

2017-2021

# Stonnington Public Health and Wellbeing Plan



City of  
**STONNINGTON**





Healthy and active communities are stronger and better places to live and provide the foundation for good health and wellbeing.

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# Executive Summary



Healthy and active communities are stronger and better places to live and provide the foundation for good health and wellbeing.

The Stonnington Public Health and Wellbeing Plan (the Plan) is an evidence-based, strategic document to guide Council's planning, policy and strategic direction in response to community health and wellbeing priorities.

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The evidence shows that across many areas, Stonnington residents continue to enjoy higher levels of health and wellbeing than the rest of Victoria, yet there are still some concerning trends. This plan has been developed in response to a series of identified key health indicators and issues.

The City of Stonnington plays a key role to enhance and support the public health and wellbeing of Stonnington residents throughout all life stages. The health of individuals and the community are influenced by the social determinants of health; the conditions in which we live and work, including our built, social, natural and economic environments.



While local governments are not responsible for the provision of hospitals and other medical services traditionally associated with the health sector, Council has a key role in influencing the built and social environment and providing services to improve physical and mental health within the community. Providing spaces, places, services and activities that support good health and wellbeing as part of everyday life will continue to be a key function of Council, in addition to advocacy, policy and strategy development and partnerships with health service providers.

We also acknowledge that individuals, families, communities, the private sector, the education system and all levels of government share responsibility for improving health and wellbeing.

The Plan articulates five overarching priority areas (or pillars) that Council and its partners will prioritise to deliver improved health and wellbeing outcomes for the community.

- 01 / Pillar One  
**Active and Healthy Lifestyle**
- 02 / Pillar Two  
**Community Safety**
- 03 / Pillar Three  
**Vulnerable Communities**
- 04 / Pillar Four  
**Harmful Alcohol and Other Drug Use**
- 05 / Pillar Five  
**Violence and Injury**

Through the implementation of the Plan 2017–2021, Council aims to maintain and improve public health and wellbeing at a local community level. A focus on prevention and early intervention activities to promote the achievement of health and wellbeing goals is central to the effectiveness of the Plan implementation. Over the course of the Plan, Council and service providers may also need to take a flexible and adaptable approach to respond to emerging health priorities.

This plan is consistent with the Victorian Public Health and Wellbeing Plan (2015–2019) that sets out a long term agenda for improving health and social outcomes in Victoria.



# Strategic Priorities 2017–2021



An analysis of Stonnington's health status, in conjunction with community consultation, has identified five overarching priority areas or pillars that Council will aim to address over the next four years. These strategies focus on the areas in which the City can be most effective in improving the health and wellbeing of the community.

## 01

### Pillar One Active and Healthy Lifestyle

- » Promote and provide opportunities for active transport
- » Promote the importance of and provide opportunities for healthy nutritional choices
- » Increase physical activity across all life stages
- » Ensure the built environment supports residents to lead active and healthy lives
- » Encourage local health services to deliver targeted programs to address community health needs

## 02

### Pillar Two Community Safety

- » Provide public spaces and places where people can feel safe and enjoy
- » Recognise Council's statutory role and its contribution to community safety
- » Provide a leadership role in integrated community safety
- » Strengthen community resilience

## 03 / Pillar Three Vulnerable Communities

- » Support the community to age well
- » Minimise health inequalities across groups within the community
- » Support marginalised residents and vulnerable communities
- » Support communities from culturally diverse backgrounds
- » Improve social and emotional wellbeing of young people

## 04 / Pillar Four Harmful Alcohol and Other Drug Use

- » Minimise harm from alcohol
- » Promote smoke free environments
- » Develop partnerships related to minimising harm from pharmaceutical and illicit substances

## 05 / Pillar Five Violence and Injury

- » Support community initiatives related to the prevention of violence
- » Provide supportive work practices across Council business related to gender equity and preventing violence
- » Promote initiatives and campaigns designed to reduce injury



# Our City

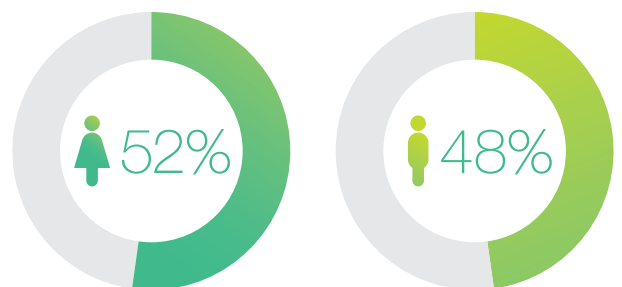
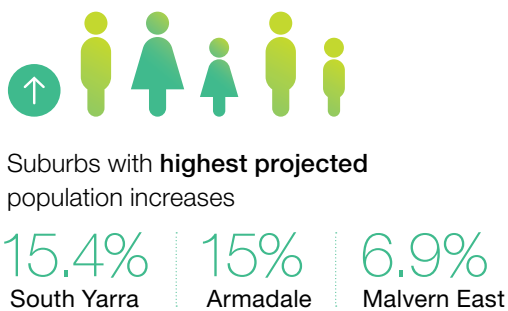
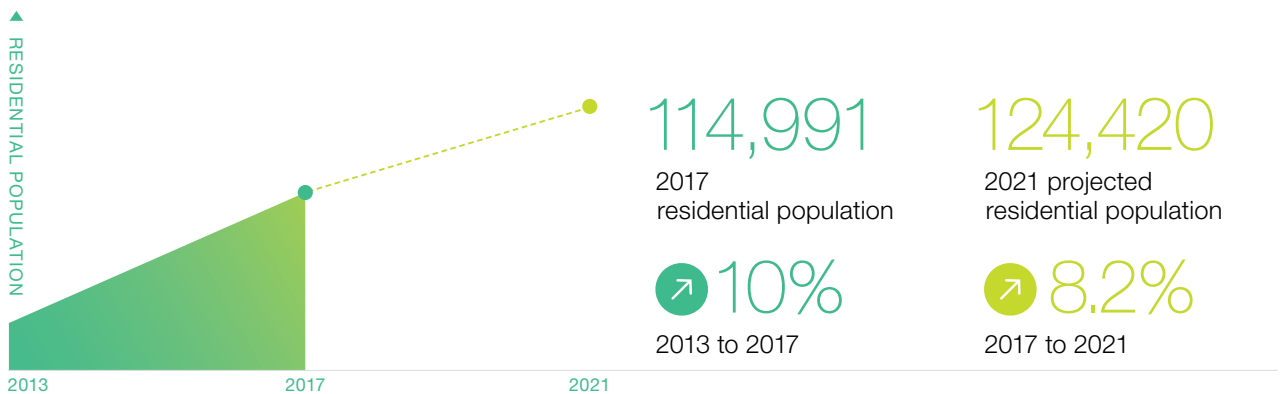


The Stonnington Local Government Area (LGA) incorporates residential and commercial areas in the inner south-east of Melbourne. Located 10km east of Melbourne, it covers 26km<sup>2</sup> including the major activity centres of Prahran, Malvern, Armadale and Chadstone.

Stonnington is one of the most advantaged LGAs in Victoria, alongside Bayside, Boroondara, Nillumbik and Manningham. However, the City has pockets of significant disadvantage. The distribution of household earnings shows great disparity between high and low income households. We have a unique

demographic make-up, with many people living at the very lowest end of the socio-economic scale and many at the highest end of the scale. This brings specific challenges for health, wellbeing, inclusion and community connectedness.

Stonnington is comprised of two Statistical Local Areas (SLAs); Malvern and Prahran SLAs. The Malvern SLA encompasses the suburbs of Malvern and Malvern East, part of the suburb of Glen Iris and the eastern parts of the suburbs of Armadale and Toorak. The Prahran SLA includes the suburbs Prahran, South Yarra and Windsor, and the western parts of Armadale and Toorak.







The age structure of the City of Stonnington provides key insights into the demand for services and facilities into the future. Compared to Greater Melbourne, the City of Stonnington has larger percentages of those aged 25 to 29 and 30 to 34, yet has smaller percentages of people aged 0 to 4 and 5 to 9.

The projected largest increase in persons within the City of Stonnington between 2017 and 2021 is forecast to be in the ages 35 to 39, while the largest age group in 2021 will be those aged 25 to 29 years.

Knowing when and where to deliver age-based services is an essential part of public health planning within the City of Stonnington. Mapping the distribution of life stages across the municipality provides key information for efficiently targeting and delivering key services and informing policy and strategy direction.

