Acknowledgment

Ngalla City of Bayswater kaatanginy baalapa Noongar Boodja baaranginy, Wadjuk moort Noongar moort, boordiar’s koora koora, boordiar’s ye yay ba boordiar’s boordawyn wah.

The City of Bayswater acknowledges the Traditional Custodians of the land, the Whadjuk people of the Noongar Nation, and pays its respects to elders past, present and emerging.
Contents

Executive Summary 4

1. Introduction 5

2. Health data 9

3. Implementation 15

4. Monitor and review 24

5. Key performance indicators 25

6. Reporting 26
“Health is a state of complete physical, mental and social wellbeing and is not merely the absence of disease or infirmity. It is also the capacity of the people to adapt to, respond to, or control life’s challenges and changes. Health corresponds more with this notion of being able to pursue ones goals, to acquire skills and education to grow. This broad notion of health recognises the range of social, economic and physical environmental factors that contribute to health.” ¹

The purpose of this Public Health and Wellbeing Plan is to promote and protect public health within the City of Bayswater.

An evidence based framework has been used in the development of this Public Health and Wellbeing Plan and extensive consultation has been undertaken with both internal and external stakeholders. The process identified existing strategies already established within the City and future strategies that may be adopted to promote good health and reduce potential public health risks.

The City's Public Health and Wellbeing Plan is considered to be a living document that will continue to be reviewed on an annual basis, so that existing and emerging public health issues can be prioritised and addressed.

1. Introduction

“The greatest contribution to the health of the nation over the past 150 years was made, not by doctors or hospitals, but by local government.”


Western Australia is currently transitioning to a new public health regulatory framework. This transition involves a shift from the antiquated legislative requirements made under the Health Act 1911 to the Public Health Act 2016 which is a more contemporary and proactive, rather than reactive approach to public health.

To align with the future legislative requirements of the Public Health Act 2016, the City of Bayswater has developed a Public Health and Wellbeing Plan. This plan was developed using epidemiological data sourced from the WA Department of Health’s North Metropolitan Health Service. This data has enabled the City to identify public health issues within its community which are higher than the State average.

The plan identifies actions to help reduce the incidence of these identified public health issues within the community and provides other strategies to improve health and wellbeing. It is expected that this will promote healthy lifestyle choices and enjoyment of the local environment.

1.1 Vision

City of Bayswater vision
A place where community vision becomes reality.

Public Health and Wellbeing Plan vision
A healthier Bayswater.

There are many factors affecting health that fall outside the scope of local government and the delivery of many health services is facilitated by external agencies. Where possible, partnerships will be developed with other government agencies, service providers, local organisations, non-government agencies and the community to advocate for improved services and build relationships to address the emerging public health issues.

This plan is a five year strategic document that is intended to complement other City plans such as the Strategic Community Plan and supporting plans/documents/legislation and policies.
1.2 Objectives

The main objectives of the City’s Public Health and Wellbeing Plan are:

- **Identify** public health needs within the community
- **Establish** public health priorities
- **Promote** improve and protect public health
- **Provide** appropriate local government public health services
- **Respond** to public health concerns

1.3 Strategic Framework

The Public Health and Wellbeing Plan complements the following documents which are a part of the City’s Integrated Planning and Reporting Framework:

- **Strategic Community Plan 2017–2027**
  
  The Strategic Community Plan (SCP) is used to capture community expectations for the future. Although the SCP is a 10 year plan, strategic reviews are undertaken at 2 and 4 year intervals. The City is in the process of undertaking a minor review of the SCP to better understand current community views and aspirations in relation to the facilities and services it provides.

- **Corporate Business Plan 2017–2021**
  
  The Corporate Business Plan outlines how the City will deliver the community aspirations contained within the SCP.

- **Long Term Financial Plan 2017–2027**
  
  The Long Term Financial Plan helps to inform the Corporate Business Plan and Annual Budget, which in turn activates the SCP.

The City’s Public Health and Wellbeing Plan also aims to align with the strategies outlined within the Western Australia Department of Health’s State Public Health Plan for Western Australia.

1.4 Statutory Framework

Health legislation within Western Australia is transitioning from the Health Act 1911 to the Public Health Act 2016.

Following the implementation of Part 5 of the Public Health Act 2016 in approximately 2020 - 2021, there will be a mandatory requirement for local governments to develop and implement a Public Health Plan within 2 years.

