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Responsible Department – Community Safety

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Preamble

In accordance with a resolution of Council on 21 June 2005 to include definitions of Council, Councillors and Council officers in all Council policy documents, the following definitions are provided:

Council – means Casey City Council, being a body corporate constituted as a municipal Council under the Local Government Act 1989

Councillors – means the individuals holding the office of a member of Casey City Council

Council officers – means the Chief Executive Officer and staff of Council appointed by the Chief Executive Officer.

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1. **Purpose**

The City of Casey’s *Municipal Public Health and Wellbeing Plan 2013-2017 (MPHWP)* is a key strategic document of Council and builds on the achievements of the previous *Municipal Health and Wellbeing Plan 2009 - 2013*. The Plan provides direction on the strategic priority health and wellbeing areas Council will focus on, in partnership with stakeholders in the municipality, to improve the health and wellbeing of the Casey population and to reduce health inequality.

2. **Definitions**

**Public Health**
‘Public health’ is what we, as a society, do collectively to assure the conditions in which people can be healthy. Public health focuses on prevention, promotion and protection rather than on treatment; on populations rather than individuals; and on the (social/economic) factors and behaviours that cause illness and injury (*Victorian Public Health and Wellbeing Plan 2011-2015*).

**Social Determinants (Strategic priorities)**
The health of populations is largely determined by factors and conditions outside the health system. The daily living and working conditions, in which people are born, grow, live, work, and age (environmental, economic, political, social and cultural factors) are referred to as the *social determinants of health*.

There are clear links between social disadvantage and poor health; with some groups and geographical areas having an increased risk of disease or vulnerability to disease or injury. These differences in the population are mostly determined by how resources (income, wealth), influence and power are distributed in society, not by individual health behaviours or genetics.

**Partnership Action Areas**
These are the main areas for action under each of the health and wellbeing (social determinant) strategic priorities. They have been determined based on health and wellbeing data and evidence. Council will have varying degrees of responsibility in these areas.

**Intervention (implementation)**
An intervention is an activity undertaken to achieve the goals and partnership action areas of the Plan. A mix of intervention types across the spectrum, in partnership with different sectors, has proved to be the most effective way to make improvements to a health issue or problem. The interventions chosen to address partnership action areas will formulate the implementation plan (refer Section 5.4).

3. **Scope**

The Plan outlines Council’s strategic intent to improve health and wellbeing. It provides strategic direction across Council Departments for planning and policy development, and the delivery of preventative services and programs, to guide resources into areas of most need. The Plan sets the scene for the development of an implementation plan that will detail actions that Council will deliver, or seek to influence; or support other organisations to deliver in partnership. The Plan also provides direction for public health sector organisations in the municipality to align priorities and develop preventative responses, either in addition to Council, or in partnership.

The Plan focusses on specific areas for improvement for the whole population of Casey, and also emphasises improving the health inequity of certain population groups experiencing poorer health and wellbeing outcomes. It is not an implementation plan.
4. Context

Local Governments have legislated authority from the State Government to make sure that their communities are able to function properly, and a clear duty to create an environment in which people not only survive but thrive.

4.1. Legislative requirements

Public Health and Wellbeing Act 2008 (the Act)
The Act mandates Councils ‘to seek to protect, improve and promote public health and wellbeing within the municipal district’.

The Act requires Councils to prepare a MPHWP every four years that outlines health and wellbeing priorities for the municipality and identifies evidence-based ways to address these. The MPHWP must provide for the involvement of people in the local community in the development, implementation and evaluation of the MPHWP. The MPHWP must also specify how the Council will work in partnership with the Victorian Department of Health and other organisations undertaking public health initiatives, projects and programs, to accomplish change in the strategic priorities and action areas identified in the MPHWP.

Section 26 of the Act specifies that the MPHWP must have regard to climate change and the Victorian Public Health and Wellbeing Plan 2011-2015, and be consistent with the Council Plan and Municipal Strategic Statement.

Climate Change Act 2010
Section 14 of the Climate Change Act recognises that Victoria’s climate is changing and requires that local government must consider climate change when preparing a MPHWP. Climate change mitigation and adaptation are key objectives of Council’s Sustainability Plan 2010, and a detailed plan of action has been set out for the reduction of greenhouse gas emissions, and to build community resilience to the resource challenges of the future. The MPHWP identifies community climate change adaptation/mitigation as an action area.

4.2. The Victorian Health and Wellbeing Plan 2011-2015

The Victorian Public Health and Wellbeing Plan 2011-2015 (State Plan) outlines a strategic direction to engage communities in prevention and to strengthen systems for health protection, health promotion and preventative health care across all sectors and levels of government.

Many of the public health protection and preventative healthcare priorities identified in the State Plan are achieved through Council’s core environmental health functions (e.g. immunisation, food safety) and community services provision (health screening and early intervention services e.g. Maternal and Child Health, and Home and Community Care services).

Promoting health in lifestyle related areas identified in the State Plan (healthy eating, tobacco control, physical activity, oral health, alcohol and other drug use, sexual and reproductive health, mental health, injury prevention and skin cancer prevention) will be achieved through action to create health-promoting environments in Casey, in preference to focussing on individual behaviour change programs.
4.3. National Priorities

The National Partnership Agreement on Preventive Health (NPAPH) was announced by the Council of Australian Government (COAG) in 2008.

The NPAPH seeks to address the rising prevalence of lifestyle related chronic disease by laying the foundations for healthy behaviours in the daily lives of Australians through settings such as communities, early childhood education and care environments, schools and workplaces, supported by national social marketing campaigns.

A key feature of the NPAPH is the establishment of infrastructure required to monitor and evaluate the progress of interventions. This included the establishment in 2011 of the Australian National Preventative Health Agency (Promoting a Healthy Australia). The agency aims to strengthen Australia’s investment and infrastructure in preventive health with a focus on alcohol, tobacco and obesity (ANPHA 2013).

