee Valley?	What can we do?
• More than 300 Aboriginal and Torres Strait Islander people. • More than a quarter speak a language other than English. • In Avondale Heights there is a community of older adults from Greece and Italy who will need support in their language. • In Flemington there is a community of young adults from Africa and India who will need support tailored to their cultural and language needs.	• Celebrate cultural diversity. • Train staff to be responsive and sensitive to the needs of diverse cultures. • Promote understanding of cultural competence among the general population. • Provide leadership through diversity in the workplace. • Ensure community activities are culturally appropriate. • Provide resources in languages other than English and translation services. • Partner with peak agencies and relevant community groups to work efficiently with disadvantaged groups and identify employment opportunities. • Provide programs that produce a long-term protective effect, such as programs with social and economic outcomes for children and young people. • Develop social enterprise programs to assist people with earning an income. • Develop a local housing strategy that addresses adequate and affordable housing, social isolation and health issues.

Health and Wellbeing Status

Summary

Health starts where we live, learn, work and play. We know that health is affected by much more than individual behaviours such as eating well, staying active, not smoking, and being immunised. This section explores health and wellbeing inequities, how our health and wellbeing status varies across the lifespan, our lifestyle factors, behaviours and disease and illness statistics. Moonee Valley has similar rates of chronic disease as the western region and Victoria, with concerning trends emerging. Since 2008 rates of some chronic diseases and acute illness have increased in Moonee Valley, such as:

- Heart disease
- Cancer
- Osteoporosis
- Mental health issues
- Type 2 diabetes
- Sexually Transmitted Infections (STIs)

Moonee Valley has shown mixed results in lifestyle behaviours that contribute to disease risk. A decline in smoking rates and obesity rates are two areas where Moonee Valley has shown improvement. The number of people eating the recommended daily intake of fruit and vegetables has improved but is still very low at less than 10 per cent. The prevalence of high blood pressure and pre-obesity (overweight); the rates of people doing sufficient physical activity; and the rates of high blood pressure have all worsened over time.

People in Moonee Valley have different health and wellbeing issues depending on their age, such as:

- High enrolment in Maternal Child Health (MCH) services at birth but attendance rates fall as children age.
- Most children are in good health but health and wellbeing gaps are widening.
- Nutrition and physical activity rates are low for children and adolescents.
- Bullying is a problem for both children and adolescents.
- A high proportion of older persons are living in Moonee Valley, and many are living alone. Considerations associated with ageing include mobility, access to services and chronic diseases.

Health inequalities are systematic differences in health between groups in the community. They are unfair, but also preventable. Significant populations at risk of experiencing health inequalities in Moonee Valley include:

- People from culturally and linguistically diverse (CALD) backgrounds
- Low income households
- Girls and women
- People renting social housing
- Older aged people and those with disabilities

Health inequities and the social determinants of health

Health inequities can exist between different groups across a range of gradients: these can be spatial, age-based, race-based, gender-based or income-based.[22]

Inequalities can be caused by policies and practices that create barriers to achieving good health and wellbeing, and can therefore be improved by implementing policies and practices that reduce these barriers.[23] Many people suffering from health inequities experience them because of a range of inequity gradients. Strategies to address these inequities include minimising barriers to access health resources and improving access to services and programs.[24]

While Moonee Valley performs relatively well against a range of socioeconomic indicators, there are small areas within Moonee Valley that have high levels of low-income households, higher unemployment, low educational attainment and are, therefore, more likely to have poor health and wellbeing outcomes. As the following analysis highlights, Flemington-Travancore and Ascot Vale are performing poorly against many indicators for socio-economic status.

Inequality

The Socio-Economic Indexes for Areas (SEIFA) scores which we can use to measure relative advantage and disadvantage were last updated in 2011 and so the data presented below is comparable to what was presented in the last health and wellbeing examination of Moonee Valley completed in 2013.[25] The Index of Relative Socio-economic Advantage and Disadvantage (IRSAD) is one of these indices.

- The majority of people living in Moonee Valley have a high quality of life with good access to services.
- Flemington and Ascot Vale continue to perform worse when measured against a range of indicators that demonstrate inequity.

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[22] (Brotherhood of St Lawrence, 2015)

[23] (World Health Organization, 2011)

[24] (Vichealth, 2016)

[25] SEIFA scores are an Australian Bureau of Statistics (ABS) product that calculates the socio-economic advantage and disadvantage of regions within Australia based on a number of Census variables including income, employment status, occupation, education, size of house relative to number of inhabitants and a number of other variables. It is used to provide a single measure by which to compare areas based on the social interconnectedness and affluence of residents. The lower the SEIFA score, the more disadvantaged the area.

- Moonee Valley's SEIFA IRSAD was 1,027.1, indicating it is less disadvantaged than the national average, and less disadvantaged than many neighbouring municipalities such as Melbourne (1,025.8) and Moreland (998.1).[26]
- Suburbs within Moonee Valley have high levels of disadvantage with Flemington, in particular, the most disadvantaged.[27]

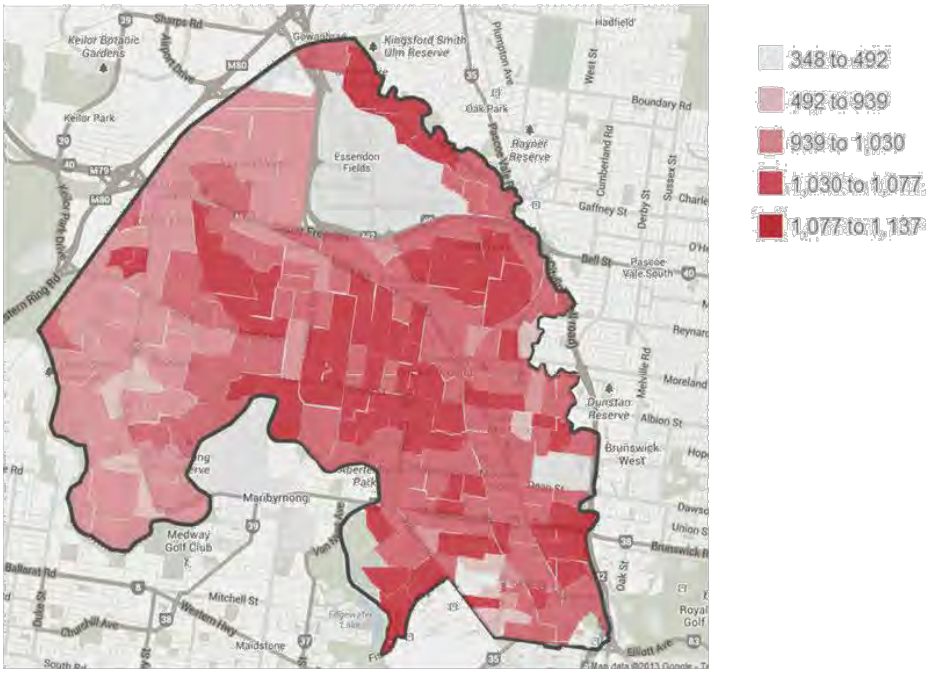

Figure 9 Map showing SEIFA Index of relative socioeconomic disadvantage across Moonee Valley

[26] (id, 2015)

[27] (id, 2015)

Income

Lower income is correlated with poorer health outcomes, and this relationship is very complex. Those with lower incomes were less educated and children from low-income families had worse education outcomes.[28] Low incomes are associated with poorer nutrition[29]. Post-school destination was also affected by income:[30]

- Almost one-sixth (15.6 per cent) of individuals were high income earners and one-third (34.9 per cent) were low income earners.[31]
- One-fifth of households (22.8 per cent) were high income households and another one-fifth (20.7 per cent) were low income households, compared with 19.4 per cent and 19.2 per cent respectively for Greater Melbourne.[32]

11,225	66.4 per cent	2,832	1,820
Concession card holders	Population 65+ on an Aged Pension	People receiving Newstart Allowance	People receiving Youth Allowance

Figure 10 Department of Social Services payments in Moonee Valley[33]

Almost 10 per cent of the Moonee Valley population has either a Commonwealth Seniors Health Care card, a Low Income card or a Health Care card. There are also a number of people receiving social support payments such as the Newstart Allowance, the Aged Pension or Youth Allowance. This means in spite of the relatively high proportion of high income earners in the municipality, there are still many individuals and families that are not financially stable and are living below the poverty line.[34]

Average household incomes vary across the municipality, indicating that different suburbs suffer from financial stress at different rates. A number of suburbs have a high proportion of households which fall

[28] (Reardon, 2011)

[29] (Lester, 1994)

[30] (Department of Education and Training, 2015a)

[31] (id, 2015)

[32] (id, 2015)

[33] (Department of Health and Human Services, 2016); Concession card holder number calculated from March 2016 quarter data

[34] (Moonee Valley City Council, 2016)

within the lowest quartile of household income, such as Flemington (33.8 per cent) and Avondale Heights (29.2 per cent).[35]

Aboriginal and Torres Strait Islander Health

There are currently just over 300 Aboriginal and Torres Strait Islander people who live in Moonee Valley, which accounts for 0.3 per cent of our population.[36] Closing the gap in health and wellbeing outcomes for Aboriginal and Torres Strait Islanders is an important government priority set since 2008.[37] Aboriginal and Torres Strait Islanders achieve consistently worse outcomes for a range of health and wellbeing indicators when compared to the general population. While statistics aren't available at the Local Government Area (LGA) level, some general statistics can provide insight into Aboriginal health inequalities.[38]

- Life expectancy is around 10 years lower.
- Over three times the rate of death before age 65.
- More deaths caused by cardiovascular disease (1.5 times as many).

The strategy for 'closing the gap' recognises that the poor health and wellbeing outcomes experienced by Aboriginal and Torres Strait Islander people are the result of socio-economic, behavioural and environmental factors as well as systemic inequalities. Some of these differences between Moonee Valley's Aboriginal and Torres Strait Islander population and the non-Aboriginal population are highlighted below in Figure 11.

[35] (id, 2015)

[36] (Australian Bureau of Statistics, 2011)

[37] (Australian Institute of Health and Welfare, 2014b)

[38] (Australian Institute of Health and Welfare, 2014b)

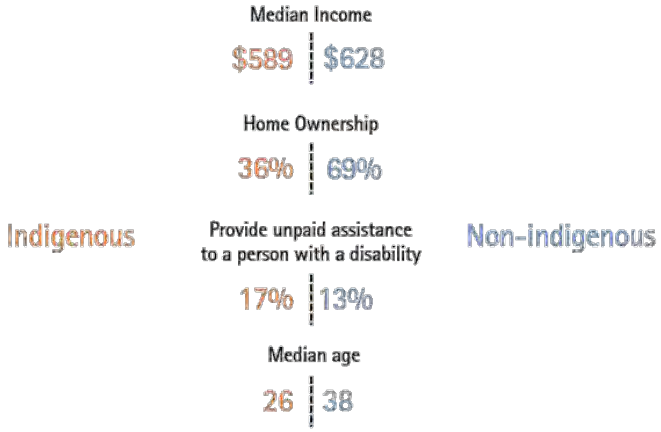

Figure 11 comparison of basic statistics for indigenous and non-indigenous persons in Moonee Valley[39]

Disability

There is a substantial proportion of the population in Moonee Valley that identify as having a disability. Differences in health conditions for those with disabilities and those without has been shown to be socially determined rather than a direct consequence of the disability and its physical or mental implications.[40]

- A small proportion (4.2 per cent) of persons live with a severe and profound disability, similar to Victoria but Moonee Valley has a significantly higher proportion of people over 65 years living with a disability, at 18 per cent compared to 13.7 per cent in Victoria.[41]
- A small proportion (5.3 per cent) of residents need assistance with core activities.

Gender

Women make up just over half the population of Moonee Valley and women and men have different health and wellbeing requirements. Specifically, women require specialised health treatment throughout

[39] (State Government of Victoria, 2014)

[40] (Moonee Valley City Council, 2016)

[41] (Department of Health and Human Services, 2016)

their lives for different needs, including sexual and reproductive health and maternal health. It is therefore necessary to consider gender when planning and implementing public health initiatives. However, physical differences alone do not explain the different health and social outcomes of men and women. Structural and social factors can lead to gender disaggregated outcomes. Some of these differences are highlighted in Figure 12. Women perform worse than men when measured against many health and wellbeing indicators and perform better against very few. Over twice as many women work in the community and personal service or clerical and administrative sector, a sector paid less on average than male dominated sectors including management jobs, technical and trade jobs and labourers.[42] Males were more likely to take active transport to work (cycling or walking) compared to females.[43]

[42] (Australian Bureau of Statistics, 2011)

[43] (Australian Bureau of Statistics, 2011)

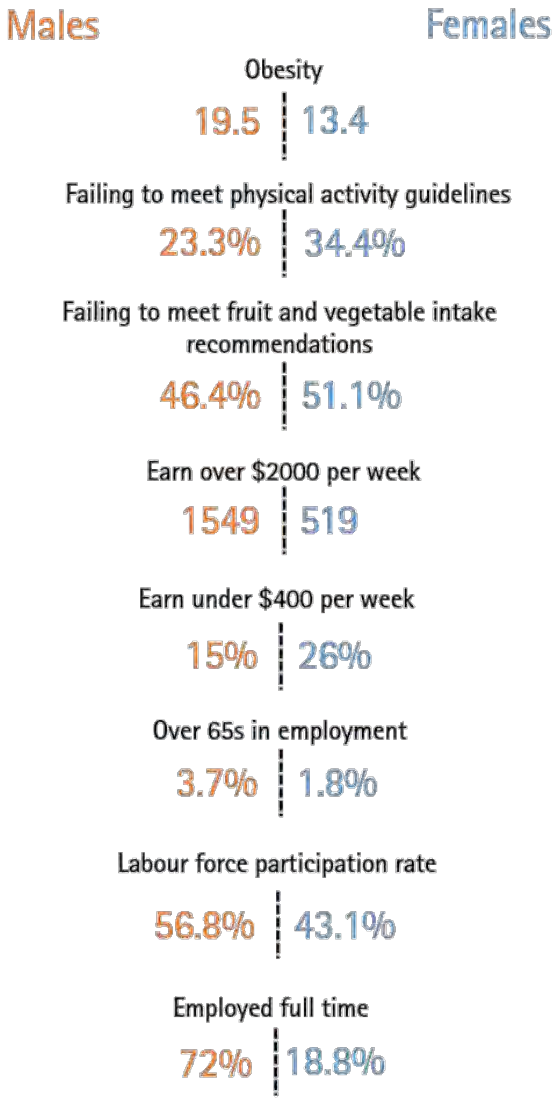

Figure 12 Summary of some statistics where there is a significant gender difference[44]

[44] Data from: (id, 2015) (Australian Bureau of Statistics, 2011) (Department of Health and Human Services, 2013)

Lesbian, Gay, Bisexual, Transgender, Intersex and Queer

While it is difficult to measure the exact numbers of lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) persons in Moonee Valley, it is estimated to be around 10 per cent of the population.[45] The top three challenges for people who identify as LGBTIQ in Moonee Valley are discrimination, lack of acceptance and abuse and bullying.[46] Though many people in this community lead healthy and connected lives, discrimination and social isolation can contribute to poor health and wellbeing outcomes. For mental health this can mean people who identify as LGBTIQ are:[47]

- Likely to experience anxiety and depression two to three times more often
- At an increased risk of suicide
- At an increased risk of drug related harm
- Lacking access to appropriate health and community services

People from culturally and linguistically diverse backgrounds

Having culturally and linguistically accessible services is important given the high proportion of people from CALD backgrounds in Moonee Valley. People from CALD backgrounds are at risk of suffering health inequalities caused by unintended obstacles, discrimination or other kinds of disadvantage including:[48]

- Lack of access to information about the range of health and community services
- Mono-lingual health and community service staff
- Lack of cross-cultural understanding among staff
- Lack of culturally relevant programs and services
- Lack of recognition of qualifications
- Language barriers
- Exploitation of migrant labour

[45] (Moonee Valley City Council, 2015)
[46] (Moonee Valley City Council, 2015)
[47] (Moonee Valley City Council, 2015)
[48] (Moonee Valley City Council, 2016)

Moonee Valley residents showed attitudes towards cultural diversity that may lead to discrimination against people from CALD backgrounds and this discrimination may affect health and wellbeing outcomes and contribute to social exclusion.[49]

Social exclusion

Moonee Valley has a number of populations who are at risk of social exclusion, as indicated by the Brotherhood of Saint Lawrence (BSL) Social Exclusion Monitor.[50] Groups who are vulnerable to poorer health and wellbeing outcomes include:

- Females (51.5 per cent in Moonee Valley)
- People over 65 years (15.5 per cent in Moonee Valley, compared to 13.1 per cent in Greater Melbourne)
- People from non-English speaking backgrounds (5.1 per cent have poor English proficiency)
- Aboriginal and Torres Strait Islanders (0.3 per cent of the population in Moonee Valley)
- People who didn't achieve a qualification higher than Year 11 (34.1 per cent have a highest level of schooling at Year 11 or below)
- Social housing tenants (5.1 per cent live in social housing)
- Lone parents with children (9.6 per cent of households are one parent families)
- People who have a long-term disability or long-term ill health (4.2 per cent live with a severe and profound disability)

[49] As mentioned earlier from results from the Vichealth Indicators Survey 2011

[50] (Brotherhood of St Lawrence, 2015)

Health and wellbeing through the life course

There are strong links between an earlier exposure to risk factors and outcomes later in the life course. Early years are critical and can determine the path of health and wellbeing across the life course, though at all ages taking actions to improve health and wellbeing are important and can make a difference.[51]

Social determinants of health can influence the development of chronic diseases, even from birth. For example, low birth weight babies are more likely to come from a mother experiencing socio-economic disadvantage, and low birth weight babies are also more at risk of developing chronic diseases such as diabetes and heart disease in later life.[52] Examining risk factors and rates of chronic disease throughout the life course can lead to better management of health and wellbeing in the future.

The incidence of chronic disease increases with age. Some are quite uncommon before adulthood, such as heart disease. Some are known to begin in childhood and adolescence, such as Type 1 diabetes.[53] Some are most common in those over 50, such as arthritis and osteoporosis.

Mothers and babies, children, young people and older people are 'priority age groups' as they are more vulnerable to illness and disease.

Mothers and babies

Good infant and maternal health can have a significant positive impact on the future health and wellbeing of an individual. Therefore, infant health is an important indicator of the level of health and wellbeing existing within a society.

In Moonee Valley:

- There were 1583 birth notifications in 2015-16 and 1486 received their first MCH home visit. [54]

[51] (Australian Government Department of Education and Training, 2015)

[52] (Australian Institute of Health and Welfare, 2014a)

[53] (Australian Institute of Health and Welfare, 2014a)

[54] (Moonee Valley City Council, 2016)

- Almost all babies born enrolled in MCH services in 2015-16 (97.4 per cent).[55]
- Around 82 per cent of children who are enrolled in the MCH service are actually participating, though for Aboriginal and Torres Strait Islander children only 74 per cent were participating in 2015-16.[56]
- There were 1167 babies participating in their key age and stage visits to 12 months, and 997 to 3.5 years — participation declines as babies age in 2015-16.[57]
- A small proportion of babies (6.5 per cent) are born with a low birth weight. [58]
- More than half (56.8 per cent) of children are fully breastfed at three months. [59]
- In 2014, 91.7 per cent of children were fully immunised at 12 months and by five years of age 93.6 per cent of children were fully immunised.[60]

Rates of breastfeeding and rates of participation in key age and stage visits decrease as children get older. This trend is similar to that of metropolitan Melbourne and Victoria.

[55] (Moonee Valley City Council, 2016)

[56] (Moonee Valley City Council, 2016)

[57] (Moonee Valley City Council, 2016)

[58] (Department of Health and Human Services, 2013)

[59] (Department of Health and Human Services, 2013)

[60] (Australian Immunisation Register, 2016)

Early years

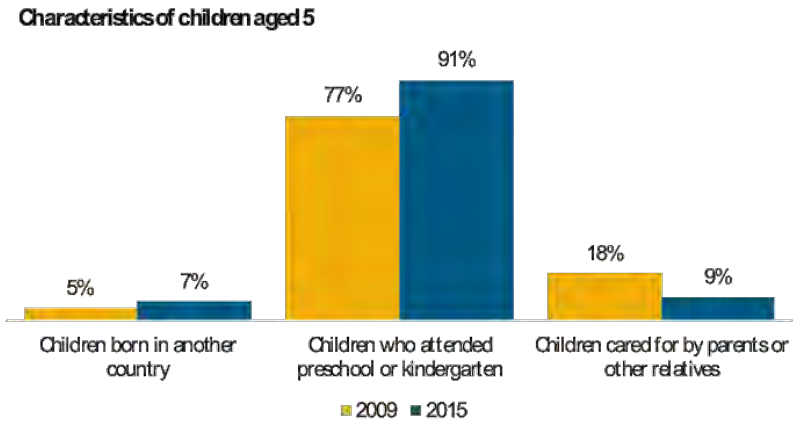

Figure 13 proportion of children in Moonee Valley, aged 5, against a range of measures according to AEDC survey[61]

The Australian Early Development Census (AEDC) tracks five development domains of five- year-old children.[62] Between 2012 and 2015 the AEDC measured significant increases in the number of children developmentally on track for physical health and wellbeing and for their communication skills and general knowledge. It also measured, however, significant increases in the number of children developmentally at risk and developmentally vulnerable for those same indicators. This may suggest an uneven access to health, education and other community services that can lead to developmental improvements within Moonee Valley.

The AEDC found:

- The proportion of children developmentally vulnerable on two or more domains was (7.89 per cent).
- One-sixth (15.9 per cent) were developmentally vulnerable on one or more domains.
- The proportion of children developmentally vulnerable has increased for every domain between 2009 and 2015.

[61] (Australian Government Department of Education and Training, 2015)

[62] The five developmental domains measured by the AECD are: Physical health and wellbeing; Social competence; Emotional maturity; Language and cognition; Communication and general knowledge.

- Niddrie, Flemington-Travancore, Avondale Heights and Ascot Vale consistently showed higher levels of developmentally vulnerable children compared with other suburbs in the municipality.

Children

The School Entrants Health Questionnaire is a yearly survey that measures the wellbeing of children when they start school. This showed that children in Moonee Valley have good health overall. When starting school:

- Most children (85.4 per cent) are in excellent or very good health[63]
- A small number of children (1.7 per cent) were overweight[64]
- Almost one-sixth (14 per cent) had asthma[65]
- One-tenth (10.5 per cent) have parents concerned about their child's oral health[66]
- A small proportion (2 per cent) of children with an intellectual disability, developmental delay, learning disability[67]
- The top three concerns for boys are speech or language difficulties, developmental issues and asthma[68]
- The top three concerns for girls were oral health, developmental issues and asthma[69]
- A large proportion of new school entrants were born overseas (7.2 per cent), and many speak a language other than English at home (6.7 per cent)[70]

Children in Moonee Valley are less likely to be overweight, and the majority are in good health. The VCAMS 2014 survey showed, however, that most children are not meeting their recommended intake

[63] (Department of Education and Training, 2014)

[64] (Department of Education and Training, 2014)

[65] (Department of Education and Training, 2014)

[66] (Department of Education and Training, 2014)

[67] (Department of Education and Training, 2014)

[68] As cited by parents

[69] As cited by parents

[70] (Department of Education and Training, 2014): The School Entrant Health Questionnaire (SEHQ) is completed by parents during their child's first year at primary school. It records their concerns and observations about their child's health and wellbeing, for follow up by a nurse.

of fruits and vegetables each day. In the Western Region only 2.9 per cent consumed the recommended amount of vegetables. [71]

A significant number of children reported being bullied, and children are more likely to experience bullying the older they get. In 2014, 16.9 per cent of children in years 5 and 6 reported being bullied, and for those in years 7 and 9 that increased to 22.7 per cent.[72]

Young people

Between 2016 and 2036 there will be an additional 5,007 persons aged 12 to 24 in Moonee Valley. The physical health of young people in Moonee Valley is quite high overall but mental health, safety and environments for health are of concern. For example:

- One-third (34.5 per cent) of family violence incidents occur with children and young people present.[73]
- There were five child protection substantiations in the Western Region per 1000 population in 2014.[74]
- In the Western Region 3.7 per cent of young people are experiencing financial hardship in their home lives and one-fifth (20.3 per cent) of young people go to school or go to bed hungry because there is not enough food in the house.[75]
- Less than one-third (29 per cent) of children in the Western Region engage in sufficient physical activity.[76]
- Less than two-thirds (60.2 per cent) of young people in Western Melbourne eat enough fruit and only 10.9 per cent get enough vegetables.[77]
- Year 9 students from Moonee Valley were more likely to achieve literacy and numeracy standards than their Victorian counterparts (at 96 per cent and 97 per cent achievement respectively).[78]

[71] (Department of Education and Training, 2015b)
[72] (Department of Education and Training, 2015b)
[73] (Department of Education and Training, 2015b)
[74] (Department of Health and Human Services, 2013)
[75] (Department of Health and Human Services, 2014)
[76] (Department of Education and Training, 2015b)
[77] (Department of Education and Training, 2015b)
[78] (Department of Education and Training, 2015b)

- Year 12 completers in Moonee Valley also achieved highly. In 2014 only 1 per cent of Year 12 or equivalent completers were not in the Labour Force, Education or Training (NILFET).[79]
- Six months after completion of Year 12, 64 per cent of students were studying a Bachelor degree, with the Victorian average at 53 per cent in 2015.[80]

In 2014 within the Western Region 88.6 per cent of young people live in neighbourhoods with good parks, playgrounds and play spaces,[81] although there is still room to improve the built environment to support the health and wellbeing needs of young people.

While dental health access and physical health services are relatively accessible (87.6 per cent of young people in the Western Region can access dental health services when needed and 87.9 per cent of young people in Western Melbourne can access physical health services when needed), mental health services are not. In the Western Melbourne region only 46.3 per cent of students in Years 8 and 11 who have been identified as needing mental health services can access these services when needed.[82]

Older-aged people

Research shows that leading a healthier life in older age relies on a person being able to access particular types of opportunities across their life-course. For example:

- In 2011, 15.3 per cent of the population was aged 65 years or over. This rate is predicted to remain similar into the future with 15.7 per cent predicted to be 65 years or over in 2036.[83]
- Much of Moonee Valley's older population lives alone: almost one-quarter of people 75 years and over are living alone and three-quarters of these are women.[84]
- In Moonee Valley 697.5 people receive an Aged Pension per 1000 eligible population.[85]
- There were 18 per cent of people with a severe and profound disability aged over 65 years compared to only 13.7 per cent for Victoria.