In accordance with Section 45 of the Public Health Act 2016, a local public health plan must:

a. identify the public health needs of the local government district; and

b. include an examination of data relating to health status and health determinants in the local government district; and

c. establish objectives and policy priorities for —
   (i) the promotion, improvement and protection of public health in the local government district; and
   (ii) the development and delivery of public health services in the local government district; and

d. identify how, based on available evidence, the objectives and policy priorities referred to in paragraph (c) are proposed to be achieved; and

e. describe how the local government proposes to work with the Chief Health Officer and other bodies undertaking public health initiatives, projects and programmes to achieve the objectives and policy priorities referred to in paragraph (c); and

f. include a strategic framework for the identification, evaluation and management of public health risks in the local government district and any other matters relating to public health risks in the local government district —
   (i) that the local government considers appropriate to include in the plan; or
   (ii) that are required to be included in the plan by the Chief Health Officer or the regulations; and

g. include a report, in accordance with the regulations, on the performance by the local government of its functions under this Act.
1.5 Study Area

The map below shows the boundaries of the City of Bayswater and the suburbs that make up the local government area.
1.6 Facilities and Services

Some of the existing facilities and services provided by the City include:

- **Attractive and well maintained parks**, many of which have appealing children’s playgrounds and exercise equipment. This public open space helps contribute to improved health and wellbeing within the community.

- **Shared pathways** within the City provide an option to walk or cycle.

- **A range of health and well-being services** to the community, some of which are statutory responsibilities. These statutory responsibilities include alcohol and tobacco control, food hygiene/safety, pest control, noise control and waste management.

- **Healthy lifestyles**, opportunities for social connections, culture and recreational participation through community events and recreational facilities.

- **Vaccination program** for newborns and children (up to Year 8) in local schools is also provided. The City is one of only three local governments who still run their own immunisation program. The City obtained an immunisation rate of 94% in 2015 which was higher than the State average.

- **24/7 Security Service** to its residents, which contributes to a feeling of increased safety and wellbeing.

1.7 Demographics

Below is a snapshot of key relevant statistics of the City of Bayswater population.

- The City has a population of 66,099 (2016 Census) which is an increase of 8% over the past four years.

- Around 60% of the population is Australian born.

- Aboriginal and Torres Strait Islanders account for 1.3% of the population.

- More than a quarter of the population were born in a predominately non-English speaking country.

- Around 70% of people only speak English at home.

- Other languages spoken at home include:
  - Italian 3.6%,
  - Vietnamese 3.2%
  - Cantonese 1.9%
  - Mandarin 1.7%
  - Arabic 0.9%

- The average age of people in the City is 37 years. There is a high percentage of adults aged 25–44 years, and people aged 65 years and over, and a low proportion of children aged 0–14 years.

- 31% of the population live in low income households under financial stress from mortgage/rent.

- 9% of private dwellings do not have access to a motor vehicle.

<table>
<thead>
<tr>
<th>Total Number of Private Dwellings</th>
<th>30,417</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average People per Household</td>
<td>2.4</td>
</tr>
<tr>
<td>Total Number of Families</td>
<td>17,486</td>
</tr>
<tr>
<td>Average Number of Children per Family</td>
<td>17</td>
</tr>
<tr>
<td>Median Weekly Household Income</td>
<td>$1,323</td>
</tr>
<tr>
<td>Average Motor Vehicles per Dwelling</td>
<td>1.6</td>
</tr>
</tbody>
</table>

Reference: Australian Bureau of Statistics (Census 2016)
2. Health data

Epidemiological information obtained from the WA Department of Health for 2013–14 has revealed that the prevalence of diabetes, heart disease, respiratory illness, osteoporosis and injury within adults (16 years and over) in the City is higher than the state average. Also a relatively high percentage of people within the City tend to have a fair or poor self-assessment of their health. These are therefore considered to be priority areas for the City of Bayswater.

Our Health Priorities

Prevalence of chronic health conditions, adults 16 years and over
City of Bayswater, HWSS 2013–14
2.1 Physical Activity

Research indicates that 34.4% of people within the City of Bayswater do not get enough physical activity (36.2% WA). Physical activity is important in maintaining good overall health and wellbeing; it helps us maintain a healthy weight as well as a healthy heart, mind and bones.

Inadequate levels of physical activity can increase risk of developing some cancers, heart disease, other heart problems, arthritis, osteoporosis, diabetes, mental health problems, injury, kidney disease and obesity.

2.2 Smoking

Smoking is a significant risk factor for chronic disease and can cause cancer as well as other health problems such as chronic obstructive pulmonary disease, osteoporosis, heart disease, high blood pressure and cholesterol, mental health problems, asthma, fertility problems and stroke.