The City of Casey’s MPHWP 2013-2017 takes a social determinant approach to address the identified national priorities.

4.4. Alignment with the Council Plan and Municipal Strategic Statement

The MPHWP is a stand-alone Plan which aligns with the key directions of the Council Plan 2013-2017 and the Municipal Strategic Statement (MSS). The Council Plan is a four year vision of the elected Council that outlines the major intentions and priorities for the City over the Council’s elected period. The Casey C21 Strategy is the long term vision that seeks to address the generational needs of our many communities. It is a ‘whole of city’ vision that focuses on the social, economic and environmental wellbeing of residents into the future. The MSS forms part of the Casey Planning Scheme and provides a statement of the key strategic planning, land use and development objectives for the municipality with related strategies and actions.

Both the Council Plan and the MSS respond to the needs of the community and articulate aspirations for achieving quality of life.

4.5. Direction for local public health sector

Council through the MPHWP provides leadership in developing the strategic direction to improve public health at the local municipal level.
4.6. MPHWP 2009-2013 – Evaluation recommendations

The MPHWP is required by the Public Health and Wellbeing Act 2008 to be reviewed annually with a final evaluation at the end of four years. The recommendations from the final evaluation have informed the direction of this new MPHWP (2013-2017).

Recommendations:
• Continue the social determinant direction.
• Continue capacity building across the organisation in using best practice health planning principles.
• Develop reporting mechanisms to demonstrate impact (effectiveness) of activity.
• Align the MPHWP with the Council Plan and MSS.
• Strengthen strategic partnerships for each social determinant priority and involve health sector representation, where relevant.
• Strategically allocate financial resources toward ‘red light’ trending issues.

5. Strategy

5.1. Why do we need to plan for the health and wellbeing of Casey?

A large body of evidence shows that the things that contribute to our health and wellbeing are the quality and quantity of the food we eat, the amount of exercise we do, whether we have friends and family to support us, whether we live free of violence and discrimination, and whether we smoke or misuse alcohol and other drugs.

These are referred to as individual lifestyle factors and directly influence the risk of a person developing chronic illness during their lifetime such as cardiovascular disease, mental health problems, diabetes or cancer.

These lifestyle risk factors are in turn strongly influenced by the natural, built, social and economic environments in which we live. Walkable neighbourhoods, affordable appropriate housing, access to public transport, sport and recreational facilities, social opportunities to connect to others in the community, access to natural spaces, having a job, and being safe in our neighbourhoods and homes are referred to as social determinants of health.

The City of Casey has a rapidly growing and increasingly culturally diverse population. Growth is largely driven by young families who have chosen Casey because it offers lower cost housing than inner Melbourne areas. Many families have high mortgages and average incomes, making them vulnerable to increasing interest rates and other living costs.

Additionally many residents commute a significant distance to obtain work outside the municipality. The VAMPIRE Index (vulnerability assessment for mortgage, petrol and inflation risks and expenditure) suggests that households with mortgages residing in outer-suburban locations in Australian cities, such as Casey, will be the most adversely affected by rising living costs, in large part because of their exposure to housing debt and the poor quality of alternative travel modes to the private car (Dodson, 2006).

These daily economic and time pressures impact on people’s capacity to improve or maintain their health and wellbeing.

Upon analysing many indicators of health and wellbeing in Casey, there are considerable opportunities for improvement.
Some population groups in Casey have significantly worse health outcomes than the mainstream population - these include people from culturally and linguistically diverse backgrounds (particularly those newly arrived), indigenous people, people with a disability and people in low socioeconomic circumstances including single parent families. These avoidable differences in health outcomes between different population groups are referred to as health inequities and are mostly caused by barriers associated with the social determinants of health.

Council needs to plan for the current and future growth needs of the municipality in ways that improve the social determinants of health for all Casey residents. An implementation plan detailing how Council will achieve this over the next four years, will supplement this document.

5.2. Council's role in health and wellbeing

Over recent decades the role of Local Government in public health has widened beyond protecting the community from infectious disease and preventable illness, to the prevention of chronic disease and injuries.

In achieving this, Council has a core role to build healthy environments from the outset, and deliver and fund services and programs that support health and wellbeing.

Improving the daily living conditions of residents by advocating on behalf of the community to other levels of government and the private sector, for investment in areas that impact on health and wellbeing outside of Council’s jurisdiction, such as transport infrastructure, affordable housing and employment, is also a core role.

To address health inequity, all Casey residents need the opportunity, resources and capability to learn, work, socially connect and have a voice to influence the decisions that affect them. It is recognised that certain groups require a more targeted effort to reduce their level of health inequity.

Council also has a core role to provide leadership and strategic direction to the public health sector regarding health and wellbeing at the local municipal level to enable coordinated effort where it is needed most.

5.3. Priority health and wellbeing issues for Casey

Ten health and wellbeing strategic priorities and associated partnership action areas have been identified for focus in Casey through an extensive needs analysis involving:

- a review of health and wellbeing data
- a review of health evidence/research
- a review of Council’s community consultation findings
- consultation with Council officers
- consultation with primary health sector partners
- priorities documented in Council’s current, relevant strategies and policies
- health priorities of State and Federal Government

The ten strategic priorities outline the main themes for attention by Council across Departments and with external partners over the next four years. There is integration between many of the priorities, for example transport, housing and community connectedness are all issues for young people; however they have been separated out to provide emphasis and to align with Council strategies. The strategic priorities and partnership action areas identify where Council, in partnership, can make the biggest difference to decreasing the risk of poor health and wellbeing in the municipality.

The ten strategic priorities are divided into:
**Core Priorities** which can be directly influenced by Council and;

**Advocacy Priorities** that require advocacy by Council on behalf of the community to State and Federal Government and the private sector for investment.

