

# WANGARATTA RURAL CITY COUNCIL



MINUTES OF THE SPECIAL MEETING  
OF THE WANGARATTA RURAL CITY COUNCIL, HELD  
IN THE COUNCIL CHAMBERS, MUNICIPAL OFFICES,  
62-68 OVENS STREET, WANGARATTA  
ON **MONDAY, 28 OCTOBER 2013** COMMENCING AT 5:30PM

Kelvin Spiller  
**ACTING CHIEF EXECUTIVE OFFICER**



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1. **ACKNOWLEDGEMENT OF TRADITIONAL OWNERS**

*We acknowledge the traditional owners of the land on which we are meeting.  
We pay our respects to their Elders and to Elders from other communities who  
may be here today.*

2. **OPENING PRAYER**

*Almighty God, we humbly ask thee to bless and guide this council in its  
deliberations so that we may truly preserve the welfare of the people whom we  
serve. Amen*

3. **PRESENT**

Administrator:

Mr Peter Stephenson

Officers Present:

Mr Kelvin Spiller, Acting Chief Executive Officer; Mr Peter Mangan, Acting  
Director Sustainability; and Ms Patti Wenn, Acting Director Community  
Wellbeing

4. **ABSENT**

Mr Peter Godfrey, Acting Director Infrastructure Services

5. **ACCEPTANCE OF APOLOGIES & GRANTING OF LEAVE OF ABSENCE**

**ORDER OF BUSINESS**

6. **CONFLICT OF INTEREST DISCLOSURE**

Nil

## 7. **BUSINESS**

### 7.1.1.1 **CONSIDERATION OF SUBMISSIONS REGARDING MUNICIPAL PUBLIC HEALTH AND WELLBEING PLAN 2013 - 2017**

Community Wellbeing Plan

75.005.002

#### **Introduction**

The purpose of this report is to present the submissions received and Officers' responses as a result of the public exhibition period of the Municipal Public Health and Wellbeing Plan 2013 – 2017.

#### **Background**

At the Council meeting held on 17 September 2013, Council endorsed the Draft Municipal Public Health and Wellbeing Plan 2013 – 2017 and resolved to place the Draft Plan on public exhibition for 28 days. The community was invited to make submissions up to 15 October 2013.

#### **Issues**

Council received 11 written submissions that proposed corrections to organisation and document titles; new and amended actions; additional climate change references; the inclusion of an acknowledgement of traditional owners of the land; and inquired about the implementation and reporting process.

As a result of the submissions, a number of amendments to the Municipal Public Health and Wellbeing Plan 2013 – 2017 have been recommended for Council's endorsement prior to adoption of the final Plan. A tabled summary of the submissions has been provided for Council information (***refer attachment 1***). The eleven submissions to the Municipal Public Health and Wellbeing Plan 2013 – 2017 (the Plan) have been summarised in this report with Officers' comments and recommendations.

#### **Officer's Declaration of Interests**

Under Section 80C of the *Local Government Act 1989 (as amended)*, officers providing advice to Council must disclose any interests, including the type of interest.

##### **Acting Director Community Wellbeing – Patti Wenn**

In providing this advice as the Acting Director, I have no disclosable interests in this report.

##### **Manager Community and Recreation – Leonie Painter**

In providing this advice as the Manager Community and Recreation, I have no disclosable interests in this report.

## **Discussion**

Detailed below is a summary of the eleven submissions received together with the responsible Officers' responses.

### **Submission 1**

Lodged by Darren Moffitt, Indigenous Community Development Broker for Regional Development Victoria.

### **Summary of Submission**

Mr Moffitt stated that the Dirrawarra Network continues to be very well supported by Council, particularly through the work of the Cultural Development Officer. Council has supported events and are currently in partnership working towards the implementation of a significant cultural project - known as 'Bullawah'.

Mr Moffitt would like to see the Dirrawarra Network included as a stakeholder and partner in the implementation of the Municipal Health and Wellbeing Plan. He states that there is limited references to Indigenous people in the draft Plan and given the National and State initiatives aimed at 'Closing the Gap' (especially in Health) - the current status of the health of Indigenous people appears to be understated in the Plan.

Mr Moffitt states there is no reference to Aboriginal and Torres Strait Islander People as being at risk of social isolation in section 4.3 'Strong and resilient individuals, families and communities' and that it would be fitting to recognise and respect the Traditional Owners under the acknowledgements section.

### **Officers' Comments / Recommendations**

- 1) The Dirrawarra Network has been included as a partner in the Local Health and Wellbeing Partnership to provide adequate representation of significant issues of Local Aboriginal and Torres Strait Islander People.**
- 2) Additional content to Action 4.2.6.1 referencing the *Hume Closing the Health Gap Plan 2009 -2013* and the *Central Hume Primary Care Partnership Closing the Health Gap Plan 2011 – 2014*.**
- 3) The profile of Indigenous people has been strengthened in the Draft Plan by adding Aboriginal and Torres Strait Islander People to Strategy 4.3.2 and the inclusion of an Acknowledgement of Country.**

## **Submission 2**

Lodged by Cathy Rogers, CEO, UnitingCare Goulburn North East

### **Summary of Submission**

Ms Rogers proposed a correction to a policy title contained within the Plan.

### **Officers' Comments / Recommendations**

- 4) Amend title to 'UnitingCare Goulburn North east Strategic Plan and Governance Policies'.

## **Submission 3**

Lodged by PJ. Kelly.

### **Summary of Submission**

The submission drew to Council's attention the challenges of being a disability support pensioner.

### **Officers Comments / Recommendations**

Pass PJ Kelly's comments to Plan Partners delivering disability support services/programs. It is recommended that no change to the Plan is required.