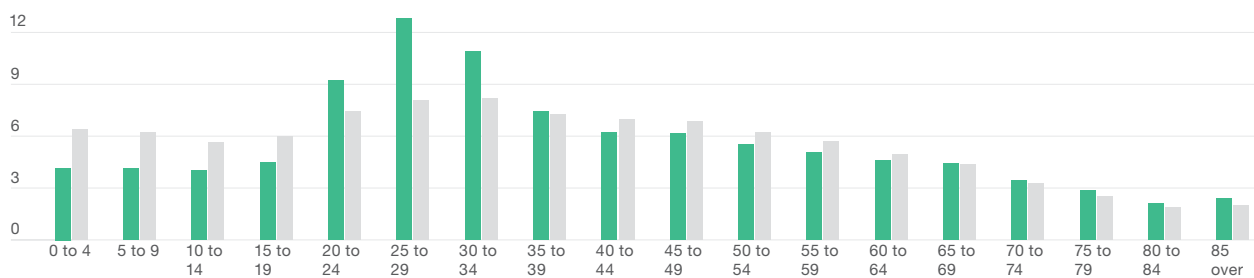
Areas across the municipality forecast for the highest growth in those aged 0 to 4 will influence the planning for and delivery of maternal and child health care services. Population growth in those aged 75 years and over has implications for Council decision making on the role it will play in strategic policy development and service delivery for older people across the municipality.

Anticipated need for Council health-related service delivery for people aged 35 to 64 remains relatively low, as 96% of people are in employment and generally do not rely on Council assistance. Quality and diverse activities provided by arts, libraries and aquatic facilities are important for this age group to remain active and connected to the community. In terms of individual health, health screening is an important proactive initiative that contributes significantly to the early detection of potential chronic disease later in life.

### AGE STRUCTURE, 2016

% OF TOTAL POPULATION

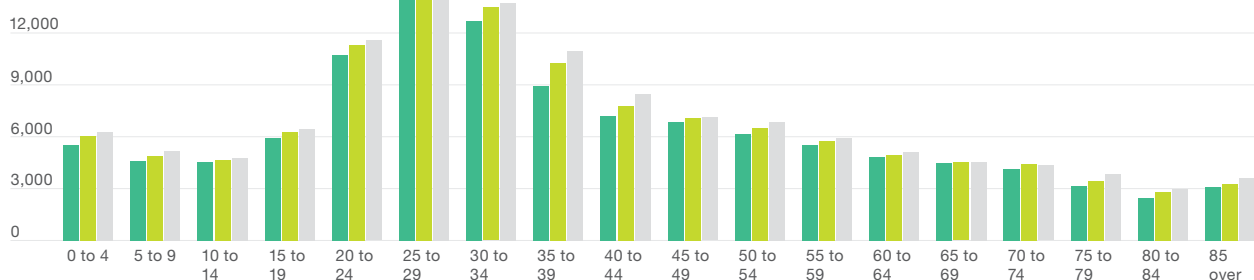
● City of Stonnington ● Greater Melbourne



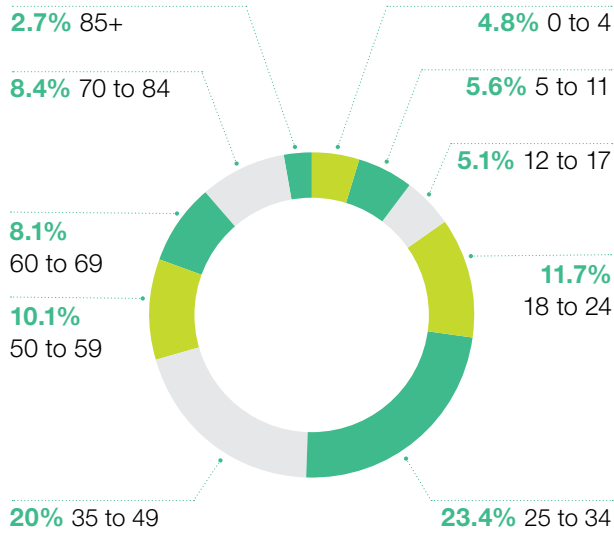
### FORECAST AGE STRUCTURE

PERSONS

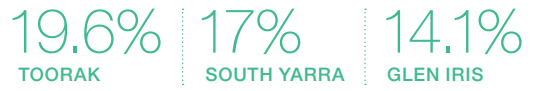
● 2017 ● 2020 ● 2022



### Age



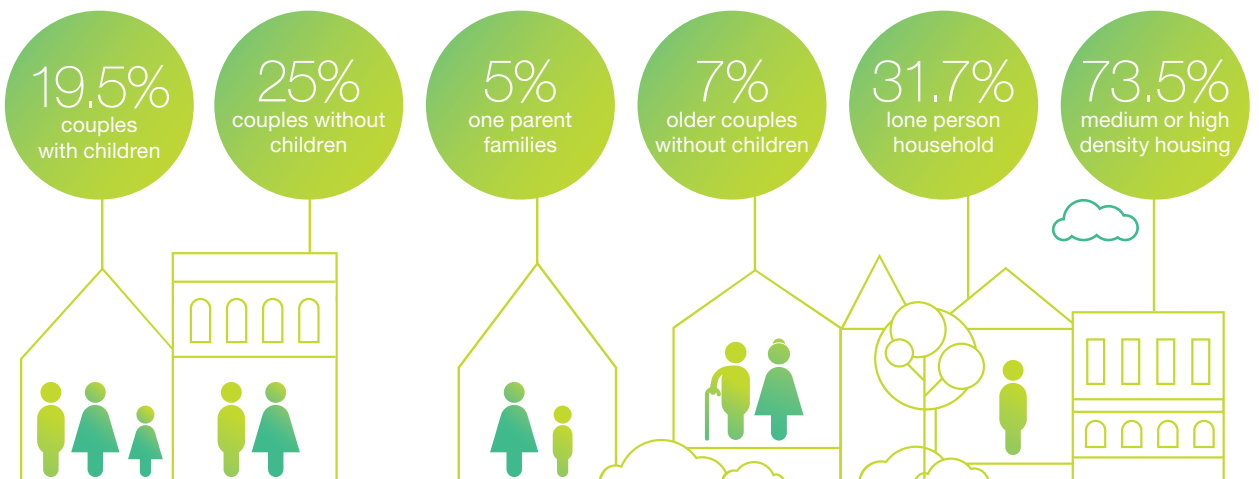
» Suburbs with highest increases for those age 0 to 4



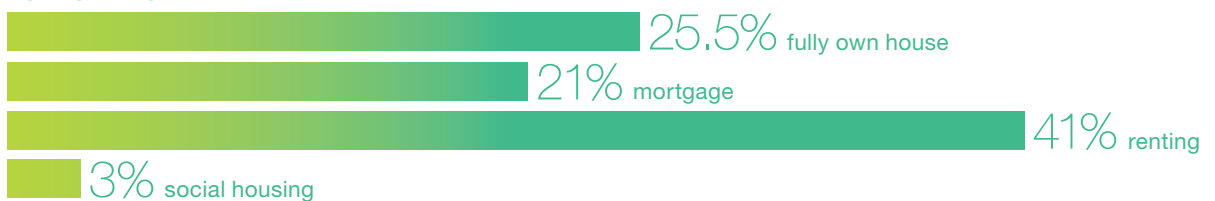
» Suburbs with highest increases for those aged 75+



### Households



### HOME OWNERSHIP





The current high proportion of lone person households and continued growth in those living alone, particularly among older residents, reinforces the need for continued delivery of community events and transport, the facilitation of diverse activities, including committees and groups and the provision of recreation and leisure programs.

The continued growth in cultural diversity of the City of Stonnington is supported by Council's commitment to creating communities that foster the hopes, wellbeing and aspirations of all people and recognises that all persons have equal rights in the provision of and access to services and facilities. Council will ensure that all residents feel included, have access to services and can access relevant information through translated materials, committees and groups and the delivery of culturally diverse activities and programs.

High and medium density living is a significant component of the housing market within Stonnington and likely to attract young adults and couples to the area, living in smaller households, increasing the need for public transport and access to open space. With the average household size expected to decline over the next four years and high proportion of residents renting, Council has an active role to play in ensuring high standards of neighbourhood character, amenity and access are maintained.

Balancing the needs of those renting and home owners in relation to community engagement and events and activities will also be a continued focus of Council.