↑ 14.6% of people currently smoke
↓ 6.7% of people have asthma (7.9% WA)

Source: WA Health Epidemiology Branch (2014)

Above State average  Below State average

2.3 Nutrition

Good nutrition is essential for healthy growth and development in childhood, as well as ongoing health and wellbeing. It also contributes to quality of life; helps maintain healthy body weight, helps protect against infections and reduces the risk of chronic disease and premature death. Chronic diseases that can be related to diet include cardiovascular disease, diabetes and some cancers.

Below are some key statistics:

↑ 60.5% of people do not eat enough fruit
↑ 91.4% of people do not eat enough vegetables
↑ 23.8% of people have current high cholesterol
↓ 58.3% of people are either overweight or obese

Source: WA Health Epidemiology Branch (2014)

Above State average  Below State average

2.4 Climate Impacts

The above health risks can be further compounded by emerging external issues such as climate change. In 2014 temperatures over 35°C were recorded on 13 days and temperatures over 30°C were recorded on 71 days. (Bureau of Meteorology 1944–2014).

Man-made surfaces which act as urban heaters have replaced the natural process of urbanisation cooling ecosystem services in the landscape, such as shade from trees and evaporation from wetlands. This effect is known as the Urban Heat Island effect (UHI).

City warming and UHI effects have economic and social implications. Negative effects shown by studies include the following:

• In 2011 there were 195 heat related deaths in Perth. It is projected that this may increase up to 356 in 2050. (Brown, H.; Spickett, J. 2014);
• Decreased productivity of workforces;
• Disruption to ecosystems as they are pushed over their tipping points;
• Declining water quality such as algal blooms;
• Temperature inversions and increased pollutions at the street level;
• Reduced walkability of our neighbourhoods and shopping precincts; and
• Detrimental effect of hot weather on recreational pursuits such as weekend sports.

The effects from heatwaves impact predominantly on older people, children, and those people with pre-existing mental and physical health conditions.
2.4.1. Urban Heat Island Effect

Urban Health Island (UHI) vulnerability mapping was developed through the National Climate Change Adaption Research Facility and is based on:

1. Daily temperatures at which excess heat-related illnesses and deaths occurred;
2. Population vulnerability based on local environment and health/population status; and
3. Predicted heat changes.

Figure 1 below shows that the City of Bayswater rates in the medium to high spectrum for most of its suburbs.
2.4.2 Walkability

The information in the map below was provided by the WA Department of Health, identifies the current “walkability ratings” within each of the suburbs within the City of Bayswater:

The rating is a score allocation which relates to the distance to services and the ability for a pedestrian to safely access these.

Overall the City of Bayswater is considered to be “somewhat walkable” with an overall score of 57. This indicates that some errands can be accomplished on foot. Around 40.9% of persons over the age of 18 felt very safe/ safe walking alone in the local area after dark (41.8% WA).

Within the City of Bayswater approximately 9% of the population do not have access to a motor vehicle in comparison of 6% in Western Australia.
2.5 Alcohol Consumption

Bayswater has a higher than average alcohol related health issues in comparison to the State. Below are some key statistics:

- Alcohol related hospitalisations: Maylands Annual Seasonal Re-analysis (ASR) of 971.6; and Embleton and Bedford ASR of 759.
- Alcohol related deaths: Maylands, Embleton and Bedford each had an ASR of 32 (WA ASR 24)
- Prevalence of injury to people 16yrs and over is 26.8%

Source: WA Health Epidemiology Branch (2014)

2.6 Community Perceptions

In 2018, the City engaged Research Solutions to undertake a community survey in relation to the minor review of the City’s Strategic Community Plan. Below is a snapshot of the feedback received from the community:

Community Perceptions & Priorities

93% of people surveyed were satisfied with the City of Bayswater as a place to live.

**STRENGTHS**

- Weekly and fortnightly rubbish collections
- Play spaces, parks and reserves
- Bulk rubbish collections
- Community sporting and recreation facilities
- Management of food, health, noise and pollution issues

**CRITICAL ISSUES TO ADDRESS OVER THE NEXT 5 YEARS INCLUDE:**

- Community safety and security
- Management of urban infill
- Inclusivity, diversity and multiculturalism
Every two years the City undertakes a Community Perception Survey to understand the satisfaction with, and importance of services provided.

