



NURTURING WAROONA 2030

Public Health Plan 2020 – 2025

About this document

The Public Health Plan is a five year strategic document that meets the Shire's legislative obligations for the development of a local Public Health Plan under the WA *Public Health Act 2016*.

This Plan is intended to integrate with and 'value-add' to the Shire's core functions rather than duplicate existing plans and strategies across the organisation.

This plan is available in alternative formats such as large print, electronic, audio or Braille, on request.



“The Shire of Waroona stretches from sea to scarp between the Indian Ocean and the Darling Scarp, featuring pristine beaches, coastal lakes, fertile farmlands and peaceful jarrah forests. Covering a total area of 835km², the Shire includes the localities of Waroona, Hamel, Lake Clifton and Preston Beach”.

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Contents

Waroona – Past, Present & Into The Future.....	5
Chief Executive Officer’s Message.....	6
About the Public Health Plan.....	8
Our Shire	9
Our Council.....	10
Our Staff	11
.....	11
Vision, Mission & Values.....	12
Vision	12
Mission.....	12
Values	12
Focus Areas & Aspirations to 2030	13
Introduction.....	14
Public Health Plan.....	15
1. Healthy People and Community.....	15
2. Healthy Places and Spaces	15
3. Healthy Partnerships.....	15
Developing the Plan	15
Managing the Plan	15
Health & Wellbeing Data	16
Socio-economic Status.....	16
Lifestyle Risk Factors	16
Curbing the Rise in Overweight and Obesity.....	17
Healthy Eating	18
A More Active Waroona	18
Making Smoking History	18
Reducing Harmful Levels of Alcohol Use	18

Preventing Injury and Promoting Safer Communities	19
Physiological Risk Factors.....	19
Blood Pressure	19
Cholesterol Level	19
Body Weight	20
Obesity	20
Mental Health	20
Psychological Distress	21
Feeling Lack of Control	21
Youth Suicide	21
Injury	21
Healthy People & Community	23
Healthy Places & Spaces	26
Healthy Partnerships.....	28
Resourcing the Public Health Plan	29
Long Term Financial Plan.....	29
Asset Management Plan	29
Workforce Plan.....	29
Risk Management.....	31
Reviewing & Reporting.....	32
Annual Report	32
Financial Performance.....	32
Key Performance Indicators	32
References	33



Waroona – Past, Present & Into The Future

Waroona has provided a home for generations, from the days when Indigenous Australians roamed the coastal areas in spring and summer, and the hills in autumn and winter.

Settlers began to arrive in the area in the late 1830's, although Drakesbrook (later to be known as Waroona) did not come into its own until the Pinjarra to Picton railway line was opened in 1893. The town catered to the needs of the mill workers with a post office, general store, blacksmith, a number of hotels come boarding houses, churches, doctor and dentist.

The farms supplied butter, fruit and vegetables for the men of the mills, and chaff for the horse teams that hauled the logs. As is many of the small towns of the time, dances, picnics and football formed the core of social life within the community and to this day Waroona still proves to be a successful sporting and extremely social community.

Today, agriculture, mining, manufacturing and tourism are important contributors to the local economy.

Waroona is an evolving district that services the diverse, social and economic needs of a growing community. The strong agricultural heritage will continue to guide any future district developments, particularly in Waroona and Hamel, and its enviable location on the Indian Ocean and along with the Yalgorup National Park will, influence future considerations for Preston Beach and Lake Clifton.

The population is expected to grow over the next thirty years. With this growth comes challenges, but smart planning and a focus on broadening the economic base will open up significant opportunities for tourism, commercial investment, employment and education.

The long term vision for Waroona is to create a district distinctive by its creativity, liveliness, activity and vibrancy, attracting new investment, seizing opportunities to develop and expand its business sector, and encourage innovation and collaboration, while providing an enticing array of lifestyle attractions.

The Shire of Waroona is excited about its future.

Chief Executive Officer's Message

Local Governments have the ability to influence and provide resources that have the potential to impact on the health of its community. The Shire of Waroona has been working for a number of years on initiatives that improve the overall health of its community. Overall health is represented by factors such as physical health, mental health and lifestyle.

Opportunities that can be facilitated by the local government can provide benefits to the community as a whole, groups and individuals. Our community has expressed the high value it places on the provision of infrastructure and services that support health.

As part of its commitment to the health and wellbeing of its community, I am pleased to present the Shire's Public Health Plan. Council has been working for a number of years to implement strategies that deliver quality outcomes for our community, including strategies for community health and wellbeing.



The Public Health Plan has been designed to focus on measures that enhance the health of residents, in a holistic manner. By enacting the proposed action plan that harnesses the strength of our people, local places and partnerships, I am confident the Shire will have a positive impact on community health, both now and in the future.

Dean Unsworth
Chief Executive Officer



About the Public Health Plan

The Public Health Plan is a five year strategic document that meets the Shire’s legislative obligations for the development of a local Public Health Plan under the WA *Public Health Act 2016*. This Plan is intended to integrate with and ‘value-add’ to the Shire’s core functions rather than duplicate existing plans and strategies across the organisation.

Integrated Planning & Reporting Framework

Strategic Community Plan	Community vision, strategic direction, long and medium term priorities and resourcing implications with a horizon of 10 years.
Corporate Business Plan	Four year delivery program, aligned to the Strategic Community Plan and accompanied by four year financial projections.
Annual Budget	Financial plan for the current year.

Informing Strategies

Long Term Financial Plan	10 year financial plan.
Asset Management Plan	Approach to managing assets to deliver chosen service levels.
Workforce Plan	Shaping the workforce to deliver organisational objectives now and in the future.
Place & Area Specific Plans	Any other informing strategies.