### Cultural Diversity

**31%**  
born overseas

**22%**  
non-english speaking background

**4%**  
were born in China  
*(Most popular country of overseas birth)*

**0.2%**  
are Indigenous

#### Top 5 languages other than English



### Economy

Gross Regional Product  
**\$8.34b**

Jobs within Stonnington  
**44,896**

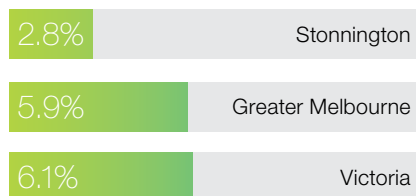
Weekly income  
**\$1,042**  
median per week

Mortgage  
**\$2,200**  
median per month

Family income  
**\$2,680**  
median per week

Rent  
**\$1,733**  
median per month

#### UNEMPLOYMENT



# Community Health and Wellbeing Profile

## General Health



53% rate their health as **excellent or very good**



8.4% rate their health as **fair or poor**



Health Care Card holders (low income earners) generally have more health issues compared to the rest of the Stonnington population

## Wellbeing



Residents score an average **resilience score** of **6.4/8**




Residents rate their general **satisfaction with life** at **7.8/10**




**51%** of residents feel they live in a **close knit neighbourhood**

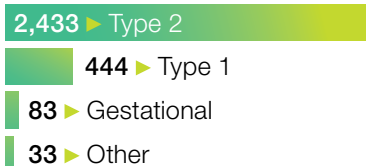
### Health Conditions

1,812  residents have **Alzheimer's**



2.8%  projected annual growth rate


52%  of residents have at least one **chronic disease** (Heart disease, stroke, cancer, high blood pressure, diabetes), slightly higher than the Victorian average



### Diabetes



### Behaviours

4% of residents are **daily smokers**   


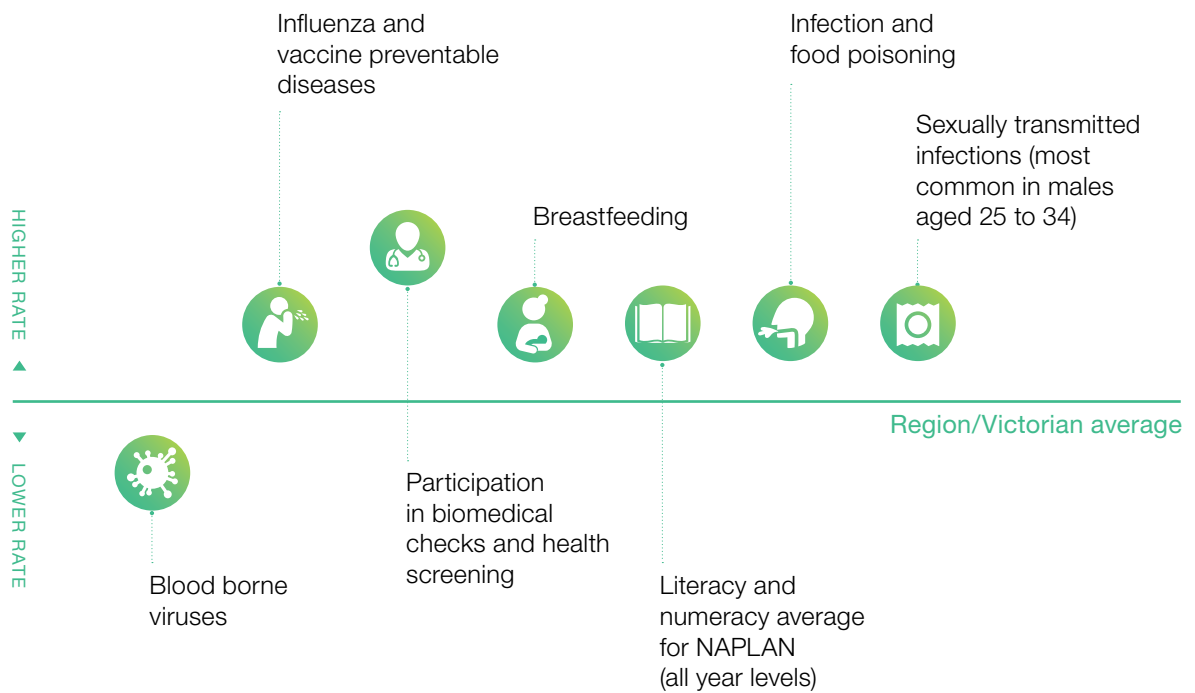
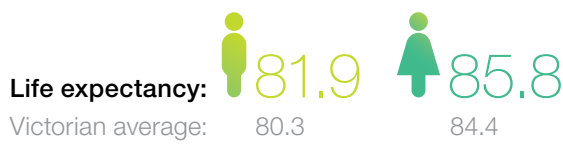
77%  of residents drinking habits expose them to a higher risk of **lifetime alcohol related harm**

31%  of residents **sit for up to eight hours per day**, a risk factor for many health conditions 



# Community Health and Wellbeing Profile

## Rates / Averages

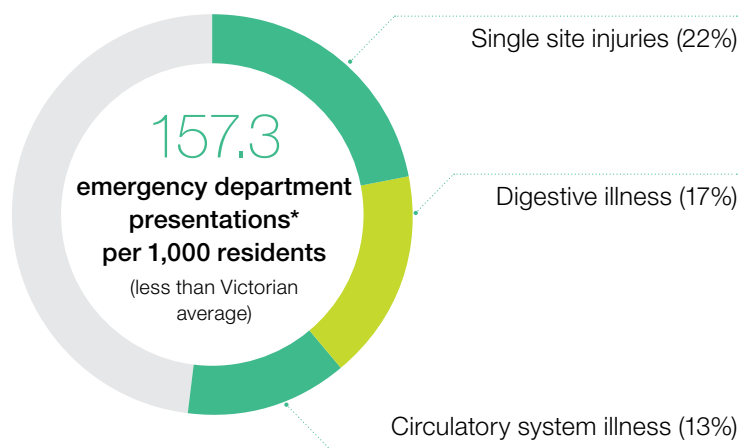
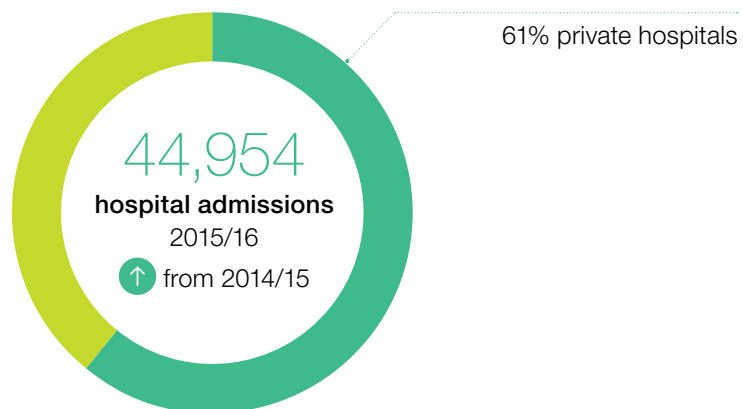




### Service Usage



per 1,000 members of the population



\*People aged 20 to 29 present most frequently at Alfred Emergency Department



## Significant Community Health Profile Changes

Findings from the 2014 Victorian Population Health Survey show that Stonnington continues to perform better than the Southern Metropolitan Region (SMR) and the State overall across a number of health areas, yet there are still some concerning trends, such as increased rates of some chronic disease and high levels of alcohol related harm.

Furthermore, rates of many sexually transmitted infections, vaccine preventable diseases and food borne illnesses remain higher than SMR and Victorian rates.

### KEY CHANGES IN THE HEALTH STATUS OF STONNINGTON RESIDENTS AS MEASURED BY THE 2011/12 AND 2014 VICTORIAN POPULATION HEALTH SURVEYS

+ Positive Change	~ Remained fairly stable	- Negative Change
Proportion of daily smokers decreased from 6.9% to 4.2%	The number of obese residents has increased by just 0.1% (9.7% to 9.8%)	Physical activity has reduced, with 49% of residents meeting guidelines as compared to 73.5% previously. <sup>2</sup>
Proportion of overweight residents reduced from 39.7% to 31.7%	Self-reported health status is similar, with 52.5% rating their health as excellent/very good, compared to 51.1% previously	Rates of cancer (7%) and arthritis (16.8%), have increased to 9.3% and 21.7% respectively
The number of residents with high/very high levels of psychological distress reduced from 12.6% to 8.4%	A high proportion of residents are continuing to drink in ways that expose them to both short and long term alcohol related harm <sup>3</sup>	Participation rates in pap smear testing reduced by 1.2%

**2** Determining compliance in 2011/12 was based on 1999 Australian Guidelines (accruing 150 minutes or more of moderate-intensity physical activity on a regular basis over one week), while compliance for the 2014 survey referred to the updated 2014 Australian Guidelines (accruing 150 minutes or more of moderate-intensity physical activity or 75 or more minutes of vigorous physical activity and doing muscle-strengthening activities on at least two days on a regular basis over one week).