This consultation has captured the community’s expectations for the future and it assists the City to better inform the Strategic Community Plan, and to better define the actions that will need to be taken to help improve public health and wellbeing within the community.

Many of the community priorities/ critical issues can be linked with positive public health outcomes.

For example the community’s priorities regarding community safety and security are directly associated with walkability within the City. Increased walkability will help to increase physical activity and is likely to reduce the prevalence of identified health risks.
3. Implementation

3.1 Implementation Process

The diagram below shows the development of the City's Public Health and Wellbeing Plan:

City of Bayswater Public Health Plan

**Population profile**
Examination of local data:
- Demographics
- Health status
- Safety/crime
- Health determinants

**Review**
COB existing policies and plans, such as:
- Corporate Plan
- Strategic Community Plan
- Bike Plan

**CONSULTATION & ENGAGEMENT**

**Key internal stakeholders**
- Core business
- Statutory activities, programs

**Staff involvement**
- Design/implement staff perceptions survey

**Community consultation**
- Random survey of 2,500 households
- Response rate of 11% (n=274)
- Voluntary participation survey (n=363)

**Key internal stakeholders (Priority setting)**
- Determine priority areas which ensure a comprehensive picture of local public health risks.
- Determine strategies and actions in response to identified priorities.
- Obtain agreement and commitment from key internal stakeholders to identified priorities; strategies and actions.

**Key external stakeholders (Priority setting)**
- Facilitate a workshop with internal and external stakeholders to obtain feedback and collaboration on identified priorities; strategies and actions.

**DRAFT**
Public Health Plan 2019 – 2024
3.2 Role of the City

- **Facilitate**
  Enable actions that will lead to positive public health outcomes.

- **Deliver**
  Provide services that improve public health within the community.

- **Advocate**
  Promote awareness of matters concerning public health.

- **Partner**
  Develop and maintain partnerships both internally and externally.

The Public Health and Wellbeing Plan will assist future health-related policy and project development within the City. It is acknowledged that many factors affecting health fall outside the scope of local government and that the delivery of many health services are facilitated by external agencies.

Where possible, partnerships will be developed with other government agencies (i.e. WA Department of Health), service providers, local organisations, non-government agencies and the community to advocate for improved services and build relationships to address existing and emerging public health issues.
# 3.3 Implementation/Action Plan

## Healthy and Sustainable Environments

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Action</th>
<th>Responsible Officer</th>
<th>City’s Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prepare for climate change.</td>
<td>Continue to implement the City’s Local Climate Change Adaption Action Plan.</td>
<td>Manager Sustainability &amp; Environment</td>
<td>Facilitate Advocate Deliver Partner</td>
</tr>
</tbody>
</table>
| Prepare for significant emergency events affecting the community. | 1. Continue to develop and maintain the Local Emergency Management Arrangements (LEMA).  
2. Continue to develop and review management plans for Emergency Risk Management (ERM).  
3. Continue to develop and maintain the Local Recovery Plan (LRP).  
4. Improve skills and knowledge for staff regarding emergency management.  
5. Consult with the Local Emergency Management Committee (LEMC) as required. | Manager Environmental Health | |
| Maintain public health standards within the community. | 1. Continue to manage risks associated with handling and disposal of asbestos.  
2. Liaise with the Department of Health (DoH); Department of Water and Environmental Regulation (DWER) and Worksafe, as required, in regards to monitoring unsafe work practices.  
3. Promote safe working practices with demolition contractors.  
4. Liaise with DWER in regards to air quality issues where necessary.  
5. Address risk factors associated with contaminated sites and remediation in accordance with the *Contaminated Sites Act 2003*.  
6. Work in collaboration with the DWER. | Manager Environmental Health | |
<table>
<thead>
<tr>
<th>Strategies</th>
<th>Action</th>
<th>Responsible Officer</th>
<th>City’s Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintain public health standards within the community.</td>
<td>7. Continue to regularly inspect food premises within the City of Bayswater to minimise the risk to public health.</td>
<td>Manager Environment Health</td>
<td></td>
</tr>
<tr>
<td></td>
<td>8. Continue to provide food safety training seminars, and online food safety training for food handlers.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>9. Continue to monitor, analyse and address noise pollution in accordance with statutory requirements.</td>
<td>Manager Environment Health</td>
<td></td>
</tr>
<tr>
<td></td>
<td>10. Continue to provide free immunisation clinics at Child Health Clinics and Schools, including vaccines to protect against hepatitis B, diphtheria, tetanus, whooping cough, chickenpox and human papilloma virus.</td>
<td>Manager Environment Health</td>
<td></td>
</tr>
<tr>
<td></td>
<td>11. Liaise with the DoH and Allied Health Services to promote immunisation programs in the community.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>12. Continue to offer the flu vaccination to City staff.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>13. Update and maintain a Pandemic Plan as required.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>14. Continue to investigate and address potential risks associated with vector-borne disease.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>15. Continue to provide an allocation of rodent baits to residents to control rodent activity.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>16. Continue to provide information about pest control on the City’s website.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Planning and Environment