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[79] (Department of Education and Training, 2015a)

[80] (Department of Education and Training, 2015a)

[81] (Department of Education and Training, 2015b)

[82] (Department of Education and Training, 2015b)

[83] (Australian Bureau of Statistics, 2011)

[84] (id, 2015)

[85] (Department of Health and Human Services, 2013)

All pensioners (aged, disability and carers) and people living on a statutory income are living below the poverty line which is defined as living with an income of below 40 per cent of median household income,[86] which means the majority of older persons in Moonee Valley are living in poverty and economic hardship. Poverty in older populations in Australia is significantly higher than for the rest of the OECD countries.[87] People aged 65 and over have low workforce participation.[88] As our number of residents in this age group grows the age profile of the working population is likely to change also. Women's longer life expectancy likely contributes to their higher representation in the proportion of people over 75 years living alone.

[86] (Moonee Valley City Council, 2016)

[87] (Moonee Valley City Council, 2016)

[88] (id, 2015)

Chronic disease and acute illness

By measuring rates of different chronic diseases, fatalities and other health loss indicators we can begin to understand the burden of disease and injury in Moonee Valley. Burden of disease uses multiple sources of data to compare rates of disease to quantify health in a population. This section covers Ambulatory Care Sensitive Conditions (ACSCs) and other indicators we use to assess physical and mental health.

Life expectancy

Australia has a relatively high life expectancy compared to other OECD countries, and life expectancy is forecast to continue to increase over time. However, life expectancy is experienced unevenly across a range of social gradients. Most recent life expectancy research shows:

- Current estimates for life expectancy at birth in Moonee Valley are 85.7 years for females but only 79.8 years for males.
- Life expectancy is affected by country of origin, health across the life course, sex and social disadvantage.

We can expect that suburbs such Flemington, with high levels of migration and other social disadvantage, might have lower life expectancies compared to the municipal average.

Self-reported health

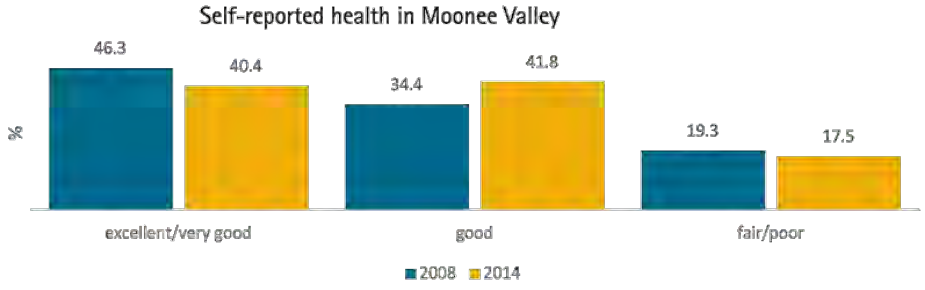


Figure 14 Self-reported health in Moonee Valley in 2008 and 2014[88]

[88] (Department of Health and Human Services, 2014b) (Department of Health and Human Services, 2008)

While the majority of people living in Moonee Valley report good health, fewer than 50 per cent believe they have 'very good' or 'excellent' health. The proportion of people reporting the highest level of health has decreased since 2008. Smokers and older persons were more likely to report 'fair' or 'poor' health which is consistent with the variation across a range of social gradients. [90]

Chronic disease

There are many different types of chronic disease. The rates of selected chronic diseases across Moonee Valley, the North West Metropolitan Region and Victoria are summarised in Figure 15.

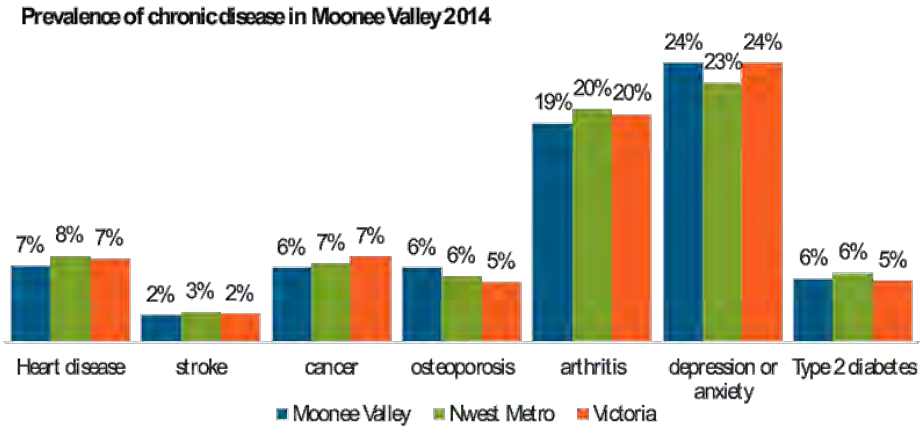


Figure 15 Prevalence of selected chronic disease in Moonee Valley in 2014 and comparison with North West Metropolitan region and Victoria[91]

Stroke

The rate of strokes in Moonee Valley is only slightly lower than the rate for Victoria. The North West metropolitan region has a higher stroke rate than both Victoria and Moonee Valley.

[90] (Department of Health and Human Services, 2014b)

[91] (Department of Health and Human Services, 2014b)

Cancer

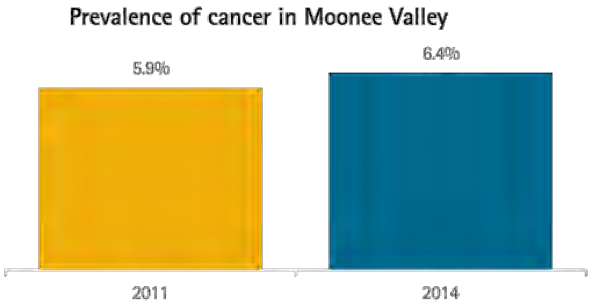
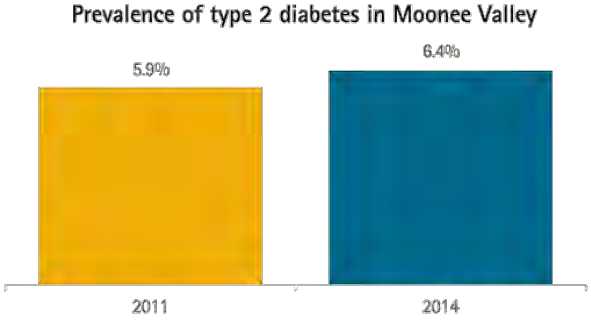


Figure 16 Prevalence of Cancer in Moonee Valley, change over time[92]

The five most commonly diagnosed forms of cancer in Victoria are bowel, prostate, breast, lung and melanoma. The prevalence of cancer in Moonee Valley in 2011 and 2014 is summarised in Figure 16. Moonee Valley has a slightly lower rate of cancer than Victoria and the North West metropolitan region, but this has increased from 5.2 per cent in 2008 to 6.4 per cent. In addition:

- Between 2007 and 2011 there were, on average, around 608 cases of cancer being diagnosed.[93]
- Cancer was more prevalent in males than females in Moonee Valley. This is because prostate cancer is a common cancer and is gender specific.

Type 2 diabetes



[92] (Department of Health and Human Services, 2008) (Department of Health and Human Services, 2014b)

[93] (Department of Health and Human Services, 2008) (Department of Health and Human Services, 2014b)

Figure 17 Prevalence of Type 2 diabetes in Moonee Valley, change over time[94]

Type 2 diabetes is a growing problem for Moonee Valley:

- Moonee Valley has a slightly higher rate of Type 2 diabetes compared to Victoria but a slightly lower rate than the North West Metro region, at 5.5 per cent.[95]
- Moonee Valley has a low rate of Type 2 diabetes prevalence compared to other nearby municipalities, but rates of diabetes have increased in Moonee Valley as they have across Victoria.
- Rates of people admitted to hospital due to diabetes-related complications is on the rise in Australia.[96]

Heart disease

Heart diseases form a significant proportion of the chronic disease burden in Australia. Some heart diseases, such as cardiac arrest, are associated with ageing. The age profile of Moonee Valley can provide some indication about the rate of heart diseases expected in the municipality.

As shown in Figure 18 below, rates of heart attacks vary across different places in the Melbourne region. Moonee Valley is not a hotspot for heart attacks, and as shown in Table 2, has a lower rate of heart attacks and angina than would be expected given the age distribution of the population.

[94] (Department of Health and Human Services, 2008) (Department of Health and Human Services, 2014b)

[95] This difference is within error margins and may not be significant

[96] (Diabetes Australia, 2015)

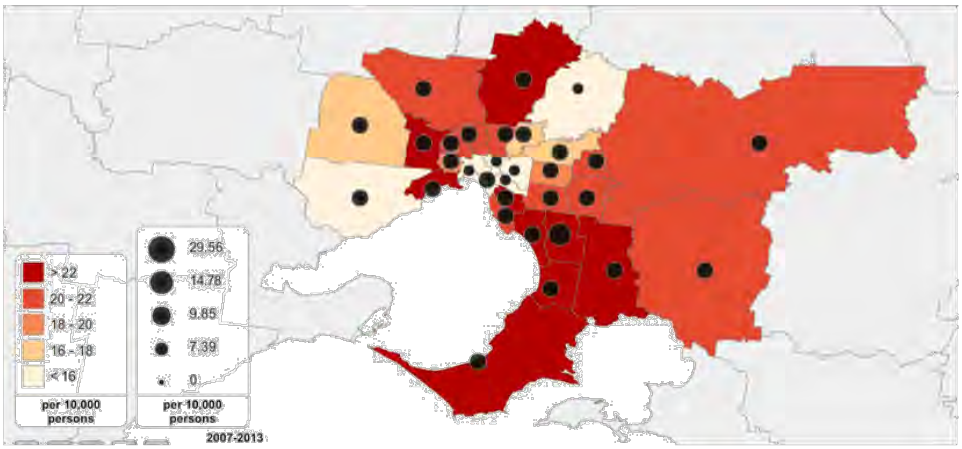


Figure 18 Heart Foundation Heart Map showing the average rate of heart attacks 2008–13[97]

Table 1 Heart disease rates in Moonee Valley[98]

Type of Heart Disease:	Heart Attack	Angina	Heart Failure	Cardiac Arrest
Moonee Valley *Rate per 10,000 population 2013*	21.3	8.56	29.1	7.9
Higher or lower than expected given age structure	*Lower than expected*	*Lower than Expected*	*As expected*	*Higher than expected*

- As of 2014, Moonee Valley has a lower prevalence of heart disease than both Victoria and the North West region, however the rate of heart disease has increased since 2008.[99]
- Given the age structure of the population, Moonee Valley has higher than expected levels of cardiac arrest.

[97] (Heart Foundation Australia, 2015)

[98] (Heart Foundation, 2013) (Heart Foundation, 2016)

[99] VPHS 2008 and 2014 (Department of Health and Human Services, 2013)

- Cardiovascular disease, which includes heart disease and blood vessel disease, is the leading cause of death in Victoria,[100] and the second highest cause of preventable death in Moonee Valley.[101]

Figure 19, below, shows the prevalence of heart diseases in general across Moonee Valley in 2008 and 2014.

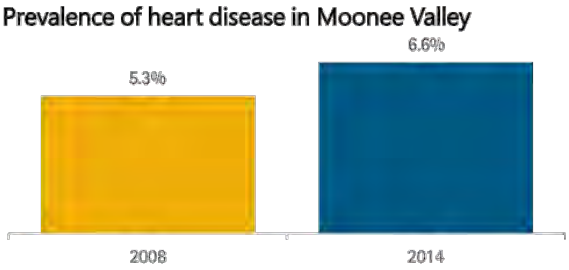


Figure 19 Prevalence of heart disease in Moonee Valley in 2008 and 2014[102]

Asthma

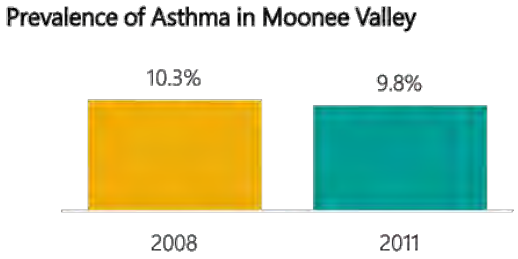


Figure 20 Prevalence of asthma in Moonee Valley in 2008 and 2011

[100] (Heart Foundation, 2016)

[101] (Department of Health and Human Services, 2013)

[102] VPHS 2014 and 2008

On average in Australia one in 10 people have asthma.[103] Asthma sufferers are more likely to report a lower quality of life, and asthma is a significant cause of hospitalisation especially for people under 15 years.[104] While still an issue, asthma has been declining in Moonee Valley over time:

- The rate of asthma in Moonee Valley was 9.8 per cent in 2011, similar to the rate in Victoria which was 10.9 per cent for the same period.[105]
- The prevalence of asthma declined between 2008 and 2011-12.
- Asthma is more common among those experiencing socio-economic disadvantage.[106]

Arthritis

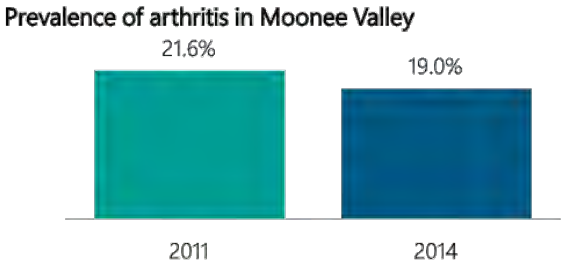


Figure 21 Prevalence of arthritis in Moonee Valley in 2011 and 2014

Arthritis is a major cause of chronic pain and disability in Australia and is most prevalent in older persons.[107] In Moonee Valley:

- In 2011-12 the rate of arthritis was 21.6 per cent, higher than the rate of arthritis in Victoria which was 19.8 per cent in that period.[108]
- The arthritis rate has since decreased to 19 per cent in 2014, which is similar to the rates for Victoria (19.8 per cent) and the North West region (20.2 per cent).

[103] (Asthma Australia, 2013)
[104] (Asthma Australia, 2013)
[105] (Department of Health and Human Services, 2013)
[106] (Asthma Australia, 2013)
[107] (Arthritis Australia, 2014)
[108] (Department of Health and Human Services, 2013)

Osteoporosis

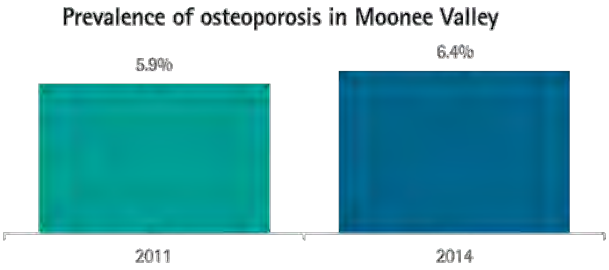


Figure 22 Osteoporosis rates in Moonee Valley in 2011-12 and 2014[109]

Osteoporosis is more common among older persons, especially women. Given Moonee Valley has a higher proportion of older people, osteoporosis treatment and prevention are important within the municipality.[110] In Moonee Valley:

- The osteoporosis rate increased slightly from 2011 to 2014.
- In 2014 the rate of osteoporosis was similar to Victoria (5.2 per cent) and the North West region (5.7 per cent).[111]

[109] VPHS 2011-12 and 2014

[110] (Osteoporosis Australia, 2014)

[111] (Department of Health and Human Services, 2013)

Preventable death

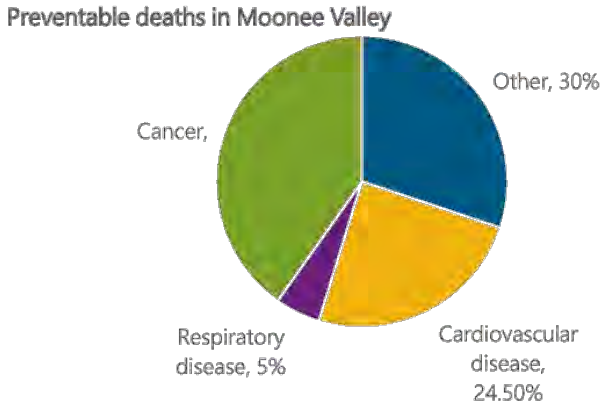


Figure 23 Preventable death by cause for those aged 0-74 in Moonee Valley out of 148 preventable deaths in total[112]

In Moonee Valley:

- Almost all (90 per cent) deaths in Australia in 2011 were directly caused by chronic disease.[113]
- Cancer caused the majority of preventable deaths.
- Cardiovascular disease was the second highest cause of preventable deaths of 0-74 year olds in Moonee Valley.

Oral health

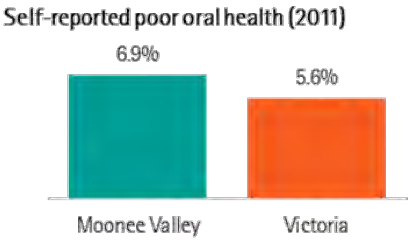


Figure 24 rates of self-reported poor oral health in Victoria and Moonee Valley in 2011-12

[112] (Department of Health and Human Services, 2013)

[113] (Australian Institute of Health and Welfare, 2014a)

Oral health issues are the most common cause of ACSCs or potentially preventable hospitalisations in children and young people aged 0-19. They are also a health issue for adults.[114] Tooth decay is the most common cause of ACSCs in children.

In Moonee Valley:

- One in 10 children (10.5 per cent) starting school had parents who were concerned about their oral health.[115]
- Only two-thirds of young people in Moonee Valley brushed their teeth twice a day in 2014,[116] approximately the same rate that did so in 2011.[117]
- Hospital admission due to dental conditions is lower in Moonee Valley compared to Victoria, but there are more people that report having poor dental health in Moonee Valley when compared to Victoria.[118]

Rates of hospitalisation

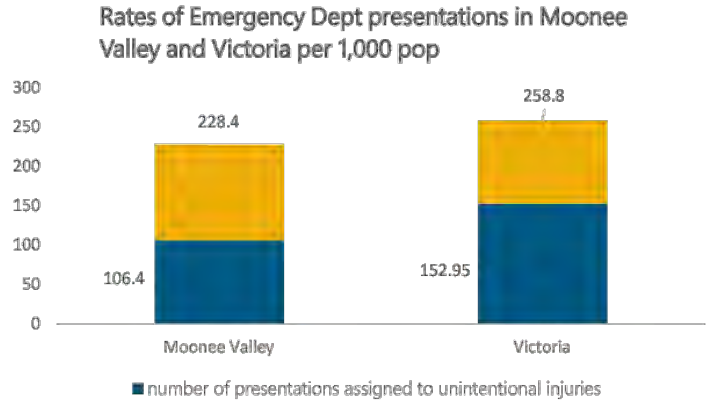


Figure 25 Selected hospitalisation rates by type in Moonee Valley 2011

[114] (Dental Health Service Victoria, 2013)

[115] (Department of Education and Training, 2014)

[116] (Department of Education and Training, 2015b)

[117] (Department of Health and Human Services, 2013)

[118] (Department of Health and Human Services, 2013)

Hospitalisation rates are a good indicator of health in Moonee Valley. Compared to Victoria, Moonee Valley had:

- A lower proportion of hospital presentations due to unintentional injuries[119]
- A higher rate of injuries caused by falls, which may be associated with the higher proportion of people aged 75 and over in Moonee Valley
- Lower rates of emergency department presentations
- A higher rate of ACSC admissions associated with vaccine preventable conditions, with 1.5 per 1,000 population compared to 0.9 for Victoria[120]

[119] (Department of Health and Human Services, 2014)

[120] (Department of Health and Human Services, 2014)

Notifiable conditions

Table 2 Rate of selected notifiable conditions per 100,000 for the 12 month period from 29 October 2015 until 28 October 2016 where Moonee Valley showed higher rates than Victoria[121]

	Moonee Valley	Victoria
Blood Borne Viruses		
Hepatitis C – Newly Acquired	3.6	1.9
Hepatitis D	0.9	0.2
Enteric Diseases		
Cryptosporidiosis	17.8	17.2
Shigellosis	10.7	9.9
Typhoid	1.8	0.5
Sexually Transmitted Infections		
AIDS	1.8	0.6
Gonococcal infection	99.8	80.5
HIV – unspecified	4.5	3.2
Syphilis - Infectious	17.8	16.3
Syphilis – Late	21.4	18.4
Vaccine Preventable Diseases		
Measles	0.9	0.7
Mumps	0.9	0.5
Varicella zoster - Chicken Pox	15.1	12.7
Varicella zoster – unspecified	90	77.2
Other		
Tuberculosis	8.9	6.5

Moonee Valley showed higher rates per 100,000 of many notifiable conditions than Victoria. Many of these show significant increases since 2012.

[121] (Department of Health and Human Services, 2016c)

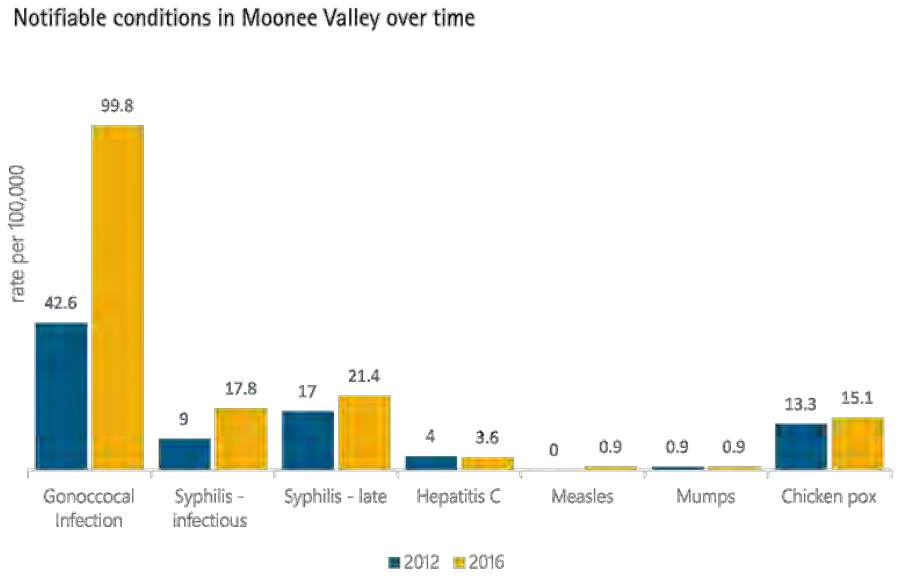


Figure 26 Comparison of selected notifiable conditions and their changes over time [122]

As shown in Table 2 there are several notifiable conditions for which Moonee Valley had higher rates than Victoria. Of the five blood borne viruses on the notifiable conditions register, Moonee Valley has higher rates of two. Of the six listed Sexually Transmitted Infections (STIs), Moonee Valley had higher rates of five. In addition:

- STI transmission rates have worsened since 2012, the rate of gonococcal infections in 2016 has doubled compared to 2012.
- Chicken pox, measles and mumps are all at higher rates in 2016 compared to 2012, but the rate is so small for measles and mumps that the significance cannot be determined.

[122] (Department of Health, 2012)

Mental health

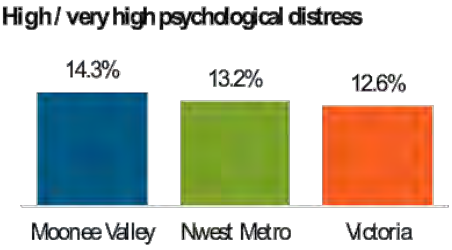


Figure 27 Mental health in Moonee Valley and Victoria[123]

Mental health is an important consideration for health and wellbeing.[124] Australia-wide mental health issues are a significant health concern that can lead to being at greater risk of poor health outcomes, and it can be a significant cause of disability and non-fatal disease. Certain population groups have higher rates of mental health issues when compared to others. In Moonee Valley:

- One-tenth (10.6 per cent) of adults have high or very high psychological distress which is similar to the Victorian average (11.4 per cent).[125]
- One-sixth of young adults (15.5 per cent) in the Western Region reported high levels of psychological distress but only 46.3 per cent of young people who need mental health services can access these services when needed.[126]

[123] (Department of Health and Human Services, 2014b)

[124] Mental health was measured using the 10 point Kessler scale

[125] (Public Health Information Development Unit, 2015)

[126] (Department of Education and Training, 2015b)

Lifestyle behaviours and risk factors

Several risk factors contribute to the burden of disease in Australia. Modifiable risk factors are those that can be addressed through lifestyle changes and creating healthy environments. Lifestyle behaviours and risk factors that are assessed in this profile include smoking, nutrition, physical activity rates and weight. These are summarised in Figure 28.