**3** Determining the level of risk associated with alcohol-related harm changed between the 2011/12 and 2014 Population Health Surveys. In 2011/12, the level of risk was determined by referencing the 2001 National NHMRC Guidelines, which highlighted that 48.7% of residents were in risky or high risk categories related to short term risk of alcohol related harm and 6.6% were in risky or high risk categories related to long term risk of alcohol related harm. As part of the 2014 survey the assessment of risk was determined using the 2009 National NHMRC Guidelines, which highlighted that 54% of residents had an increased risk of short term alcohol related harm, and 76.7% had an increased risk of lifetime risk of alcohol related harm.





## What is a Municipal Public Health and Wellbeing Plan?



Under the *Victorian Health and Wellbeing Act of 2008*, Council is required to prepare a Municipal Public Health and Wellbeing Plan (referred to as the Stonnington Public Health and Wellbeing Plan) within 12 months of Council's general election in order to fulfil its responsibility to protect, improve and promote public health and wellbeing in the municipality.



### A Municipal Public Health and Wellbeing Plan must:

- » **01** Include an examination of data about health status and health determinants in the municipal district.
- » **02** Identify goals and strategies based on available evidence for creating a local community in which people can achieve maximum health and wellbeing.
- » **03** Provide for the involvement of people in the local community in the development, implementation and evaluation of the public health and wellbeing plan.
- » **04** Specify how the Council will work in partnership with the Victorian Department of Health and other agencies undertaking public health initiatives, projects and programs to accomplish the goals and strategies identified in the Municipal Public Health and Wellbeing Plan.
- » **05** Ensure consistency with the Council Plan and Municipal Strategic Statement.
- » **06** Consider climate change and potential implications for community members.

The Stonnington Public Health and Wellbeing Plan 2017–2021 is a high-level strategic document to guide Council's planning, policy and strategic direction in response to community health and wellbeing priorities. Like any plan, it is based on certain assumptions and if any assumptions are changed, then the Plan outcomes change. The intention of the Plan is to give general direction to the community

and partners about the City of Stonnington's health and wellbeing priorities from an evidence-based perspective, as well as general direction to the organisation on future budget and advocacy process.

The plan is subject to review and may change as circumstances change. Council's financial support to the Plan will be subject to Annual Budget processes.

## Local Government's Role in Health and Wellbeing

While local governments are not responsible for the provision of hospitals and other medical services traditionally associated with the health sector, Council has a key role in influencing the built and social environment to promote good health within the community.

Local government takes a population based approach to health and wellbeing by focusing on the underlying causes of ill health to improve the health of the community as a whole. While Council's health and wellbeing programs will support programs delivered by State and Federal Governments, Council will place emphasis on implementing programs that improve the lives of residents of the City of Stonnington.

Local businesses, community groups, allied health services, schools and government departments and agencies will all be encouraged to play a part in the delivery of this plan.

Over the next four years, our key role will be:

- » **Leadership:** On health related policy issues such as land use, housing and life stage planning.
- » **Coordination:** Coordinate health and wellbeing initiatives in partnership with key stakeholders that deliver on priority health outcomes. Current partner agencies include the Southern Melbourne Primary Care Partnership, Star Health, Caulfield Community Health, Women's Health in the South East (WHISE) and Prahran Mission.
- » **Advocate:** On behalf of our community on health and wellbeing issues.
- » **Service Provider:** Deliver early childhood services, home and community care services, immunisation, libraries, food safety, environmental health, recreation and aquatic facilities, emergency management, transport, parks, waste management, recreation, cultural activities and creating safe public places.

## How was the Plan Developed?

Development of the Stonnington Public Health and Wellbeing Plan included an analysis of the health status of the Stonnington community using recognised data sources including but not limited to:

- » Hospital Admissions
- » Victorian Population Health Survey
- » Census of Population and Housing; and
- » Department of Health and Human Services: Victorian Admitted Episodes Dataset, Health Information Surveillance System and Alcohol and Drug Information System.

The collection of this information from the community is a vital part of the development of the Plan. In developing the current plan, Council undertook several engagement strategies to collect information about the health and wellbeing priorities of the community. Community members were asked about their priorities for improving health and wellbeing. They were also asked to provide feedback on the Council services that are working well to promote good health, and if there were any areas for improvement.

Information was gathered via two community engagement surveys available online and in hard copy at several Council locations between December 2016 and March 2017. In addition to the community surveys, Council staff attended a range of community group meetings, including those from a variety of cultural backgrounds, a neighbourhood action group, youth leaders and Council's Access and Inclusion Committee. Council officers also attended the Pets in the Park event, offering the survey for completion and free health checks.

There were a total of 360 completed surveys and over 750 comments received. Males represented 41% of respondents and females 59%. The majority of respondents were aged between 45 to 54 (23%) and 55 to 64 (23%). Respondents were positive about their health, with 85% rating their health as good or very good.



## Resident Health Priorities

Across all engagement methods ‘promoting an active and healthy lifestyle’ and ‘community safety’ were the most common health and wellbeing priority areas for Stonnington residents. Respondents also believed that crime, violence and injury, alcohol and other drug harm and low rates of physical activity, were the main factors contributing to the burden of ill health and disease within Stonnington.

Additionally, many survey respondents identified access to open space as an important factor to improving current health status, closely followed by access to health and support services, and

while the community generally believes that provision of open space was an area that Council was doing well, it was also identified as an area to prioritise into the future.

Engagement through forums and surveys found older residents identified social isolation as a barrier to maintaining their good health. The importance of open space was a prominent theme through all methods of community engagement, particularly in relation to improving the rates of physical activity and in promoting a connection with nature.

### RESIDENT HEALTH AND WELLBEING PRIORITIES



### SUMMARY COMMENTS RECEIVED BY STONNINGTON RESIDENTS REGARDING COUNCIL OPERATIONS

Things working well	Things to improve	Biggest challenges faced by Council	Population groups to focus on
Parks and recreational facilities	Better promotion and awareness raising of Council services, programs and events offered	Increasing population growth and development	Elderly
Community events	More parks and open spaces	Continued provision of open spaces	People with a disability
Maternal and Child Health Services	Better bike paths and infrastructure for cyclists	Increasing traffic	People who are homeless or sleeping rough

These issues are addressed in the detailed strategies and actions.



## Implementation of the Plan

A focus on prevention and early intervention activities to promote the achievement of health and wellbeing goals is central to the effectiveness of the Plan implementation. The City of Stonnington is well placed to contribute to a healthier community by:

- » Leading by example and working within the organisation to ensure Council is taking action to improve community health and wellbeing
- » Developing partnerships with relevant organisation to address identified needs and issues
- » Educating and raising awareness of steps individuals can take to improve health and wellbeing
- » Promoting health and wellbeing messages
- » Developing and implementing public health policies and programs, and
- » Coordinating and providing key health services, including immunisation.

Over the course of the Plan, Council and service providers may also need to take a flexible and adaptable approach to emerging health priorities and have the ability to develop specific partnerships for particular projects, as required.

The strategies and actions detailed within the Plan outline the timeframe for implementation, the life stage they are targeted towards and the wellbeing outcome to be used to measure progress. 'Ongoing' relates to the lifespan of the plan (2017–2021).