Under each strategic priority are ‘**partnership action areas**’ that provide direction for Council to prioritise emphasis, or new areas that require additional investment of resources; they do not cover all that Council currently does to address the priorities. Particular population groups that have poorer health outcomes for these partnership action areas are highlighted in brackets for specific focus on health equity.

**CORE PRIORITIES**

1. **Active Living**

**Why is this important for health and wellbeing?**

Being physically active is important to maintaining and protecting good physical, social and mental health across the lifespan. Being active constitutes one of the major components of a healthy lifestyle. Regular physical activity reduces the risk of premature mortality and chronic diseases such as Type 2 diabetes, heart disease, depression, osteoporosis, stroke and some cancers.

**Why is it a priority for Casey?**

Over a third of people in the City of Casey do not meet minimum physical activity guidelines. Community members identify a lack of time as the main reason for not participating in physical activities.

Casey, as a result of poor public transport infrastructure and connections, is a car dependent City. Driving to work, compared to inner areas where many walk to public transport, is a major contributing factor to overweight differences. Transport advocacy is a key strategy to improve physical activity as well as other health and wellbeing outcomes.

For those who do undertake physical activity, the most commonly identified activities are walking, aerobics/gym and swimming; and relatively few residents typically undertake physical activity in the form of an organised activity in a club or competition. This is particularly so for older males.

Casey has a wide range of sporting and recreation facilities and community members have indicated that they are satisfied with the quality and accessibility of these facilities. However, benchmark ratios indicate that the quantity of Casey’s sporting facilities are often provided at lower ratios per head of population compared to other areas of Melbourne, which places some restrictions on meeting demand and capacity for some sports (particularly basketball and soccer). With a continually rapidly growing and more diverse population, and an increased focus on physical activity expected in future years to respond to the obesity issue, new facilities are required on an ongoing basis to ensure facility provision meets capacity.
There are still barriers to overcome for participation in sport by women, girls and people from culturally diverse backgrounds. It is also recognised that improved safe urban design will encourage walking and use of open space. There is a need for a more general program promoting the various opportunities that are currently available to Casey residents for physical activity, and also to address any gaps in service provision as occurs at many other LGA’s.

**What are we committed to doing?**

**Goal:** To increase the participation of Casey’s residents in physical activity.

**Partnership action areas**
- To increase active recreation opportunities and participation.
- To increase participation in sport (girls, women, and CALD under-represented).

### 2. A Safe Community

**Why is this important for health and wellbeing?**

A safe community is a place where all residents and visitors can work, travel, live and play in a safe and secure environment, free of risk to health and wellbeing (*City of Casey Community Safety Strategy 2013*).

Whilst it is possible to be safe and still unhealthy due to other factors, it is not possible to be healthy if unsafe. Safety is a core determinant of health and wellbeing, and it is well established that improving community safety can impact positively on the health of whole communities.

Increasing safety in the community can positively influence the wider economy through reducing the demand costs on medical and health services and increasing workplace productivity. There are increased mental and physical health benefits from a safe community as a result of increased community participation.

The importance of safe design is increasingly recognised as an enabler of community participation and physical activity, in reducing crime and injury as well as increasing perceptions of safety; both which enhance wellbeing.

Protecting public health through preventative programs and regulatory activity enables people to move around and participate in the community without risk of illness, disease or injury.

Protecting public amenity and regulating community behaviour also supports individual/community wellbeing by reducing the potential for neighbourhood disputes around such matters as nuisances, animal control and management, and parking.

**Why is it a priority for Casey?**

The City of Casey has a large and growing population of children and young people. Unintentional injuries are an issue for these age groups; children are highly represented in hospital admissions from falls, poisoning, burns, drowning and road accidents. Young people, particularly young males are over-represented in statistics for road trauma, workplace injury and sports related injury.

There are significant numbers of fall related injuries in hospitalised adults reflecting involvement of males in home building/renovation, and falls in aged adults remains high.
Although most people in Casey have good mental health there are groups that are at particular risk of poor mental health; sometimes resulting in self-harm and suicide. Building resilience in young people and children is important to lifelong health and wellbeing.

Casey has the highest reports of family violence incidents in the State. Men’s violence against women is primarily the result of a violence-supporting culture and gender inequality in society. Casey has many young families experiencing significant daily economic and social pressures as a result of housing affordability stress, travel to work time and social isolation from extended family. These pressures combined with alcohol misuse can be triggers for males to perpetrate family violence against women and children.

Casey’s rapid growth is outpacing infrastructure development and there is considerable need for State Government investment in improved roads and public transport. This lack of infrastructure compromises road safety; around two thirds of serious injury accidents in Casey occur on arterial roads.

Alcohol misuse plays a significant role in many community safety related issues including road crashes, pedestrian accidents, public assault and family violence.

The City of Casey has seen a steady expansion in availability of packaged liquor over the last decade, outstripping the population growth. Evidence indicates that increased alcohol outlet density is associated with increased consumption, including binge drinking (Kavanagh & Krnjacki 2011). A correlation can be established between the increased availability of low cost alcohol and the rapid increase in the rates of alcohol-related harm in Casey (Livingstone 2013).

People from disadvantaged groups in the community are consistently and significantly more likely to be hospitalised than people in more advantaged groups for most categories of injury including assault, transport injury (not pedestrians and cyclists), machinery related injury and fire/burns/scalds (Clapperton 2009).

Casey has the largest number of secondary schools in the south east region. There are low immunisation participation rates amongst secondary school aged youth in Casey in comparison to other municipalities and the State.

Despite overall rates of smoking in Victoria progressively declining over time, the percentage of current smokers 18+ in Casey remains high; and particularly so amongst females.

Casey has high numbers of ambulance attendances for pharmaceutical related harm; specifically for anti-depressants, opioids and other analgesics associated with poor mental health and pain management in aged, youth and adults.