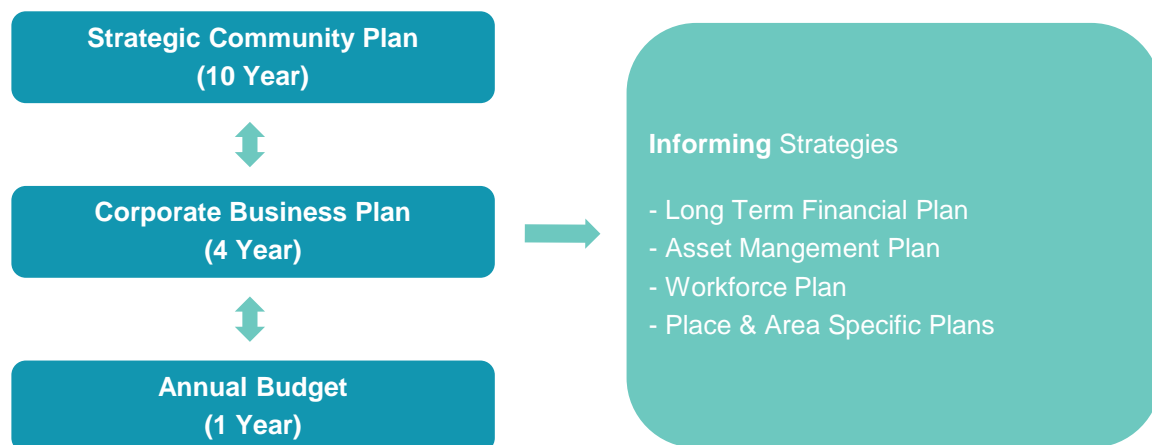


Figure 1: Elements of the Integrated Planning & Reporting Framework. Source: Department of Local Government, Sport & Cultural Industries.

Our Shire

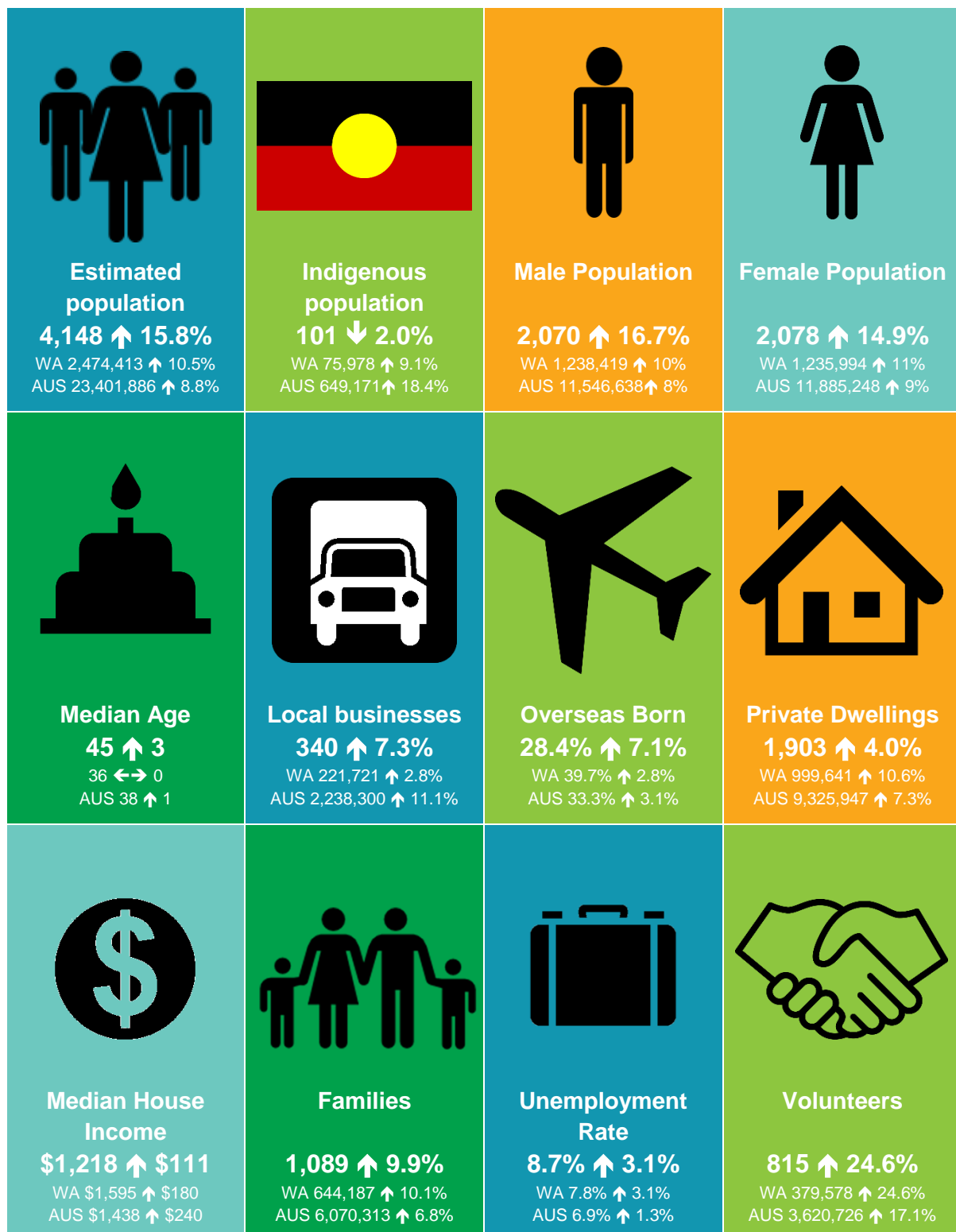


Figure 2: Shire of Waroona Statistics. Source: Australian Bureau of Statistics 2016 Census.