Wellbeing outcomes include:

- e Equity
- i Inclusion
- s Sustainability
- hw Personal health and wellbeing
- cc Community connectedness
- cs Personal and community safety



## Evaluation of the 2013–2017 Plan

An examination of the Plan annual reviews demonstrates that Council implemented a range of projects and initiatives between 2013–2017. Key health and wellbeing achievements over the previous four years include:

- » Completed research to better understand the health needs and priorities of Health Care Card holders
- » Revised, reprinted and distributed Family Violence Wallet Card, Mental Health Services Booklet and Emergency Relief and Material Aid Booklet
- » Implemented the Stonnington Cycling Strategy
- » Completed more than 50 impact assessments of planning permits with a liquor licence to minimise noise and amenity impacts to the community
- » Delivered a range of workshops with a focus on behavioural change to improve road safety engaging individuals, including nearly 4,000 participants completing the Fit to Drive Program
- » Completed accessibility improvement works at Chapel Off Chapel, Malvern Town Hall Foyer and Wattleree Early Learning Centre
- » Provided approximately 138,000 hours of domestic assistance/home care support
- » Administered over 12,000 vaccines to infants and students
- » Formed Homelessness Round Table in collaboration with community health agencies to better understand and respond to homelessness within Stonnington
- » Expanded the number of CCTV cameras in the Chapel Street precinct to 18 as part of the Chapel Street Community Safety Camera Program
- » Convened the Community Safety Committee which identified and responded to numerous safety and amenity concerns across the municipality
- » Delivered the Active Living Program including yoga, thai chi, qigong and mums and bubs fitness, attracting over 2,000 participants each year
- » Installed a Poolpod (disability access platform) at Harold Holt Swim Centre
- » Delivered 57 group fitness classes per week to over 2,000 participants a month
- » Delivered more than 1,500 hours annually of programs run at the Prahran Child and Youth Wellbeing Community Hub
- » Provided more than 400,000 annual hours of childcare through four childcare centres
- » Created an additional 6,800sqm of open space (purchased 14 properties for conversion to open space)
- » Established an inter-agency protocol for working with people with hoarding behaviours and/or living in squalid environments, and
- » Constructed a pedestrian boardwalk on the banks of the Yarra River and improved 2.2kms of the Yarra River bike path as part of the Yarra River Biodiversity Linkages project.



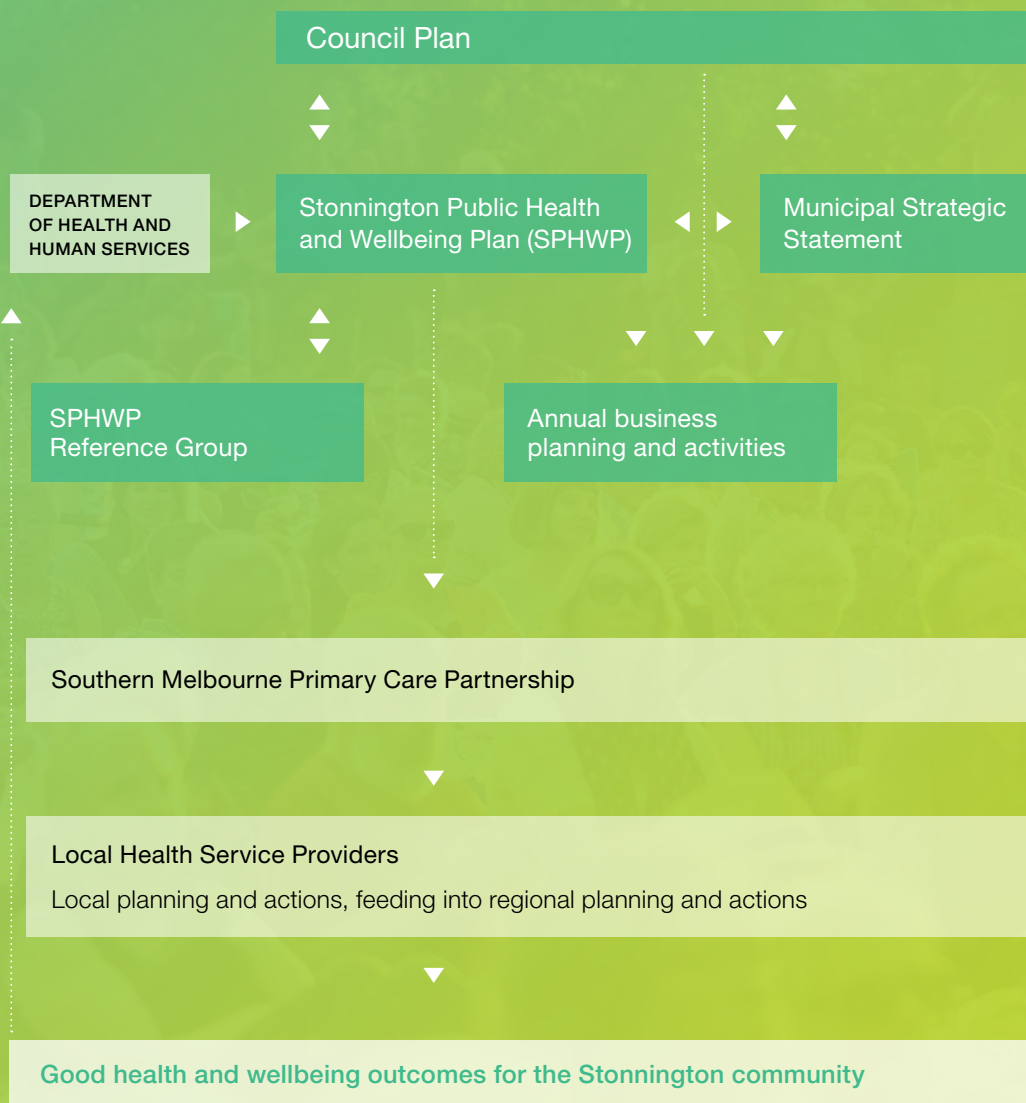
## Policy Context



The Stonnington Public Health and Wellbeing Plan is one of Council's three key plans, sitting underneath the Council Plan and alongside the Municipal Strategic Statement. The Plan should inform and be considered in the development of all other Council policies.

The Plan operates in conjunction with several local and State Government frameworks.

**Integrated Planning Framework**





Council's vision is that 'Stonnington will be an inclusive, healthy, creative, sustainable and smart community'.



## Council Plan

Ensuring the community is supported to develop and maintain high levels of health and wellbeing is a priority of the City of Stonnington.

Improving community health and wellbeing outcomes through quality service delivery and strategic partnerships is a priority within the Council Plan and underpins the Plan.

### Council Plan pillars

- » **Community** An inclusive City that enhances the health and wellbeing of all residents, where people can feel safe, socially connected and engaged.
- » **Liveability** The most desirable place to live, work and visit.
- » **Environment** A cleaner, safer and better environment for current and future generations to enjoy.
- » **Economy** A City that will grow its premier status as a vibrant, innovative and creative business community.

## Municipal Strategic Statement

The Municipal Strategic Statement (MSS) outlines the key land use and development objectives of the municipality and the strategies for achieving them. It provides the basis for the use of zones and other land use controls within the planning scheme.

The MSS includes a number of broadly health-related policies focusing on the natural environment and open space, the character of activity centres, residential amenity, distribution of community services, integrated transport and licenced premises policies.





## Emergency Management – Council’s Role

Emergency management contributes to community safety through the reduction of the impact of emergency related events that can cause death, injury, loss of property and community disruption.

The Emergency Management Act 1986 requires Council to prepare and maintain a Municipal Emergency Management Plan (MEMP) for the municipal district. The Plan identifies and documents the multi-agency arrangements in place for the prevention of, response to and recovery from emergencies that affect the municipality.

Emergency management planning is a multi-agency responsibility with Council playing a dual role of participant and facilitator of the planning process through the appointment of a planning committee.

The planning process includes the identification of risks that are likely to affect the assets and people in the municipality and the steps taken to address those risks.

The MEMP provides information to emergency services, other organisations and the community on how risks will be dealt with and the management arrangements for emergencies including:

- » Planning
- » Prevention/mitigation
- » Response
- » Relief and recovery, and
- » Special plans (Sub Plans)
  - › Animal welfare
  - › Case management
  - › Flood emergency
  - › Heatwave
  - › Influenza pandemic
  - › Interagency hoarding protocol
  - › Rooming house closure protocol.

The MEMP is regularly reviewed and updated, and audited every three years.



## Victorian Public Health and Wellbeing Plan 2015–2019

The Victorian Public Health and Wellbeing Plan sets out a long term agenda for improving health and social outcomes in Victoria. The plan has six priorities which have guided and will continue to guide actions in addressing the increasing impact of chronic disease and persistent inequalities in health status.

The priority areas for the Victorian Public Health and Wellbeing Plan are:

- » Healthier eating and active living
- » Tobacco-free living
- » Reducing harmful alcohol and other drug use
- » Improving mental health
- » Preventing violence and injury, and
- » Improving sexual and reproductive health.