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Action</th>
<th>Responsible Officer</th>
<th>City’s Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan for better public health outcomes through future development.</td>
<td>1. Review the City’s Town Planning Scheme(s) including addressing the Local Housing Strategy and preparation of a Local Planning Strategy and a new town planning scheme(s).</td>
<td>Manager Strategic Planning &amp; Place</td>
<td>Facilitate</td>
</tr>
<tr>
<td></td>
<td>2. Incorporate Heart Foundation Healthy Active by Design (HABD) and Western Australian Planning Commission (WAPC) Liveable Neighbourhoods guidelines into relevant planning strategies, plans and proposals.</td>
<td></td>
<td>Advocate</td>
</tr>
<tr>
<td></td>
<td>3. Maintain a high quality fit for purpose green space.</td>
<td></td>
<td>Deliver</td>
</tr>
<tr>
<td>Encourage better waste management practices.</td>
<td>1. Promote waste minimisation (reduce, reuse and recycle) through a variety of sources including mail and the City’s website and Facebook page.</td>
<td>Manager Environment Health</td>
<td>Partner</td>
</tr>
<tr>
<td></td>
<td>2. Conduct regular audits of waste collection services and recommend changes as required.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Continue to provide waste education to local primary schools.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4. Continue to work with waste collection contractors and processors to ensure efficient and effective collection and waste recycling practices to minimise waste going to landfill.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>5. Engage with community groups and the general public to promote waste management and recycling with the City of Bayswater.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Promoting Health and Wellbeing

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Action</th>
<th>Responsible Officer</th>
<th>City’s Role</th>
</tr>
</thead>
</table>
| **Encourage the community to live sustainable lifestyles through participation in physical activity.** | 1. Continue to implement the Local Bicycle Plan.  
2. Lobby for safe, accessible public transport, including a rail connection between Morley and the City.  
3. Where possible, provide bicycle security areas and access to end of trip facilities. | Manager Engineering Works  
Manager Strategic Planning and Place | Factor  
Advocate  
Deliver  
Partner |
| **Ensure the City’s services and facilities are accessible and inclusive.** | 1. Provide information about the City’s open spaces/walking/cycling etc. on the City’s website to increase awareness and encourage use.  
2. Implement actions of the Disability Access and Inclusion Plan (DAIP) and review/report in accordance with State Government requirements.  
3. Develop and implement a reconciliation action plan with support from the Aboriginal Advisory Committee. | Manager Project Services  
Manager Community Development | Factor  
Advocate  
Deliver  
Partner |
| **Encourage and support local programs and strategies to increase physical activity.** | 1. Encourage and support new sporting groups, agencies and clubs to establish in the City.  
2. Provide community lease arrangements to a range of community and sporting groups, and investigate the potential to stipulate preference/eligibility to activities/groups which promote a health benefit.  
3. Provide access to parks and reserves to junior sporting clubs free of charge.  
4. Liaise with sporting facilities and community venues to promote accessibility and affordability for the public, especially during off peak periods. | Manager Community Development  
Manager Recreation  
Manager Strategic Planning and Place | Factor  
Advocate  
Deliver  
Partner |
## Promoting Health and Wellbeing