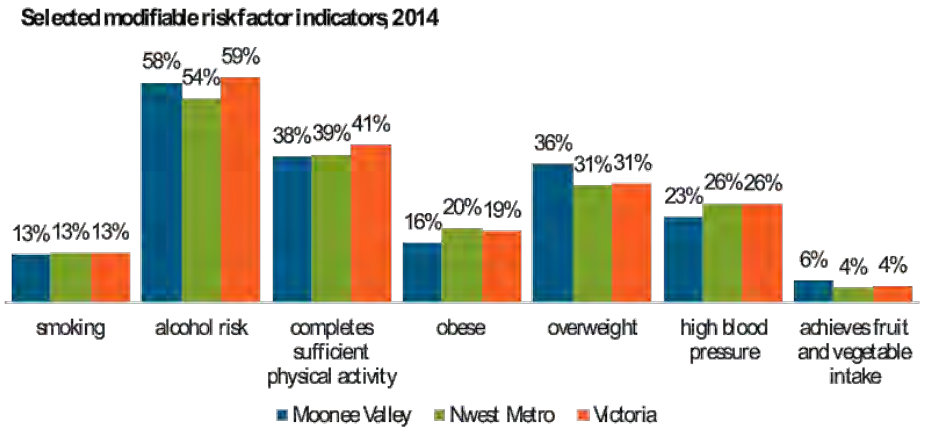


Figure 28 Comparison of rates of selected modifiable risk factors in Moonee Valley, Victoria, and North and West Metropolitan region[127]

Smoking and tobacco use

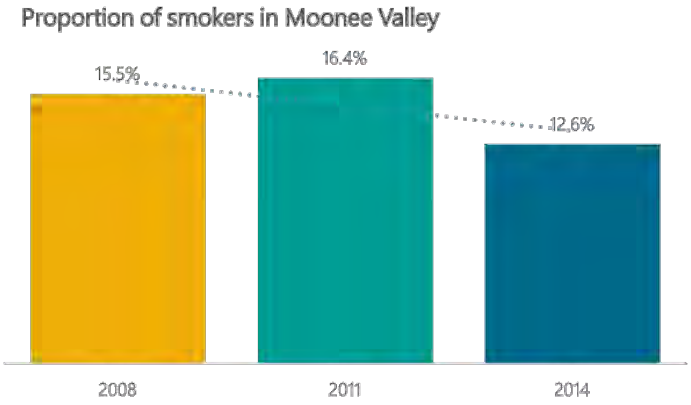


Figure 29 Smoking rates over time in Moonee Valley[126]

Tobacco use is a major contributor to chronic diseases, so it is unsurprising that smokers were more likely to report 'fair' or 'poor' health.[129] Smoking rates have been declining for men and women in Victoria, but the decrease in female smokers has been the most notable.[130] In Moonee Valley:

- A small proportion (6 per cent) of women reported smoking while pregnant.[131]
- Smoking rates increased between 2008 and 2012, but have since decreased below 2008 levels.
- Out of those who smoked in 2014, fewer than half were smoking every day.

Males, people with lower incomes, and people who did not complete high school had significantly higher rates of smoking Victoria-wide.[132]

[128] (Department of Health and Human Services, 2014b)
[129] (Department of Health and Human Services, 2014b)
[130] (Department of Health and Human Services, 2014b)
[131] (Department of Health and Human Services, 2013)
[132] (Department of Health and Human Services, 2014b)

Alcohol consumption

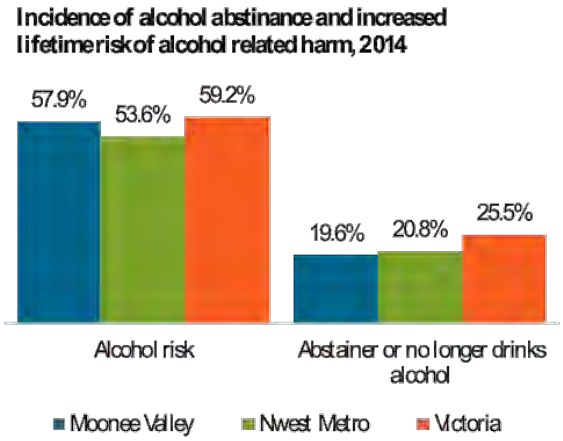


Figure 30 Key statistics on alcohol consumption in Moonee Valley[133]

More than half of Moonee Valley's population is at an increased 'lifetime of alcohol' related harm as shown in Figure 30 above. In addition:

- One in 10 (11.3 per cent) of residents consumed alcohol at harmful levels at least once a week.
- Just over one-quarter (27.1 per cent) of Moonee Valley residents were identified as being at risk of short-term harm from alcohol in a given month, similar to the Victorian estimate (29.4 per cent).[134]
- Between 2011 and 2012, 5.8 people per 1000 accessed drug and alcohol treatment services in Moonee Valley which represented only a small portion of those identified as being at risk due to alcohol consumption.[135]

[133] (Department of Health and Human Services, 2014b)

[134] (Department of Health and Human Services, 2016c)

[135] (Department of Health and Human Services, 2013)

Nutrition

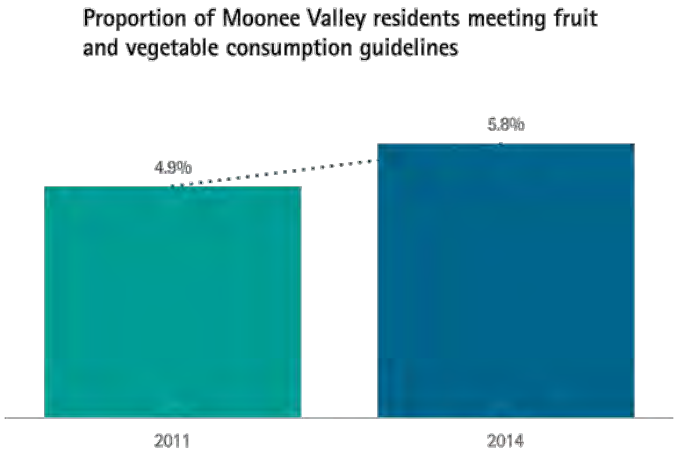


Figure 31 proportion of Moonee Valley residents meeting fruit and vegetable guidelines in 2011 and 2014

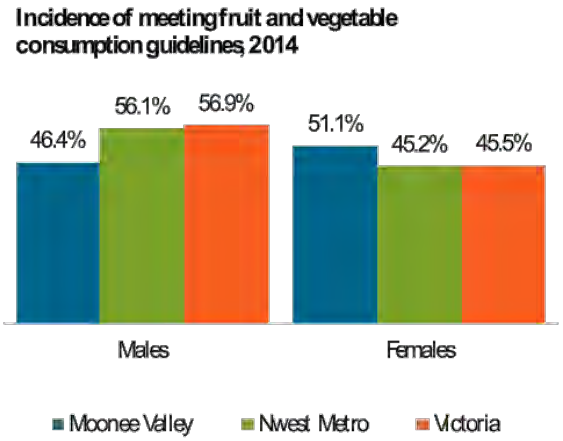


Figure 32 proportion of the population in the who are not meeting the dietary guidelines for fruit and vegetable intake by sex[136]

[136] (Department of Health and Human Services, 2013)

In Moonee Valley females were less likely to achieve the recommended dietary intake of fruits and vegetables compared to males (46.4 per cent compared to 51.1 per cent). This is opposite to the trend we see across the North West Metropolitan region and Victoria. Since 2008, the proportion of Moonee Valley residents who failed to meet fruit and vegetable intake guidelines increased from 41 to 46 per cent.[137]

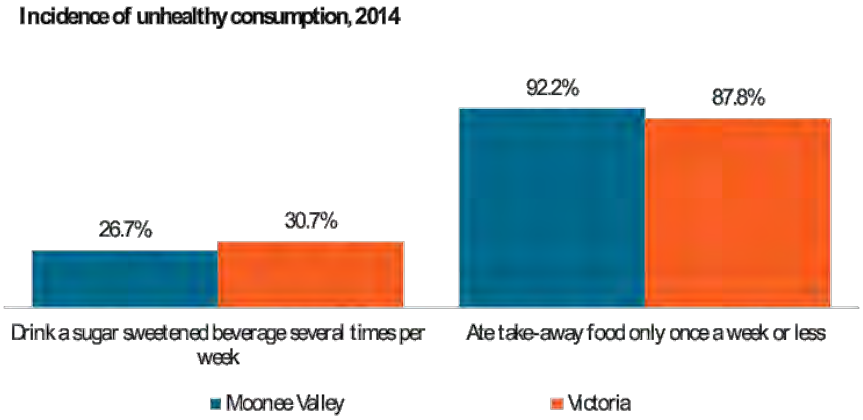


Figure 33 proportion of the population who consumed sweetened drink and ate takeaway food sparingly in Moonee Valley and Victoria[138]

In addition, in Moonee Valley:

- Residents showed lower rates for the consumption of sweetened beverages than the North and West Region and Victoria.
- More than one-quarter of residents drank sweetened drinks each week but less than one-tenth did so every day.
- Sweetened drink consumption has declined over time.

[137] (Department of Health and Human Services, 2014b) (Department of Health and Human Services, 2008)

[138] (Department of Health and Human Services, 2014b)

Physical activity

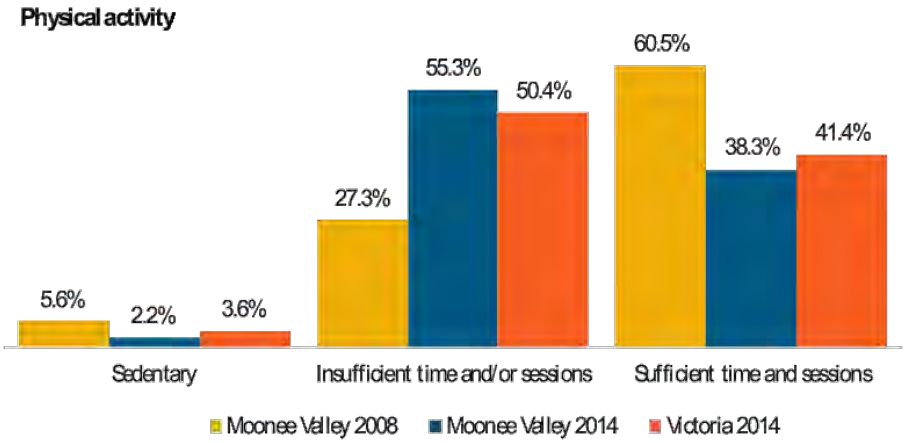


Figure 34 Physical activity levels in Moonee Valley in 2008 and 2014, comparison with Victoria

- The number of sedentary people in Moonee Valley has decreased since 2008, but the number of people meeting physical activity guidelines has also decreased.[139]
- One-third of residents (33 per cent) did at least 30 minutes of exercise three times a week.[140]
- Most people are sitting for most of the working week (56 per cent), and more than half of these people are sitting for more than eight hours in the day.[141]
- One-quarter of residents walk for transport,[142] and 5.8 per cent cycle to and from work.[143]
- Fewer than 20 per cent of Moonee Valley residents aren't exercising at least once a week.[144]

[139] Comparison with caution as definition of 'sufficient physical activity' has changed over this time

[140] (Moonee Valley City Council, 2016)

[141] (Department of Health and Human Services, 2014b)

[142] (Department of Health and Human Services, 2014b)

[143] (Moonee Valley City Council, 2014)

[144] (Department of Health and Human Services, 2016c)

Hypertension and cholesterol levels

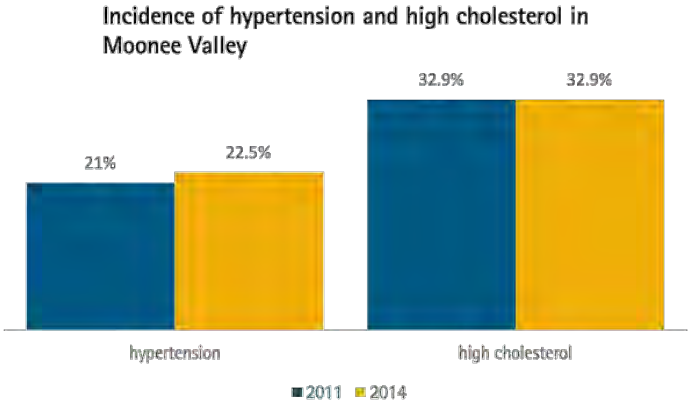


Figure 35 Key statistics about hypertension and cholesterol levels in Moonee Valley[145]

- People aged 55 and over have a higher prevalence of hypertension.[146]
- Hypertension is second only to tobacco use in contribution to total health loss.[147]
- Moonee Valley has a lower prevalence of high blood pressure than both Victoria and the North West metropolitan region (each 26 per cent).
- There is no significant change in either the rates of high cholesterol or the rates of hypertension.

[145] (Department of Health and Human Services, 2014b)

[146] (Department of Health and Human Services, 2014b)

[147] (Department of Health and Human Services, 2014b)

Body Mass and weight

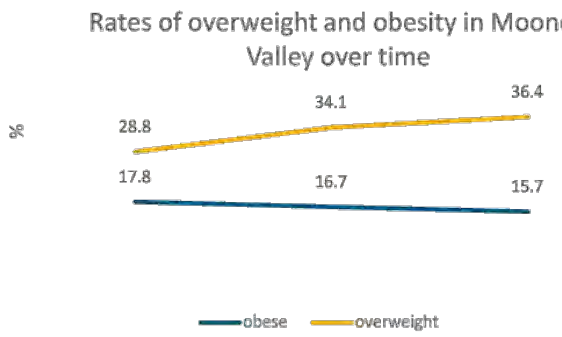


Figure 36 Key statistics and figures about BMI and body mass in Moonee Valley[148]

Overweight and obesity are at problem levels in Moonee Valley. In Moonee Valley:

- Men are more likely to be obese than women (19.5 per cent compared to 13.4 per cent).
- One in two residents is overweight or obese.
- Rates of obesity have declined steadily since 2008.
- The proportion of residents who are overweight has increased by almost 8 per cent of the total population.
- The rate of overweight people has increased at too fast a rate to just be caused by obese persons losing weight and moving into the overweight category.

Family violence and violence against women

In Moonee Valley there have been increases in both reports of family violence incidents and rates of violence against women:

- The rate of family incidents increased by 7.9 per cent in the 12 months between 2014/15 and 2015/16 but family incidents are up 40 per cent since 2011/12.[149]

[148] (Department of Health and Human Services, 2014b)

[149] (Crime Statistics Agency Victoria, 2016)

- In 2014/15, police attended 1,035 incidents of violence against women, up 915 from the previous year.[150]
- In 2015/16, there were 882 per 100,000 family incident reports filed, up from 795 per 100,000 in 2013/14[151]

Sexual health

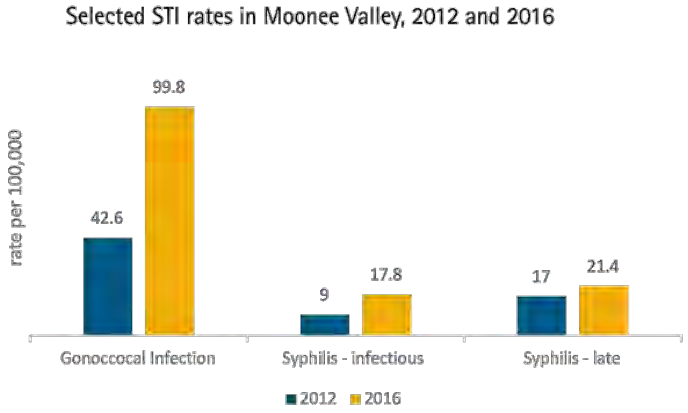


Figure 37 Selected STI rates over time in Moonee Valley

The rates of disease associated with poor sexual and reproductive health continue to rise in Moonee Valley. This burden falls heavily on women and girls. Among adolescents, high STI transmission rates, low pap screening and low condom use are indicative of issues in sexual and reproductive health outcomes for young women.

- Over one-third of women (39 per cent) aged 20-24 participated in pap screening between 2012 and 2014, compared to 31.8 per cent in Victoria.[152]
- Moonee Valley had higher rates of most of the notifiable STI conditions.
- Only 34.3 per cent of sexually active young people in the Western Region reported always using a condom.[153]
- The rate of STIs in young adults has decreased from 2.2 per 1000 population in 2009 to 1.8 per 1000 population in 2014.[154]

[150] (Department of Health and Human Services, 2014b) (Crime Statistics Agency Victoria, 2016) (Women's Health West, 2016)

[151] (Department of Health and Human Services, 2014b) (Crime Statistics Agency Victoria, 2016) (Women's Health West, 2016)

[152] (Moonee Valley City Council, 2014) (Women's Health West, 2016) (Department of Health and Human Services, 2014b)

[153] (Department of Education and Training, 2015b)

[154] (Department of Education and Training, 2015b) (Moonee Valley City Council, 2012)

What does this mean? What can we do?

Child health

How is this affecting Moonee Valley?	What can we do?
• A decline in immunisation rates • High level of participation in child support (Maternal Child Health service) when born, but participation rate declines as children age • Many people do not meet the daily recommended intake of vegetables • Opportunity to provide a healthy start to life	• Continue providing immunisation services • Raise awareness of the service • Provision of family support services • Provide social interaction opportunities for children • Improve health literacy of children, particularly with regards to vegetable consumption • Sustainability message through children's services so that children can grow up in a healthy environment • Programs to improve social and economic outcomes for children • Develop an understanding of why participation rates decline as children age (add question to MCH satisfaction survey).

Young people

How is this affecting Moonee Valley?	What can we do?
• Increase in family violence since 2012 • Limited access to mental health services • Bullying	• Preventative measures to combat bullying • Advocate for improved mental health services • Councils' *Thrive: Strategy for Young People* will monitor the health and wellbeing of young people to enable early identification of any issues that need addressing

Older adults

How is this affecting Moonee Valley?	What can we do?
• Many have a disability for which they require support • Require suitable exercise facilities and streetscapes appropriate for older people and those with dementia • Require easy access to suitable transport facilities	• Infrastructure policies need to cater for the needs of older people, in particular public lighting and footpath condition • Ensure exercise and social activities are affordable and accessible • 'Healthy by design' urban design principles • Campaign for improved public transport

SEIFA disadvantaged areas

How is this affecting Moonee Valley?	What can we do?
• There are clear pockets of low SEIFA scores in Flemington and Ascot Vale • Residents have lower incomes • Children in these communities typically have poorer health outcomes	• Place based programs • Provision of community grants to support social enterprises • Community development to empower these communities • Provide training opportunities to assist in skills development • Targeted programs to improve modifiable risk factors for child health in these areas

Mental health

How is this affecting Moonee Valley?	What can we do?
• More than one in 10 residents are categorised as having high or very high levels of psychological distress	• Promote mental health services through schools and workplaces • Provide counselling and support for young people • Advocate for additional services in poorly serviced areas

Physical activity and nutrition leading to poor health

How is this affecting Moonee Valley?	What can we do?
• The rate of overweight people is increasing • More than half don't meet physical activity guidelines • Very few eat the recommended daily amount of vegetables • Poor physical activity and nutrition can lead to health issues • Moonee Valley has seen increases in chronic diseases such as cancer, Type 2 diabetes and heart disease • Poor dental health has been observed, although further research is required to understand why this is occurring	• Encourage healthy eating (particularly vegetables) and exercise at every age, potentially by employing nudge behaviour change principles • Maintain public exercise infrastructure, in particular safety of footpaths • Exercise and recreation facilities need to be accessible and welcoming for all, including those from diverse cultural backgrounds, older adults and people with a disability • Develop initiatives to encourage active travel • Encourage less sitting and more physical activity within workforces • Provide grants to increase sport and recreation opportunities, particularly for diverse cultural groups, new migrants, and older adults • Provide accessible information about local sport and recreation opportunities • Employ urban design principles to ensure pedestrian paths are accessible and safe • Employ universal design principles for refurbished and new sport and leisure facilities, and consider transport options when planning • Work with sports clubs and other groups who run events in public spaces to promote healthy food and drink options • Implement healthy eating and smoke free events • Include space for community gardens in land use planning • Integrate action on healthy eating across the organisation • Provide healthy and locally grown food at council functions and council-managed services • Support local grown edible food initiatives (such as My Smart Garden)

Alcohol and tobacco use

How is this affecting Moonee Valley?	What can we do?
• The rate of smoking is decreasing • Over a quarter of adult residents are at risk of short-term harm due to their level of alcohol consumption • Over half of adult residents have an increased lifetime risk of alcohol related harm	• Congratulate the community on the reduction in smoking rates, communicating the community-wide health benefits in numbers • Develop a local liquor licencing policy • Local laws that prohibit public consumption of alcohol in high risk areas • Consider urban design of public areas near licensed premises • VicHealth alcohol cultures framework • Promote the 'say when' tool in the local community • Coordinate a process for liquor licencing that includes the Social Planning and Wellbeing unit • Build partnerships with local stakeholders to monitor and share information about alcohol-related issues and develop local solutions

Family violence and violence against women

How is this affecting Moonee Valley?	What can we do?
• There has been an 11 per cent increase in the number of incidents of violence against women reported to police • The number of family incident reports per 100,000 population is increasing over time	• Partnerships, research, and monitor trends and evaluation • Promote gender equity in the workplace and consider a gender lens / analysis across all services • Promote respectful communities and preventing violence against women initiatives • Develop a whole-of Council preventing violence against women plan with strong executive support

Sexual and reproductive health

How is this affecting Moonee Valley?	What can we do?
• Adolescents have high rates of STI transmission (although it is decreasing over time), low pap screening rates and low condom use • The rate of syphilis is increasing	• Partner with women's health organisations • Monitor trends • Respectful relationships education support

Environments for Health

Summary

The Environments for Health framework guides how councils think broadly about public health planning. This includes all the ways in which the social, economic, natural and built aspects of the world around us have an impact on health and quality of life.

- Moonee Valley has approximately 220 parks, gardens or other open spaces across the municipality which are valued by the community.
- Climate change and climate variability will lead to increasing average temperatures, decreases in rainfall and more extreme weather which will affect different populations more acutely than others.
- Many people travel regularly by car in Moonee Valley, although 10 per cent of households don't own a vehicle.
- Public transport coverage is good, but access is unevenly distributed across the municipality.
- Only 2 per cent of rental housing is affordable to households on fixed incomes.
- EGM expenditure in Moonee Valley is the fourth highest in Victoria by Local Government Area (LGA.)

Natural environment

Climate

Per person, Victorians are among the highest greenhouse gas emitters in the world. By 2030, average annual temperatures are expected to be up to 1.3°C warmer and there is likely to be 12 days per year over 35°C (there are currently eight days per year).[155] Average rainfall is projected to decrease by between 2 to 12 per cent, however when it does rain more severe heavy downpours and storms are anticipated.[156]

There are significant impacts on health and wellbeing that arise from climate change, such as:

- Physical stress due to heat
- Mental health issues (eg. due to flood risk to property and heat)
- The spread of disease vectors (eg. mosquito-borne diseases moving further south)
- Increased energy, food and insurance costs

People are more likely to be vulnerable to climate related health impacts if they:

- Live alone
- Have difficult socio-economic circumstances
- Come from a culturally and linguistically diverse background
- Are older-aged or have a disability

The majority of our local community believes that human activities are influencing climate change and that this will have an impact on their own lives or that of their children. Half of our community feel they are already experiencing the impacts of climate change or expect to soon. [157]

Despite a growing population, emissions have reduced by 10 per cent since 2001 in Moonee Valley.[158]

[155] (State Government of Victoria, 2015)

[156] (State Government of Victoria, 2015)

[157] (Moonee Valley City Council, 2015)

[158] (Moonee Valley City Council, 2015)

Open space, parks and gardens

There are around 220 parks, gardens and open space reserves in the City of Moonee Valley, which cover around 12.5 per cent of the municipality by area (528 hectares). This network of open spaces is diverse, and includes formal gardens like Queens Park, large waterway reserves such as the Maribyrnong River and large sports reserves. Moonee Valley City Council has been upgrading these parks for aesthetic and habitat values and to make them more user friendly by planting more shade trees.

Parks and gardens provide excellent opportunities for improving health and wellbeing, and for this reason alone they are highly valued. For half of Moonee Valley's population their access to parks and gardens is a factor for determining where they live.[159] Sports grounds and other parks and gardens have been rated highly consistently across the last four annual community surveys.

Across the city, the level of access to open space is moderate, although this varies by location. Niddrie has the lowest access to parks and gardens of all suburbs in Moonee Valley. The quality, size, and type of open spaces also differs across the municipality.

Built environment

Housing

The 2011 Census data revealed that Moonee Valley has a higher proportion of fully owned housing than the average for metropolitan Melbourne and neighbouring municipalities. However, the proportion of house purchases is lower than the average for metropolitan Melbourne. This indicates that housing is becoming more expensive to purchase in Moonee Valley.

Housing tenure varies across the municipality. The three suburbs with the highest percentage of fully owned properties are Strathmore Heights (50.3 per cent), Keilor East (49.2 per cent) and Strathmore (43.7 per cent). The three suburbs with the highest percentage of private rentals are Travancore (51.5 per cent), Essendon (30.2 per cent) and Essendon North (29.6 per cent).

[159] (Moonee Valley City Council, 2014)

Social housing includes both public housing (owned and operated by public agencies) and community housing (owned and/or managed by not-for-profit organisations). The municipality of Moonee Valley has 5.1 per cent of people renting social housing. The majority of those renting social housing are in Flemington (27.8 per cent of Flemington residents rent social housing) and Ascot Vale (13.1 per cent). There are 3,943 social housing units in Moonee Valley.[160]

Mortgage stress and rental stress are both relatively low in Moonee Valley, at 7.3 per cent and 21.8 per cent respectively. However, only 2 per cent of the rental stock is considered affordable to a low income household,[161] and this is significantly lower than the proportion of affordable rental properties in Victoria (20.5 per cent).[162] The median rent for a three bedroom house as of April 2016 was $460 in Moonee Valley – $130 more than the Victorian median price.[163]

Based on current population estimates and projections, the people of Moonee Valley will be living differently in the future. An independent housing study found that an additional 10,500 dwellings will be needed in Moonee Valley by 2031. The current housing stock won't meet the needs of existing and future residents over the next 20 years. We will have:

- An increase of around 5,500 single-person households
- An increase of around 1,600 households of couples without dependents
- An increase of around 4,000 households of couples with dependents

[160] (Department of Health and Human Services, 2013)

[161] Low income household for this measure is a household on a fixed income such as a Centrelink payment

[162] (Department of Health and Human Services, 2014b)

[163] (Department of Human Services, 2016)

Transport

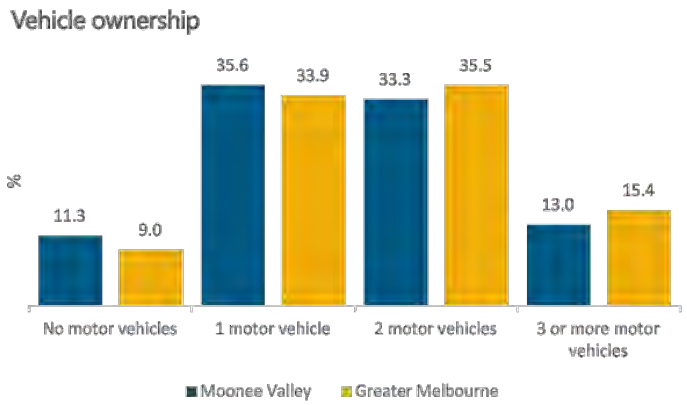


Figure 38 Vehicle ownership in Moonee Valley[164]

In spite of good public transport, many people in Moonee Valley use cars or other vehicles as their main form of transport.