Victoria is one of the most bushfire-prone areas in the world, and although there has been no loss of life as a result of bushfires in Casey, there have been significant property loss and damage resulting from bushfires in Harkaway (Ash Wednesday, 1983); Narre Warren North, Narre Warren South and Cranbourne North (Black Saturday, 2009) (Casey Municipal Fire Management Plan, 2013). In addition, Casey has experienced both loss of life and property loss/damage as a result of the structure fires that occur across the municipality each year.
Over the past three years, the City of Casey has hospital admission rates for dog bites above the Victorian State average, particularly for children aged 0-4 years, and people over 45 years old. Dog attacks and dog bites can cause significant physical and mental health issues, and occur in both public places and in the home. Owning a pet (such as a dog) can significantly enhance physical and psychological wellbeing, and Council can play a significant role in improving responsible pet ownership to reduce the risk of animal-related injuries.

**What are we committed to doing?**

**Goal:** To improve safety in Casey and reduce risk to health and wellbeing.

**Partnership action areas**
- To reduce family violence.
- To reduce alcohol harm (youth).
- To advocate to reduce the proliferation of packaged liquor.
- To reduce pharmaceutical related harm.
- To reduce road related trauma (young men).
- To increase adolescent immunisation participation rates (12-17 year olds).
- To reduce suicide rates (youth, adult males).
- To reduce rates of self-harm (young women)
- To reduce unintentional injury (children, youth, adults).
- To reduce smoking rates (young women).
- To reduce bullying behaviour (youth).
- To reduce the risk of fire.
- To reduce injuries resulting from dog attacks (children, older people).

3. **A Socially Connected Community**

**Why is this important for health and wellbeing?**

A socially inclusive society is defined as one where all people feel valued, their differences are respected, and their basic needs are met so they can live in dignity. Social exclusion is the process of being shut out from the social, economic, political and cultural systems which contribute to the integration of a person into the community (Cappo 2002).

Social connectedness refers to interactions of people with others in their community, together with the opportunity to make decisions about things that involve them; and this interaction provides a feeling of belonging.

Confident and connected communities support social & economic development, have fewer social problems and higher levels of community participation.

Rapid population growth impacts on the relationship and connections people have with others.

Social connectedness has been widely credited with positive impacts on health and wellbeing. On the other hand, social exclusion has been linked to a range of health problems, in particular poor mental health, cardiovascular disease and other chronic illness.
Provision of adequate community facilities with facilitated community engagement, can support people to participate in their local community thus enhancing social connection; particularly in new estates. Provision of social infrastructure, such as community development workers assist people to connect with one another in social groups and build sustainable social structures that assist in developing a sense of belonging.

Participation in arts and cultural activities builds social cohesion and connectedness, thereby reducing isolation. Arts and cultural activity can assist to build the strength of a community through creating a collective identity.

Building the resilience of residents around the growing, sharing and accessing of fresh produce locally can increase social connectedness as well as increasing food security.

Involving the community in decision making processes supports the successful development of acceptable policies and decisions in government, the private sector and the community. Citizen or community engagement is important for people to have confidence that all levels of government will make good decisions and to encourage people to run for elected positions. Because they are engaged, they feel empowered, that they have personal political efficacy and are in control of their destinies (Community Indicators Victoria 2011).

**Why is it a priority for Casey?**

Casey is a rapidly growing area therefore the need for early infrastructure development – physical (places and spaces for people to meet) and social (community development support for people to connect) is vital in newly established estates. Funding lags contribute to people in newer areas having less access and being less connected than those in established areas. Additionally, older established areas of Casey need facilities upgrades, and there is a lack of community service organisations delivering services in Casey compared to inner municipalities.

Casey has groups of geographically and socially isolated people (including older, CALD, people with disability, new mothers) who have low community participation rates, and generally Casey has low levels of citizen engagement in democratic civil processes. Citizen engagement processes are understood to include town meetings, public hearings or public affairs discussion groups; lobbying to local politicians; participation in protests or demonstrations; or signing of petitions.

Many people in Casey indicate being time-poor and around one third of residents report that they have lack of adequate time for family and friends. Longer commuting time and car dependency mean people can miss out on forming community networks, especially when they are time poor. This lack of time may also influence the low levels of volunteering in Casey.

Casey is an increasingly culturally diverse community which brings many benefits to the local economy and social life of the community. It is important for the ongoing strength and harmony of the Casey community for work to continue to support migrants to be accepted as fully participating citizens.

Current perceptions of safety in Casey are poor - only 50.8% of Casey residents feel safe in the community – which has a direct impact on confidence to participate in broader community activity.
What are we committed to doing?

Goal: To increase social connection within the Casey community.

Partnership action areas
- To advocate for early delivery of ‘hard’ and ‘soft’ infrastructure (community strengthening, spaces and places) – including services and facilities upgrades in established areas.
- To increase social participation (geographically and socially isolated people).
- To increase participation of Casey residents in citizen engagement opportunities.
- To increase community acceptance of diverse cultures and diverse sexuality.
- To increase community leadership.
- To improve community perceptions of safety.

4. A Sustainable Environment

Why is this important for health and wellbeing?

A healthy environment underpins the economy and social wellbeing. The natural environment, the built environment, economy, culture and social structures are all connected, and all impact on each other (City of Casey Sustainability Plan 2010).

Evidence shows that exposure to healthy natural environments helps people cope with and recover from stress, illness and injury; contributes to a more positive outlook and greater life satisfaction, and can improve concentration and productivity. Parks provide a place for people to get away from the urban environment and get together; such activities also build social cohesion and strengthen communities. Parks are an important focus for the tourism and recreation industries, which make a significant contribution to local economies. Parks (and natural open spaces) also support Indigenous people’s wellbeing, livelihoods and culture (Melbourne Communique, International Congress Healthy Parks Healthy People 2010).