Our Council



Cr Mike Walmsley
Shire President



Cr Naomi Purcell
Deputy Shire President



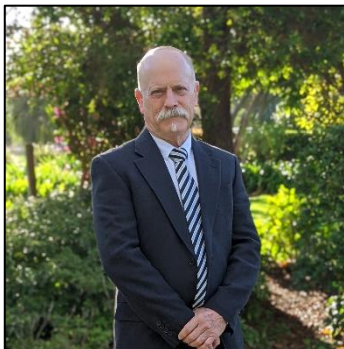
Cr Noel Dew



Cr John Mason



Cr Karen Odorisio



Cr Larry Scott



Cr Laurie Snell



Cr Vince Vitale



Our Staff



DEAN UNSWORTH
Chief Executive Officer

- Leadership & organisational strategy
- Elected member liaison
- Employee management
- Communications & marketing
- Partnerships management
- Investment attraction
- Emergency management



ASHLEIGH NUTTALL
Director Corporate Services

- Finance
- Governance
- Human resources
- Record keeping
- IT
- Customer service
- Library services
- Ranger services
- Licensing services



PATRICK STEINBACHER
Director Infrastructure Services

- Infrastructure services
- Technical services
- Operations
- Parks & gardens
- Waste services
- Environmental services



ROD PEAKE
Director Planning & Sustainability

- Strategic town planning
- Statutory town planning
- Building
- Health

LIZ STORR
Director Place, Community & Economic Development

- Place & community
- Economic development
- Recreation services
- Tourism

Vision, Mission & Values

Vision

The Shire of Waroona will create a sense of place and identity, embracing creativity, our natural environment and a strong and diverse economy.

Mission

We will be an organisation, with a can-do attitude that strives for service excellence, continued improvement and a commitment to outcomes.

Values

Our values are A REALITY:

- A** – Accountable
- R** – Respect
- E** – Excellence
- A** – Accessible
- L** – Leadership
- I** – Innovative
- T** – Transparent
- Y** – Yours

Focus Areas & Aspirations to 2030



Introduction

The Shire aims to protect, promote and enhance the health, wellbeing and quality of life for the community through:

- Assessing, reviewing and responding to current and future public health and wellbeing needs, issues and emerging trends, based on best practice, sustainability and evidence based decision making processes;
- Developing collaborative partnerships with internal and external key stakeholders;
- Integrating public health and wellbeing into existing services and programs;
- Facilitating the vision for a healthy and sustainable community through greater community participation and development on health issues; and
- Aligning with and providing strategic links and relationships with local, state and national strategic plans and policies that impact on health and wellbeing.

The approach adopted in developing this Plan has been guided by the ‘Pathway to a Healthy community: a guide for councillors and local government’, developed by South Metropolitan Health Service, and recognises local government as the tier of government closest to the community in supporting and influencing the health and wellbeing outcomes. It promotes the range of services delivered by the Shire which help to establish many of the necessary conditions upon which good health and wellbeing is determined.

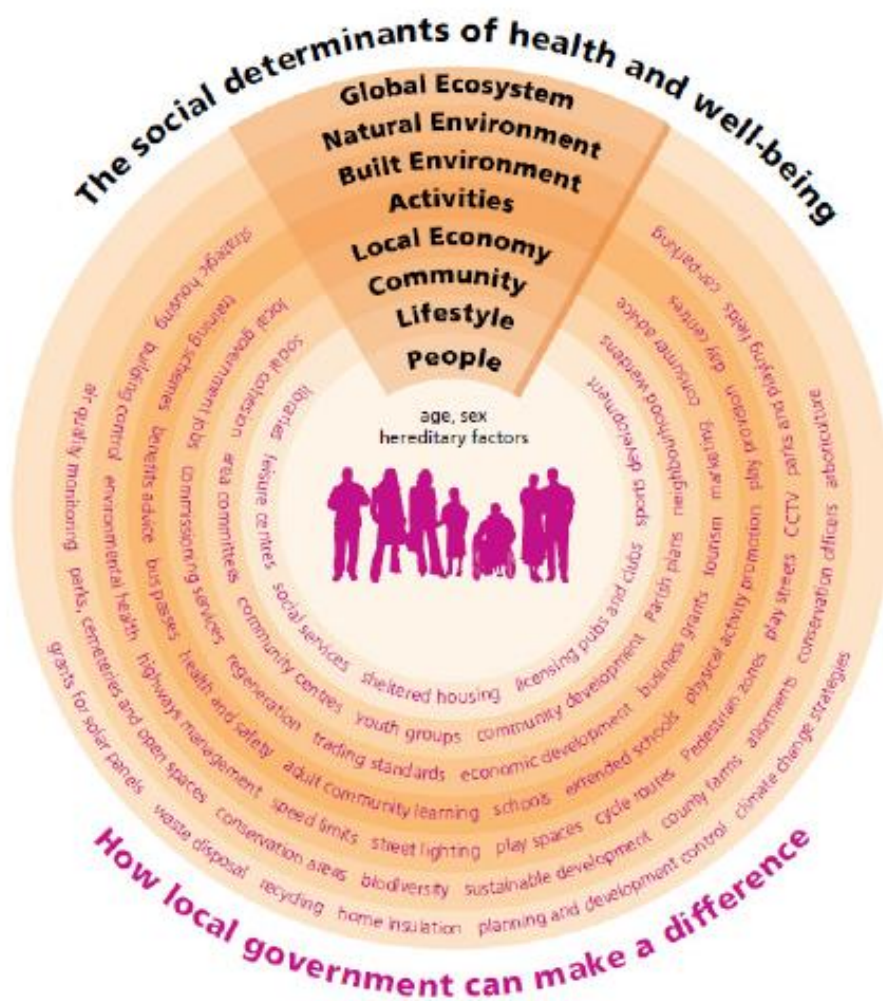


Figure 3: Social Determinants of Health and Wellbeing. Source: Pathway to a Healthy Community: A Guide for Councillors and Local Governments.

Public Health Plan

The aims of the Shire of Waroona Public Health Plan are to:

- Identify the current status of health and wellbeing and the needs of the community;
- Establish priorities and strategies for a five year period;
- Implement strategies and initiatives;
- Form a framework for future decision making; and
- Deliver relevant activities, programs and projects designed to tackle community priorities, current health trends and to achieve the plan.

The key focus areas are:

1. Healthy People and Community

To guide and encourage our community to lead healthier lifestyles through the provision of lifestyle and educational opportunities.

2. Healthy Places and Spaces

To provide healthy places and spaces to encourage and support healthy lifestyle opportunities.

3. Healthy Partnerships

To develop collaborative partnerships with community, business, government, and key stakeholders to improve health and wellbeing.

Developing the Plan

This Plan has been developed in partnership with the South Metropolitan Health Service and is informed by the ideas and feedback gathered from the community, service providers, local organisations, businesses and government agencies through the community consultation completed for the review of the Shire's Strategic Community Plan review and development of the Shire's Age-Friendly Community Plan.