- Just over 10 per cent of households don't own a vehicle and are therefore reliant on alternative forms of transport.[165]
- The majority of people in all age groups drive (or take the car as a passenger) to work (over 80 per cent at Census 2011) while the rest take other vehicles, public transport, or take active transport like cycling or walking.
- Public transport is notably uneven across the municipality, and it is often areas of disadvantage that have worse access to public transport.

Water

Moonee Valley's population is growing and increased development places additional demands on our drinking water supply and the quality of stormwater that enters our local waterways.

[164] (id, 2015)

[165] (Australian Bureau of Statistics, 2011)

Moonee Valley residents use an average of 170 litres per person per day of drinking quality water.[166]

Social environment

Accessibility

Having good access to services and better mobility in general can lead to better and more equitable health and wellbeing outcomes.

Transport and getting around

While three-quarters of respondents to the 2014 community survey said they found it easy to get to the places they needed, almost one-fifth had some difficulty. In 2011, 10 per cent of households had no motor vehicle, which means that those families were likely to rely on public transport or active transport to travel to essential services and complete daily errands. While public transport coverage is generally good across Moonee Valley, with more than 90 per cent of households within 400 metres of a bus or tram stop or 800 metres of a train station,[167] there are particular areas where public transport is poor. These areas often have larger populations of disadvantaged persons or people who are otherwise at heightened risk of health problems, such as older people. Residents of Flemington/Travancore and Avondale Heights have the most difficulty getting to where they need.[168]

Healthcare affordability, and access to dental services, general practitioners (GPs) and pharmacies

Moonee Valley has a high rate of dental services, pharmacies and GPs per capita. There are 1.2 GPs, 1.3 allied health sites, 0.5 dental services, and 0.3 pharmacies per 1000 population. Moonee Valley ranks in the top 20 municipalities in Victoria for all of these measures. In Moonee Valley, 15 per cent of people reported delaying medical consultation because they could not afford it,[169] and 9.9 per cent delayed

[166] (Moonee Valley City Council, 2015)

[167] Internal modelling using GIS to measure household distance from public transport stops

[168] (Moonee Valley City Council, 2014)

[169] (Department of Health and Human Services, 2014)

purchasing prescribed medication because they could not afford it.[170] Affordability of healthcare and medicine is a major problem in Moonee Valley.

Percentage of population with private health insurance

The percentage of Moonee Valley's population with private health insurance is consistent with the Victorian average. Just over half of Moonee Valley's population aged 15 years and over are covered by private health insurance (51.8 per cent).[171]

Safety

Personal safety

While most children and adults feel safe in their own neighbourhoods (93.3 per cent feel safe walking alone during the day)[172] the perception of safety in Moonee Valley is significantly lower at night. Less than 60 per cent felt safe walking alone after dark.[173] While almost all people felt safe walking alone during the day, they felt less safe on public transport and waiting at bus stops, tram stops and train stations even during the day.[174] Safety concerns may contribute to low levels of public transport use in the municipality and may affect how people are accessing health and wellbeing services in the city. Moonee Valley residents reported higher perceptions of safety compared to Victoria and the Western Region.[175]

Crime

There is a moderate amount of crime in Moonee Valley but the rate of crime is notably lower than in the Western Region and lower than Victoria-wide. Crimes against property and crimes against people are

[170] (Department of Health and Human Services, 2014)
[171] (Department of Health and Human Services, 2014)
[172] (Department of Health and Human Services, 2016c)
[173] (Department of Health and Human Services, 2016c)
[174] Moonee Valley City Council, *Insights Survey 2014*, 2014
[175] (Department of Health and Human Services, 2011)

both notably lower than Victoria: there were 830 crimes against people per 100,000 and 4,919 crimes against property per 100,000 in Moonee Valley.[176]

Gaming

Gambling is an area of particular concern in Moonee Valley, with significantly higher than average losses recorded. In the 2015-16 financial year, losses in Moonee Valley were 40 per cent higher per adult than those for an average adult in Victoria ($774 per adult in Moonee Valley compared to $553 in Victoria).

In 2013/14 Moonee Valley had the third highest rate of EGM losses per adult, but was ranked fourth for the 2015/16 financial year. However, total EGM losses in Moonee Valley has increased by more than $3 million dollars since the 2013/14 financial year. [177]

Gaming machine density and losses are not distributed evenly across Moonee Valley. Half of the total gaming machines in Moonee Valley are located in gaming venues based in the south and 14 per cent are located in a single venue located in the north-west, the Skyways Taverner.[178]

In spite of high gaming losses, only 3 per cent of residents said they were personally affected by problem gambling.[179] Avondale Heights, Strathmore and Ascot Vale all had a higher than average proportion of residents affected by problem gambling (5.5 per cent, 4.6 per cent, and 4.4 per cent respectively.[180] A quarter of residents (24.7 per cent) strongly agree with the statement, 'Venues should be more closely monitored to make sure they are responsibly managing gambling'.[181]

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[176] Data for 2012-2014. Rates for Victoria were 1043.8 for crimes against person, and 6189.7 for crimes against property in the North and West region. (Community Indicators Victoria, 2014)

[177] (Victorian Commission for Gambling and Liquor Regulation, 2016)

[178] (Moonee Valley City Council, 2012)

[179] (Moonee Valley City Council, 2014)

[180] (Moonee Valley City Council, 2014)

[181] (Moonee Valley City Council, 2014)

Internet

Most households have access to broadband internet in Moonee Valley (71.4 per cent).[182] This varies significantly by age – more than 90 per cent of residents aged 18-49 had access, but just 27 per cent of people aged 85 and over had access.[183]

Food insecurity

In Moonee Valley, non-nutritious, calorie-dense foods are more accessible than 'core foods' like fruits and vegetables.[184] The majority of residents (83 per cent) live in a food desert, which is defined as living more than 400m from a fruit and vegetable outlet.[185]

Access to public transport may help reduce the risk of food insecurity in Moonee Valley. The Victorian Healthy Food Basket survey found that it would cost a 'typical' family of two adults and two children $414 each week for healthy food. Given that more than 10 per cent of Moonee Valley households earn less than $400 a week, income may be a major constraint to healthy eating.[186]

Community facilities

The provision of accessible community facilities contributes to the development of strong communities. Moonee Valley has a number of community facilities which are highly valued, serve important functions and contribute to the liveability of our city. We are fortunate to have:

- 26 sports pavilions
- 13 council-managed kindergarten centres
- 10 maternal and child health clinics
- 7 childcare centres
- 5 libraries
- 10 community halls

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[182] (Department of Health and Human Services, 2014)

[183] (Australian Bureau of Statistics, 2011).

[184] (Health West, 2012)

[185] (Health West, 2012)

[186] (Australian Bureau of Statistics, 2011)

- 5 neighbourhood centres
- 2 community centres
- 2 council-owned leisure centres
- 1 dedicated aquatic facility
- 2 major arts and cultural facilities

Council, community groups and independent service providers run a number of complex and varied services and programs from our community facilities which contribute to improved health and wellbeing in Moonee Valley.

Leisure facilities

The last Moonee Valley Community Survey (2014) showed that while most users of leisure facilities provided by Council rated them as 'good' or 'very good' there were still a high proportion of people that hadn't used them in the previous 12 months. Populations within certain suburbs were much less likely to have used council leisure centres or sporting grounds, Niddrie/Essendon West in particular.

The Moonee Valley Annual Community Survey 2014 showed indoor and outdoor sports venues such as pools, gyms and sports ovals were the most common places to exercise, and streets and footpaths the second most commonly used.[187] The proportion of residents engaging in sporting activities remains steady at 86 per cent. Walking remains the most popular sporting activity followed by going to the gym, cycling and swimming.

Community participation

Almost three-quarters of residents (73 per cent) reported participating in some sort of community group in 2014. The 2014 Moonee Valley Community Survey also showed that 36 per cent of individuals participated in volunteering in the past 12 months, particularly in Aberfeldie.[188] In the 2014 survey, a mean of 6.9 out of 10 was recorded for the level of agreement that they feel part of the community

[187] From the questions "Where does the person mostly engage in physical exercise?" and "How often does the person engage in physical exercise of 30 minutes or more per day?" from the Annual Community Survey 2014/15 (Moonee Valley City Council, 2014)

[188] (Moonee Valley City Council, 2014)

(where 0 was completely disagree and 10 was completely agree).[189] Sense of community, as rated also by the statements below, was mixed across suburbs in Moonee Valley.

'In time of need I/we could turn to neighbours for help.'

'I/we value living in Moonee Valley because of its multiculturalism.'

Niddrie residents were the least likely to value Moonee Valley's multiculturalism (10.9 per cent rated in 9 or 10 on the 10 point scale of agreement) and Flemington residents the most likely (31.7 per cent rated the statement 9 or 10).[190]

Economic environment

Economy

The Gross Regional Product for Moonee Valley was $4321 million[191] up more than $300 million since April, 2014.[192] There were approximately 30,485 jobs in Moonee Valley, with most jobs in the retail sector. Although retail and trade roles made up 17.5 per cent of Moonee Valley jobs, the wages in retail and trade only made up around 10 per cent of the total. This emphasises the income disparities that exist within the city. Health care and social assistance jobs made up 11.6 per cent of Moonee Valley jobs which is high relative to the region.[193]

While there are many jobs in Moonee Valley, and a high proportion of these are highly paid, many Moonee Valley residents travel outside of the city for work. The majority of Moonee Valley workers have jobs in the City of Melbourne.[194]

[189] (Moonee Valley City Council, 2014)
[190] (Moonee Valley City Council, 2014)
[191] as of April 2016
[192] (REMPLAN, 2016)
[193] (REMPLAN, 2016)
[194] (REMPLAN, 2016)

Work-life balance

Work-life balance is an important social determinant of health. Long commute times have been linked to increased stress, problems with sleep and lower levels of self-reported health. In Moonee Valley:

- Most residents (58.9 per cent) report having an adequate work-life balance.[195]
- Nearly one-third (27 per cent) had to travel more than 30 minutes to get to work.[196]
- The workforce is varied: 14.9 per cent of workers are managers and 36 per cent are professionals,[197] measuring over 25,000 people.

Managerial and professional jobs are linked to a poor work life balance. There are approximately 5,000 males within the municipality at risk of a poor work-life balance due to their employment type.[198]

Education and knowledge

A skilled workforce in a community is an essential component of a strong local economy. Early school leavers and non-English speaking persons were groups that experienced higher levels of unemployment. Moonee Valley had a high percentage of early school leavers that were not in the labour force, education or training compared to the rest of Victoria. However, of those who completed Year 12 less than 1 per cent were NILFET.[199]

The majority of people with no qualifications were residents of Avondale Heights, Keilor East and Airport West.[200]

Moonee Valley has a highly skilled and highly educated population: 55 per cent completed a higher education qualification (the 14th highest performing LGA in Victoria); in 2011, 26.5 per cent of Moonee

[195] (Department of Health and Human Services, 2013)

[196] (Moonee Valley City Council, 2014)

[197] (Moonee Valley City Council, 2014)

[198] (id, 2015) at risk as they are employed on a part time basis

[199] (Department of Education and Training, 2015a)

[200] (id, 2015)

Valley residents had a Bachelor degree or higher (up almost 10 per cent since 2001 and higher than the state average).[201]

Economic participation

Most (52.9 per cent) employed persons working in Moonee Valley worked in highly skilled occupations compared to 59.6 per cent in the Western Melbourne Region and the Victorian state average of 57.3 per cent.[202]

Over the past decade Moonee Valley has had a lower rate of unemployment compared to greater Melbourne, but Moonee Valley's unemployment rate has risen from 3.5 in 2012 to 4.9 per cent in June 2016.[203] Unemployment levels are spread unevenly across the municipality: In Census 2011, Flemington and Travancore recorded high unemployment (10.3 per cent each), while Essendon West (1 per cent) and Niddrie (2.5 per cent) had low levels of unemployment.

Unemployment is low, but this figure has most likely disguised underemployment with relatively high numbers of part-time employees in areas such as Aberfeldie (37.4 per cent of employed persons), Essendon West (36.5 per cent) and Strathmore (36.4 per cent).[204]

[201] (id, 2015)

[202] (REMPLAN, 2016)

[203] (Department of Employment, 2016b)

[204] (id, 2015)

What does this mean? What can we do?

Climate change

How is this affecting Moonee Valley?	What can we do?
• Average temperatures are increasing • Rainfall is decreasing • Physical stress due to heat, particularly overweight people and older adults • Higher risk of spread of disease • Increased energy, food and insurance costs	• Lead by example, reduce Council emissions • Behaviour change programs • Solar bulk buys • Partnerships with industry • Water sensitive cities approach to support green infrastructure and healthy cities, build resilience, support healthy waterways and improve community engagement with the water cycle • Develop appropriate emergency response procedures and heatwave strategies that take into account high risk groups (older adults and overweight people) • Shared effort across residential and business communities

Parks and gardens

How is this affecting Moonee Valley?	What can we do?
• 12.5 per cent of the land area is parks, gardens and open space but this is not evenly distributed • Increased high density development will introduce an increased need for usable open space	• Embed equity in planning for open space • Ensure equitable access is catered for in upgrades • Protection and maintenance of current open space • Ensure adequate open space available near high density development

Housing affordability

How is this affecting Moonee Valley?	What can we do?
• Many homes are fully owned, however for the older population this often results in them being asset rich but cash poor • High incidence of social housing in Flemington and Ascot Vale • Only 2 per cent of rental stock considered affordable which will present a challenge for young families looking to move to the area, and older adults looking to downsize • Increased pressure to build high density can result in pressure on existing infrastructure, including public health and community services and transport	• Carefully manage affordability through development of an Affordable Housing Policy • Ensure the housing strategy and strategic planning caters for high density housing in activity centres with access to open space • Plan for transport links and health and community services in areas where increased high density housing is expected

Transport

How is this affecting Moonee Valley?	What can we do?
• One in 10 households don't own a vehicle • Poor public transport access in the eastern suburbs • Majority of people drive • Various sustainable transport options are available, including car share and bike racks	• Advocate for better public transport coverage and links • Road maintenance • Provision of facilities to encourage active transport

• Residents in Flemington/Travancore and Avondale Heights have high incidence of difficulty travelling to where they need	• Work with local businesses to encourage their staff to take up active transport for commuting • Plan for increased public transport demand for older adults and high density developments
Community safety	
How is this affecting Moonee Valley?	**What can we do?**
• Fewer than 60 per cent of residents feel safe when walking in their local area alone after dark • Lower levels of feelings of safety are recorded for public transport vehicles as well as stops and stations	• Localised place based approaches • Upgrade public space and facilities to improve safety • Advocate to improve safety of public transport stops and stations • Educate community on perceptions versus reality
Gaming	
How is this affecting Moonee Valley?	**What can we do?**
• Significantly high average gambling losses • Fourth highest EGM losses of all LGAs in the state, with the monetary value increasing over time • EGM density and losses are not distributed evenly across the municipality	• Licensing regulation • Education and advocacy programs • Encourage social activities that provide a safe, cheap, easily accessible alternative to gambling, particularly for older adults
Food environment	
How is this affecting Moonee Valley?	**What can we do?**
• Non-nutritious, calorie-dense foods are more accessible than 'core foods' like fruits and vegetables • 83 per cent of residents live more than 400m from a fruit and vegetable outlet.	• Promote healthy settings • Support and encourage farmers markets
Community facilities	
How is this affecting Moonee Valley?	**What can we do?**
• 5 libraries • 2 leisure centres • 3 community centres • Indoor and outdoor sports venues such as pools, gyms and sports ovals are the most common places to exercise	• Upgrades and new services need to be designed with an equity lens • Multilingual services • Community facilities should be multi-use, located appropriately and resourced with new technologies • Encourage contributions through developers
Economic	
How is this affecting Moonee Valley?	**What can we do?**
• Most residents work outside of the municipality • Unemployment rate is rising • Unemployment more of an issue in certain areas, such as Flemington and Travancore	• Local job attraction • Support social enterprises • Target unemployment • Model good practice • Advocate for local apprentice inclusion in new developments through developer contributions

Appendices

Appendix 1 Data map

Key data sources	Date	Frequency of update	Next available data
Our community			
i.d consulting	2015	Every 2 years	2017
Australian Bureau of Statistics (ABS), *Census*	*2011*	Every 5 years	2016
Department of Environment, Land, Water and Planning, *Victorians in Future*	*2016*	Annually	2017
ABS, *National Aboriginal and Torres Strait Islander Social Survey*	*2014-15*	Every 6-8 years	2021-23
Department of Health and Human Services, *Moonee Valley LGA profile*	*2013-16*	annually	2017
Community Indicators Victoria, Moonee Valley LGA profile	2015	As required	2017
Our health and wellbeing status			
Department of Social Service, *Centrelink Recipients and Ratios – Victorian Municipalities June 2016*	2016	Annually	2017
Department of Education and Training, *2015 On Track Report for Moonee Valley*, 2015	2015	Annually	2016
Department of Health and Human Services, Victorian Population Health Survey 2014	2014	1-2 years	2015 (data still to be released)
Australian Institute of Health and Welfare, *The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples: 2015*, 2015	2015	One release	n/a
State Government of Victoria, *Aboriginal community profile: Moonee Valley LGA*, 2014	2014	One release	n/a
Moonee Valley City Council Annual Community Survey and Annual reporting	2011-2016	Every 1-3 years	2017

Victorian Child and Adolescent Monitoring System 2015	2015	When available	unknown
Australian Early Development Census 2015	2015	Every 6 years	2021
Crime Statistics Agency, Family Incidents statistics 2015-16, 2016	2016	Annually	2017
DHHS, *Surveillance of notifiable conditions in Victoria: Local government comparisons 30-10-16*, 2016	2016	Bi-weekly	2016
Department of Education and Training, School Entrants' Health Questionnaire 2014 Department of Human Services	2014	Annually	2015 data to be released
Department of Human Services, Rental Reports June 2016 http://www.dhs.vic.gov.au/about-the-department/documents-and-resources/research,-data-and-statistics/current-rental-report	2016	Quarterly	September 2016 quarter to be released
Vichealth Indicators Survey 2011	2011	Every 4 years	2015 data to be released
Victorian Population Health Survey 2014	2014	Annually	2015 data to be released
Environments for health			
ABS Census of population and housing 2011	2011	Every 5 years	2016 data to be released
Department of Human Services, Rental Reports June 2016	2016	Quarterly	September 2016 quarter to be released
Department of Employment, *Small area labour markets – June quarter 2016*, 2016	2016	Quarterly	Sep 2016 quarter to be released

REMPLAN	2011-2016	As required	Updated upon Census data release
ABS, *Australian Social Trends 2014*	2014	Annually	2015 data to be released
Id. Consulting	2015	Every 18-24 Months	2017
Moonee Valley City Council, Annual Community Survey 2014	2014	Every 3 years	2017
Department of Education and Training, *On Track Survey 2014*	2014	Yearly	2015 data to be released
JWS, *Community Satisfaction Survey 2016*	2016	Annually	2017

Appendix 2 Definitions

Aboriginal and Torres Strait Islander population is the percentage of people who identify as Aboriginal and Torres Strait Islander population: Census 2011

Alcohol risk as used in this report is defined as risk of long-term alcohol related harm rather than increased short-term risk which is based on individual episodes of drinking.

Australian Early Development Census (AEDC) is a comprehensive set of measures that Moonee Valley City Council can use to support planning and service provision for children from conception through to school age, especially as it can help understand the links between health, education and community services for young children. The AEDC is considered to be a measure of how well children and families are supported from conception through to school age.

Asthma is a chronic lung condition which causes difficulties in breathing as the muscles around the airways contract and airways become constricted. While the causes of asthma are not fully understood, research has shown that asthma may be linked to obesity, chemical exposure or exposure to tobacco smoke (especially while young).

Lifetime risk of alcohol-related harm measured the risk associated with developing alcohol related health problems, such as liver disease, cancer and alcohol dependence, caused by alcohol consumption.

Cancer incidence was measured using the total number of malignant cancers newly diagnosed in 2012 for males, females and total persons.

Estimated Resident Population (ERP) is based on the concept of usual residence. It is based on the count from the latest Census, with the addition of quarterly components of population growth (births, deaths, population movements). It incorporates the estimated Census net undercount (to account for people who were missed from or counted more than once in the Census), and is adjusted to include usual residents who were temporarily overseas at the time of the Census and to exclude overseas visitors who were temporarily in Australia on Census night.

Equalised median household income is household income adjusted by the application of an equivalence scale to facilitate comparison of income levels between households of different sizes and compositions. For example, a larger household would need more income than a smaller household to achieve the same standard of living.

Gaming machine losses is the total amount of money lost on electronic gaming machines that are located in an LGA, per head of adult population. The expenditure is a calculation of all monies spent on gaming machines within the LGA, which is then divided by the number of adult (18+) residents within that LGA. It does not take into account how much of the expenditure comes from residents of other LGAs.

Family violence incidents measured the number of reports to police relative to the population. Typically, only about 25 per cent of incidents result in a formal charge, and many incidents are unreported. The *Family Violence Protection Act 2008* defines family violence as any behaviour or behaviours that dominates another family member and causes them to fear for their own, or another family member's, safety or wellbeing.

Hypertension is a chronic condition where blood pressure is elevated and is commonly known as high blood pressure. Hypertension increases the risk of chronic disease and this risk increases as blood pressure increases.[205] Poor nutrition, alcohol consumption, poor weight management and low physical activity levels are all associated with hypertension so addressing these factors can help decrease the risk of chronic diseases.

Life expectancy refers to the average number of additional years a person of a given age and sex might expect to live if the age-specific death rates of the given period continued throughout his/her lifetime. While life expectancy can be expressed as years of life remaining at any age, in comparing projections it is usual to refer to years of life remaining at birth (life expectancy at birth).

Leisure can encompass a range of aspects, covering both physical exercise and casual leisure activities.

Minimum physical activity guidelines are to complete 150 to 300 minutes of moderate intensity physical activity or 75 to 150 minutes of vigorous intensity physical activity, or an equivalent combination of both moderate and vigorous activities, each week and also do muscle strengthening activities on at least two days each week.

Mortgage stress measures the number of low income households (defined as those in the bottom 40 per cent of income distribution) that spend more than 30 per cent of income on mortgage payments.

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[205] (Department of Health and Human Services, 2014b)

Osteoporosis causes brittle bones which are prone to breaking. It is more common in older people, but lifestyle factors can increase the risk: low physical activity rates and smoking are risk factors for osteoporosis.

Overweight/obese persons are defined by their BMI. BMI is calculated as weight in kilograms divided by height in metres squared. A BMI of between 25 and 30 is classified as overweight while a BMI of 30 or over is classified as obese.

Proportion of low income households are those households with a combined income of $600 per week or less.

Proportion of high income household are households with a combined income of $2500 per week or more.

Percentage of persons earning a low income is the percentage of the population aged 15 and over with a gross individual income of less than $400 per week. People on zero and negative incomes are included along with those earning an income.

Percentage of persons earning a high income is the percentage of the population aged 15 and over with a gross individual income of more than $1500 per week.

Percentage of persons/males/females who do not meet fruit and vegetable dietary guidelines are the percentage of people who indicate they do not meet the current Australian guidelines for fruit and vegetable consumption made by the NHMRC. The minimum daily vegetable intake is four serves for 12–18 year olds, and five serves for people aged 19 and over. The recommended daily fruit intake is three serves for 12–18 year olds, and two serves for people aged 19 and over.

Percentage who feel safe walking alone during the day/after dark measured the percentage of LGA respondents who reported feeling 'safe' or 'very safe' walking alone in their local area during the day/after dark. Respondents who didn't know, refused to answer or answered they were never alone in that situation have been excluded from the analysis.

Percentage of persons who drink soft drink every day measured the percentage of people who indicated they consumed sugar-sweetened soft drinks (for example Coke, Solo and energy drinks like Red Bull) every day over the last seven days. Other options were every two to three days, every four to

six days, once or not at all. Respondents who didn't know or refused to answer the question have been excluded from the analysis.

Percentage of population born in a non-English speaking country is the percentage of people born overseas and not born in New Zealand, Canada, United Kingdom, Republic of Ireland, South Africa or the United States of America.

Percentage of rental housing that is affordable is the percentage of rental housing available in the LGA which is affordable for lower income families. The affordability benchmark is that no more than 30 per cent of income is spent on rent. Lower income families are those receiving Centrelink benefit.

Preventable Death: While rates of preventable death alone cannot fully describe the impact of chronic disease – mental health issues do not tend to be captured by this statistic, for example – it still provides insight into how chronic disease is affecting Moonee Valley.

Proportion of population that live near public transport is measured as the households that are within 400m of a tram or bus stop or 800m from a train station.

Rental stress measures low income households (those in the bottom 40 per cent of income distribution) who spend more than 30 per cent of income on rent payments.

SEIFA IRSAD The Index of Relative Socio-economic Advantage and Disadvantage (IRSAD) summarises information about the economic and social conditions of people and households within an area, including both relative advantage and disadvantage measures.

Smokers are those who self-report smoking daily or on occasion.[206]

Social determinants of health are the conditions in which people are born, grow, work, live and age, and the wider set of forces and systems shaping the conditions of daily life. They include the social and economic environment, the physical environment and individual characteristics and behaviours. Health varies along a range of social gradients because of the way these social determinants of health impact different populations.