Climate change increasingly presents challenges to the health and wellbeing of the community. Some of these are the direct environmental health effects resulting from a warming natural environment, such as increased risk of disease and weather related emergency events; others are the economic and social impacts of transitioning from a carbon based economy and the impacts of environmental degradation.

Increasing vegetation cover can reduce the Urban Heat Island effect and thereby increase liveability and reduce energy use.

Ensuring resources (land/soil, energy, water, food, biodiversity, waste) are managed sustainably will support the local community and economy for future generations contributing to health and wellbeing.

Why is it a priority for Casey?

As Casey’s population and economy continues to grow there is increasing demand for resources such as water, land, energy and materials. Casey, like most communities in Australia and around the world is using resources well beyond its boundaries (City of Casey Sustainability Plan 2010).
Casey’s housing market is predominantly made up of dwellings designed with high energy requirements. Changing climate will increase demand for space heating and cooling and this is projected to continue in the coming decades, adding to greenhouse gas emission.

The City of Casey area has had considerable loss of natural ecosystems and only around 7% of Casey's original eco-systems remain. There continues to be competing demands on the natural environment for its conservation value (difficult to put a ‘price’ on), contested with need for land for housing, business development, sport and recreation, agriculture and landfill.

The full potential of reducing waste going to landfill is yet to be realised in Casey's community by embracing waste reductions opportunities like recycling and composting, and commercial agricultural and energy use. It is estimated that 48% of waste going to landfill comprises of organic material which could be reduced and thereby decrease methane (greenhouse) production.

Council has jurisdiction over considerable open space that can have its biodiversity enhanced to improve public usage.

What are we committed to doing?

**Goal:** To protect and enhance Casey's natural environment and sustain it for future generations.

**Partnership action areas**
- To advocate to conserve Casey’s natural habitat in the face of development pressures.
- To increase biodiversity of flora and fauna.
- To increase resident access to green open space.
- To support community in climate change adaptation/mitigation.
- To support the community to reduce waste and to increase recycling.
- To support the community to adopt sustainable living practices.
- To rehabilitate contaminated land in closed landfills and transfer stations for an improved beneficial use.
- To protect the quality of water in local waterways.
- To increase the canopy of trees across the municipality.

5. Early Childhood and Youth Development

**Why is this important for health and wellbeing?**

The foundations of adult health are laid in early childhood and before birth. Research identifies that physical, cognitive and emotional functioning in adulthood can be optimised by supporting growth and emotional development in early childhood and before birth.

A good start in life begins with pregnant women being safe, healthy and supported including access to quality pre- and post-natal care. Children need good nutrition (including breastfeeding where possible to reduce the risk of chronic disease), early childhood education and literacy support, positive social interactions, and immunisation and screening.
Between the ages of 10 and 25 years people go through a number of developmental stages. During these years their needs and issues are different to those of an adult or a child and they may need extra support (City of Casey Youth Strategy 2011-2016).

For healthy development and transition into adulthood, young people need to live in a community free of violence and discrimination, have opportunities for education and employment, have safe places and spaces to socialise, have opportunities to actively participate in their community, and have preventative health services available, including mental health services.

**Why is it a priority for Casey?**

City of Casey is the largest municipality in Victoria with a larger percentage of babies to secondary schoolers and parents than Greater Melbourne. There is a need for investment in early development and youth development for the future health and wellbeing of the population.

Over one in 10 children in Casey are developmentally vulnerable on two or more of 5 development domains (physical health and wellbeing, social competence, emotional maturity, language and cognitive skills, and communication skills and general knowledge), indicating an increased need for early intervention services and support for families. Developmental vulnerability is more prevalent amongst boys and children from Indigenous, low socioeconomic backgrounds and language backgrounds other than English.

Casey has the fourth highest percentage of children ‘not attending’ pre-school prior to starting school amongst Victorian metropolitan municipalities, indicating a prioritised need for childcare by working families, contributing to a delay in educational readiness.

Casey has lower levels mothers of fully breastfeeding at six months compared to the metropolitan Melbourne average. The World Health Organisation (WHO) strongly recommends exclusive breastfeeding for the first six months because of its contribution to healthy early childhood development.

A number of factors contribute to lower levels of breastfeeding, including lack of community support for breastfeeding, lack of understanding of “normal feeding and sleeping patterns”, and insufficient local services to provide support to breastfeeding families.

Children and young people’s obesity levels have been rising and this is partly accounted for by low levels of fruit and vegetable consumption amongst these groups.

Casey has higher youth disengagement – leaving school early and not going into work or further education, and young people also cite lack of provided things to do, and concerns regarding public safety impacting on their social connection.

An emerging issue for Casey is unaccompanied youth (mostly young males), from refugee backgrounds coming into the municipality to be settled in group housing, having limited support provided to integrate into the wider community.

**What are we committed to doing?**

**Goal:** To support the healthy development of children and young people in Casey.
Partnership action areas

- To increase participation in volunteering (youth).
- To increase social participation of unaccompanied minors within supported housing.
- To improve developmental indicators in children (boys, indigenous, low socioeconomic, CALD).
- To increase levels of fruit and vegetable consumption (youth).
- To increase pre-school enrolment.
- To increase breastfeeding rates.
- To improve mental health (children and youth).
- To improve accessibility and inclusiveness of services, programs and facilities/places (children, youth, youth with a disability & CALD).
- To increase school retention/employment (youth).

6. Food Security

Why is this important for health and wellbeing?

Food security is defined as “the state in which all persons obtain nutritionally adequate, culturally acceptable, safe foods regularly through local non-emergency sources” (VicHealth 2005).

Inability to afford to purchase or get access to sufficient nutritious food, can result in choices of more affordable energy dense (low nutrition) options. As a result of the proliferation and cost of this type of food, poor health is rapidly increasing, manifesting as overweight and obesity (including in children), Type 2 diabetes, hypertension and heart disease.