Each priority area needs to take into consideration its relevance across each life stage:

- » Starting well (0 to 11)
- » Resilient adolescence and youth (12 to 24)
- » Healthy adulthood (25 to 64)
- » Active and healthy ageing (65+)

The Victorian Public Health and Wellbeing Plan 2015–2019 has informed the priority health pillars of the Plan.





01 /

## Pillar One Active and Healthy Lifestyle

Enhance the health and wellbeing of Stonnington residents by providing and promoting opportunities for people to undertake regular physical activity, maintain a healthy weight and eat a healthy diet.

## Chronic Conditions

9.8%  31.7%   
Obese Overweight

Fully immunised 


93% at 12 to 15 months

89% at 24 to 27 months

92.5% at 5 years


 6%  
meet fruit and vegetable consumption guidelines

 4.6 GP attendances per 1,000 of the population\*  
\*Lowest rate across the region between 2014/15





 51.6%  
of residents have at least one **chronic disease**



 333.9 influenza cases per 100,000 persons\*  
\*Highest rate across the region


 2.5%  
of residents have **diabetes**, half the Victorian average


 High blood pressure and arthritis are two most common chronic diseases

## Physical Activity

 49%   
of residents report sufficient weekly exercise  
52%  48% 

 30.8%  
sit for eight hours or more each day  


27%   
walk for transport 4+ days per week

5.8%   
cycle for transport 2-3 days per week

37%   
participate in organised physical activity

▼

Nutritious food, regular physical activity and maintenance of a healthy weight are vital for healthy growth and development in childhood and good health throughout life. These important health factors provide a foundation for coping with the stressors of daily life, improve people's general sense of wellbeing and reduce the long-term risk of chronic disease.

Ultimately, individuals have responsibility for maintaining a healthy lifestyle, but Council can play a key role to ensure our physical environment, facilities, infrastructure, programs and services encourage people to be active at home, work or within the community.

Sport and recreational activities are a vital part of community life, providing outlets for social, physical and mental health and wellbeing. The community is becoming increasingly diverse with particular needs for flexible, affordable and casual access to sport and recreation for all ages.

Sporting facilities face significant and competing pressure as our population, sporting diversification and female participation grows. Significant investment is needed to meet growing demands, including lighting and new turf technology to allow for flexible and higher usage levels. Ongoing densification impacts on community infrastructure and services that are already beyond capacity (sports grounds, parks, community facilities etc), particularly in areas where there is insufficient space to continually expand facilities to cater for the escalating demand associated with densification.



Passive recreation is also important to community health. Council influences the built and natural environment, which is considered a key preventative health strategy in encouraging passive physical activities such as cycling, playing or walking. It is crucial that our built environments encourage physical activity to help promote quality of life and a sense of wellbeing.

The provision and maintenance of parks and reserves and sporting ovals, open space, libraries, water fountains, recreation centres and youth and aged care services are all fundamental in supporting the community to be active and healthy. Council also offers a range of recreation and leisure programs for older residents through Council facilities and programs including outdoor exercise classes and senior citizens community centres.

Council will continue to provide the community with access to high quality and responsive services, through future decisions made in the context of a constrained financial environment due to rate capping, changing demographics of the population and identified emerging health risks and trends.



Interacting with parks and open spaces in Stonnington makes an important contribution to reducing chronic disease risk factors, increasing social inclusion and building stronger communities.

Overwhelmingly, throughout every engagement activity, our community tells us that open space and liveability is the most important issue for Council and access to open space is important to improving their health. At every opportunity, Council will seek to acquire additional land for open space, improve linkages between open space and improve the quality and amenity of existing open space. Creating open space is about the health and wellbeing of everyone who works, plays or lives in Stonnington.





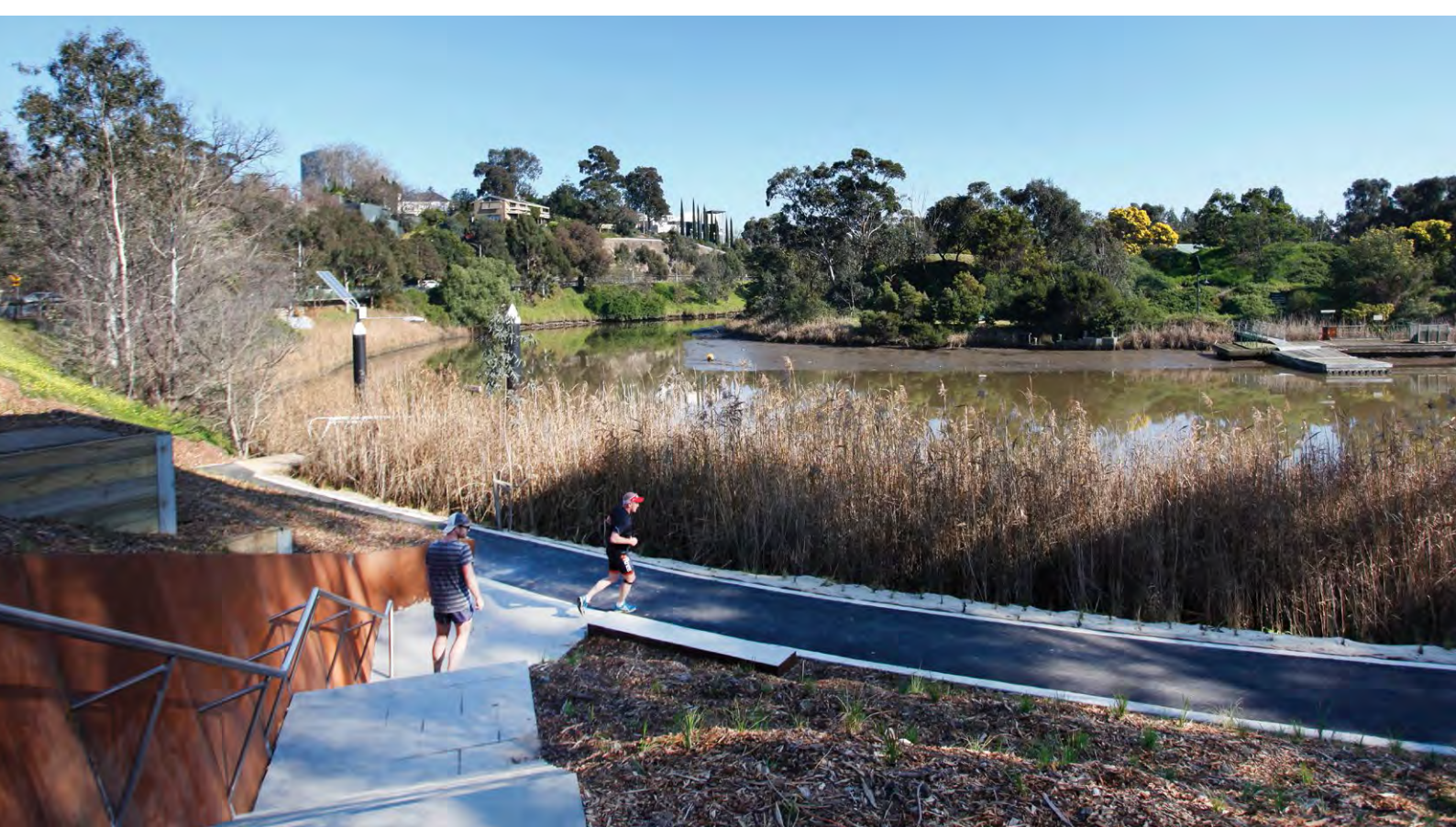
Pedestrian and shared pathway links within inner urban Melbourne are well used and increasingly demanded by the community. Such links provide cost effective and healthy transport alternatives to vehicular travel, while at the same time encouraging walking and recreational activities for residents of all ages. Council aims to enhance the physical and social environments in order to support more people to cycle, and people to cycle more often.

We seek to invest in cycling facilities, including trails, shared paths, on-road bike lanes and associated infrastructure (such as signage, resting places and parking facilities), as well as programs and services to promote and encourage participation. Good access to key local destinations, such as shopping, education, recreation and employment locations is also important. Over the life of the Plan, Council will advocate for the development of safe, accessible, legible, functional and appropriate cycling options and initiatives to encourage participation in cycling and a culture of sharing space.