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Type 2 Diabetes is a condition in which the body become insulin resistant or does not produce enough insulin. While it can be affected by genetics and other risk factors, it is often considered lifestyle related as high blood pressure, poor diet, poor weight management and insufficient exercise are all factors that contribute to its development.[207]

Appendix 3 List of Figures and Tables

[207] (Diabetes Australia, 2015)

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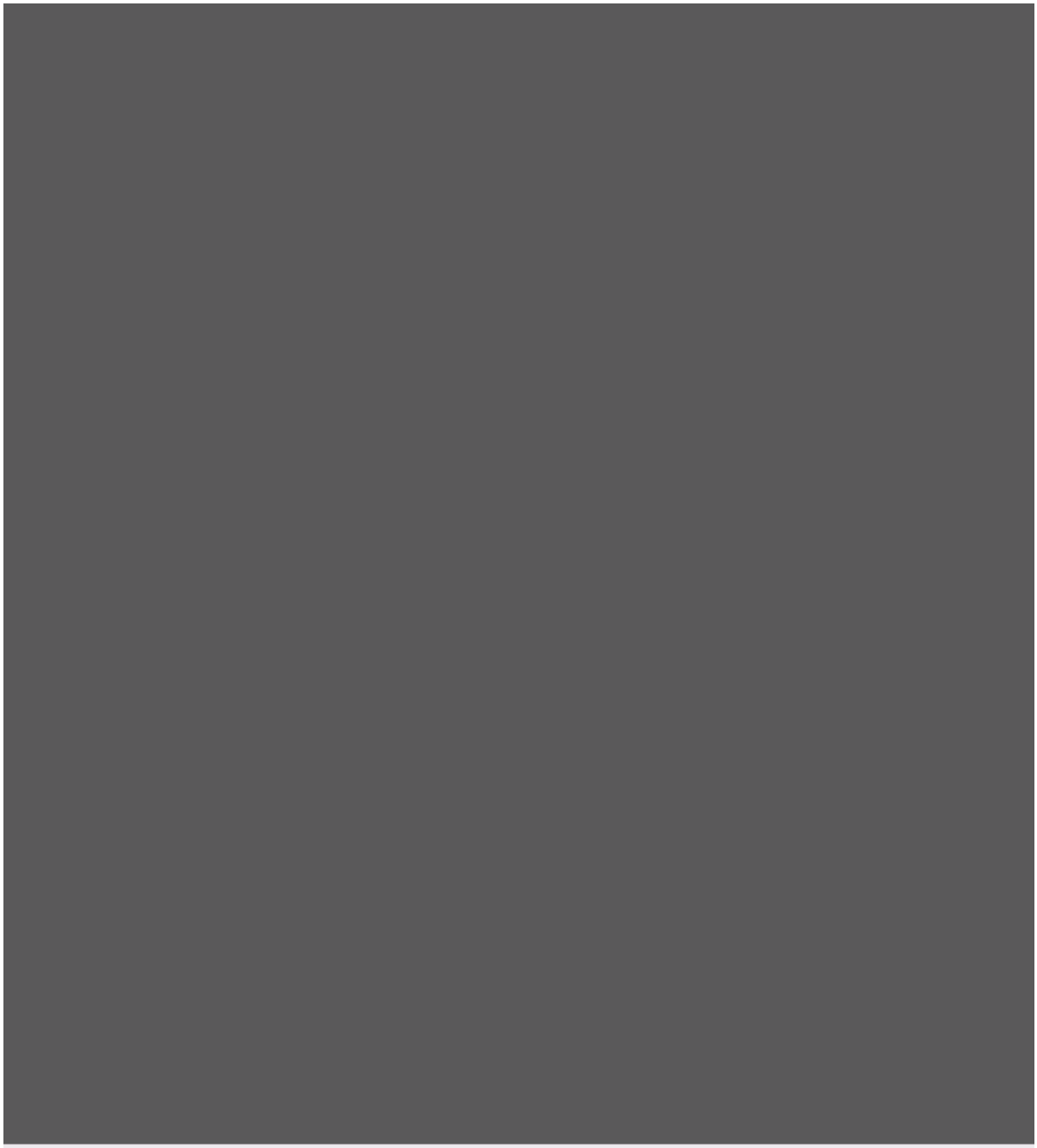

Moonee Valley Language Line

عربي	Arabic	9280 0738	Ελληνικά	Greek	9280 0741	Español	Spanish	9280 0744
中文	Cantonese	9280 0739	Italiano	Italian	9280 0742	Türkçe	Turkish	9280 0745
Hrvatski	Croatian	9280 0740	Somali	Somali	9280 0743	Việt-ngữ	Vietnamese	9280 0746

All other languages 9280 0747

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City of Moonee Valley

City of Moonee Valley

Health Plan 2013-17 Evaluation

SETTING OUR DIRECTION

Table of contents

Executive Summary

The *Moonee Valley Public Health and Wellbeing Plan 2013-17* (the Health Plan) outlined how Council intended to develop a healthier city over four years. Council is required as part of the *Public Health and Wellbeing Act 2008* to evaluate the Health Plan, especially its effectiveness in promoting a collaborative approach and setting out how Council worked in partnership with other health and community agencies.

The Health Plan 2013-17 emphasised collaboration and communication with our partners, acknowledging that it takes a combined effort to achieve the objectives of the Health Plan. It relied on cooperation across Council and the support and participation of community and other partners.

Health Plan Evaluation Framework

Council developed an Evaluation Framework to support the evaluation process of its Health Plan. Annual Action Plans were developed to implement strategies and annual Progress Reports measured success against indicators and to inform the development of subsequent year's action plan.

This document has two parts:

Part 1 provides the background and introduction.

Part 2 is the Evaluation Report — including process, outcomes, impact and partnerships.

Highlights

The Health Plan Evaluation demonstrates Council tracked well against the majority of indicators with 94 per cent of actions from 2013-16 complete or on track to being achieved. The following table demonstrates some highlights throughout the four years.

Initiative Type	Partners	Priority	Outcome	Output
Policy	Community Planning Strategic and Statutory Planning	Address gaming harm	Socio-economic disadvantage and density considered in Electronic Gaming Machine applications to Council	Local Planning Policy in Moonee Valley Planning Scheme
Evaluation	Inner North West Primary Care Partnership members	Prevention of violence against women	Collaborative evaluation approach developed to guide collective impact	Evaluation toolkit
Place-based built environment project	Department of Justice Strategic Planning and Community Planning	Improve community safety	Improved infrastructure and activation at Pridham Plaza in Flemington	Infrastructure upgrades and public activation
Environmental and urban design	Aged and Disability Services (Council business unit)	Improve community access and inclusion	World first best practice design guide	Age and Dementia Friendly Streetscapes Toolkit

Lessons and opportunities

An important aim of the evaluation was to answer two key questions. What did we learn? And what could we improve in the future? Learnings and opportunities are described below.

Integrated and evidence based planning

Lesson: The process to develop the Health Plan was effective. Evidence is to inform priorities, but used less to guide action.

Opportunity: Including health and wellbeing matters in the Council Plan 2017-21 provides an opportunity for Council to strengthen health and wellbeing actions across all areas of Council. As a responsible local government authority practicing good governance, this supports an aim to integrate strategies and policies to reduce duplication, improve coordination, efficiencies and ensure Council actions have strategic justification.

Evidence is critical at all stages of planning and implementation. A detailed health profile (every four years), with suburb and precinct level profiles will provide stronger evidence for place-based planning across Council. Evidence should also inform the selection and development of actions. Council has a role to play in promoting best practice and linking to up-to-date research through forums, networks and ensuring a consistent approach to evidence based planning across Council.

Strengthening strategic priorities

Lesson: Evaluation is critical to measuring success. Don't overcommit to actions that cannot be measured. Strong commitment has been shown for health and wellbeing actions across Council.

Over the past three years, an average of 70 actions were identified each year across Council's services to implement the Health Plan. This demonstrates a strong commitment to improving the social determinants of health for people who live, work and play in Moonee Valley.

Opportunity: By integrating health and wellbeing matters into the Council Plan for 2017-21 there is an additional opportunity to strengthen monitoring and evaluation across Council activities, in particular around measuring health, wellbeing and equity outcomes.

It also demonstrates the diverse role of Council in promoting health and wellbeing from policy, advocacy and service delivery to leadership and research. It is important to identify the most effective role for Council and to rethink the allocation of resources that may be limited in a rate-capping environment. By focusing on a reduced number of targeted priority actions we are likely to have a more significant impact on health and wellbeing than if resources are distributed scarcely across a broad number of actions. It is recommended the next plan identify criteria for priority setting which includes measurable outcomes and clear partnership actions to demonstrate a collective impact.

Partnership and collaboration

Lesson: Many different agencies contribute to the health, safety and wellbeing of our community and we know that progress relies on collaboration and working in partnership.

Opportunities: Consider improving partnerships and collaboration by:

- Moving beyond the traditional engagement techniques that were used to inform the plan to more participatory and creative engagement methods for community and stakeholders.
- Ensuring peer review of the draft plan by sector experts to increase accountability.
- Identifying a model for inclusion and reporting of partnership and partner actions early in the planning cycle.
- Using the partnership evaluation to inform a governance model that promotes collaboration, partnership and information sharing for improved health and social outcomes.

Build on the existing evaluation framework

Lesson: The evaluation framework is a good example of evaluation practice that aims to improve transparency and accountability within Council. Council has demonstrated leadership in measuring health and wellbeing outcomes, and was asked to present at a Department of Health best practice evaluation forum and nominated for an Impact Measurement Award in 2013.

There are challenges in demonstrating the overall impact on health and wellbeing resulting from the implementation of the Health Plan. These are due to limitations in data source frequency, reliability, and population level data that does not account for external factors and influences.

Opportunity: An evaluation approach that builds on the existing framework can be used as a tool to increase accountability and promote a culture of evaluation across Council.

A clear framework should:

- Be guided by the State outcomes framework
- Be established early in the process and consider the role of partners and collective impact
- Ensure strategic indicators are informed by a program logic and priority health, and wellbeing indicators are tracked over the life of the Plan
- Identify a realistic number of strategies or actions for in-depth evaluation with selection considering the length of activity, priority populations and partners

PART 1 – Introduction

INTRODUCTION

Background

The *Moonee Valley Public Health and Wellbeing Plan 2013-17* (the Health Plan) outlined how Council intended to develop a healthier city over four years. The vision was 'to shape a healthy city that works together to sustain our good health, respond to new and emerging issues and promote equitable health outcomes'.

The Health Plan 2013-17 emphasised collaboration and communication with our partners, acknowledging that it takes a lot more than the work of Council to achieve the objectives of the Health Plan. It relied on cooperation across Council and the support and participation of the community and other partners.

The Health Plan had four themes: healthy places, safe and connected communities, healthy people, and strong governance and partnerships. Each of the four themes identified three goals and strategies to achieve these goals as well as the strategic indicators to monitor over the life of the Plan. The plan also described existing Council activities and articulated new initiatives to promote health and wellbeing in Moonee Valley.

Council is required as part of the *Public Health and Wellbeing Act 2008* to evaluate the Health Plan. Along with the Health Plan, Council developed a Health and Wellbeing Evaluation Framework to support the evaluation process. The Framework summarises evaluation methods and outlined resources and methods to be used in evaluating strategic indicators.

Monitoring and evaluation

An Evaluation Framework was established in 2013 to support the Health Plan. The framework set out to provide a systematic approach to learning about what has, or has not, worked. Answering questions about whether we achieved what we set out to do provides accountability to the community for the investment of resources in health and wellbeing. It offers opportunities to report and celebrate achievements. The information gathered also provides an evidence base to guide further investment to promote health and wellbeing[1].

Under Section 26(4) of the *Public Health and Wellbeing Act 2008* (the Act) Councils are required to review their Health Plan annually and if appropriate amend it. Annual action plans were developed to ensure strategies identified in the Health Plan were implemented satisfactorily and annual Progress Reports informed the development of each action plan.

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[1] Department of Health (2013) Guide to Municipal Public Health and Wellbeing Planning http://www.health.vic.gov.au/localgov/municpal-planning.htm

Annual action plans outline implementation details for each of the individual strategies in the Health Plan and the responsible department or agency. Action plans were intended to help monitor responsiveness to local needs and ensure strategies remain relevant for continued investment by Council in health and wellbeing over the life of the Health Plan.

This report provides an overview of all levels of evaluation and is supported by the following appendices.

Appendix 1: Evaluation Questions
Appendix 2: Strategic indicators
Appendix 3: Health Plan — tracking of action implementation 2013-17

Different levels of evaluation

The different layers of evaluation in this report answer questions relating to process, impact (outputs and outcomes) and partnerships. This evaluation also takes an in-depth look at equity, and whether it was addressed through the Plan through two case studies.

Process

The process evaluation focuses on the development and monitoring of the Plan by:

- Describing the development of the relevant strategy. This includes who was involved, their roles and responsibilities and the tasks they undertook.
- Reviewing the processes to monitor progress. This includes key structures in place that support the implementation, monitoring and evaluation of the Health Plan.

Impact — outputs and outcomes

The impact evaluation focuses on the progress of actions and the effectiveness of the Health Plan as a coordinating tool and in improving health:

- Outputs describe how the strategic objectives were implemented. Progress is measured using a traffic light system where green indicates the action is on track, yellow indicates changes to timelines are anticipated and red identifies a progress issue (refer to Appendix 3).
- Outcomes are measured by how effective the Health Plan has been as a coordinating tool and what the impact on population health status was as a result of actions carried out. Outcomes are measured using indicators that align with each of the strategic objectives (refer to Appendix 2).

In depth

The in-depth evaluation looks at impact more deeply and considers how equity was addressed. The in-depth evaluation provides annual case study reports on two Council programs:

- World Health Organization Safe Community Accreditation Process
- Partnership Grants Program 2014-16

Partnership

A partnership evaluation of the governance structure — the Public Health and Wellbeing Community Committee — uses the VicHealth Partnerships Analysis Tool to assess, monitor and maximise ongoing effectiveness of relationships with, and between, health and wellbeing stakeholders.

PART 2 – Evaluation report

PROCESS

Development

How was the Health Plan developed? How was the strategy to achieve this indicator developed?

Figure 1. Steps involved in the developing the Plan

1. **Review:** The first step was to Review the Community Wellbeing Strategy 2008-13 (the previous Health Plan). This included exploring the current policy context and considering implications for the next planning cycle.

2. **Health Profile:** Data was then analysed to understand the Moonee Valley community and develop the Health Profile. The profile examined health and wellbeing indicators from current data sources. It included an overview of population and diversity and indicators of advantage and disadvantage, and explored factors that contribute to health in terms of place and people. Data sources used in the development of the profile included:
   - The Australian Bureau of Statistics, Census of Population and Housing 2011
   - Department of Health: Local Government Area Profiles 2011
   - The Victorian Population Health Survey 2008

- Victorian Health Information Surveillance System (VHISS) data collection
- Victorian Child and Adolescent Monitoring System: Community Profile Series 2010
- Moonee Valley City Council Annual Community Survey 2012

3. **Consultation:** Building on the health profile, a range of different consultations with the Moonee Valley community informed the Health Plan. Some of these were health specific and some were in other policy and program areas. They included consultations with different groups in the community and in different parts of the city.

   Specific health consultations included a survey conducted during February and March 2013; the Health and Wellbeing Forum held in February 2013, and additional consultations focused on the health needs of particular groups in the community. A peer review process was undertaken with health and wellbeing academic experts providing input and critical feedback.

   The Consultations Report synthesised the findings in light of the Health Profile and a review of literature relevant to the health impact. Consistent with the World Health Organization's *Health in All Policies* approach, important non-health consultations undertaken by Council were also reviewed. Criteria for selection of the non-health consultations included: how recent the consultation was, the breadth of consultation and the importance to the health issues identified in the health profile. Priorities for Action identified through consultation were:

   - Promoting mental health and healthy, safe places
   - Fostering an active city and lifestyles
   - Promoting access and inclusion
   - Promoting responsible gambling
   - Specific population groups

4. **Governance**: The Moonee Valley Public Health and Wellbeing Community Committee (the committee) was established to oversee the development of the Health Plan and ensure community participation was integral to the plan. The Committee provided input at key stages in the development of the draft plan and the Action Plan.

   The committee consisted of the Mayor (Chair), the relevant portfolio councillor, high level representatives from a number of council business units with responsibility for community health, safety and wellbeing activities and planning and high level representatives from local service providers and external agencies with responsibility for health and wellbeing. They included:

   - State Government departments and authorities
   - Community health services
   - Regional health bodies
   - Emergency services

- MV2035 Ambassadors

The role of the committee during the development of the plan was to:

- Ensure a community governance approach to health and wellbeing by identifying and informing priority issues, gaps and responses to health and wellbeing issues where appropriate
- Provide input to the plan from a specialist perspective where required
- Further support the health and wellbeing capacity of organisations and individuals within the community

The committee met three times to consider each phase of the plan's development. The ongoing role of the committee was to act as a forum for the exchange of ideas and assist in the implementation and monitoring of the Health Plan. The committee met biannually throughout the life of the plan to:

- Oversee the implementation and monitoring of the plan
- Promote cooperation and collaboration amongst stakeholders
- Provide advice, implementation, evaluation and promotion of the Health Plan
- Disseminate information on the Health Plan to health service providers, the community and other stakeholders
- Advise of relevant and emerging issues in the community, including providing appropriate and relevant statistics
- Provide information on community health and wellbeing related strategies, events, programs, policies and networks

At the first committee meeting following the adoption of the Health Plan, held on 2 December, 2013, members were requested to provide feedback regarding the process of developing the Health Plan to inform the process evaluation. Members were asked what worked, what didn't work, what we should consider doing differently and whether there were any issues they wanted to see through the Health Plan that weren't.

Positive feedback was received with members identifying a thorough process with specific reference to extensive consultation. Specifically, Women's Health West provided thorough feedback via email. Strong cross Council representation was noted along with a suggestion that documents be forwarded to various Council departments before meetings to ensure balanced contributions from both internal and external stakeholders.

5. **Identify priorities:** The priority themes around which the plan is structured were developed to reflect the strategic context, health profile data, the consultation findings and the review of the previous Health Plan. The structure also considered the role of local government and its specific responsibilities in health planning. The plan used four themes: healthy places, safe and connected communities, healthy people and strong governance and partnerships.

6. **Draft Plan:** These steps culminated in the development of a draft health plan which was made available for public consideration on 26 July, 2013.

7. **Feedback:** Feedback was sought from the community in accordance with the *Public Health and Wellbeing Act 2008*. Public notices were placed in the *Moonee Valley Leader* and the *Moonee Valley Weekly*, a hard copy of the draft plan was made available in libraries and community centres and PDF and web accessible versions were made available on the Council website.

   Three organisations (Women's Health West, Doutta Galla Community Health Service Consumer Advisory Group and Deakin University) provided feedback on the draft plan that informed the final Health Plan and year one Action Plan.

   Two strategic amendments were made:

   - The strategy 'Partner with Flemington Neighbourhood Renewal Board to ensure a successful transition to a sustainable and mainstreamed service' was repeated under two objectives. To avoid this duplication this was removed from Theme Four and remained under Theme Two.
   - The addition of a strategy to incorporate lessons from the implementation and evaluation of the State Government 'Healthy Together Victoria' initiative.

   Minor changes included a stronger articulation of consideration of disability access and gender equity, and changes in wording to clarify the intent to minimise harm related to problem gambling.

   The Plan also incorporated recommendations from Dental Health Services Victoria, the North and West Metropolitan Region Department of Health and health planning and evaluation experts.

Key lessons and future opportunities

A transparent and well-documented planning process was undertaken and is supported by the evaluation framework. This process can be used to guide a similar approach throughout the next planning cycle to ensure Council meets the requirements of the Public Health and Wellbeing Act 2008. Traditional approaches to engagement were used. Where appropriate, there is an opportunity to engage the community and stakeholders in a more creative planning process.

A peer review process supported input from content experts and link to current research.

Use recommendations from the partnership evaluation to inform a governance model that promotes collaboration, partnership and information sharing for improved health and social outcomes.

Monitoring

How was the Health Plan monitored?

A number of processes supported the implementation, monitoring and evaluation of the Health Plan. These included:

1. *The Evaluation Framework:* A guide to understand the effectiveness of the Health Plan. The framework was endorsed by Council on 24 September, 2013 and provided the structure for action planning, progress reporting and different levels of evaluation. The Evaluation Framework was presented as a best practice model by the Department of Health.
2. *The Governance Structure:* The Moonee Valley Public Health and Wellbeing Community Committee met biannually to oversee the implementation and monitoring of the Plan. Initially action planning meetings were held in April and review and progress meetings in October. In 2015/16 committee meetings involved presentations from relevant stakeholders (including the Department of Health and Human Services, and the Heart Foundation) and through participation in the combined Health and Safety forum held in July, 2016.
3. *Annual Action Plans:* The development of annual action plans ensured that strategies identified in the Health Plan were implemented over the four years. Action planning helped to monitor responsiveness to local needs and ensure strategies remained appropriate for continued investment by Council in health and wellbeing over the life of the Health Plan.
4. *Progress reports:* Biannual progress reports and more detailed annual reports were developed and presented to Council. Annual reports included a detailed review in line with the evaluation framework and informed the development of action plans. In 2015 the reporting process was reviewed and changed to annual reporting to reduce inefficiency.

   The purpose of progress reporting was to ensure accountability and a robust approach to monitoring and evaluation of the Health Plan. Reports tracked the delivery of actions identified for each of the 12 strategic objectives in the Action Plan and considered the strategic objective, action, action owner, progress and progress notes. Progress was measured using a traffic light system where green indicated the action was on track, yellow indicated changes to timelines and red identified progress issues.
5. *Health and Wellbeing information*: The Health Plan identified the need for an effective, ongoing communication plan to ensure a systematic approach to reporting. In keeping with this, four snapshots based on the Health Profile were developed in 2013 to provide accessible health and wellbeing information to our community. The snapshots describe the health and wellbeing of the Moonee Valley community and are available online on the health planning webpage, along with other Health Plan related documents. They include information regarding:

   - Who we are
   - Healthy Places
   - Safe and Connected Communities
   - Healthy People

These snapshots were updated in 2014 and 2015. Due to the infrequency of data availability it was unfeasible to make annual updates to the snapshots. As an alternative, the health and wellbeing page on Council's website was updated to include links to Moonee Valley specific health and wellbeing data. Changes to status in health will be analysed through the development of the 2016 municipal profile.

Key lessons and future opportunities

It is critical to use evidence, respond to emerging issues and track health status over time. There is a wealth of health and wellbeing data to support this – as a result, monitoring trends can be time intensive. To ensure efficient use of time and resources, monitoring must not compromise a focus on outputs and action. A number of opportunities exist to support the balance between short-term and long-term needs. First: A social research framework and dedicated roles within the organisation. Second: A detailed health profile (every four years). Third: Neighbourhood profiles for evidence based and area based planning across Council. Fourth: Identifying key health and wellbeing indicators to track over time (from data sources that have consistent and frequent updates).

Council will continue to be a sector leader in evaluation by building on the current evaluation framework and aligning with the new Victorian public health and wellbeing outcomes framework to create a clear line of sight between local health planning and state priorities and commitments.

How was the strategy monitored? Were the timelines reached?

Progress on the Health Plan has been regularly reviewed through correspondence with action owners and recorded in progress reports. Annual action plans identified the action owner responsible for implementing and reporting on each action. Steps taken to identify actions and progress included:

- Collection of information using Interplan, Council's integrated planning and performance reporting tool
- Further collection of information via email, telephone and face-to-face correspondence with the action owner

Table 1 shows the strategies where actions are continuing or complete, with 8/47 strategies complete and the remaining strategies identified as continuing into year four. It may be implied that strategies that are finalised and not ongoing relate to place based and research related actions (creating a healthy city and understanding emerging health issues). The year four annual progress report will be completed in July, 2017.

Table 1. *Health and Wellbeing Plan Progress on Strategic Objectives 2013-17*

Theme and Strategic Objective	Strategy	Year 1 2013/14	Year 2 2014/15	Year 3 2015/16	Year 4 2016/17
Theme 1: Healthy places					
1. Create a healthy and sustainable city	1				
	2				
	3				
	4				
	5				

2. Lead and advocate for housing choice and access	1				
	2				
	3				
3. Promote responsible gambling	1				
	2				
Theme 2: Safe and connected communities					
1. Address health inequalities	1				
	2				
	3				
	4				
2. Foster social connection and community engagement	1				
	2				
	3				
	4				
	5				
	6				
3. Enable lifelong learning	1				
	2				
	3				
Theme 3: Healthy People					
1. Promote positive mental health	1				
	2				
	3				
	4				
	5				
	6				
2. Increase physical activity and healthy eating	1				
	2				
	3				
	4				
	5				
	6				
3. Understand and address emerging health issues	1				
	2				
	3				
	4				
Theme 4: Strong Governance and Partnerships					
1. Monitor and evaluate	1				
	2				
	3				
2. Work in Collaboration	1				
	2				
3. Effective and Timely Communication	1				
	2				
	3				

Legend: Continuing Completed

Key lessons and future opportunities

Reduce inefficiencies in monitoring by identifying how actions align with a corporate planning framework, integrated planning systems and annual reporting to ensure actions are progressing.

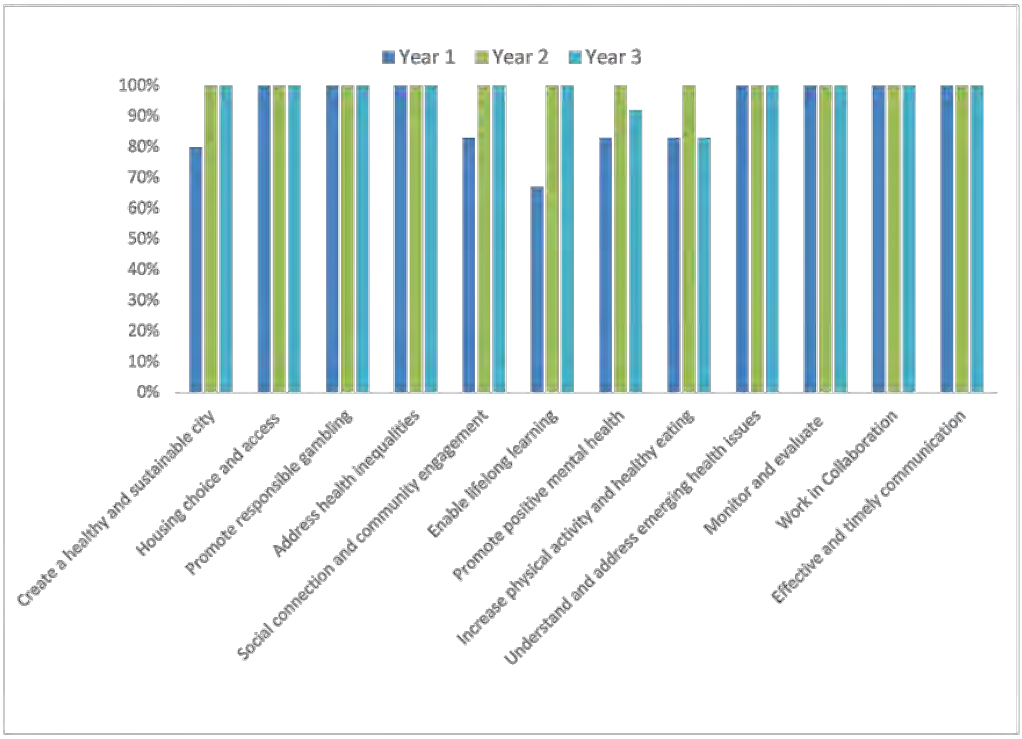
IMPACT

Output

Were the strategic objectives implemented?