Increasing local food production and processing will improve access and affordability, and the reduction and redistribution of food waste and recycling of organic waste can enhance environmental and economic sustainability of local production.

Self-reliance of residents around growing, sharing and accessing fresh produce locally also increases access and affordability as well as community connectedness.

Why is it a priority for Casey?

Residents living in the City of Casey face numerous threats to their food security. These include the converging pressures of higher food prices, higher fuel and energy prices, high mortgages, a rapidly increasing population, reduction in local food producing farmland, price impacts of food crops lost to extreme weather events, limited public transport provision to access fresh food regularly, and limited food subsidy provision.

Low income households are particularly vulnerable to the effects of diet-related diseases. In the event of a severe economic downturn that would likely result in wide scale job losses, a significant number of working families in the City of Casey are at high risk of experiencing the health impacts of poor access to nutritious food.

What are we committed to doing?

Goal: To improve the access of Casey residents to nutritionally adequate, culturally acceptable, affordable, safe foods.
Partnership action areas
- To advocate for the retention of local agricultural land and facilitation of its related food producing industries.
- To support self-reliance of residents to access and grow their own fresh produce.
- To improve local food systems.

7. Healthy Design

Why is this important for health and wellbeing?

‘Healthy urban planning’ is about planning for people. It puts the needs of people and communities at the heart of the urban planning process and encourages decision making based on human health and wellbeing (Barton, Tsourou 2000).

The built environment plays an important role in encouraging or discouraging healthy behaviours. Neighbourhoods that are planned and designed with health and wellbeing in mind can create local environments that promote active living, foster social interaction, support access to healthy and fresh food, facilitate access to green and safe open public spaces and ensure inclusivity and accessibility by all residents.

Urban planning has the potential to be a mechanism to reduce access to fast food, alcohol and electronic gambling, particularly in low socio economic areas, which are associated with poorer health and wellbeing outcomes for residents.

Why is it a priority for Casey?

As a fast growing urban area, with substantial ‘greenfield’ development proposed, the City of Casey has the opportunity to design for a healthy future. In addition, Casey’s population is forecast to grow from the current 270,000 to around 450,000 by 2036.

What are we committed to doing?

Goal: To plan and promote urban development in Casey that enhances health and wellbeing.

Partnership action areas
- To advocate to State Government to include health evidence in State planning.
- To advocate to State Government to include Crime Prevention Through Environmental Design (CPTED) principles in infrastructure design.
- To improve safety in public spaces (CPTED) (children, youth and women).
- To increase healthy urban environmental design and food sensitive planning.
- To reduce traffic congestion in neighbourhoods and around schools.
- To provide adequate public space that invites participation within walking distance of residences.
- To improve connectivity and walkability of local path network.
- To design appropriate community infrastructure for an ageing community that also has intergenerational use.
ADVOCACY PRIORITIES

8. Diverse and Affordable Housing

Why is this important for health and wellbeing?

The quality, security and location of housing are important determinants of health and wellbeing and contribute, in particular, to good mental health and social participation.

Housing stress (where a household in the bottom 40 per cent of the income distribution spends more than 30 per cent of income on housing) can put a household at significant risk of financial hardship. Households in housing stress tend to be clustered in: disadvantaged areas; new estates following a few years settlement; and in areas of geographic isolation; perhaps financially forced into areas lacking the quality services and amenities desired by them.

The availability of diverse housing types, including public and social housing, supports people to have housing that is appropriate for their social and financial needs. Increased supply at the lower end of the affordability scale reduces stress up the line.

Experiences common to stressed renters and purchasers include anxiety and depression associated with a lack of disposable income for other activity (which contributes to physical health problems and stress on family relationships), and financial hardship outcomes (such as people missing out on social and educational activities and adequate health care).

Why is it a priority for Casey?

Key issues affecting housing affordability in the City of Casey are a lack of diversity in the types of dwellings available in the municipality, and a lack of affordable rental accommodation opportunities. Increasing land and house prices in Casey has meant that many households have been less able to purchase a home than with previous generations.

The increased demand for rental accommodation for those unable to enter the mortgage market is not matched by supply, and competition to tenant available rental properties is high. Further contributing to housing stress is the lack of supply of smaller rental properties for households with only 1 or 2 persons.

The housing market in the City of Casey has mainly been targeted to family groups over the past 10-15 years resulting in a low diversity of housing stock; primarily 3-4 bedroom dwellings. However as household types are getting smaller and increasingly diverse (emerging segments include students, singles, couples without children, single parents, empty nesters, retirees and elderly people), these groups are increasingly forced into paying for houses that are too big and exceed needs, leading to financial strain. These segments are expected to continue to grow substantially as Casey’s population matures and changes over time.

At the other end of the housing diversity scale are the emerging needs of multi-generation family households that require a dwelling that can house a larger family, and also some new arrival settlement groups; however some are unable to afford the types of large homes available within the municipality.
Many households in Casey are vulnerable to financial stress as a result of changing family circumstances. A couple who have been able to make household repayments on two incomes can experience financial stress once they start having children and experience a decrease in income (for stay at home or part time working parent) and increasing expenses for the child.

Additional factors that can put young families at risk of financial stress are loss of employment (Casey has a number of vulnerable industry sectors); or when developing an injury or health condition (high rates of preventable disease in Casey). Although these circumstances may be temporary, they can significantly impact on security of tenure.

For those in Casey who cannot access an affordable private rental home, public and social housing is in short supply with long waiting lists and strict eligibility criteria, and so alternative forms of shared housing such as private rooming houses are increasing to meet demand.

In addition to financial housing stress being an outcome of poor diversity, much of Casey’s current housing market is predominantly made up of dwellings with large average floor areas, low occupancy rates and have significant energy demands associated with heating and cooling. These factors contribute to increased household expense.