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Action</th>
<th>Responsible Officer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce harmful alcohol use.</td>
<td>1. Provide information on support services, as required.</td>
<td>Manager Environmental Health</td>
</tr>
<tr>
<td></td>
<td>2. Collaborate with Department of Racing, Gaming and Liquor and WA Police (where required) to ensure licenced premises comply with legislative requirements.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Review Section 39 applications under the Liquor Licence Act.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4. Promote alcohol free areas within the City of Bayswater.</td>
<td></td>
</tr>
<tr>
<td>Reduce the negative impact of smoking and passive smoking in the community.</td>
<td>Enforce the Tobacco Products Control Act 2006 (i.e. in alfresco areas, enclosed public places).</td>
<td>Manager Environmental Health</td>
</tr>
<tr>
<td>High quality town centres.</td>
<td>1. Facilitate high quality town centres, high quality cycle and walk ways.</td>
<td>Manager Engineering Works</td>
</tr>
<tr>
<td></td>
<td>2. Install adequate street lighting.</td>
<td></td>
</tr>
<tr>
<td>Develop high quality streetscapes, which are well maintained and allow for safe pedestrian and vehicle movement.</td>
<td>1. Develop strategic plans that include the design of streetscapes for each of the town centres.</td>
<td>Manager Strategic Planning and Place</td>
</tr>
<tr>
<td></td>
<td>2. Prepare a Structure Plan for each Activity Area (Morley Activity Plan; Maylands Activity Centre Urban Design Framework; Bayswater Town Centre Structure Plan).</td>
<td></td>
</tr>
<tr>
<td>Strategies</td>
<td>Action</td>
<td>Responsible Officer</td>
</tr>
<tr>
<td>------------</td>
<td>--------</td>
<td>---------------------</td>
</tr>
</tbody>
</table>
| Keep the City of Bayswater community informed of the positive outcomes of the plan. | 1. Develop, promote and maintain online communication tools including the website, twitter, Facebook and other social media mechanisms.  
2. Project Officer to work with Community Engagement Team to ensure a consistent approach across the City. | Manager Communications and Marketing Community Engagement Advisor |
| Enhance community interaction and public safety and reduce crime levels. | 1. Implement the City’s Community Crime Prevention Plan 2017 – 2021 actions.  
2. Establish streetscapes which allow for community interaction in an urban environment.  
3. Continue to provide 24/7 Security Watch Community Patrol.  
4. Continue to provide Noongar Outreach Services.  
5. Support external community safety programs. | Manager Rangers and Security |
| Deliver community programs that encourage community interaction and participation. | 1. Implement the City’s Community Events Program. | Manager Recreation |
| Deliver events which are safe. | 1. Continue implementation of the City’s Events Management Guide in accordance with relevant legislation.  
2. Develop partnerships with key community not-for-profit groups and organisations to enhance existing community services provided.  
3. Support community groups to build their capacity funding and resourcefulness through the City’s annual training program.  
4. Develop and implement a community grants program. | Manager Recreation  
Manager Community Development |
<table>
<thead>
<tr>
<th>Strategies</th>
<th>Action</th>
<th>Responsible Officer</th>
</tr>
</thead>
</table>
| **Facilitate initiatives which maintain and improve safety.** | 1. Undertake a City wide Local Area Traffic Management Study.  
2. Pursue opportunities for funding initiatives aimed at improving road safety. | Manager Engineering Services |
| **Plan and provide a range of community facilities and services to meet current and future needs.** | 1. Support federal and state initiatives which aim to reduce the risk of falls among older people and people with a disability.  
2. Implement the actions of the City’s Aged Friendly Strategy 2017 –2021. | Manager Community Development |
| | 3. Support and facilitate the Youth Advisory Council. | Manager Community Development |
| | 4. Implement the outcomes of the Senior Centre Review. | Manager Community Development |
4. Monitor and review

The City’s Public Health and Wellbeing Plan will be regularly monitored and reviewed on an annual basis in order to ensure that the City’s priorities are aligned with the City’s strategic documents and the State Public Health Plan, while being relevant to emerging public health risks identified within the community.

In accordance with Section 45 (6) of the Public Health Act 2016, the Plan “must be replaced at the end of the period of 5 years after it was prepared” (i.e. 2024) unless replaced sooner.

Minor amendments may be made prior to this, if it is necessary to align the Plan with other strategic documents, incorporate emerging public health risks or advice from the WA Department of Health.

The City will liaise with the WA Department of Health in regards to obtaining up-to-date epidemiological data, which will be used to determine the effectiveness of the Plan and any emerging public health risks.
5. Key performance indicators

The success of the City’s Public Health and Wellbeing Plan will be determined by the City’s ability to complete the required actions by 2024 and meet the statutory obligations that will be imposed under the new Public Health Act 2016.

Each action within the Plan has been assigned to a City officer, who will be responsible for ensuring that the action has been completed within the required timeframe.
6. Reporting

Ultimately the City will be required to adhere to the reporting requirements specified by the WA Department of Health and the Public Health Act 2016. In the interim a reporting framework will be developed specific to the City’s needs.

Following the annual review each year, a report will be developed outlining the City’s performance against each of the actions. This report will be incorporated into future versions of the Plan.

References