To assess whether all actions were achieved over the life of the plan, a number of elements are considered. They include the strategic objective, action, action owner, timelines, progress (progress on track, item of note or progress issue) and progress notes. Appendix 3 outlines the progress of Health Plan actions and Figure 2 shows the percentage of actions implemented for strategic objectives using annual progress reports from 2013-16. A strong 94 per cent of actions identified from 2013-2016 have been reported as finalised or on track. The strategic objective of enabling lifelong learning has the least actions on track.

Figure 2. *Implementation of Health Plan actions by strategic objective per year*



Key lessons and future opportunities

The number of actions with progress issues declined over time. This may reflect success, or demonstrate a reluctance to report progress challenges. Opportunities to increase

transparency in reporting include the development of a four year costed action plan and an evaluation framework.

There were a large number of actions identified in each annual action plan. Reallocation of resources that focus on a reduced number of targeted priority actions are likely to achieve a more significant impact than if resources are distributed scarcely across a broad number of actions.

What are the themes in implementation of strategies and actions?

Of all actions across the life of the plan the most common actions were related to continuing or expanding an existing service or program (19%), development or implementation of a strategic plan or policy (17%) and monitoring, evaluation and research (17%).

Figure 3. *Health Plan Actions 2013-17 by type*

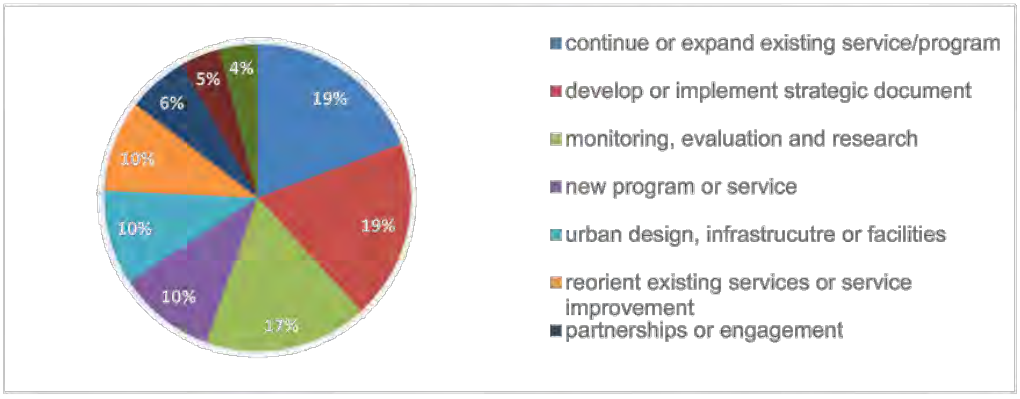
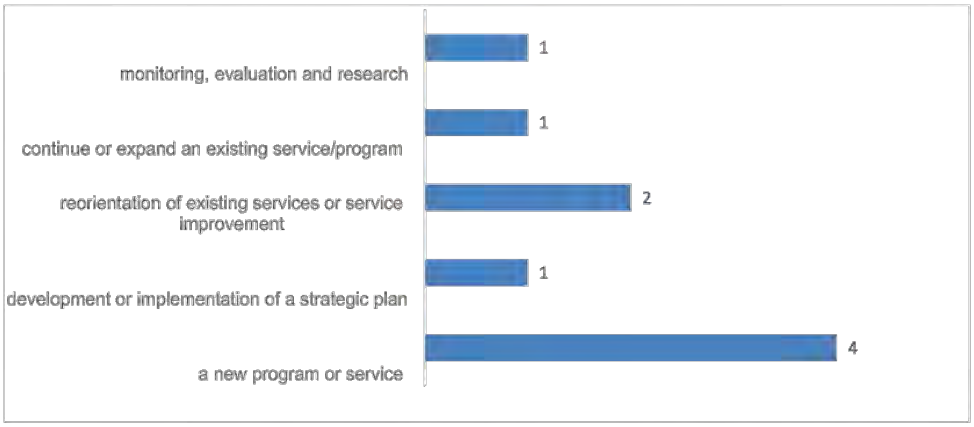


Figure 4 shows patterns of implementation based on the same categories. The majority of actions with progress issues identified over the three years of progress reporting include a new program or service (4) and reorientation of existing services or service improvement (2).

Figure 4. *Nature of actions with progress issues identified 2013-16*



The Municipal Public Health and Wellbeing Plan Benchmarking Project was a joint initiative of the Department of Health and Human Services (North Metro and West Metro Health) and the University of Melbourne[2] that undertook a content analysis of actions from 14 Health Plans and aimed to identify the nature and success of actions. Figure 3 categorises actions from all four action plans based on the types identified in the benchmarking project.

Further research conducted by the University of Melbourne[3] found that Victorian councils use evidence to comprehensively describe the health status of the community against national and global contexts, however there is far less evidence to support the development of actions. It also found that councils are punching above their weight in their focus on addressing the social determinants of health[4]. This is consistent with the approach to health planning in Moonee Valley that demonstrates a commitment to addressing a broad range of health determinants and the use of evidence to inform priorities. It is less clear what evidence has informed actions and there is no consistent framework to encourage evidence-based practice across Council.

Key lessons and future opportunities

Acknowledge the diverse role Council plays in contributing to the liveability of our community and to also identify the most effective role for Council to play within priority areas.

2 Department of Health and Human Services (North Metro and West Metro Health) and the University of Melbourne (2016). Preliminary Report: The Municipal Public Health and Wellbeing Plan (MPHWP) Benchmarking Project.

3 Browne, Davern & Giles-Corti (2016) What evidence is being used to inform strategic planning for health and wellbeing? Victoria, Australia, a case study. *Evidence and Policy*

4 Browne, Davern & Giles-Corti (2015). An analysis of local government health policy against state priorities and a social determinants framework. *Australian and New Zealand Journal of Public Health.*

Consider the use of research, content experts and evidence at all stage of planning, not just to identify priorities. Use research, experts and evidence to inform health and wellbeing actions through information sharing, networks and embedding into the governance structure that oversees public health and wellbeing planning and implementation.

A clear and consistent model for inclusion and reporting of partnership and partner actions should be identified early in the planning cycle.

Outcome

Was the Health Plan an effective coordinating tool?

At the start of each Council term (every four years), Council is required by law to review and update three important long-term strategic documents. These documents include the:

- Council Plan
- The Municipal Public Health and Wellbeing Plan
- The Planning Scheme

During the 2013-17 planning cycle, these plans were referred to as the 'Big 3' and were to inform all other strategies or projects that Council develops or undertakes.

Council endorsed the *Public Health and Wellbeing Plan 2013-17* on 24 September, 2013. Since then, a number of Council strategies, policies and plans have referenced and been informed by the Health Plan.

- The Moonee Valley Planning Scheme Review
- Arts and Culture Plan 2014-18
- The Diversity Access and Equity Policy
- Disability Action Plan 2014-23
- LGBTIQ Action Plan 2015-17
- Moonee Valley Early Years Plan 2014-22
- Thrive: Strategy for Young People
- Economic Development Strategy 2014
- The Advocacy Agenda
- Leisure Strategy 2013-23
- Sports Development Plan 2014-23
- Waste and Resource Recovery Plan 2014-18

Council policies, strategies and plans may reference the Health Plan, however this is not an indicator that the priorities have informed decision-making.

As highlighted in the partnership survey completed by members of the Moonee Valley Public Health and Wellbeing Community Committee, a number of external organisations have also developed and implemented strategies, policies and plans that reference or were informed by the Health Plan. These include:

- Inner North West Primary Care Partnership (INW PCP) IHP Plan and the INCEPT project

- The Department of Health and Human Services (DHHS) has taken into consideration the information in the plan to assist with future planning of the catchment
- Women's Health West (WHV) has worked with Moonee Valley Council on the prevention of violence against women and sexual and reproductive health work, which was in the plan and produced some really clear impacts and outcomes
- The plan provided valuable input into the North Western Melbourne Primary Health Network Needs Assessment

Key lessons and future opportunities

Develop and embed a clear framework and approach to guide integrated planning across Council and embed and strengthen the focus on health, wellbeing and equity across all Council activities and decision making.

Use clear, consistent language and themes to increase knowledge of social determinants of health, wellbeing and liveability that are well understood and championed across the organisation and that strengthen policies, plans and strategies.

Strengthen monitoring and evaluation across Council activities in particular around measuring health, wellbeing and equity outcomes.

Was the Health Plan effective in improving the health and wellbeing of the Moonee Valley community?

It is challenging to measure health and wellbeing trends and attribute any positive changes to the implementation of actions resulting from the Health Plan.

Strategic indicators chosen to track health and wellbeing across the life of the plan included a range of measures such as process descriptions, local and population level data. The indicators are outlined in Appendix 2 and include updated data where possible. Key achievements for each annual action plan were reported to Council along with the annual progress report.

Limitations to demonstrating that the Health Plan was effective in improving health and wellbeing include:

Key lessons	Opportunities
Demonstrating an impact on health and wellbeing is challenging and doesn't acknowledge that external factors and influences could be responsible for changes reported in health status.	Establish an evaluation framework that builds on the current model. Build capacity of Council and partners to measure the collective impact of multiple agencies in affecting health outcomes.
High-level data provides an indicator of general health and wellbeing, but we cannot	Establishing monitoring and evaluation frameworks early is more effective and

attribute improvements solely to Council interventions when using population level data.	efficient than looking back at the end of a plan. These frameworks should be collective efforts to improve population health as well as organisational performance, program outcomes and client or individual outcomes.
Data sources are updated infrequently or methodology changes so comparisons and tracking of health trends over time are also limited in reliability.	Strategic indicators need to be informed by a program logic model. A realistic number of health and wellbeing indicators that reflect priorities and can be tracked over the life of the plan should be identified in the planning phase.
Robust evaluation is time, resource and cost intensive.	To counteract this the evaluation framework identified just two programs for in-depth evaluation. Criteria for selecting flagship projects for in-depth evaluation should consider partners and collective impact, the duration of the project and the equity and social impact.
The evaluation referred to an equity lens but did not define how this would be applied. For example, lots of public health and wellbeing data is available but not gender disaggregated.	The focus on reducing inequalities will be strengthened by using evidence to identify priority populations within strategies and actions. Use of qualitative data (such as case studies used in the in-depth evaluation) is often the most feasible and realistic way to document impact.

IN-DEPTH

Case study 1: Pacific/Australian Safe Community Accreditation Process

The Moonee Valley Community Safety Program is based on the World Health Organization Safe Community Model. The program prioritises engagement, participation and partnership and recognises Council's role to lead, advocate and support the work of key stakeholders. Accredited within the Pan Pacific Safe Community Network since 2014, the program is focused through annual Community Safety Action Plans and delivered through aligned, cross-council actions and programs that embed safety into all of Council's work.

The Moonee Valley Community Safety Program 2015-2020, endorsed in 2015, identifies four action areas for the delivery of the program – Safe People, Safe Places, Resilient Communities and Program Partnerships. The development of the activities within the program is informed by research and directed by the annual safety forum and the operation of two governance groups — the cross-council reference group and the internal/external stakeholders group.

The Community Safety Program at Moonee Valley involves an extensive range of stakeholders and prioritises actions undertaken in partnership. Success stories include:

- Operation Safe Plate — a collaboration between Victoria Police and Moonee Valley City Council's Men's Shed members to deliver a series of number plate screw replacement sessions to prevent number plate theft.
- Count Me In Children's Summit — a partnership project between Council and cohealth that aimed to improve mental health and wellbeing in primary school aged children. The project culminated in a summit that engaged six schools in Moonee Valley through a day long arts-based consultation.
- Dob in a Dealer Trial — Crime Stoppers targeted campaign delivered in partnership with Council and police in Flemington to increase community confidence in crime reporting to authorities.
- The SOCCAR Project (Stamping Out Crime Community Action and Reporting) engaged the Flemington community and aimed to reduce crime and improve community safety through information, education and development of a targeted resource in 11 community languages.

More information can be found at www.mvcc.vic.gov.au/for-residents/community-safety.aspx

Case study 2: Partnership Grants Program 2013-16

The 2014-16 Partnership Grant projects were selected to reflect priorities from the Council Plan 2013-17, contributing to friendly and safe, and vibrant and diverse community

outcomes. The grants were also directly aligned with strategic objectives of the Moonee Health Plan 2013-17.

Moonee Valley City Council awarded four Partnership Grants as a component of Council's 2014 Community Grants program. They were awarded for three years, for organisations to establish a substantial new program which focused on:

- Supporting the community to become healthier and more physically active
- Increasing the opportunities for social connection

Projects were chosen that aimed to establish partnerships with local organisations, businesses and community groups, and develop strategies for addressing inequalities or enhancing social inclusion and access for all members of the community. Summaries of progress from 2014 to June 2016 are included below.

The Partnership Grants were evaluated over the course of three years with biannual reports submitted to Council. Council provided support to grant recipients via a planning workshop and individual meetings focused on reporting and evaluation. Council has provided technical advice to support the development of indicators and in-depth evaluation over the course of the grants. The evaluation is concerned with four aspects: process, the impact on both equity and partnerships, and outcomes.

1. *Caroline Chisholm Society (CCS) ($15,000 per annum over three years): 'Home Handy Helpers and Women for Women'*

   The grants funding has supported the coordination of two interrelated volunteer-based projects. Home Handy Helpers is a home maintenance program that supports pregnant women and their children to live in a risk-reduced environment. The second program Women for Women offers new and pre-loved goods to families by engaging women in recycling of goods.

   Home Handy Helpers Program

   In 2014 Home Handy Helpers focused on recruiting new candidates, and strengthening its existing partnerships with Men's sheds, Rotary clubs and Lions clubs to assist in the delivery of this project. In 2014, seven Home Handy Helpers undertook 29 tasks for 15 families, 17 of which improved safety in the home for clients.

   In 2015 an expansion of the program continued through the CCS with three new helpers. In 2015, 40 tasks were completed, involving 175 hours of volunteer time.

   By June 2016, the Handy Helpers had completed 18 tasks. There has been positive feedback from all clients using the service, with all clients who completed a survey after the help rating the service either a 4 or 5 out of 5.

   Over the duration of the partnership the number of tasks completed by Home Handy Helpers has steadily increased as the project has expanded its network and reach. The homes of the clients who have engaged the services of a Home Handy Helper are safer and more environmentally friendly for the children who live there. Safe yards mean that the children can play outside and repaired cupboards and walls inside

provide a safer home. Home Handy Helpers also have made repairs to rental properties, decreasing friction between clients and their landlords.

Women for Women

In 2014 the CCS appointed a coordinator to run Women for Women and piloted the service with four caseworkers from partner agencies to support four families with new and pre-loved goods. The CCS also partnered with Rotary clubs, Lions clubs and local schools for the provision of goods and collaborated with organisations such as Nappy Collective and Food Bank. The core base of onsite volunteers grew from four to 17 women, who are coordinating the processing of material aid and administrative tasks that underpin the program.

The service has strong support from local caseworkers from partner agencies. One said: 'Firstly, I want to thank you and Caroline Chisholm for providing material aid for women and children in our community. This is the first time I've utilised the program as I've come from Child Protection into Good Shepherd's family support role. This program is amazing and brings relief to many families within our community.'

2. *Maribyrnong and Moonee Valley LLEN ($30,000 per annum over three years): 'Moonee Valley Learning to Work Internships'*

The Moonee Valley internships project provides young people with internships and support for education, training and employment. Young people receive support from working professionals who mentor them. The project aims to use and expand existing models to support and empower young people from marginalised backgrounds to become job ready and leaders in their community. In particular, young people are supported to develop practical, entrepreneurial and vocational skills, including project management skills that will help them find and maintain further education, training or work.

In the project's first year in 2014, the LLEN developed a promotion process to advertise positions for internships, developed an application and recruitment process for participants, trained interns in project management, and supported interns with employment pathways and job applications. The LLEN also developed a training program for mentors to deliver a mentor program, and selected mentors from professional backgrounds and matched them with interns. Three interns were successfully placed in 2014.

In 2015 the LLEN successfully placed 10 highly marginalized young people into internship positions, one of whom was placed with a partner organisation, the Women's Circus. This positive result exceeded the program target of eight internships for this year. The project's participants made significant progress in their education and employment pathways. It achieved excellent outcomes for the 13 interns who participated in the program during 2014-15 with 10 (77 per cent) transitioning into employment or education.

In 2016, the LLEN successfully placed 11 young people into internship positions and two interns gained employment. It also recruited and trained 17 mentors. New partnerships were built with Maribyrnong City Council, Essendon Nissan Dealership, Victoria Police Footscray and Bunnings West Footscray.

The project has successfully grown since 2013 and project participants have been very satisfied with the experience. All participants surveyed strongly agreed that the internship project has better prepared them to enter the job market.

3. *Playgroup Victoria ($30,000 per annum over three years): 'Moonee Valley Playgroups Above and Beyond'*

   This project involved developing a network and resources to support existing Moonee Valley playgroups and foster new groups in the municipality. It aimed to encourage playgroup volunteers to meet each other, share ideas, encourage each other, feel valued in their role, and maintain communication links. The project has encouraged mentoring from more experienced playgroups to new playgroups, providing them with support, advice and encouragement. Through this network, joint events such as excursions, Christmas parties, play days and open days have been held. The Moonee Valley playgroups network has also assisted families to access Moonee Valley City Council services.

   In 2014, Playgroups established new and innovative approaches to playgroup development including: scoping delivery of playgroups in aged-care facilities, schools and in nature settings; providing playgroups for grandparents: multiple birth (twins playgroups): provided conversation nights and workshops to allow playgroups to mentor each other. They also implemented a strategy for supported playgroups for vulnerable families; established resources to build sustainability for playgroups (ie. a playgroup transition model); and delivered three playgroup conversations and three training days. The number of families attending playgroups increased by 83, compared to the previous 12 months.

   In 2015, the project continued to build momentum with an increase in participation of families accessing Playgroups (up by 97 from 2014). There was also a significant increase of baby/new parent playgroups as a result of the new Parent to Playgroup Procedure that was adopted by Moonee Valley City Council. Awareness of Playgroups Victoria was built through attendance of the Playgroup Victoria Play van at Moonee Valley events in 2015.

   In 2016 a number of new initiatives have been developed to build on previous activities. Working with Essendon Playgroup's leader there has been a culturally specific session held for Indian families within their playgroup. This playgroup started in April and attracts about 12 families.

   A Moonee Valley Playgroup Leaders Facebook page was established for leaders and committee members from all playgroups across the Moonee Valley to unify the playgroups across the municipality to reach their full potential by providing a strong support for those in leadership. It is a page for leaders to meet, share information and resources and bring the Moonee Valley playgroups together to support and encourage growth within their groups and the whole area of Moonee Valley.

   The partnership also gave playgroup leaders and volunteers the confidence to participate in other parent-run programs such as kindergarten and school committees.

4. *Wintringham ($30,000 per annum over three years): 'The Jack Gash Reconnecting Community Project'*

This project enables elderly and vulnerable residents in Jack Gash housing to find ways to connect recreationally with the local community and participate in everyday life in a more confident manner. The project will build new partnerships with the local Men's Shed, library for learning, and other social and health opportunities. Partnering with Personal Helpers and Mentors Program (PHaMS), Job Co Brunswick and Inner North West Melbourne Medicare Local, this project will also promote further research into ways to address inequalities for residents who have barriers to participation in society that are associated with homelessness and a range of other issues.

In 2014, this project established connection with a group of 15 residents, began social profiling, established initial recreation needs and goals, and identified residents who would benefit from linkages with community services. It was identified that more rapport with the residents needs to be built before progressing further with these actions. The recreation coordinator continued to work with residents, facilitated recreation activities, and built partnerships with identified organisations to connect residents to additional services.

During 2015 participation monitoring revealed increased engagement in community activities compared to 2014. The recreation coordinator observed an increase in Jack Gash community residents gathering together in communal areas and also in their homes. Residents participated in Moonee Valley City Council community events and projects including the Kings of Crown St BBQ cook off and the Tastes of Moonee Valley recipe book development. Involvement in the Tastes of Moonee Valley project became independent between residents and council. An introduction to the Crown St Café has encouraged return visits as group outings and also independently where residents enjoy subsidised meals.

The program continued to grow during the first half of 2016 with a majority of the clients showing a significant increase in confidence. An increasingly large number of residents are now independently connecting with external networks such as the library, Reclink and cohealth programs.

Key lessons and future opportunities

Program initiatives developed using the safe communities' framework have clearer objectives and targeting, and better integration of evaluation. Access to both funding and partnership opportunities have improved since accreditation.

Establish an acquittal process that seeks information on health and social outcomes for community funding and builds the capacity of community organisations to measure health and social impacts. Ensure the process is equitable for organisations with limited resources by setting achievable reporting requirements.

Reduce health inequalities by using the Diversity, Access and Equity policy to inform decision making and prioritise resource distribution. This is particularly relevant given resource limitations due to rate capping that will affect Council in the next planning cycle.

PARTNERSHIPS

Many different agencies contribute to the health, safety and wellbeing of our community. We know that progress relies on collaboration and working together. In previous years Council has developed strong partnerships with community health services, primary care partnerships, local services, businesses, and the community in general. We are always looking to further develop and build new partnerships to improve health and wellbeing.

In the spirit of collaboration and partnership we have engaged and worked closely with the community in the planning and implementation of the Health Plan.

Moonee Valley Health and Wellbeing Community Committee

The role of the Moonee Valley Health and Wellbeing Community Committee (the Committee) was to act as a forum for the exchange of ideas and provide support and advice on the implementation and monitoring of the Health Plan.

Representatives were drawn from diverse agencies reflecting the many factors that influence the health of people in Moonee Valley. Community Ambassadors for MV2035 and staff from across Council also participated in the Committee.

The Committee has met formally seven times during the development and implementation of the plan. Table 2 provides an overview of key discussions at each meeting.

Table 2. *Summary of Public Health and Wellbeing Community Committee meetings*

Date	Attendees	Overview
4/2/2013	25	• Discussion and review of the previous Health Plan, the Community Wellbeing Strategy 2008- 2013 • Analysis of the strengths and challenges for the municipality in relation to healthy places and healthy people • Discussion and endorsement of the committee's terms of reference
15/4/2013	16	• Discussion about key Health Plan priorities across the areas of healthy places, connected communities, healthy people and governance and partnerships
4/17/2013	17	• Review and discussion of the draft Health Plan • Review and discussion of the monitoring and evaluation framework of the plan and the ongoing role of the committee • Discussion and identification of year one action items

4/12/2013	20	• Members were requested to provide feedback regarding the process of developing the Health Plan to inform the process evaluation • Overview and discussion of the final suite of Health Plan documents
4/4/2014	16	• Committee members provided an update on their current organisational work and areas for collaboration • Progress report and discussion on the strategic objectives of the Health Plan
13/10/2014	13	• Committee members provided an update on their current organisational work and areas for collaboration • Progress report and discussion on the strategic objectives of the Health Plan
12/10/2015	18	• Presentation and discussion of the Victorian Public Health and Wellbeing Plan 2015-19 • Committee members provided an update on their current organisational work and areas for collaboration • Discussion of options for future committee meetings. It was proposed that the committee continues to meet biannually — firstly as a formal committee meeting and secondly by participating in a combined Community Health and Safety Forum (organised by Moonee Valley City Council).

Committee representation changed regularly reflecting changes in members' roles and employment over the life of the Plan. When a committee member moved on, another representative from their respective organisation filled their position, where possible.

Committee members were invited to participate in the inaugural Moonee Valley Health and Safety Forum — held on Friday, 22 July, 2016. Around 63 guests attended the forum that drew together stakeholders and partners from health and safety agencies, government, community and the service sectors with the forum premised upon the idea that outcomes in health and safety flow from collaboration and shared goals.

The framing question for attendees at the forum was: *What's your vision for a healthy and safe Moonee Valley over the next five years?*

The forum focused on prevention of health and safety issues, story sharing and collaborative planning for action, with information gathered to help guide Council's strategic planning for the development of the next Health Plan 2017–21.

In September 2016 Committee members were invited to participate in a partnership evaluation survey on the role and impact of the committee, governance, evaluation and how to work together as a committee moving forward. Figure 5 and 6 highlight results from 10 people who responded to the survey. The results identified a clear need for the committee and an interest in providing input into Council's strategic planning process.

Figure 5. *The role and impact of the committee*

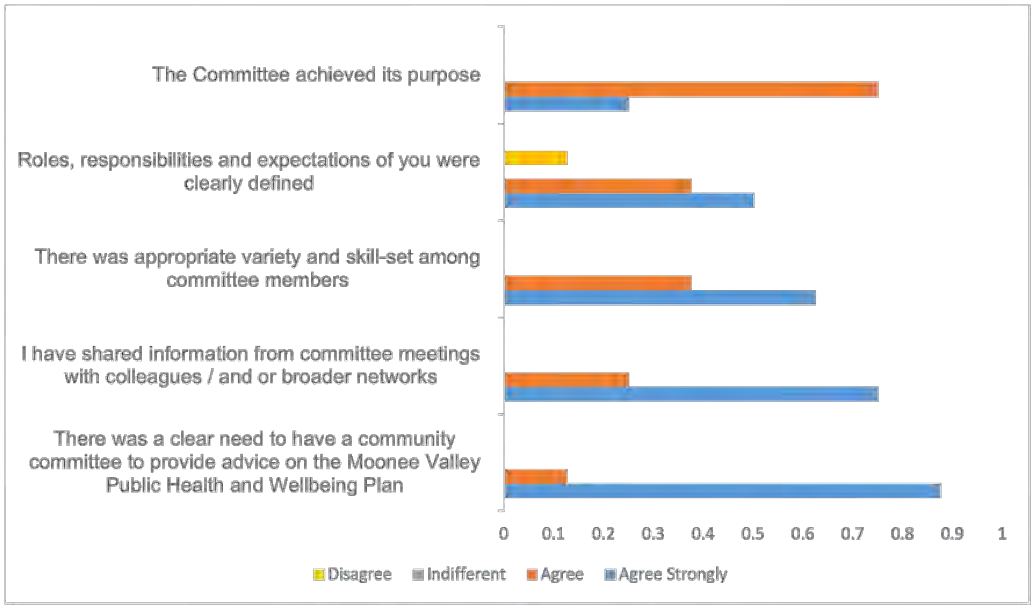


Figure 6. *Partnership benefits*

Key lessons and future opportunities

Continue to provide partners with opportunities to input into Council's strategic planning processes and clearly define the role of health and wellbeing governance groups for the next Council term.