Housing also needs to be accessible as well as visitable (that is the ability for a person with impaired or limited mobility to access their home and the homes of their friends or family) to provide greater autonomy and connectedness. (City of Casey Housing Diversity Statement 2012)

What are we committed to doing?

Goal: To increase the diversity and affordability of housing in Casey.

Partnership action areas

- To advocate for the diversity and affordability of housing in Casey (youth).
- To advocate for healthy and sustainable housing design.
- To advocate for public/social housing provision.
- To advocate for housing diversity in residential developments to respond to changing demographics.

9. Economic Wellbeing

Why is this important for health and wellbeing?

Creating new opportunities for residents to work locally is important for health and wellbeing because it reduces travel to work time and travel expenses on families, and reduces the environmental impact of transport. Living and working locally will allow more time for people to engage in recreational activity, spend more time with family and friends, allow healthier eating choices to be made and enable people to spend more time in their community and enhance social cohesion.

A diverse range of jobs is important for a robust local economy to attract residents with a wide range of education levels, skills and abilities; and to ensure economic resources are distributed locally. In addition, ‘residents’ are more likely to contribute socially to their community.
Why is it a priority for Casey?

Casey’s rapidly growing population means that there is an increasing need for employment opportunities for the workforce. Local employment opportunities do not meet current demand; 74% of the labour force of 119,531 (ABS 2011) in Casey have to travel to other municipalities for work. This not only has a detrimental impact on the local economy, but it can also have serious consequences for people’s health and wellbeing.

Youth unemployment is an issue of serious concern for the community. Persons aged 15 to 24 years are particularly vulnerable to unemployment, since the age group represents a transition from education to work, with generally higher unemployment rates than other age groups in most areas (Casey Community Profile). In the 2011 Census, 2921 (13.6%) of the labour force of young people aged 15-24 years living in the City of Casey reported being unemployed or looking for work. This figure was significantly higher in some local areas.

What are we committed to doing?

Goal: To create conditions that support the attraction of new business investment to increase the number and diversity of local jobs.

Partnership action areas
- To advocate for business investment in the Casey Cardinia region across a number of industry sectors including food manufacturing, construction, logistics, professional services, and community and health.
- To advocate for inclusive employment opportunities for local youth and CALD communities.

10. Transport Infrastructure

Why is this important for health and wellbeing?

The provision of safe, affordable, well designed and sustainable transport is essential for residents to fully participate in society. Provision of public transport is important as an alternative to car dependence, to reduce road congestion and stress, road accidents and greenhouse gas emissions (Casey MPHWP 2009-2013).

This needs to be balanced with the provision of adequate road infrastructure to support community connectedness and economic wellbeing.

Why is it a priority for Casey?

In comparison to inner/middle municipalities Casey is poorly serviced in public transport, and arterial road infrastructure is inadequate for current population demand.

Not all services and amenities are available locally, and over two thirds of the population work outside the municipality, so people are required to travel significant distance. Currently, it is difficult to get to many places other than by car because available public transport services are infrequent and indirect with limited connectivity. The amounts of time spent commuting to and from work impacts on the ability to prepare quality meals, undertake recreational activities and have family time.
The poor standard of many arterial roads with one lane in each direction, gravel shoulders and open drains also means that walking and cycling connections are either unsafe or cannot be provided. This also restricts residents in many estates from leaving their estate without using a car and reduces opportunities for recreational exercise.

Inadequate road infrastructure is a barrier in attracting new local businesses, due to the high infrastructure upgrade cost required to support development of land.

**What are we committed to doing?**

**Goal:** To improve transport infrastructure in Casey to meet current demand and future growth needs.

**Partnership action areas**
- To advocate for the provision of public transport infrastructure to meet current demand and future growth needs.
- To advocate for the upgrade of the Arterial Road Network to meet current demand and future growth needs.
- To advocate to the State Government to commit funding for improvements to existing public transport services and arterial road infrastructure.

5.4. Implementation and action planning

How will we achieve this?

The priorities and key action areas of the MPHWP provide the framework for Council to develop a four year implementation plan to put the MPHWP into practice. The implementation plan will be developed in conjunction with Council Departments and external partners.

**Partnership approach**

Partnerships are central to achieving Council’s work and as such Council already has a wide range of established partnerships, with which it will collaborate across the priority areas of the MPHWP.

The Department of Health, Department of Human Services and funded public health sector organisations will be central to implementing the MPHWP in partnership over the next four years.

**Integrated planning**

Integrated planning for health is a process of joint planning that ensures participation of all stakeholders and influential departments. Its objective is to examine all economic, social, built and environmental considerations, in order to determine the most appropriate interventions and to plan a suitable course of action.

Two Victorian Government planning frameworks will provide a platform for an integrated planning approach; Integrated Health Promotion Interventions (DHS 2003) and Environments for Health (DHS 2001).

**Current Council Plan, policies and strategies**

Council must ensure that key priorities under the MPHWP are aligned with the Council Plan and Municipal Strategic Statement (MSS). The Council Plan contains five key directions that are consistent with the priorities of the MPHWP. As such, reporting on achievements under the MPHWP will also be reported under relevant key directions of the Council Plan. Similarly, the MSS will reflect health and wellbeing in its direction.
Priorities of the MPHWP also align with a range of existing Council policies and strategies; often supported by implementation plans or action plans detailing how change will be implemented and progress monitored.

The relationship between MPHWP priorities and policies and strategies are mapped in Appendix A (Hierarchy of Council Strategies).

**Partnership action planning informed by best practice health planning principles**

Implementation will be guided by a set of best practice health planning principles:

- **Evidence-informed interventions**
  Council will increasingly work to improve health and wellbeing in ways that improve effectiveness. Over the next four years Council will build its understanding of evidence-based practice in partnership with State Government, academia and the Centre for Excellence in Intervention and Prevention Science (CEIPS), and use the latest evidence to inform new initiatives.