Food insecurity amongst lower income residents leads to greater consumption of inexpensive, energy-dense and nutrient poor foods. Encouraging residents to eat the required amount of fruit and vegetables and drink plenty of water can be achieved through:

- » Delivery of education workshops
- » Ensuring food provided in Council child care facilities meets high nutrition standards
- » Providing fresh food options at all catered Council events, programs and activities, and
- » Promoting the availability of drinking fountains across the municipality.

Immunisation is a simple, safe and effective way of protecting individuals and the broader community. Council is dedicated to providing a safe, convenient service that aims to achieve the best immunisation coverage possible, with a particular focus on increasing the overall rate to above the required level of 95%.





## Strategies and Action Plan

Strategic priorities within the **Active and Healthy Lifestyle** pillar over the next four years aim to provide services, facilities, programs, environments and infrastructure which enable people to be physically active, and to also increase knowledge and awareness of individual behaviours needed which maintain and promote high levels of health and wellbeing.

ACTION	TIME FRAME	LIFE STAGE	WELLBEING OUTCOME
<b>» Promote and provide opportunities for active transport</b>			
Maintain existing cycling and footpaths to a high standard	Ongoing	All	e i s hw cc cs
Facilitate the development of safe, accessible, functional and appropriate cycling options and network initiatives to improve access to local places and to encourage cycling and a culture of sharing space	Ongoing	All	e i s hw cc cs
<b>» Promote the importance of and provide opportunities for healthy nutritional choices</b>			
Promote the provision of healthy food and drink options through development and endorsement of a healthy catering policy and guidelines (venue hire, Council child care, etc.)	Ongoing	All	hw
Work with sporting clubs to encourage and facilitate the implementation of healthy eating options	Ongoing	All	hw
<b>» Increase physical activity across all life stages</b>			
Develop a framework to link and promote active recreation opportunities	2018–2019	All	e i hw
Work in partnership with community organisations to increase the number of active recreation opportunities	Ongoing	All	e i hw
Develop a Playground Strategy	2018–2019	0 to 11 12 to 24	i hw cc cs
Provide opportunities for physical activity through long-term recreation planning and service delivery	Ongoing	All	e i hw
Review the sportsground allocation and price (charging) policy to address imbalance and inequity	Ongoing	All	e i hw

ACTION	TIME FRAME	LIFE STAGE	WELLBEING OUTCOME
<b>» Increase physical activity across all life stages (continued)</b>			
Increase the use of sharing important school based infrastructure with the broader community for sports and recreation	Ongoing	All	e i hw
Provide education and raise awareness of initiatives, projects and strategies designed to encourage positive health and wellbeing through every life stage	Ongoing	All	e i hw
<b>» Ensure the built environment supports residents to lead active and healthy lives</b>			
Continue to implement Strategies for <i>Creating Open Space and Public Realm Strategies</i>	Ongoing	All	e i s hw cc cs
Promote the use of <i>Healthy By Design: A guide to planning environments for active living</i> across Council departments	Ongoing	All	e i s hw cc cs
Ensure all new and refurbished sport and recreation facilities meet universal design principles and sport-specific standards	Ongoing	All	hw
Ensure the provision of shade is incorporated into initial planning, design and refurbishment of outdoor spaces	Ongoing	All	hw
Strategically invest in open spaces, sporting fields, community facilities and public realm to optimise use according to community needs	Ongoing	All	e i s hw cc cs
<b>» Encourage local health services to deliver targeted programs to address community health needs</b>			
Coordinate health and wellbeing initiatives in partnership with key stakeholders (e.g. oral health programs, Communities that Care and the Victorian Achievement Program)	Ongoing	All	i hw
Encourage and promote awareness of campaigns for immunisation and vaccine preventable diseases (e.g. measles, influenza), particularly for those in high risk groups (older residents, those in public housing)	Ongoing	0 to 11 65+	hw
Identify partnership and funding priorities for prevention and early intervention initiatives which meet emerging needs	Ongoing	All	hw
Encourage and promote awareness of campaigns for preventative health screening and education related to diabetes and cancer (i.e. bowel cancer, skin cancer checks, etc)	Ongoing	25 to 64 65+	hw

Key e Equity i Inclusion s Sustainability hw Personal health and wellbeing cc Community connectedness cs Personal and community safety



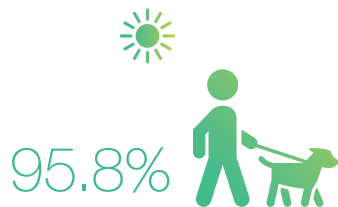


02 /

# Pillar Two Community Safety

Provide a safer community for everyone  
who lives, works and visits Stonnington.

## Resident perceptions



of residents **feel safe** walking alone during the day



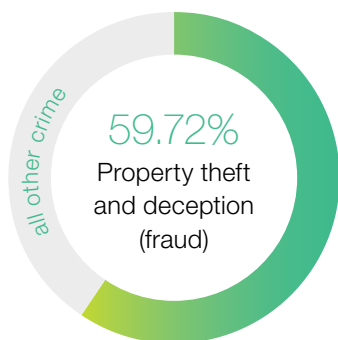
of females said they felt **safe walking at night**



of residents believe CCTV reduces the occurrence of crime

74.1% residents agree that their neighbourhood can be trusted

## Crime



Over the past 12 months



Theft of, and from motor cars continues to be a concern.



Drug offences have remained stable over the past 12 months

## Council Services (per year)

Council inspects

1,099  
food premises



Council spends

\$500K on graffiti removal

Council removes approximately one MCG worth of graffiti per year



2,000+  
**community safety request responses** per year (noise and amenity issues)

20 community safety cameras in Stonnington

448  
**nuisance investigations** under the *Public Health and Wellbeing Act*



▼

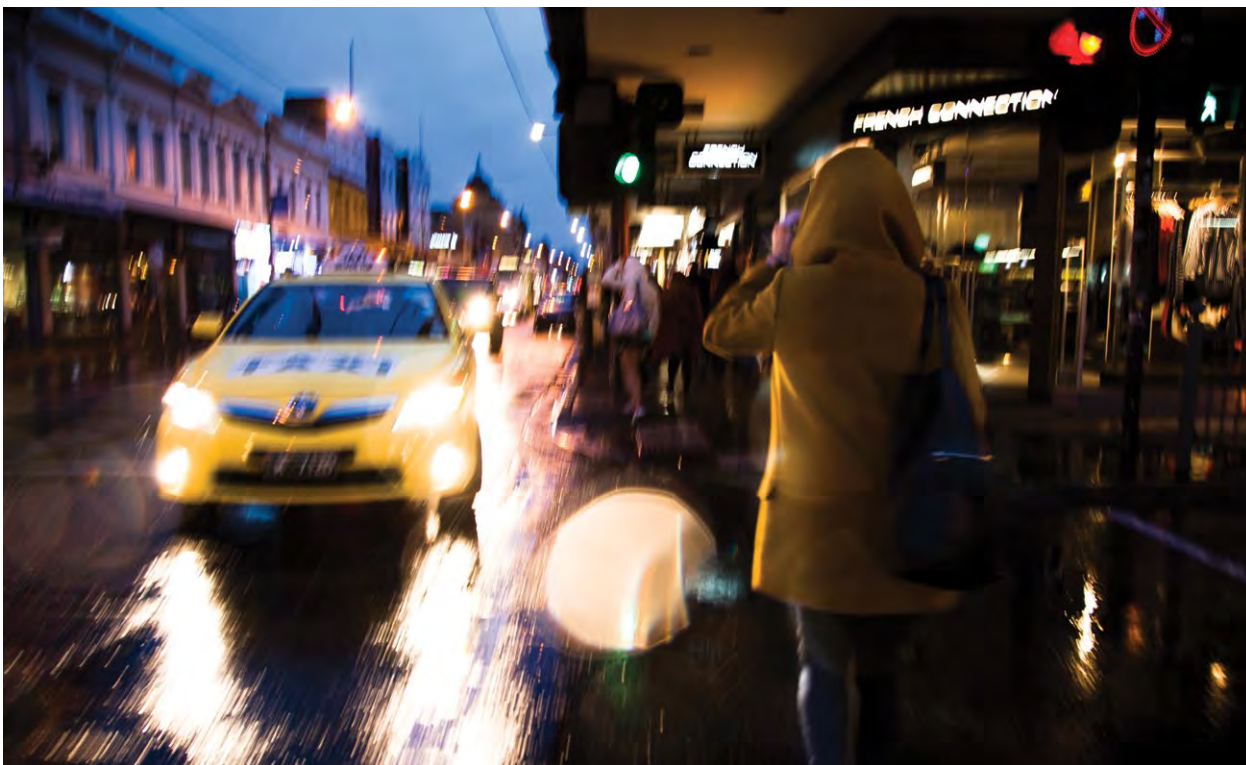
Stonnington residents have identified that feeling safe is a high priority for the community.