The Victorian Public Health and Wellbeing Plan 2015-19 emphasises collaboration and a systems approach. The next evaluation framework should identify opportunities to strengthen partnerships and how these partnerships will be evaluated.

Appendix 1: Evaluation questions

	Process		Output	Outcome	
Focus	**Development**	**Monitoring**	**Actions**	**Effective planning**	**Improve health**
Document reference	Part 2 Developing the plan Action plans	Part 1 Monitor and evaluate Evaluation framework Action plans	Part 1 4 Key themes 12 Strategic objectives Action plans	Part 2 Planning in Local Government Action plans	Part 1 Strategic Indicators Evaluation framework
Key question for Health Plan	How was the Health Plan developed? How was the strategy to achieve this indicator developed?	How was the Health Plan monitored? How was the strategy monitored? Were the timelines reached?	Were the strategic objectives implemented? What are the themes in the implementation of strategies and actions?	Was the Health Plan an effective coordinating tool?	Was the Health Plan effective in improving the health and wellbeing of the Moonee Valley community?
Equity lens					
Inputs / data source	Part 2 Consultation report Health Profile Community Committee	Action plans Health profile progress reports	Action plans Inter-plan reports Department Internal staff interviews	Review of alignment and cross-referencing of Moonee Valley City Council strategies developed since inception of the Health Plan Classification of actions (Were the actions to develop strategies implemented?) Participation in partnerships	Objectives that may have baseline data and indicators Annual household survey VicHealth indicators survey, Victorian Population Health Survey
Product	Overview of how the document was developed, who was involved, and whether there were any gaps identified in the process	Document outlining opportunities to improve monitoring and evaluation including reference to the requirements of the Public Health and Wellbeing Act 2008	Annual action plan progress report. Checklist of actions, overview of implementation.	Map of existing council plans and strategy hierarchy Reflection on the impact of the Health Plan as a coordinating document Opportunities for better alignment in future planning	Tracking of any changes where base data existed In-depth evaluation of two key strategic objectives to assess impact on health with a focus on reducing inequity

Appendix 2: Strategic indicators

Strategic Objective	Strategic Indicator	Key Resources	Baseline data
Theme 1 Healthy Places			
1: Create a healthy and sustainable city	World Health Organization accreditation as an age-friendly city	World Health Organization Age Friendly Cities	Council completed a social infrastructure plan including a range of tailored Moonee Valley age friendly built environment indicators consistent with the World Health Organization age friendly targets and local policy frameworks. Council has also established an Aged Friendly Streetscapes Toolkit and a Healthy Ageing Reference Group.
	Number and quality of opportunities for children and young people to influence decisions about their City and be involved in community life consistent with the UNICEF Child Friendly Cities Framework for Action	UNICEF Child Friendly Cities Framework for Action	Council has worked towards achieving actions listed in the Moonee Valley Early Years Plan. Highlights include: Children's Week and the 25th anniversary of Australia signing the United Nations (UN) Convention on the Rights of the Child. More than 2,000 children across Moonee Valley actively participated and celebrated their right to enjoy childhood, explore, learn through play and showcase their talents and abilities; Primary school children shared their design ideas and model making which contributed to natural and accessible play space developments and upgrades such as Airport West Green Spine and Riverside Park;

Strategic Objective	Strategic Indicator	Key Resources	Baseline data
			Partnership between cohealth and Council Maternal and Child Health 'Walkie Talkies' for parents to discuss needs of toddlers and preschool children was shortlisted for the Early Years Awards 2015, and; Parent forums presented on Autism, Parenting and Relationships and 'How drawing and talking can help your child to learn to write'.
2: Lead and advocate for housing choice and access	Increase in affordable housing stock meeting the needs of our diverse community.	MVCC Housing Strategy 2010 ABS data Real Estate Institute of Victoria	Council adopted the Housing Issues and Opportunities Paper in July 2015, which considered affordable housing as a key issue. A Draft Housing Strategy Workshop was conducted with Council in March 2016, with consideration of affordable housing measures for the new Housing Strategy. A submission was made to Planning Panels Victoria for the proposed Flemington Life development, including recommendations for the provision of affordable housing. A submission was made in response to the Plan Melbourne Refresh Discussion Paper, including recommendations for housing.
3: Promote responsible gambling	A Local Planning Policy in the Moonee Valley Planning Scheme emphasising equitable distribution to minimise harm of electronic gaming machines.	MVCC Gaming Position Paper (2011) Victorian Responsible Gambling Foundation's gambling information resource office	A new Local Planning Policy for Gaming was introduced into the Moonee Valley Planning Scheme on 29 January 2015 at Clause 22.05. Council became a founding member of the

Strategic Objective	Strategic Indicator	Key Resources	Baseline data
			Alliance for Gambling Reform in August 2015, and has since promoted initiatives including the *Ka-Ching* documentary and Pokies Play You. A submission was made to the Review of Gaming Machine Arrangements in Victoria in February 2016, stating Council's position to limit the harm caused by EGMs through entitlements and revenue distribution.
Theme 2: Safe and Connected Communities			
1: Address health inequalities	Demonstrated focus on addressing health inequalities in Council grants programs	MVCC Partnership Grants Program	Accreditation for PanPacific Safe Community Award confirmed 23/10/14 In depth evaluation – see case study in output evaluation section of this report
2: Foster social connection and community engagement	Progress toward World Health Organization Safe Community accreditation	MVCC Community Safety Program 2011-2014 Australian Safe Communities Foundation	In depth evaluation — see case study in output evaluation section of this report
3: Enable lifelong learning	A Learning Community Framework (LCF) implemented for the municipality	MVCC (2012) Towards A Learning Community: Moonee Valley Learning Community Framework	A Learning Community Board was established in September 2014 to build knowledge of learning facilities in Moonee Valley and improve access to learning information. The Board met in August and November 2014, in April 2015 and was surveyed in 2016 to inform the future direction and ongoing sustainability. Sub-group meetings held in February and March 2015 confirmed priorities for a draft Action plan.

Strategic Objective	Strategic Indicator	Key Resources	Baseline data
			The Learning Community newsletter *OnBoard*, went to 200 supporters in its first year, informing the community and networks of board activities.
Theme 3: Healthy People			
1: Promote positive mental health	Increase in volunteer involvement by residents	MVCC Annual Community Survey	*MVCC Annual Community Survey* In the last 12 months, did any member of this household do any unpaid voluntary work for any of the following types of organisations? 2013 Total = 54.1 per cent (households) In the last 12 months, did the person do any unpaid voluntary work for any of the following types of organisations? 2014 Total = 36 per cent (individuals)
	Residents' satisfaction with feeling part of their community higher than Victorian State average	VicHealth Indicators Survey and LGA Profiles Community Indicators Victoria MVCC Annual Community Survey	VicHealth Indicators Survey Satisfaction with Feeling Part of the Community, Community Connection score 2011 Moonee Valley: 73.7, Victoria: 72.3. MVCC Annual Community Survey I/we feel part of the local community (0-10) 2013 Mean = 6.9 2014 Mean = 6.9 2016 Mean = 8.1
2: Increase physical activity and healthy eating	Increase in proportion of Moonee Valley residents engaging in adequate exercise particularly	Annual City of Moonee Valley Community Survey Victorian Population Health Survey Local Area Surveys	*MVCC Annual Community Survey* 'How often do you engage in physical exercise of 30 minutes or more per day?' 2012: 28.5 per cent of respondents met criteria

Strategic Objective	Strategic Indicator	Key Resources	Baseline data
	among those groups whose participation is low	Victorian Child and Adolescent Monitoring System: Community Profile System Victorian Department of Education and Early Childhood Development, Annual Data Reports for Maternal and Child Health Flemington Neighbourhood Renewal Community Health Screening Project	2013: 28.0 per cent of respondents met criteria 2014: 27.0 per cent of respondents met criteria 2016: 23.5 per cent of respondents met criteria *Victorian Population Health Survey (occurs every three years)* Sufficient level of physical activity: 2008: 60 per cent (Vic = Sufficient time and sessions: 2011/12: 66.9 per cent Sufficient time (>150 minutes) and sessions (>2) 2014: 38.3 per cent (Vic: 41.4)
	Increase the number of Moonee Valley residents who consume the recommended quantities of fruit and vegetables based on the current Australian guidelines for fruit and vegetable consumption.	Victorian Population Health Survey	Victorian Population Health Survey (occurs every 3 years) - Compliance with fruit and vegetable consumption guidelines: • 2011/12: 4.9 per cent (Victorian average = 5.1 per cent) • 2014: 5.8 per cent (Victorian average = 4.4 per cent)
3. Understand and address emerging health issues	Publication and dissemination of health and wellbeing indicators for new and emerging health issues.	Victorian Population Health Survey VicHealth indicators Survey Community Indicators Victoria Annual Community Survey	2013: • Health Profile • Health snapshots 2014: • Health snapshots • Community safety infographic 2015: • Health snapshots 2016: • Municipal profile development

Strategic Objective	Strategic Indicator	Key Resources	Baseline data
			• Health and wellbeing webpage updated to include resources including: ○ Department of Health and Human Services — Moonee Valley Local Government Profile ○ Heart Foundation — Moonee Valley Heart Health fact sheet ○ Women's Health West — Moonee Valley Gender fact sheet ○ North Western Melbourne Primary Health Network — Population health snapshot: City of Moonee Valley
Theme 4: Strong Governance and Partnerships			
1. Monitor and evaluate	Annual reporting of action plans and progress on this Plan delivered, including an online annual progress report and fact sheets addressing emerging health and wellbeing issues.	Reviews of Annual Action Plans	• Progress Report January 2014 • Progress Report June 2014 • Progress Report January 2015 • Background papers were developed for both the Moonee Valley Early Years Plan and the Youth Engagement Plan • Progress Report June 2016
2. Collaborate	Satisfactory rating of relationship quality by community organisations	Survey of community organisations	In 2014 a benchmark survey was conducted among community organisations with whom Council interacts, to measure their satisfaction with this interaction and identify opportunities for improvement (results here). This survey was run again in 2015. In August 2015, the survey was emailed to a database of 95 individuals from across 83

Strategic Objective	Strategic Indicator	Key Resources	Baseline data
			organisations. One reminder email was sent and we received 23 valid responses (up from 19 in 2014). The overall rating for Moonee Valley City Council has fallen slightly when compared to last year (8.1/10), but is still within the target range (higher than 7.5).
3. Communicate	Publication and dissemination of health and wellbeing indicators including comparative data where available	Victorian Population Health Survey Local Area Surveys VicHealth Indicators Survey and LGA Profiles	2013: • Health Profile • Health snapshots 2014: • Health snapshots • Community safety infographic 2015: • Health snapshots 2016: • Municipal profile development • Health and wellbeing webpage updated to include resources including: o Department of Health and Human Services — Moonee Valley Local Government Profile o Heart Foundation — Moonee Valley Heart Health fact sheet o Women's Health West — Moonee Valley Gender fact sheet • North Western Melbourne Primary Health Network — Population health snapshot: City of Moonee Valley

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Appendix 3: Health Plan – tracking of action implementation 2013-17

Strategic Objective	Year One 2013/14	Year 2 2014/15	Year 3 2015/16	Year 4 2016/17
Theme 1: Healthy places				
1. Create a healthy and sustainable city				
1.1. Encourage a green, clean, beautiful and sustainable city with urban design policies supporting natural and built environments that promote health and wellbeing in the update of the Moonee Valley Planning Scheme.	Review and update the Moonee Valley Planning Scheme	Review and update the Moonee Valley Planning Scheme	✓	
1.2. Advocate to state and federal governments to improve public transport, pedestrian connectivity and facilitate active, accessible and sustainable travel through the Integrated Transport Plan and the Walking and Cycling Strategy.	Implement a walk to school initiative with funding from the VicHealth 'walk to school' grants program.	Advocate on behalf of Council through the Metropolitan Transport Forum, discuss potential for operational improvements with public transport providers and facilitate a transport forum to highlight transport priorities in Moonee Valley including public transport links to Melbourne Airport and Buckley Street grade separation	Implement advocacy activities through the Metropolitan Transport Forum and Western Transport Forum, including for operational improvements with public transport providers.	Implement advocacy activities through the Metropolitan Transport Forum and Western Transport Forum, including for operational improvements with public transport providers.
1.3. Upgrade local neighbourhood parks, streetscapes and other public spaces to include more shade trees, accessible public amenities, support the local ecosystem, and increase the number of play spaces inviting to the whole family through the Playspace Plan.	Undertake local and neighbourhood parks greening at the following locations: Bent Street Reserve Brisbane Reserve Garnet Street Reserve Strathaird Reserve	Undertake local and neighbourhood parks greening at the following locations: Bent Street Reserve Brisbane Reserve Garnet Street Reserve Strathaird Reserve	Upgrade play opportunities at the following parks and reserves in line with the Playspace Plan: • Bradshaw Street Reserve • Canterbury Street Reserve • Clifton Park	Upgrade play opportunities at the following parks and reserves in line with the Playspace Plan: • Muriel Street playground • Clarinda Park, • Debneys Park West • KT Smith Reserve

Strategic Objective	Year One 2013/14	Year 2 2014/15	Year 3 2015/16	Year 4 2016/17
			• LT Thompson Reserve • Max Johnson Reserve	• Cliff Allison Reserve • Weather Station Reserve • HW Cousins Reserve • Albert Wallis Reserve • Hansen Etzel Reserve (north); and Construction of regional playspace: Riverside Park upgrade as part of the Maribyrnong River Master Plan.
	Undertake design development of the Airport West Green Spine, which will be designed to harvest and reuse water for community initiatives such as orchards and gardens.	Undertake design development of the Airport West Green Spine, which will be designed to harvest and reuse water for community initiatives such as orchards and gardens.	Implement stage one of the Airport West Green Spine development (harvest and reuse water for community initiatives such as orchards and gardens).	Finalise construction of the Airport West Green Spine (harvest and reuse water for community initiatives such as orchards and gardens) by June 2017.
	Complete Stage 2 of Maribyrnong Park Lake Water Sensitive Urban Design (WSUD) upgrade which will collect and treat stormwater entering the Maribyrnong River and provide a new setting around the historical rotunda.	Complete Stage 2 of Maribyrnong Park Lake Water Sensitive Urban Design (WSUD) upgrade which will collect and treat stormwater entering the Maribyrnong River and provide a new setting around the historical rotunda.	Complete park master plans that reflect the needs of local residents and users for: • Cross Keys Reserve • Rosehill Park	Complete park master plans that reflect the needs of local residents and users for: • AJ Davis Reserve • Woodlands Park
	Implementation of the Playspace Plan with upgrade works at Riverside Park and Victory Park.	Implementation of the Playspace Plan with upgrade works at Riverside Park and Victory Park.	Prepare water sensitive urban design (WSUD) tree pit/passive irrigation study and design guidelines.	Develop a detailed design of a stormwater treatment and harvesting system at Woodlands Park and Salmon Reserve.
			Improve all abilities access to toilets at Council's local community halls, including:	Consult on and finalise the master plan for the Moonee Ponds Creek linear park that

Strategic Objective	Year One 2013/14	Year 2 2014/15	Year 3 2015/16	Year 4 2016/17
			• Neil Heinz Community Hall • Ratcliff Community Hall	considers WSUD, active transport, path connections and the path linkages with neighbouring and interested authorities, including Melbourne Water.
			Develop a master plan for the Moonee Ponds Creek linear park that includes a feature survey and community consultation, and considers WSUD, active transport, path connections and the path linkages with neighbouring and interested authorities, including Melbourne Water.	
1.4. Enhance participation in community life by children and young people across all Council areas reflecting the UNICEF Child Friendly Cities framework.	Review the Municipal early years plan 2010-2013 and develop a new Municipal Early Years Plan.	Develop and implement the Municipal Early Years Plan	Implement the Moonee Valley Early Years Action Plan and key themes of People, Places and Partnerships for children.	Implement the Moonee Valley Early Years Action Plan under the key themes of People, Places and Partnerships for children.
	Develop the next Youth Engagement Strategy			
1.5. Progress towards accreditation for Moonee Valley as a World Health Organization Age-friendly City prioritising actions including urban design, transport and recreational options that enhance participation in community life.	Undertake mapping of indicators, programs and partnerships with reference to the World Health Organization continual improvement cycle for Age Friendly Cities	Undertake mapping of indicators, programs and partnerships with reference to the World Health Organization continual improvement cycle for Age-friendly Cities	Undertake mapping of indicators, programs and partnerships, including focus on an inclusive built environment and accessible transport.	Undertake application for Age Friendly City accreditation to align with the launch of the new Healthy Ageing Strategy 2017.
1. Lead and advocate for housing choice and access				

Strategic Objective	Year One 2013/14	Year 2 2014/15	Year 3 2015/16	Year 4 2016/17
2.1 Implement the 2013-14 Moonee Valley Affordable Housing Action Plan	Conduct a workshop to encourage a range of service providers to contribute to defining the issues that affect housing affordability and identifying opportunities to address them	Develop and implement the 2014-15 Affordable Housing Action Plan	Completed in Year Two. No further action required.	Completed in Year Two. No further action required.
	Report to Council on outcomes of the forum and activities for the 2014 annual Reconciliation Action Plan.	Support advocacy campaigns at state and federal levels that promote initiatives aimed at increasing access to affordable housing to align with Council's Advocacy Agenda (including advocacy to further support the National Rental Affordability Scheme)		
	Encourage ongoing partnerships and shared planning between service providers to address workshop outcomes			
	Monitor data, incentive schemes and other funding to inform opportunities to increase affordable housing in the municipality			
	Support advocacy campaigns at state and federal levels that promote initiatives aimed at increasing access to affordable housing (including advocacy to further support the National Rental Affordability Scheme)			
2.2 Ensure objectives and strategies supporting housing affordability	Ensure the review and update of the Moonee Valley Planning	Ensure the review and update of the Moonee Valley Planning	Completed in Year Two. No further action required.	

Strategic Objective	Year One 2013/14	Year 2 2014/15	Year 3 2015/16	Year 4 2016/17
and housing choice where relevant to land use planning in the review of and updated Moonee Valley Planning Scheme.	Scheme is informed by the Affordable Housing Research Background Paper 2012 and the Housing Strategy 2010	Scheme is informed by the Affordable Housing Research Background Paper 2012 and the Housing Strategy 2010		
	Ensure the Moonee Valley Planning Scheme is inclusive of: A definition of affordable housing An affordable housing objective Affordable housing strategies. These will specify the necessary guidelines for assessing housing affordability within planning permit applications, especially concerning larger residential developments.	Investigate opportunities and processes to monitor planning applications that relate to Affordable Housing		
2.3 Utilise Council's Housing Strategy 2010 and other relevant strategies, plans and policies to inform implementation of new planning zones and support appropriately located housing development that matches population change and expected household size.	Add the Moonee Valley Affordable Housing Background Research Paper 2012 to the Planning Scheme as a new reference document.	Add the Moonee Valley Affordable Housing Background Research Paper 2012 to the Planning Scheme as a new reference document.	Review and update the Housing Strategy, ensuring consideration of housing diversity and affordability	Review and update the Housing Strategy, ensuring consideration of housing diversity and affordability.
		Implement actions within the Moonee Valley Accessible Housing Action Plan 2015-2023.		Work with housing providers to develop partnerships and collaboration to concept development stage for reinvestment, reinvigoration and redevelopment of aged and disability community infrastructure assets.

Strategic Objective	Year One 2013/14	Year 2 2014/15	Year 3 2015/16	Year 4 2016/17
		Ensure affordable housing is a key focus area of the new Housing Strategy and actions are included to increase the supply of affordable housing in the municipality.		Ensure affordable housing is a key focus area of the new Housing Strategy and actions are included to increase the supply of affordable housing in the municipality.
		Support advocacy campaigns at state and federal levels that promote initiatives aimed at increasing access to affordable housing to align with Council's advocacy agenda.		Contribute to national housing research as a partner organisation for ARC Research Project 'Local Government and Housing in Australia in the 21st Century'.
2. Promote responsible gambling				
3.1 Minimise the detrimental impacts on the community resulting from Electronic Gaming Machines (EGMs) by developing a Local Planning Policy for the Moonee Valley Planning Scheme that builds on the Gaming Position Paper and takes account of socio-economic disadvantage and density of EGMs.	Develop a Local Planning Policy on Gaming	Develop a Local Planning Policy on Gaming	Completed in Year Two. No further action required.	
	Review research and data on the incidence and impact of gambling on residents in the City of Moonee Valley	Review research and data on the incidence and impact of gambling on residents in the City of Moonee Valley		
3.2 Collaborate with other organisations and local governments to identify and responds to new trends, and to	Continue to participate in the Local Government Working Group on Gambling	Continue to work with partners to advocate and raise awareness of the issues of problem gambling	Continue to work with partners to advocate and raise awareness of the issues of problem gambling	Continue to work with partners to advocate and raise awareness of harm from gambling, including

Strategic Objective	Year One 2013/14	Year 2 2014/15	Year 3 2015/16	Year 4 2016/17
address the negative impacts of gambling.			including supporting the national alliance on gambling reform and supporting at-risk gamblers through programs such as Dare to Connect North West.	supporting initiatives through the Alliance for Gambling Reform.
	Work with local governments and health service providers on local advocacy and awareness raising about the issues of problem gambling			
	Identify grant opportunities and seek external funding to facilitate a Responsible Gambling Awareness Week event in partnership with other Councils and health service providers.			
	Continue to focus on reducing problem gambling through health promotion strategies as part of the Problem Gambling Project (a joint initiative funded by the Victorian Department of Justice)			
Theme 2: Safe and connected communities				
1. Address health inequalities				
1.1 Encourage broad participation in civic life by all members of the community by supporting activities that celebrate cultural identity and enhance the capacity of local community	Partner with our leisure centre operators to run healthy programs: Challenge Fitness Camp: Heart Moves Program	Continue to implement the 2014 annual Reconciliation Action Plan and start the process to review the Reconciliation Policy (2010 -14)	Strengthen the capacity of local community organisations to contribute to community wellbeing through provision of the Moonee Valley grants program.	Strengthen the capacity of local community organisations to contribute to community wellbeing through provision of the

Strategic Objective	Year One 2013/14	Year 2 2014/15	Year 3 2015/16	Year 4 2016/17
organisations through grants, training and other resources.				Moonee Valley Grants Program.
		Partner with our leisure centre operators to run healthy programs: Challenge Fitness Camp: Heart Moves Program		Review the Moonee Valley Grants Program and implement recommendations for continuous improvement of the program.
	Strengthen the capacity of local community organisations to contribute to community wellbeing through provision of the annual grants program, training and other support, and by establishment of 2014-16 Partnership Grants	Strengthen the capacity of local community organisations to contribute to community wellbeing through the provision of the annual grants program.		Deliver a Moonee Valley Community Grant recognition and information event that builds capacity and provides networking opportunities for the community.
		Deliver the inaugural Community Groups Conference.	Deliver the Community Groups Conference and Sports Summit.	Support the evaluation of Partnership Grants and use reports to inform the in-depth evaluation of the Health Plan.
		Support the implementation of Partnership Grants through provision of technical and evaluation advice and use reports to inform the in-depth evaluation of the Health Plan.	Support the implementation of Partnership Grants through the provision of technical and evaluation advice and use reports to inform the in-depth evaluation of the Health Plan.	Implement the Community Funding Support Framework to improve accountability and streamline Council's provision of community funding.
			Explore the delivery of place based services and consider alternative models of support to reduce the risk of vulnerability for children and	Implement actions from the Men's Health Action Plan.