- **Multiple intervention types**
  The Integrated Health Promotion Interventions framework provides a spectrum to identify the types of interventions to best respond to action areas, ranging from service delivery and screening, providing community information and health education, broad social marketing, through to community development, advocacy and structural change responses. The framework provides guidance to identify gaps and ensure that multiple interventions are occurring across the spectrum to maximise effectiveness. It also provides support for Local Government to provide intervention in the more widespread structural change space (health policy, planning and infrastructure, and development of strategic partnerships) where other partners are less well placed.

- **Health equity focus**
  Council will apply a best practise health equity framework (guided by VicHealth) to the action planning processes to ensure interventions identified in the implementation plan have a focus on marginalised groups, cohorts and disadvantaged localities.

  This includes taking into account the access and inclusion needs of people with disability, older adults and people from culturally and linguistically diverse and indigenous backgrounds. Over the next four years Council will work in partnership with the public health sector to develop itself as a ‘health literate’ organisation.

- **Sustainability of action**
  Sustainability in the context of health planning is understood as the ability of a successful program/project to continue to benefit the community beyond the input and support of Local Government or seeding funds. New actions will consider sustainability from the outset.

- **Advocacy**
  Advocacy is a key intervention strategy to achieve improved health and wellbeing. Council will undertake advocacy on behalf of the community, and also support community advocacy efforts to improve health and wellbeing. Three core priorities have been identified for Advocacy: Diverse and Affordable Housing, Transport Infrastructure and Economic Wellbeing.
**Workforce development**

Best practise health planning principles will be incorporated into practice through a capacity building approach which will underpin implementation. This will help to ensure the optimal conditions are created in the organisation for success in achieving effective health and wellbeing outcomes for the municipality.

Capacity building activities will be undertaken by Council’s Health Promotion team and include skill development of staff, creating and strengthening organisational systems, facilitating resource allocation decisions, engendering leadership commitment and initiating effective partnerships.

Capacity building will develop a workforce that is trained in understanding the social determinants of health. Project logic and intervention strategies will support resource allocation to effective health and wellbeing actions.

**Governance and reporting**

The implementation, monitoring and review of the MPHWP will be led and overseen by a steering committee comprised of senior Council staff, and external representation as required.

The implementation plan will be developed with a reporting system linked to other Council reporting mechanisms such as for the Council Plan.

**5.5. How will we know we are improving health and wellbeing?**

An evaluation framework will be utilised to assess progress toward the strategic priorities (goals), partnership action areas (objectives) and interventions (implementation strategies) of the MPHWP. The framework provides for evaluation of impact and outcome through establishing indicators up front.

Impact evaluation will be conducted in selected partnership action areas where evidence based work has been undertaken. In instances where evidence is lacking, evaluation will be used to expand the knowledge base.

An annual review will be undertaken to monitor progress of the implementation plan and to make changes where required.

A set of health and wellbeing outcome indicators, established in the previous MPHWP, will be monitored over the next four years to support Council to measure changes and trends related to the social determinant strategic priorities for Casey.

**6. Administrative updates**

It is recognised that, from time to time, circumstances may change leading to the need for minor administrative changes to this document. Where an update does not materially alter this document, such a change may be made administratively. Examples include a change to the name of a Council department, a change to the name of a Federal or State Government department, and a minor update to legislation which does not have a material impact. However, any change or update which materially alters this document must be by resolution of Council.

**7. Review**

Council is required to review the MPHWP annually and if appropriate amend the Plan under the *Public Health and Wellbeing Act 2008*. 
Alignment of relevant Council Policies and Strategies to MPHWP Priorities

**COUNCIL PLAN**
To be the city of choice to live, work and raise a family.

**Key Direction 1:** Services for Casey’s Community

**Key Direction 2:** Developing Casey’s Economy

**Key Direction 3:** Planning for Casey’s Community

**Key Direction 4:** Building and Managing Casey’s Assets

**Key Direction 5:** Achieving Best Practice in Governance at Casey

**MPHWP**
To improve the health and wellbeing of the Casey population and reduce health inequity

**MSS**
Key strategic planning, land use and development objectives

- Active Living
- A Safe Community
- A Socially Connected Community
- Early Childhood & Youth Development
- Food Security
- Healthy Design
- Sustainable Environment
- Diverse & Affordable Housing
- Economic Wellbeing
- Transport Infrastructure

- Community Strategy 2013
- Casey Alcohol Accord 2011-2016
- Casey Municipal Health Management Plan 2012
- Heat Wave Plan 2012
- Liquor Licensing at Council Recreation Reserves Policy 2010
- Municipal Emergency Management Plan
- Community Accord
- Access & Inclusion Policy 2007
- Community Development Principles
- Arts Facility Plan and the Arts Development Plan (to be adopted)
- Events Policy 2012
- Heritage Strategy 2001
- Public Art Policy 2005
- Volunteer Participation Policy 2012
- The Casey Community Facility Plan
- Neighbourhood Model and Community Learning Centres Policy 2013
- Grants and Contributions Policy 2013
- Landscape Policy 2010
- Parks & Trails Strategy 2012
- Playground Strategy 2011
- Sustainability Plan 2010
- Waste Management Strategy 2010-2014
- Biodiversity Enhancement Strategy 2003
- Conservation Strategy 2002
- Landscape Policy 2013
- Water Management Strategy 2010-2014
- Procurement Policy 2012
- Recycling Collection Policy 2011
- Rejuvenation Strategy 2009
- Sustainable Water Use Plan 2008
- Casey Economic Development Strategy 2013 (Working Draft)
- Housing Diversity Statement 2012
- Housing Strategy 2013
- Housing Strategy 2009
- Transport Strategy 2008
- Road Management Plan 2009
- Asset Management Plan
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Cranbourne
Centro Cranbourne

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