The Shire sought the views of as many members of the community as possible. The community shared their ideas through community consultation which consisted of surveys, interviews with key stakeholders and community groups, and engagement at high traffic areas and events.

Managing the Plan

Shire of Waroona is committed to community health and wellbeing through the provision and facilitation of various projects and partnership with key stakeholders. The underpinning philosophy for community health and wellbeing is that it is everyone's business and therefore not the domain of any single agency or group. However the Shire and local health service providers play an important role in facilitating and implementing actions as leading agencies for the significant number of organisations, community groups and residents who also play a vital role in improving community health and wellbeing. For this reason, the Public Health Plan is considered a whole of community strategy, with the Shire facilitating the collective actions of key government and non-government partners and delivering services and programs that are deemed core local government business.

Health & Wellbeing Data

Data from the WA Health and Wellbeing Surveillance System (HWSS), Australian Bureau of Statistics (ABS) Census and Australia Early Development Census (AEDC) are presented as the proportion of the population (or prevalence) reporting a particular attribute. While data from Census (ABS and AEDC) reports point prevalence, representing the proportion of the population who have a condition at the time of the survey, data from the HWSS reports period prevalence, measuring the proportion of the population who have a condition within a specified period of time.

Socio-economic Status

Although the overall level of health and wellbeing of Australians is relatively high compared with other countries, there are significant disparities in the health outcomes of different populations within Australia. In particular, people who live in areas with lower socio-economic condition tend to have worse health than people from other areas. Previous analysis has shown that disadvantaged Australian have higher level of disease risk factors and lower use of preventative health services than those who experience socio-economic advantage (ABS, 2016).

The Socio-Economic Indexes For Areas (SEIFA) scores are made up of four indices which summarise a variety of social and economic variables such as income, educational attainment, employment and number of unskilled workers.

SEIFA scores are based on a national average of 1,000 and areas with the lowest scores are the most disadvantaged.

Based on the 2016 census data, Shire of Waroona had a SEIFA Index of Disadvantage score of 945, the lowest in the South Metropolitan Health Service (SMHS) – the range of scores for this SEIFA index for local government authorities within the SMHS was 945 to 1,088. Table 1 shows the SEIFA scores for each community in the Waroona shire.

Community	SEIFA Score	Usual Population
Hamel	946	265
Lake Clifton	989	683
Nanga Brook	N/A	N/A
Preston Beach	913	227
Wagerup	1,022	31
Waroona	936	2,934

Table 1: Socio-economic Indexes for Areas. Source: Australian Bureau of Statistics 2016 Census.

Lifestyle Risk Factors

The data for lifestyle risk factors shown in Tables 2 & 3, is based on responses to HWSS from adults (aged 16 years and older) in the Peel Health District and adults within the state, who were surveyed over the period. This data is weighted to compensate for oversampling in the rural and remote areas of WA and then adjusted to the age and sex distribution of the WA population using the 2015 Estimated Resident Population.

Risk Factors	Peel Health District		WA
	Prevalence Estimate (%)	Estimated Population	Prevalence Estimate (%)
Currently smokes	*4.2	3,492	10.7
Eats less than 2 serves of fruit daily	51.4	42,814	52.5
Eats less than 5 serves of vegetables daily	83.6	69,640	89.4
Eats fast food at least weekly	36.0	30,014	33.1
Risky/high risk drinking for long term harm (a)	35.0	29,170	27.4
Risky/high risk drinking for short term harm (b)	*17.3	14,378	10.6
Spends 21+ hours per week in sedentary leisure time	48.3	40,240	35.3
Insufficient physical activity (c)	40.4	32,560	36.5
Injury (d)	33.0	27,499	23.0

Table 2: Prevalence of lifestyle risk factors for adults (aged 16 years and over), Peel Health District and WA. Source: Epidemiology Branch, 2018, Peel Health District Health Profile, 2016, HWSS, WA Department of Health: Perth.

Notes:

This information is based on responses from 198 adults within the Peel Health District and 5865 adults within the State.

* Prevalence estimate has a relative standard error between 25 per cent and 50 per cent and should be used with caution.

- (a) As a proportion of all adult respondents 16 years and over. Drinks more than 2 standard drinks on any day. Any alcohol consumption by persons 16 or 17 years classified as high risk.
- (b) As a proportion of all adult respondents 16 years and over. Drinks more than 4 standard drinks on any day. Any alcohol consumption by persons 16 or 17 years classified as high risk.
- (c) Completes less than 150 minutes of physical activity per week (adults 18+ years).
- (d) Injury in the last 12 months requiring treatment from a health professional.

Curbing the Rise in Overweight and Obesity

Being overweight or obese can contribute to the development of chronic conditions, such as cardiovascular disease, type 2 diabetes, osteoarthritis, some cancers and sleep apnoea. As excess body weight increases, so does the risk of chronic disease and mortality. Respondents were asked about their height and weight. Body mass index (BMI) was derived from these figures by dividing weight in kilograms by height in metres squared, after adjustment for errors.

Healthy Eating

Eating fruit and vegetables is important for health and protects against the risk of various diseases, including coronary heart disease, type 2 diabetes, stroke and digestive system cancers. It is recommended that Australian adults eat two serves of fruit and five serves of vegetables daily.

A More Active Waroona

Physical inactivity is associated with several chronic health conditions, including coronary heart disease, stroke and diabetes. Being physically active reduces the risk of developing such conditions and improves general physical and mental wellbeing. The Australian Physical Activity and Sedentary Guidelines for adults aged 18 to 64 years recommend accumulating 150 to 300 minutes of moderate intensity physical activity or 75 to 150 minutes of vigorous intensity physical activity, or an equivalent combination of both moderate and vigorous activities, each week.

Making Smoking History

Smoking increases the risk of developing a number of health conditions, including respiratory disease, coronary heart disease, stroke and several cancers, such as lung and mouth cancers. Respondents were asked about their smoking status (including cigarettes, cigars and pipes). Current smoking status was re-categorised into those who smoke (daily or occasionally), ex-smokers and those who have never smoked regularly.