Strategic Objective	Year One 2013/14	Year 2 2014/15	Year 3 2015/16	Year 4 2016/17
			young people through the Western Melbourne Children and Youth Area Partnership.	
1.1 Regularly assess the take-up of Council services by people from non-English speaking backgrounds, people with disabilities and other people with identified needs and work with partners and community to redesign programs accordingly.	Review programs and policy currently that support assessment of leisure service use as identified in the Leisure Strategy Implementation Plan.	Review programs and policy currently that support assessment of leisure service use as identified in the Leisure Strategy Implementation Plan.	Develop the inclusive practice guide to improve community access to Council events and programs.	Finalise and implement the inclusive practice guide to improve community access to Council events and programs.
				Develop a coordinated approach to support vulnerable residents including working with Essendon Citizens Advice Bureau and explore funding options for continued Emergency Relief.
1.2 Promote cultural sensitivity across Council through the update and delivery of diversity and social inclusion strategies, reconciliation policy and Council's Grants Program.	Develop the Diversity, Access and Equity Policy and associated action plans	Implement the Diversity, Access and Equity Policy and associated action plans	Implement the LGBTIQ Action Plan 2015-17.	Implement and review the LGBTIQ Action Plan 2015-17.
	Host a forum to identify strategies for council to enhance its recognition and advance its relationship with Aboriginal and Torres Strait Islander community organisations.		Develop and implement the Multicultural Action Plan.	Develop and implement the Multicultural Action Plan.
	Report to Council on outcomes of the forum and activities for the		Update the Reconciliation Policy and implement a new	Implement the Reconciliation Policy and Action Plan 2016-18, that focuses on

Strategic Objective	Year One 2013/14	Year 2 2014/15	Year 3 2015/16	Year 4 2016/17
	2014 annual Reconciliation Action Plan.		Reconciliation Action Plan that focuses on continuing to respect, recognise and partner with Aboriginal and Torres Strait Islander peoples and promote reconciliation broadly in our community.	continuing to respect, recognise and build relationships with Aboriginal and Torres Strait Islander peoples.
	Develop the Reconciliation Action Plan for 2014 that supports the Reconciliation Policy	Implement the Reconciliation Action Plan 2014 and review and update the Reconciliation Policy 2010-14		
	Closing the Health Gap (CtHG) Project — focusing on improving access to health services for Aboriginal and Torres Strait Islanders	North and West Metropolitan Koolin Balit Project — focusing on improving access to health services for Aboriginal and Torres Strait Islanders	Deliver the North and West Metropolitan Koolin Balit Project, focusing on improving access to health services for Aboriginal and Torres Strait Islanders.	Deliver the North and West Metropolitan Koolin Balit Project, focusing on improving access to health services for Aboriginal and Torres Strait Islanders.
1.3 Work with community partners to deliver the Western Region Sexual and Reproductive Health Partnership Action for Equity: A Sexual and Reproductive Health Plan for Melbourne's West 2013-17.	Identify relevant strategies within Action for Equity: A Sexual and Reproductive Health Plan for Melbourne's West 2013-17 to implement within Moonee Valley.	Identify relevant strategies within Action for Equity: A Sexual and Reproductive Health Plan for Melbourne's West 2013-17 (led by Women's Health West) to implement within Moonee Valley.	Identify relevant strategies within Action for Equity: A Sexual and Reproductive Health Plan for Melbourne's West 2013-17 (led by Women's Health West) to implement within Moonee Valley, including participation in network analysis and evaluation.	Implement strategies within Action for Equity: A Sexual and Reproductive Health Plan for Melbourne's West 2013-17 (led by Women's Health West).
2. Foster social connection and community engagement				
2.1 Participate in the Victorian Road Safety Partnership Program to enhance safety around schools	Northwest4 road safety committee will conduct	Communicate and implement actions to promote road safety with neighbouring councils	Implement key projects to enhance the safety of all	Implement key projects to enhance the safety of all

Strategic Objective	Year One 2013/14	Year 2 2014/15	Year 3 2015/16	Year 4 2016/17
and for all pedestrians, cyclists and road users.	Cyclewise safe cycling sessions for the community.	through NorthWest4 community road safety group	road users in the municipality.	road users in the municipality.
	Northwest4 will seek to establish a bike light program targeted at disadvantaged groups.			
2.2 Support the transition of Flemington Neighbourhood Renewal into a sustainable community approach.	Administer the Flemington Neighbourhood Renewal Community Survey	Administer the Flemington Neighbourhood Renewal Community Survey	Utilise the findings of the Flemington Community Report to develop a localised action plan for addressing engagement and community development activities at the Flemington housing estate.	Implement localised Action Plan focussing on four key themes identified through the Flemington Community Report: Employment and Learning; Youth Engagement; Health, Wellbeing and Community Safety; Governance and Leadership.
	Develop a draft Flemington Neighbourhood renewal mainstreaming plan for July 2014- June 2015 and after.	Implement the Flemington Neighbourhood Renewal Mainstreaming Plan	Develop and implement the Flemington Neighbourhood Renewal Mainstreaming Plan	Initiate formalisation and measurement of Council's approach to community development incorporating engagement, leadership and participation.
2.3 Establish the evidence to support accreditation as a World Health Organisation Safe Community.	Progress Safe Community accreditation through Pacific/Australian Safe Community Designation as a pathway to World Health Organisation international accreditation.	Progress Safe Community accreditation through Pacific/Australian Safe Community Designation as a pathway to World Health Organization international accreditation.	Maintain International Safe Community accreditation through Pacific/Australian Safe Community Designation.	Implement the Disability Action Plan — Year 3 and the Healthy Ageing Strategy — Year 5.
2.4 Build partnerships with Victoria Police, Department of Justice,	Implement the governance structure to support the	Review and update the Community Safety Program with	Review and update the Community Safety Program	Develop and implement the Community Safety Action

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Neighbourhood Watch and community organisations to strengthen cooperation in the delivery of safety programs, including a communication program that would provide accurate information about safety in the City.	Implement the Community Safety Program, including a Community Safety Stakeholder Group and an annual Community Safety Forum.	Input from the Community Safety Stakeholder Group and annual Community Safety Forum	Input from the Community Safety Stakeholder Group and annual Community Safety Forum.	Plan 2016-17 with input from the Community Safety Stakeholder Group.
				Implement a place based approach to community safety in Flemington and Ascot Vale including development and implementation of 201-/17 local action plan.
				Deliver the inaugural Health and Safety Forum to strengthen local community partnerships to address priority actions for community safety, health and wellbeing.
2.5 Develop a Moonee Valley Prevention of Violence against Women statement and support community programs and services to prevent and reduce family violence including regional approaches such as Building a Respectful Community – Preventing Violence Together and place-based projects such as the 360 Turn around Project pilot.	Undertake a gender equity and respectful relationships survey across council.	Develop actions in response to gender equity and respectful relationships survey that was undertaken across council.	Develop actions in response to gender equity and respectful relationships survey that was undertaken across Council.	Develop a policy position on gender equality that models and promotes gender equality in the workplace and community, to be informed by outcomes of the Royal Commission into Family Violence and the Change the Story framework (VicHealth, OurWATCH and ANROWS).

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	White Ribbon promotion and awareness-raising through media campaign and Council events to reinforce prevention of violence against women.	White Ribbon promotion and awareness-raising through media campaign and Council events to reinforce prevention of violence against women.	White Ribbon promotion and awareness-raising through media campaign and Council events to reinforce prevention of violence against women.	Support community participation and action to prevent violence against women and children including: program and service delivery and development of a cross Council governance structure to guide a coordinated approach.
	Commence the planning phase of the 360 Turn Around project, engage in community consultation and establish a leadership program for cultural community leaders based on the Flemington estate.	Implement the 360 Turn Around project on the Flemington estate.	Continue placed based responses to prevent violence against women through implementation of recommendations within the 360 Turn Around Project Report.	
	Work in collaboration on projects including Preventing Violence Together, United and 360 that support the Community Safety Program.	Work in collaboration on projects including Preventing Violence Together and United that support the Community Safety Program.	Work in collaboration on projects including Preventing Violence Together and United that support the Community Safety Program.	
2.6 Develop Council's Community Development Framework to help strengthen the socially inclusive approach of all community centres and facilities supported by Council.	Lead the development of Council's community development framework and supporting tools.	Finalise and implement Council's Community Planning and Development Framework and supporting tools.	Completed in Year Two – No further action required.	
	Support the organisation in implementing the Community Development Framework.			
3. Enable lifelong learning				

Strategic Objective	Year One 2013/14	Year 2 2014/15	Year 3 2015/16	Year 4 2016/17
3.1 Promote enhanced local business and employment opportunities and education connections for all members of the community, including the most disadvantaged, through Council's Economic Development Strategy 2013-16.	Support the growth of Sustainable Employment and Economic Development (SEED) programs.	Investigate and if feasible develop programs to support local jobs for local people to remove barriers to employment. Eg. Employment clusters	Investigate and if feasible develop programs to support local jobs for local people to remove barriers to employment.	Investigate and if feasible develop programs to support local jobs for local people to remove barriers to employment.
				Offer traineeships to people with disability at the Crown Street Stables.
3.2 Implement the Learning Community Framework and establish a learning community governance structure to facilitate lifelong learning across the municipality.	Support the establishment of the learning board and the development of the community action plan.	Implement annual Learning Community Board actions.	Implement annual Learning Community Board actions.	Support lifelong learning through community governance structures including the Principal's Breakfast and Neighbourhood and Community Centre Coordination.
3.3 Strengthen local learning opportunities and encourage the community to keep mentally active.	Progress the development of a collaborative, overarching strategic plan for multi-use facilities including Neighbourhood houses and community centres, based on a municipal wide needs analysis.	Progress the development of a collaborative, overarching strategic plan for multi-use facilities including Neighbourhood houses and community centres, based on a municipal wide needs analysis.	Support the development of Moonee Valley as a learning community through the development and coordination of programs through Neighbourhood Houses and Community Centres.	Implement recommendations based on the review of neighbourhood house and community centre partnerships.
	Jointly promote the community centres and neighbourhood houses and their programs.	Progress a coordinated approach to the development, implementation and evaluation of actions enabling a learning community through		Develop and implement the dementia prevention plan.

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		neighbourhood houses and community centres, based on a municipal wide needs analysis.		
				Develop a partnership approach with U3A to increase participation of older adults in lifelong learning.
				Deliver education programs for people of all ages at the Incinerator Gallery including Arty Tales, school programs and arts history.
				Implement a communications and literacy place-based approach in Flemington targeting children aged 0-5.
Theme 3: Healthy People				
1. Promote positive mental health				
1.1 Facilitate and encourage access to diverse, affordable and enjoyable leisure, learning and cultural opportunities through Council's Leisure Strategy 2013-2023.	Seek to support both structured and casual leisure activities by consulting with key stakeholders to better understand future community needs as identified in the Leisure Strategy Implementation Plan.	Seek to support both structured and casual leisure activities by consulting with key stakeholders to better understand future community needs as identified in the Leisure Strategy Implementation Plan.	Partner with Ascot Vale Leisure Centre management to offer both structured and casual leisure activities to better meet the needs of local communities.	Partner with Ascot Vale Leisure Centre management to offer both structured and casual leisure activities to better meet the needs of local communities.
			Improve the accessibility of pools and change facilities at Ascot Vale Leisure Centre.	Improve the accessibility of pools and change facilities at Ascot Vale Leisure Centre.
			Work with the management of the East Keilor Leisure Centre to develop new programs to activate and	Work with the management of the East Keilor Leisure Centre to develop new

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			increase use of the newly constructed outdoor gym area.	programs to activate and increase use of the newly constructed outdoor gym area.
1.2 Develop relationships with artists, educational bodies, community organisations and other agencies to improve participation in and consumption of arts and cultural activities.	Develop the Moonee Valley Arts and Culture Plan 2014-2018	Implement the Moonee Valley Arts and Culture Plan 2014 - 2018	Implement the Moonee Valley Arts and Culture Plan 2014-2018.	Implement the Moonee Valley Arts and Culture Plan 2014-2018.
1.3 Actively support and encourage volunteering programs in the community as social inclusion in action noting its benefits for mental health and wellbeing.	Develop volunteer and participation frameworks for young people.	Develop volunteer and participation frameworks for young people.	Develop Council's volunteer coordination framework.	Develop Council's volunteer coordination framework.
1.4 Foster good mental health among young people and especially vulnerable youth with a holistic youth engagement strategy that encourages involvement in every aspect of the life of the City.	Develop the next youth engagement strategy	Develop the next youth engagement strategy	Implement the Youth Engagement Plan.	Implement Thrive Action Plan One (to July 2017) which includes a number of actions promoting positive mental wellbeing and strengthening service partnerships to respond to community needs.
1.5 Investigate service needs to support youth mental health at a regional and local level.	Participate in service mapping for youth mental health services.	Mapping of youth focused services to inform the consultation and background papers of the Youth Engagement Plan.	Develop relationships with mental health service providers and other stakeholders to improve mental health outcomes for young people.	Facilitate the Moonee Valley Young Peoples' Coalition and support existing service networks to collectively improve mental health outcomes for young people.
			Develop Council's clinical governance framework to	

Strategic Objective	Year One 2013/14	Year 2 2014/15	Year 3 2015/16	Year 4 2016/17
			ensure young people accessing Council's individual support service are receiving adequate care.	Undertake a service mapping project to inform advocacy, service attraction planning and referral processes.
1.6 Collaborate with community agencies on effective campaigns to promote mental health and wellbeing and address bullying in partnership with schools and other agencies.	Explore opportunities to partner with Women's Health West and implement Girls Talk, Guys Talk, a whole school approach targeting young people aiming to enable healthy relationships.	Implement an integrated approach that includes encouraging school participation in the Achievement Program, Girls Talk, Guys Talk and Count Me In	Implement an integrated approach that includes encouraging school participation in the Achievement Program and Count Me In.	Implement an integrated approach that includes encouraging school participation in the Achievement Program.
2. Increase physical activity and healthy eating				
2.1 Utilise the Complete Street principles to design safe, attractive and multipurpose streets and promoting more active use of public space through key actions in the City Sustainability Policy and Open Space Policy.	Undertake concept and design development of The Boulevard and Riverside Park car park as per the Maribyrnong River Master Plan and plan for the increase of open space for the Maribyrnong River frontage.	Undertake concept and design development of The Boulevard and Riverside Park car park as per the Maribyrnong River Master Plan and plan for the increase of open space for the Maribyrnong River frontage.	Complete a streetscape concept plan and activation plan for Racecourse Road and Pin Oak Crescent that reflects demand and celebrates the dynamics of the culturally diverse Flemington and Kensington communities.	Complete and implement the Racecourse Road and Pin Oak Crescent Streetscape and Activation Plan including the Pridham Plaza landscape upgrade project.
			Ensure the Essendon Junction and Airport West Structure Plans utilise Complete Streets Principles as well as promoting more active use of public space.	Ensure the Essendon Junction and Airport West Structure Plans utilise Complete Streets principles as well as promoting more active use of public space.
2.2 Encourage and model a healthy workplaces approach.	Investigate opportunities to reduce sedentary behaviour in Moonee Valley City Council work sites.	Implement a healthy workplaces approach through demonstration, partnership and modelling. This includes initiatives that promote healthy eating, active transport and a	Implement a healthy workplaces approach through the Healthy Together Victoria Achievement Program, including initiatives to address healthy eating	Implement the Healthy Moonee Valley initiative, actions from July 2016 to June 2017 in the Action and Evaluation Plan and

Strategic Objective	Year One 2013/14	Year 2 2014/15	Year 3 2015/16	Year 4 2016/17
		reduction in sedentary behaviour.	and reducing sedentary behaviour.	coordinate the Reference Group.
	Investigate opportunities to enhance healthy eating at Moonee Valley City Council — informed by the Heart Foundation 'creating heart healthy communities' working with the local government guide and the Department of Health Healthy Together Healthy Eating Advisory Service.			
2.3 Develop targeted approaches to increase physical activity where participation levels are known to be low including providing up-to-date easy-to-access information about local leisure and sports options.	Promote physical activity programs and opportunities in the region including the Inner North West Primary Care Partnership Online Physical Activity Directory for Older Adults 55+	Promote physical activity programs and opportunities in the region including the Inner North West Primary Care Partnership Online Physical Activity Directory for Older Adults 55+	Encourage use of Council's parks to ensure that people have access to both informal and formal recreation pursuits through Council's Active8 and other programs.	Promote events, programs and Council's leisure and recreational facilities in a more considered way to encourage their use by all members of the community.
	Deliver Goal 4 of the Leisure Strategy: 'Ensure that people are informed about leisure opportunities' by improving our webpage information and/or communication tools.	Deliver Goal 4 of the Leisure Strategy: 'Ensure that people are informed about leisure opportunities' by improving our webpage information and/or communication tools.	Pilot a sport development program to increase participation in target demographic groups (women, people with disabilities, etc.). The pilot is to be with three clubs representing three different sports.	Deliver new and upgraded sports facilities to the community that cater for and encourage participation from all members of our community.
	Review methods of measuring current participation as documented in the Leisure Strategy Implementation Plan.	Review methods of measuring current participation as documented in the Leisure Strategy Implementation Plan.	Implement cross-promotional activities between Council's services and local leisure centres operators to offer a	Implement cross-promotional activities between Council's services to deliver workshops to groups, clubs

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			range of events and programs.	and organisations on relevant social issues.
	Plan review of programs, policy and services related to the provision of physical activity delivered through the Leisure and Open Space Planning Department.	Plan review of programs, policy and services related to the provision of physical activity delivered through the Leisure and Open Space Planning Department.	Promote physical activity programs and opportunities in the region including the Inner North West Primary Care Partnership Online Physical Activity Directory for Older Adults 55+.	Promote physical activity programs and opportunities in the region including the Inner North West Primary Care Partnership Online Physical Activity Directory for Older Adults 55+.
	Implement programs at Ascot Vale Leisure Centre to: - Increase kids and teen participation - Install community boards in the health club - Assist external community groups with increasing their program participation and attendance by providing additional support and program opportunities.	Implement programs at Ascot Vale Leisure Centre to: - Increase kids and teen participation - Install community boards in the health club Assist external community groups with increasing their program participation and attendance by providing additional support and program opportunities.		
2.3. Support initiatives such as community gardens, walking and other recreation that encourages exercise outdoors and community engagement, including signing the International Charter for Walking.	Promote road safety via the delivery of the walking school bus, 'walk to work' and 'walk to school' days.	Develop specific materials to promote walking, cycling and use of public transport including TravelMap for distribution to schools and businesses and wayfinding signage for Racecourse Road and Union Road	Commence a review of the Integrated Transport Plan, incorporating best practice for supporting active transport in Moonee Valley.	Develop the Integrated Transport Plan to support active transport in Moonee Valley.
2.4. Ensure a focus on food security strategies and healthy eating including opportunities to produce and buy food locally in	Review and update the Moonee Valley Planning Scheme and including new strategies that support food security.	Continue to deliver My Smart Garden community education workshops that encourage local and sustainable food production.	Continue to deliver My Smart Garden community education workshops that encourage	Continue to deliver My Smart Garden community education workshops that encourage

Strategic Objective	Year One 2013/14	Year 2 2014/15	Year 3 2015/16	Year 4 2016/17
the review of the Moonee Valley Planning Scheme.			local and sustainable food production.	local and sustainable food production.
	Investigate opportunities to partner with research institutions to assess and map the distribution of food access within the municipality.			
2.5. Promote healthy eating and oral health across all age groups through partnerships with Maternal and Child Health and early year's services, schools and Home and Community Care services and the Healthy Ageing Program.	Participation in the Department of Health, North West Metropolitan Region Oral Health Promotion Plan development.	Consider oral health in the review and update of the Municipal Early Years Plan.	Explore opportunities to develop and further promote healthy eating in early year's services, through the Healthy Settings project.	Promote healthy eating including portions and healthy weight in early year's services.
	Establish a community garden and facilitate relevant healthy eating and food workshops at Bowes Avenue Community Centre.	Investigate opportunities to diversify the Community Chef Program.	Diversify and promote the Community Chef Program.	Diversify and promote the Community Meals Program.
		Continue to develop the community garden and facilitate relevant healthy eating and food workshops at Bowes Avenue Community Centre	Continue to develop the community garden and facilitate healthy eating workshops at Bowes Avenue Community Centre.	
			Deliver health promotion and information sessions and programs for older people, addressing healthy eating and oral health.	
3. Understand and address emerging health issues				
3.1. Build on the Flemington Community Health Screening	Explore relevant opportunities and initiatives as guided	Continue to implement health and wellbeing related initiatives	Continue to implement health and wellbeing related	Completed in Year Three — no further action required.

Strategic Objective	Year One 2013/14	Year 2 2014/15	Year 3 2015/16	Year 4 2016/17
Project to inform program development and address specific health issues.	recommendations in the final Health Screening Project report.	in alignment with the Flemington Neighbourhood Renewal plan.	initiatives within the Flemington Neighbourhood Action Plan.	
3.2. Strengthen understanding of adolescent risk factors and risk taking behaviour including: • Bullying • Smoking • Alcohol and other drug use • Sexually transmitted infections	Partner with Doutta Galla Community Health Service* and other stakeholders to develop an initiative against bullying. *Doutta Galla Community Health is now cohealth	Develop and implement the Count Me In Project in partnership with cohealth and other stakeholders.	Develop and implement the Count Me In Project in partnership with cohealth and other stakeholders.	Completed in Year Three — no further action required.
		Implement a coordinated approach to gathering data and information to inform the MEYP and YEP		
3.3. Explore the reasons for poor dental health of children under five and ways to maintain and increase the take up of key 'ages and stages' Maternal and Child Health visits.	Explore opportunities to promote dental health services for children under five through Council communication channels.	Produce a background paper based on available data to inform the development of the MEYP	In partnership with cohealth, continue to provide dental health services for children 0-5 years and dental health information for their parents at place-based locations prioritised by identified need.	Completed in Year Three — no further action required.
			Continue to refer children to dental health services following assessment of oral health status at the 8 month, 18 months and 3.5 years key 'ages and stages' Maternal and Child Health visits.	
3.4. Partner with community organisations including community health on health promotion campaigns	Focus on improved management of chronic disease, which includes diabetes. Strategies include care and	Focus on improved management of chronic disease, which includes diabetes. Strategies include care and	Focus on improved management of chronic disease, which includes diabetes. Strategies include	Focus on improved management of chronic disease, which includes diabetes. Strategies include

Strategic Objective	Year One 2013/14	Year 2 2014/15	Year 3 2015/16	Year 4 2016/17
addressing issues such as obesity and with key providers of diabetes education, prevention and management.	referral pathways, self-management and health literacy.	referral pathways, self-management and health literacy.	care and referral pathways, self-management and health literacy.	care and referral pathways, self-management and health literacy.
Theme 4: Strong Governance and Partnerships				
1. Monitor and evaluate				
1.1 Ensure systems for monitoring and evaluation are in place to measure health and wellbeing outcomes and outputs across the life of the plan.	Analyse health and wellbeing indicators included in the Moonee Valley Annual Community Survey.	Analyse health and wellbeing indicators included in the Moonee Valley Annual Community Survey.	Analyse health and wellbeing indicators included in the Moonee Valley Annual Community Survey.	Analyse health and wellbeing indicators included in the Moonee Valley Annual Community Survey.
	Evaluation training provided for health promotion practitioners, in collaboration with Melbourne University.	Economic evaluation training will be offered to health promotion practitioners, in collaboration with Melbourne University.	Work in collaboration with partners of the INWPCP to conduct a collaborative evaluation project focusing on mental and emotional wellbeing and prevention of violence against women.	Work in collaboration with partners of the INWPCP to collaboratively evaluate primary prevention of violence against women programs.
	Participate in the Inner North West Primary Care Partnership research and evaluation collaborative initiative on mental and emotional wellbeing.	Work in collaboration with partners of the INWPCP to conduct a collaborative evaluation project focusing on MEWB and prevention of violence against women.		Identify gender equality based targets to enable monitoring, accountability, reporting and evaluation of primary prevention activity across the municipality.
1.2 Produce annual action plans and progress reports.	Design, develop and undertake survey of community organisations to establish baseline data for council plan strategic indicator 1.5.1	Design, develop and undertake survey of community organisations.	Design, develop and undertake a survey of community organisations.	Design, develop and undertake a survey of community organisations.
1.3 Integrate lessons learnt from state, national and international	Conduct a comparative analysis to identify similarities and	Implement the achievement program model.	Build on the Healthy Together Victoria	Build on the Healthy Together Victoria

Strategic Objective	Year One 2013/14	Year 2 2014/15	Year 3 2015/16	Year 4 2016/17
prevention initiatives, in particular Healthy Together Victoria.	differences between the Health Plan and the Healthy Together Victoria initiative.		Achievement Program model to implement Healthy Settings projects across the municipality.	Achievement Program model to implement the Healthy Moonee Valley initiative across the municipality and share lessons with community partners and other community settings.
	Investigate opportunities to partner with Healthy Together Victoria and participating councils.		Complete a research project into assessing benefits and impacts of creating 'green food' canteens at community sports venues using the Healthy Together Victoria guidelines.	Mapping of local, regional, state and national health policy context to inform the development of Council's strategic documents and planning with partners.
				Continue to work with sports clubs to support healthy eating in canteens.
2. Work in Collaboration				
2.1 Ensure that community consultation and engagement approaches are appropriately designed to enable participation by all in the community.	Review and revise Council's consultation charter and guide; including establishing a centralised system to monitor and report back on community consultations.	Review and revise Council's consultation charter and guide; including establishing a centralised system to monitor and report back on community consultations.	Develop a community engagement framework, including survey policies and procedures, and a centralised system to monitor and record community consultations.	Develop a community engagement framework to improve effective engagement practice and opportunities for community to influence and inform Council's strategic direction and service delivery.
			Prepare a planning engagement framework, in alignment with the Community Engagement Framework, to develop better connections between	Prepare a planning engagement framework, in alignment with the Community Engagement Framework, to develop

Strategic Objective	Year One 2013/14	Year 2 2014/15	Year 3 2015/16	Year 4 2016/17
			strategic planning and the community.	better connections between strategic planning and the community.
2.2 Actively collaborate with key partners to address identified health and wellbeing needs for Moonee Valley.	Explore and engage in partnership opportunities via existing networks.	Explore and engage in partnership opportunities via existing networks.	Explore and engage in partnership opportunities via existing networks.	Work with partners to identify health and wellbeing priorities and actions to inform the development of the next Health Plan.
		Continue to advocate and monitor the health impacts of East West Link.		Focus on workplace culture by: responding to the Organisational Culture Survey outcomes; review of the next workplace Enterprise Agreement; and development of the Human Resources Strategy.
3. Effective and Timely Communication				
3.1 Annual reporting of health and wellbeing indicators throughout the life of the Plan.	Annual progress report on all levels of evaluation	Annual progress report on all levels of evaluation and half yearly progress report on actions	Produce an annual progress report on all levels of evaluation, including strategic indicators and an update of relevant health and wellbeing data.	Evaluate the Moonee Valley Public Health and Wellbeing Plan 2013-17 to inform the development of the next health plan.
	Publication of health profile snapshots and Health Plan supporting documents.	Update snapshots and publish background papers for strategies that are objectives of the Health Plan including the YEP and MEYP background reports.		
		Review, update and disseminate 'Our region, our people' a population health needs		

Strategic Objective	Year One 2013/14	Year 2 2014/15	Year 3 2015/16	Year 4 2016/17
		assessment of Inner North West Melbourne.		
3.2 Timely and accurate provision of community health and safety information.	Utilise council's website and social media to provide health and safety information.	Review, update and disseminate relevant health and safety information.	Review, update and disseminate relevant health and safety information.	Examine health and wellbeing status and produce a health profile to inform the development of Council's strategic documents and support integrated planning in Moonee Valley.
3.3 Ensure knowledge transfer and management is aligned with the needs of our community and new technologies.	Review access to health information as part of the annual health plan reporting process.			

Moonee Valley Language Line

عربي	Arabic	9280 0738	Ελληνικά	Greek	9280 0741	Español	Spanish	9280 0744
中文	Cantonese	9280 0739	Italiano	Italian	9280 0742	Türkçe	Turkish	9280 0745
Hrvatski	Croatian	9280 0740	Somali	Somali	9280 0743	Việt-ngữ	Vietnamese	9280 0746

All other languages 9280 0747

National Relay Service 133 677 or iprelay.com.au

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