Community safety is not only about reducing and preventing crime; it is also about people feeling safe. Perceptions of safety, real or perceived, can often impact how safe a person feels and also, how they interact within their community. Perceptions of safety can be negatively influenced by media coverage of crime, especially violent and more sensationalised crime. Council acknowledges that the experience of and perceptions of safety will differ greatly across the City.

Issues and factors that can also impact community safety, include:

- » Safety in the home
- » Feeling and being safe in public places, especially at night
- » Road and pedestrian safety
- » Graffiti
- » Property damage
- » Public transport safety
- » Water safety, and
- » Crime rate.

Community safety is a shared responsibility of government, business and residents in the community. In Victoria, crime prevention and policing is the responsibility of the state government. Council has a strong partnership with Victoria Police, other emergency services, State and Federal government departments, community agencies and peak local government organisations and will continue to be responsive and proactive to emerging crime prevention and community safety issues by sharing knowledge.



Nonetheless, there is an increasing community expectation that local government will assume some level of responsibility for initiating or directing action in response to community safety issues that are affecting local amenity and quality of life. In this context, Council plays an important role in developing and delivering initiatives to help create safer environments and communities (e.g. crime prevention and safety operations such as liquor licensing, local laws, planning controls, public place lighting, health inspections, graffiti removal, maintenance of public places and facilities, urban design and education programs).

Stonnington residents generally feel safe walking alone during the day, however the perception of safety walking at night is significantly lower, especially for females. The design and maintenance of the built environment and public realm significantly influences perceptions of safety and is a critical factor to improve community safety. Council will continue its strong focus on safety and preventing anti-social behaviour in public places; reflected in its approach to use the principles of Crime Prevention Through Environmental Design (CPTED) that takes into account the relationship between the physical environment and users.

Graffiti is one of the most visible forms of crime, defacing both public and private property. Council will continually monitor the responsiveness of our graffiti response program parallel with available funding and advocate to state government for a commitment to keep public assets and our community graffiti free.

Through the management of our operations and the enforcement of local laws, Council also plays a key role in responding to safety and amenity concerns including noise, litter, building controls and graffiti. We will continue to:

- » Provide an after-hour service to respond to noise and amenity complaints in our late night entertainment precincts

- » Administer and enforce regulations for swimming pools and spas, and promote safety and awareness of owner responsibilities, and
- » Administer and enforce the Building Act 1993 and Regulations 2006.

The community also has a role to play in the prevention of crime and contribution to a safer community by:

- » Reporting safety issues to Victoria Police, Crime Stoppers, Body Corporations, Council and other relevant organisations, and
- » Being responsible for themselves and private property, looking after neighbours and encouraging others to be responsible for their own actions.

Community safety is complex, reaches across many areas of Council and requires the collective effort of governments and individuals to address local issues.







## Strategies and Action Plan

Strategic priorities within the **Community Safety** pillar over the next four years involve Council continuing to act as a leader and influencer in identifying and responding to identified and perceived safety issues. It is important that local community safety issues and crime prevention responses are identified early and implemented with the support of partners.

ACTION	TIME FRAME	LIFE STAGE	WELLBEING OUTCOME
» Provide public spaces and places where people can feel safe and enjoy			
Lead the way in creating safe physical, urban and natural environments through adherence to Safer Design principles including Crime Prevention Through Environmental Design (CPTED)	Ongoing	All	i hw cc cs
Enhance public safety in the Chapel Street precinct activity centre by implementing Chapel reVision	Ongoing	All	i hw cc cs
Maintain an effective and proactive approach to graffiti management through prevention, innovative solutions, education programs and removal	Ongoing	All	hw cc cs
Assess requests for new CCTV in accordance with adopted CCTV protocol	Ongoing	All	hw cc cs
Upgrade CCTV coverage at Princes Gardens	2018	All	hw cc cs
Undertake safety and amenity upgrades to promote connectivity and safety at the priority locations: King and Porter Street (Chapel Street precinct), Caroline Gardens, Princes Gardens, Cato Square and Grattan Gardens	2017–2019	All	e i s hw cc cs
Maintain a pro-active after-hours amenity approach to respond to noise complaints and anti-social behaviour in late-night entertainment precincts	Ongoing	12 to 24 25 to 64 65+	hw cc cs
Investigate accreditation requirements to become a Child Safe city	2020–2021	0 to 4 12 to 24	e i hw cc cs

Key e Equity i Inclusion s Sustainability hw Personal health and wellbeing cc Community connectedness cs Personal and community safety

ACTION	TIME FRAME	LIFE STAGE	WELLBEING OUTCOME
<b>» Recognise Council's statutory role and its contribution to community safety</b>			
Maintain the Municipal Emergency Management Plan, in partnership with key agencies to prepare for and respond to municipal emergencies	Ongoing	All	hw cs
Monitor and minimise risks to public health through the enforcement of legislation and guidelines	Ongoing	All	hw cs
Administer and enforce the Building Act 1993 and Regulations 2006	Ongoing	All	hw cs
Administer and enforce Council's Local Laws	Ongoing	All	hw cs
<b>» Provide a leadership role in integrated community safety</b>			
Prioritise Victoria Police and Council collaborative relationships	Ongoing	All	hw cc cs
Target and reduce anti-social behaviour in and around identified community hot spots, in partnership with Victoria Police	Ongoing	All	hw cc cs
Routinely collect community safety and crime data and analyse community safety and crime statistics data across all Council areas	Ongoing	All	hw cc cs
Identify partnership and funding opportunities for prevention and early intervention initiatives in relation to community safety	Ongoing	All	hw cc cs
Advocate for safer Taxi ranks in late-night entertainment precincts	Ongoing	12 to 24 25 to 64 65+	hw cs
Advocate to secure late night public transport options to Chapel Street precinct	Ongoing	12 to 24 25 to 64 65+	hw cc cs
Seek external funding for new Closed-Circuit Television (CCTV) systems in response to identified crime occurrences and in consultation with Victoria Police	Ongoing	All	hw cc cs
Advocate to state government to be more responsive and commit to keeping public assets and our community graffiti free	Ongoing	All	hw cc cs

ACTION	TIME FRAME	LIFE STAGE	WELLBEING OUTCOME
» Strengthen community resilience			
Monitor and minimise risks to public health through the enforcement of legislation and guidelines	Ongoing	All	<span>e</span> <span>i</span> <span>s</span> <span>hw</span> <span>cc</span> <span>cs</span>
Administer and enforce the Building Act 1993 and Regulations 2006	Ongoing	All	<span>hw</span> <span>cc</span> <span>cs</span>
Administer and enforce Council's Local Laws	Ongoing	All	<span>hw</span> <span>cc</span> <span>cs</span>
Identify partnership and funding opportunities for prevention and early intervention initiatives in relation to community safety	Ongoing	All	<span>hw</span> <span>cc</span> <span>cs</span>

Key e Equity i Inclusion s Sustainability hw Personal health and wellbeing cc Community connectedness cs Personal and community safety







# 03 / Pillar Three Vulnerable Communities

Committed to providing inclusive and accessible environments that promote full participation in community life by all.

## Disability



of residents **need help** in day to day lives due to disability



residents provide regular **unpaid assistance** to people with a disability



of residents receive **disability pension**

## Mental Health



people have experienced **mental health issues** at some point in their lives



of residents have high/very high levels of **psychological distress**



There is a higher proportion of same sex couples in Stonnington. LGBTQIA people are more likely to attempt suicide, self-harm and have a mental health issue

## Social Disadvantage

667

Socio-Economic Indexes for Areas (SEIFA) index for public housing estates (compared to 1084 Stonnington SEIFA)



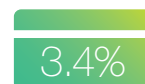
of dwellings are **affordable** to Centrelink recipients

10.3%

of young people aged 20 to 24 receive youth allowance

3,800

dwellings receiving **rent assistance** (2015)



of residents have a Health Care Card

### Health Care Card holders:

- » 19% smoke cigarettes daily (compared to 4% of other residents)
- » 4 x more likely to be obese
- » 10 x more likely to have run out of food in previous 12 months

## Mature Residents



receive **aged pension**



Lone person households



Residents who arrived in Australia prior to 2000 are less likely to speak English very well