Respondents who had tried cigarettes and had smoked 100 or more cigarettes in their lifetime were classified as ex-smokers, while those who had smoked less than 100 cigarettes classified as having never smoked.

Reducing Harmful Levels of Alcohol Use

Excessive alcohol consumption increases the risk of some health conditions, including coronary heart disease, some cancers, stroke, blood pressure, liver and pancreatic disease. It also increases the risk of accidents and mental illness.

Respondents were asked about their alcohol drinking habits, including how many days a week they usually drink and how many drinks they usually have. The information was categorised into risk levels based on the 2009 National Health and Medical Research Council guidelines (which categorise any drinking by children and young people under 18 years of age as risky drinking).

Lifetime risky drinking is the potential for alcohol-related harm over a lifetime of drinking, for healthy men and women drinking no more than two standard drinks on any day reduces the lifetime risk of harm from alcohol related disease or injury.

Single-occasion risky drinking is the risk of harm due to a single occasion of drinking and for healthy men and women, drinking no more than four standard drinks on a single occasion reduces the risk of alcohol-related injury arising from that occasion.

For women who are pregnant, planning a pregnancy or breastfeeding not drinking is the safest option. (National Health and Medical Research Council, 2009)

Preventing Injury and Promoting Safer Communities

Injuries are often described as unintentional and intentional. Unintentional injuries include most transport, poisoning, falls, drowning, and fire and burn injuries. Intentional injuries include interpersonal violence, suicide and self-harm. In some cases it may not be possible to determine whether an injury has been intentional or unintentional.

Community injuries are those that are typically sustained in places such as the home, workplace or street. They do not include injuries due to complications of medical or surgical care, or other unclassified injuries. Table 2 summarises risk factors and their prevalence in the Peel Health District and Western Australia.

Physiological Risk Factors

Physiological risk factors such as high cholesterol, high blood pressure, and overweight or obesity can be major contributors to ill health and chronic disease. These risk factors are expressed through physical changes in the body and are highly interrelated (Australian Institute of Health and Welfare, 2016). They can be managed through a combination of medications, population-based interventions and modification of lifestyle behaviours.

Risk Factors	Peel Health District		WA
	Prevalence Estimate (%)	Estimated Population	Prevalence Estimate (%)
Current high blood pressure (a)	25.6	21,296	15.6
Current high cholesterol (b)	15.7	13,056	16.6
Overweight (c)	35.2	29,344	37.3
Obese (c)	43.2	35,956	28.4

Table 3: Prevalence of physiological risk factors for adults (aged 16 years and over), Peel Health District & WA, 2016. Source: Epidemiology Branch, 2018, Peel Health District Health Profile, 2016, HWSS, WA Department of Health: Perth.

Notes:

- (a) Currently have high blood pressure or take medication for high blood pressure. Of those who have had their blood pressure measured.
- (b) Currently have high cholesterol or take medication for high cholesterol. Of those who have had their cholesterol measured.
- (c) BMI of 25 to < 30 = overweight; BMI of 30+ = obese. Self-reported height and weight have been adjusted for under-reporting (i.e. over-estimating of height and under-estimating of weight).

Blood Pressure

High blood pressure is a major risk factor for the development of coronary artery disease, stroke and renal failure.

Cholesterol Level

Cholesterol is a fatty substance produced by the liver and carried by the blood to the rest of the body. Its natural function is to supply material for cell walls and hormones, but high blood cholesterol can form plaque that clogs the blood vessels supplying the heart and certain other

parts of the body. High blood cholesterol can be a major risk factor for coronary heart disease, ischaemic stroke and peripheral vascular disease (Australian Institute of Health and Welfare, 2016).

Body Weight

Being overweight or obese can contribute to the development of chronic conditions, such as cardiovascular disease, type 2 diabetes, osteoarthritis, some cancers and sleep apnoea. Excess body weight increases the risk of chronic disease and mortality exponentially (Hruby et al 2016). Respondents were asked how tall they are and how much they weigh. A body mass index (BMI) was derived from these figures by dividing weight in kilograms by height in metres squared, after adjustment for errors in the self-reported height and weight. The BMIs were then categorised. Adults with a BMI greater than 25kg/m² are considered to be overweight, and those with a BMI greater than 30kg/m² obese. BMI may not be a suitable measure for athletes who have a muscular build, older people and some ethnic groups.

Obesity

Obesity is the result of many complex systems, these include food supply, transport, urban design, business, socio-cultural, marketing, communications, education, health, trade, legal, economic, and governance systems (World Obesity Federation, 2015). Rates of overweight and obesity among adults have increased over time, driven by a general increase in Body Mass Index (BMI). Since 2002, there has been a significant increase in the mean BMI for both men and women (Tomlin et al, 2015).

Mental Health

Mental health conditions include short-term conditions, such as depression and anxiety, and long-term conditions, such as chronic depression and schizophrenia. Mental health problems are associated with higher rates of death, poorer physical health and increased exposure to health risk factors.

Mental health involves the capacity to interact with people and the environment and refers to the ability to negotiate the social interactions and challenges of life without experiencing undue emotional or behavioural incapacity. Mental health is also referred to as psychosocial health, as it involves aspects of both social and psychological behaviour.

Risk Factors	Peel Health District		WA
	Prevalence Estimate (%)	Estimated Population	Prevalence Estimate (%)
High/Very high psychological distress	*14.0	11,641	15.6
Mental health problems (a)	11.4	9,525	16.6
Stress related problems (b)	*8.4	7,029	10.2
Anxiety (b)	*5.1	4,209	9.9
Depression (b)	*7.8	6,462	8.8

Table 4: Prevalence of psychosocial risk factors for adults (aged 16 years and over), Peel Health District & WA, 2016. Source: Epidemiology Branch, 2018, Peel Health District Health Profile, 2016, HWSS, WA Department of Health: Perth.

Notes:

* Prevalence estimate has a relative standard error between 25 per cent and 50 per cent and should be used with caution.

- (a) Diagnosed by a doctor with a stress related problem, depression, anxiety or any other mental health problem in the last 12 months.
- (b) Diagnosed by a doctor in the last 12 months.

Psychological Distress

Psychological distress may be determined in ways other than having been diagnosed or treated for a mental health condition. The Kessler 10 (K10) is a standardised instrument that measures psychological distress by asking ten questions about levels of anxiety and depressive symptoms experienced in the past four weeks. Each item on the K10 is scored and then summed, resulting in a range of possible scores from 10 to 50. These are then categorised into low, moderate, high and very high levels of psychological distress. Low level psychological distress is regarded as not requiring any intervention, moderate and high levels require self-help, and high and very high levels require professional help.

Feeling Lack of Control

Perceptions of control relate to an individual's belief as to whether outcomes are determined by external events outside their control or by their own actions. Feelings of lack of control have been found to have adverse effects on health and to increase the risk of mortality.

Youth Suicide

Youth suicide is the leading cause of death for young people aged 15 to 24 years in Australia (Australian Institute of Health and Welfare, 2018). For Waroona LGA, youth suicide per 100,000 persons was higher in both males and females compared to Metro and WA State, as shown in Table 5.

Category	Waroona LGA	Metro	WA State
Males (15-24 years)	132.0	15.1	19.6
Females (15-24 years)	46.7	6.5	7.7

Table 5: Youth suicides (per 100,000 persons, 2006 - 2015). Source: Registry of Births, Deaths and Marriages; Australian Bureau of Statistics Mortality Database.

Injury

The burden that injury places on the health care system, through hospitalisation, disability and premature death makes injury a serious public health issue. Hospitalisation for accidental falls in children aged less than 4 years old per 100,000 persons were higher for Waroona LGA, compared to Metro and WA State, as shown in Table 6.

Category	Waroona LGA	Metro	WA State
Children (0-4 years)	952.4	745.4	727.0
Elderly (65 years +)	4,142.4	4,392.6	4,294.0

Table 6: Hospitalisation for accidental falls (per 100,000 persons, 2011 - 2015). Source: Hospital Morbidity Data System, Purchasing and System Performance Division, Department of Health WA.

Notifiable Diseases

Under the Western Australian *Health Act 1911* and following the recent enactment of the *Public Health Act 2016* (Part 9), any medical practitioner or nurse practitioner attending a patient who is known, or suspected, to have a notifiable disease has a legal obligation to report it to the WA Department of Health (DOH). In addition, laboratory notification is mandatory for all notifiable diseases.

Notifiable diseases are entered into the Western Australian Notifiable Infectious Diseases Database (WANIDD) and cross-checked for duplication. Some diseases, including suspected meningococcal disease and measles, require the practitioner to notify the DOH urgently by telephone and these are marked on the notification form.

Communicable disease notifications are used to inform public health interventions and enhance the prevention and control of these diseases. The data for notifiable diseases per 100,000 persons are shown in Table 7.

Disease	Waroona LGA	Metro	WA State
Enteric disease	147.1	167.9	179.6
Vector borne diseases	215.8	76.6	87.8
Sexually transmitted infections	387.7	482.5	541.6
Vaccine preventable diseases	374.0	386.3	397.2

Table 7: Notifiable diseases (per 100,000 persons, 2011 - 2015). Source: WA Notifiable Infectious Diseases Database, Public Health Division, Department of Health WA.

Healthy People & Community

Support and encourage the community to lead healthier lifestyles by the provision of education and lifestyle opportunities.

Strategy 1.1		Reduce exposure to alcohol related harm in the community				
Projects and Actions		2020/21	2021/22	2022/23	2023/24	2024/25
1.1.1	Continue to support low alcohol and no alcohol events and activities, both internally and in conjunction with event organisers.	X	X	X	X	X
1.1.2	Consider to adopt a policy which influences environments supportive of alcohol risk minimisation strategies.		X			
1.1.3	Support the Local Drug Action Team and their initiatives.	X	X			
Strategy 1.2		Reduce exposure to tobacco smoke in public places				
Projects and Actions		2020/21	2021/22	2022/23	2023/24	2024/25
1.2.1	Continue to promote all Shire events as smoke free.	X	X	X	X	X
1.2.2	Maintain smoke free signage at Shire facilities and playgrounds.	X	X	X	X	X
Strategy 1.3		Improve mental health				
Projects and Actions		2020/21	2021/22	2022/23	2023/24	2024/25
1.3.1	Investigate a partnership with Act, Belong, Commit.	X				
1.3.2	Support and promote community involvement in activities that encourage a connected and mentally health community.	X	X	X	X	X
Strategy 1.4		Reduce preventable communicable diseases				
Projects and Actions		2020/21	2021/22	2022/23	2023/24	2024/25
1.4.1	Implement policies and promote strategies to prevent and manage the spread of preventable notifiable diseases.		X	X	X	X
1.4.2	Provide educational opportunities that raise community awareness of minimising pollutants i.e. impacts of illegal dumping and water contamination.		X		X	
1.4.3	Maintain and grow existing partnerships with relevant organisations to further develop healthy environments.	X	X	X	X	X

1.4.4	Support and promote the WA immunisation schedule to increase vaccination rates for children.	X		X		X
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Strategy 1.5 Increase access to services for a healthy and active community for everyone's needs

Projects and Actions	2020/21	2021/22	2022/23	2023/24	2024/25
1.5.1 Activate parks, ovals and walking trails.	X	X	X	X	X
1.5.2 Continue to deliver activities and programs that support healthy lifestyle behaviour changes at Shire facilities.		X		X	
1.5.3 Investigate opportunities to increase healthy food options at Shire facilities and events.		X	X		X
1.5.4 Maintain and continue to strengthen partnerships with local community groups and sporting clubs to promote healthy environments i.e. healthy canteens, safe alcohol provision, smoke free environments.	X		X		X
1.5.5 Facilitate programs and services for young people that promote inclusiveness, participation and recognition within the community.	X	X	X	X	X
1.5.6 Work closely with the local Aboriginal and Torres Strait Islander community to develop culturally appropriate, community based initiatives that celebrate Aboriginal heritage.		X		X	
1.5.7 Support the implementation of multicultural action plans to encourage the participation of CaLD communities in social, economic and cultural life.			X	X	X
1.5.8 Deliver programs that support disability access and inclusiveness.		X		X	
1.5.9 Support community events that promote community inclusion and involvement.	X	X	X	X	X

Strategy 1.6 Prevent avoidable injuries

Projects and Actions	2020/21	2021/22	2022/23	2023/24	2024/25
1.6.1 Raise awareness of family violence and continue to partner with referral services and WA Police.	X	X	X	X	X
1.6.2 Support state and federal injury prevention campaigns	X	X	X	X	X

	and implement relevant initiatives locally.					
1.6.3	Continue to deliver the traffic survey to identify areas of concern to minimise road injuries.	X		X		X
1.6.4	Continue and promote swimming pool inspection regimes.	X	X	X	X	X



Healthy Places & Spaces

Provide healthy places to support and encourage healthy lifestyle opportunities in the Shire.

Strategy 2.1		Improve community safety and reduce crime levels				
Projects and Actions		2020/21	2021/22	2022/23	2023/24	2024/25
2.1.1	Support community safety and crime prevention initiatives in the place plans.	X	X	X	X	X
2.1.2	Support emergency services and continue to review the local emergency management plan and arrangements.	X	X	X	X	X
2.1.3	Create a policy that specifies best practice requirements for encouraging active transport.		X			
2.1.4	Motivate creative design for open space in newly developed areas that meet community needs.		X		X	
2.1.5	Support community groups to establish places that encourage community participation and involvement.		X		X	
Strategy 2.2		Protect and enhance environmental health				
Projects and Actions		2020/21	2021/22	2022/23	2023/24	2024/25
2.2.1	Implement environmental health strategies and relevant legislation to protect and enhance the health of the community.	X	X	X	X	X
Strategy 2.3		Conserve, maintain and enhance public areas and streetscapes throughout the Shire				
Projects and Actions		2020/21	2021/22	2022/23	2023/24	2024/25
2.3.1	Support the establishment of sustainable community fresh food initiatives i.e. farmers markets, community gardens and edible verge gardens.	X	X	X	X	X
2.3.2	Implement conservation of remnant vegetation policy.	X	X	X	X	X
2.3.3	Continue to maintain public areas and streetscapes.	X	X	X	X	X
2.3.4	Develop a landscape policy.	X	X	X	X	X
Strategy 2.4		Future development				
Projects and Actions		2020/21	2021/22	2022/23	2023/24	2024/25
2.4.1	Local Planning Strategy to create a comprehensive and strategic direction for the growing community.		X			

2.4.2	Health Impact Assessment to be integrated into Development Control Unit processes.	X
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Strategy 2.5 Adapt to climate change

Projects and Actions	2020/21	2021/22	2022/23	2023/24	2024/25
2.5.1 Develop and implement actions in the Climate Change Mitigation and Adaptation Plan.			X	X	X
2.5.2 Promote the use of renewable energy.		X	X	X	X
2.5.3 Encourage and exercise best practice water management.		X	X	X	X
2.5.4 Develop a waste education program and promote recycling strategies.	X	X	X	X	X



Healthy Partnerships

Work in partnerships with government, non-government, local businesses, community based organisations and members of the community to undertake, deliver and implement public health initiatives.

Strategy 3.1 Collaborative partnerships with businesses, government and service providers		2020/21	2021/22	2022/23	2023/24	2024/25
Projects and Actions						
3.1.1	Support a local network of service providers to encourage greater collaboration and partnerships for continued growth, economic prosperity and health.	X	X	X	X	X
Strategy 3.2 Develop a sustainable local economy		2020/21	2021/22	2022/23	2023/24	2024/25
Projects and Actions						
3.2.1	Develop a policy that supports and addresses barriers for businesses offering health promotion services.		X			
3.2.2	Provide a broad range of support and incentive mechanisms to support new and existing local businesses.					
Strategy 3.3 Improve access to ample job opportunities locally		2020/21	2021/22	2022/23	2023/24	2024/25
Projects and Actions						
3.3.1	Help identify gaps in service provision and support or partner programs and initiatives run to fill those gaps.		X			X
3.3.2	Support a local network of service providers to encourage collaboration and partnerships and sharing of information regarding opportunities	X	X	X	X	X
Strategy 3.4 Develop a healthy workplace		2020/21	2021/22	2022/23	2023/24	2024/25
Projects and Actions						
3.4.1	Continue to provide a full package of support, training and engagement mechanisms to foster staff development and equality in the workplace.	X	X	X	X	X
3.4.2	Continue to offer staff a variety of health and wellbeing opportunities.	X	X	X	X	X
Strategy 3.5 Demonstrate strong leadership and good governance		2020/21	2021/22	2022/23	2023/24	2024/25
Projects and Actions						
3.6.1	Provide strong leadership through good governance.	X	X	X	X	X

Resourcing the Public Health Plan

To facilitate the achievement of the community's long term goals and aspirations as expressed in Waroona 2030 and the Corporate Business Plan, informing strategies have been developed to ensure the required financial strategies, infrastructure and workforce are in place.

Long Term Financial Plan

The Long Term Financial Plan is Council's ten year financial planning document with an emphasis on long term financial sustainability.

Financial sustainability is one of the key issues facing local government due to several contributing factors including ageing infrastructure and constraints on revenue growth. This document tests the community aspirations and goals against financial realities. Included within the Long Term Financial Plan are:

- Assumptions used to develop the Plan;
- Projected income and expenditure, balance sheet and cash flow statements; and
- Methods of monitoring financial performance

Balancing expectations, uncertainty of future revenue and expenditure forecasts are some of the most challenging aspects of the financial planning process.

As such, the longer the planning horizon, the more general the plan will be in the later years. Every effort has been taken to present the most current estimates and project scopes to be included in the Plan.

Asset Management Plan

The Asset Management Plan assists Council to provide the required level of service in the most cost effective manner through the creation, acquisition, maintenance, operations, rehabilitation and disposal of assets to provide for present and future generations.

The Plan is part of an overall framework that aims to present information about assets, provide evidence of responsible asset management and compliance with regulatory requirements, and summarise information with regard to funding aimed at maintaining assets at the required levels of service

Council utilises integrated decision making to ensure that built, social, economic and natural impacts of asset provision and maintenance are properly considered throughout the asset management lifecycle.

Council's strategic financial planning will ensure that:

- Funding requirements are assessed; and
- Additional funds are identified where appropriate for the investment in new and upgraded assets.

Workforce Plan

The Workforce Plan provides a framework and strategy to address the human resourcing requirements for Council's Corporate Business Plan, and as such, has a four year horizon. The Plan recognises that Shire employees need to bring commitment, energy and flexibility to

the workplace. In return, staff need clarity regarding how their personal goals align with organisational goals and priorities. This requires an investment in developing leaders, managers and employees with the right skills for our diverse businesses. It also requires clear learning pathways linked to performance development and an ongoing investment in attracting and retaining talented people, while maintaining a focus on workplace health and wellbeing.

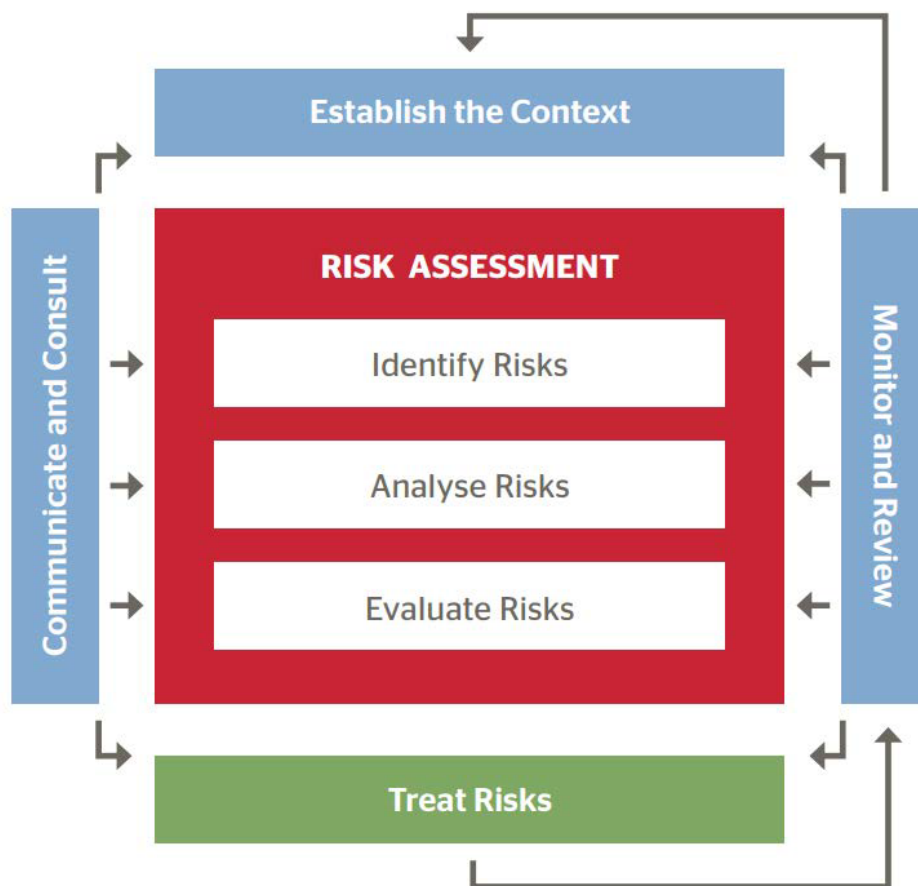
The Shire is committed to the ongoing identification of efficient operating methods and is increasingly using technology to automate processes. The need to minimise financial impact to ratepayers is priority, and therefore, no additions to the workforce are planned over the next four years.

Risk Management

The Shire of Waroona is committed to identifying, measuring and managing risks in order to capitalise on opportunities and achieve the objectives of the Council's strategic plans.

To achieve this, the Shire has adopted a risk management framework aligned to AS/NZS ISO 31000.2018 Risk Management – Principles and Guidelines. The framework, which is comprised of a Risk Management Policy and Strategy, provides a coordinated and systematic process for managing risks, integrating risk management into everyday decision making and business planning.

A Business Continuity Plan also compliments this framework, ensuring that the Shire can continue to provide essential services to stakeholders in the event of a crisis or major incident.



Reviewing & Reporting

The Shire of Waroona has a robust reporting framework in place that tracks key performance indicators at the individual, service area and organisational level. The Chief Executive Officer has targets and objectives that are set and revised by Council to deliver on key Council priorities.

The Shire's performance data is captured in our corporate database, ensuring that appropriate responsibilities, timeframes, measures and progress are accounted for. The Shire is also required to report on statutory key performance indicators listed in the table below:

Annual Report

The annual report is produced at the end of each financial year and highlights the operations and achievements of the Shire during the prior 12 month period. It contains an indication of key priorities from the Strategic Community Plan, Corporate Business Plan, and informing strategies such as this plan.

Financial Performance

The proportion of programs and projects funded by the Shire's annual budget will indicate how well the Shire is progressing with the completion of the strategy for a finance and resource perspective.

Key Performance Indicators

The Corporate Business Plan contains key performance indicators and is reviewed annually by Council. These indicators include how the Shire is progressing, as well as reviewing operational efficiencies and achievements.

Tracking progress in real time will allow the Shire and the community to keep updated on the Public Health Plan. The Shire's staff will review the Plan annually or as required in accordance with the *WA Public Health Act 2016* to ensure it continues to respond to the needs of the community, and that it remains current. Staff will coordinate the annual review in partnership with the South Metropolitan Health Service. An evaluation will occur at the end of the strategy cycle, in 2025, consisting of:

- Assessment of progress against outcomes for each goal within the strategy;
- Assessment of performance measures for each priority area;
- Review of key data for the Shire including the social profile, health status, health risk factors, health behaviours and population risk groups; and
- Review of implementation mechanisms for the strategy including partnership terms and arrangements with key stakeholders.

The Shire's staff will prepare and submit an annual report on progress and evaluation findings to the Chief Health Officer of the WA Department of Health.

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Cover, 5, 7, 25, 27, Back
Page 6, 10, 11
Page 12

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