## **Submission 4**

Lodged by Ann Wearne, Chief Executive Officer, Ovens and King Community Health Service

### **Summary of Submission**

Ms Wearne requests that Ovens and King Community Health Service be involved with the development of the Municipal Early Years Plan.

The Rural City of Wangaratta would be provided with a tangible opportunity to respond to family violence issues by endorsing and actively supporting the *Hume Region Preventing Violence Against Women and Children Regional Strategy 2013 – 2017*.

The endorsement of the *Central Hume Primary Care Partnership Healthy Eating Plan 2012 – 2017* will enhance the "really good progress that is being made locally in food security".

Ms Wearne acknowledges the level of detail around the Social Model of Health in the Draft Plan. With the 'Addictions and Substance Abuse' section there is a focus on dealing with the problem and not early intervention.

There is a lot of evidence on the health impacts of working and sedentary behaviour and therefore a reference to the workplace is required in Social Model of Health section under Physical Activity. The 2013 Population Health Profile is available to update the Evidence of Need data.

A statistic about Food Insecurity is advised as the latest data states that 6.4% of the local population ran out of food in the last 12 months and could not afford to buy more, which is higher than the state (5.6%) average and ranks the Municipality 30 out of 79 LGAs.

A recommendation is made to include breastfeeding rates statistic; Wangaratta has 54% of infants fully breastfed at 3 months, slightly higher than regional and state average and the municipality is ranked 41 out of 79 LGAs.

Ms Wearne remarks that it is good to see both healthy eating and reducing alcohol related harm identified in the Plan. These are the two current health promotion priorities for agencies that receive health promotion funding in the Rural City of Wangaratta (Northeast Health Wangaratta, Ovens and King Community Health Service, and Women's Health Goulburn Northeast). Ovens and King Community Health Service would like to continue to be involved through the Local Health and Wellbeing Partnership.

Suggestion of two additional actions under the Strategy 4.4.1 'Minimise or prevent harm from alcohol, tobacco and other drugs':

- Support approaches that promote healthier attitudes to drinking alcohol; and
- Investigate ways to strengthen regulation of alcohol and reform of liquor licensing laws.

#### **Officers Comments / Recommendations**

- 5) **Add to Priority Area 4.4 – A Safe and Protected Community, Action 4.4.5.3. – 'Support the *Hume Region Preventing Violence Against Women and Children Regional Strategy 2013 – 2017*. The goal is to impact positively on the family violence incident rates;**
- 6) **Add to Priority Area 4.5 – Health Lifestyles, Action 4.5.1.5 – 'Support the *Central Hume Primary Care Partnership Healthy Eating Plan 2012 -2017*'. The benefits will be to provide good linkage to work progressing in food security; and**
- 7) **Include reference to the workplace situation in the Social Model of Health section under Physical Activity. This will acknowledge the health impacts of sedentary behaviour associated with the workplace environment.**

The 2013 Population Health Profile data confirms previous 2012 data, which was utilised at the time of developing the Plan.

- 8) Highlight the growing need for solutions to food provision for disadvantaged residents in to Section 2.3 “Socio Economic” by adding the statistic about food insecurity: ‘6.4% of the local population ran out of food in the last 12 months and could not afford to buy more which is higher than the State (5.6%) average and ranks the Municipality 30 out of 79 LGAs’.**

Where municipal statistics for exceeded the State average under section 2.3 Evidence of Need, Plan Partners have designated these as priority issues. As the breastfeeding rates statistic did not meet this criterion, breastfeeding has not been highlighted as a priority issue in the Plan.

- 9) Include two additional actions under the Strategy 4.4.1 ‘Minimise or prevent harm from alcohol, tobacco and other drugs’:**
- **4.4.1.3 – ‘Support approaches that promote healthier attitudes to drinking alcohol; and**
  - **4.4.1.4 Investigate ways to strengthen regulation of alcohol supply and reform of liquor licensing laws via the Wangaratta Liquor Accord.**

### **Submission 5**

Lodged by Harvey Ballantyne, Manager Public Health, Health and Aged Care, Hume Region

### **Summary of Submission**

Mr Ballantyne states that “the Plan is a very good strategic document with health profile, partners, consultations, issues and evaluation clearly articulated”.

He proposes that the Local Health and Wellbeing Partnership include a community voice on this group. He adds that “the challenge with establishing the partnership group - which is a positive - is getting ownership by partners of strategies which sit with them”. Mr Ballantyne suggests that there be no more the 4 - 5 key objectives for implementation in the calendar year.

### **Officers’ Comments / Recommendations**

The community voice on the Local Health and Wellbeing Partnership is represented by:

- Council’s Community Planning and Engagement Coordinator. Council’s Community Planning Program is the conduit of information from the community to Council; and
- The Councillor/Administrator with the portfolio of Community, Arts, Culture and Heritage would also represent community views as a member of the Local Health and Wellbeing Partnership.

The Local Health and Wellbeing Partnership will contribute to the development of the Implementation Plan, having regard to prioritising objectives that can be implemented in a suitable and agreed timeframe.

### **Submission 6**

Lodged by Deb Eason, Manager Allied Health Programs, Northeast Health Wangaratta

### **Summary of Submission**

Ms Eason comments that “it is good to see both healthy eating and reducing alcohol related harm identified in the plan (as) these are the two current health promotion priorities for agencies that receive health promotion funding in the Rural City of Wangaratta (Northeast Health Wangaratta, Ovens & King Community Health Service, and Women’s Health Goulburn Northeast- only healthy eating for WHGNE)”.

Ms Eason states that Northeast Health Wangaratta would like to continue to be involved through the Local Health and Wellbeing Partnership.

The submission also states that Northeast Health Wangaratta understands the importance of ensuring services are accessible and equitable (as outlined under Priority Area 4.2 in the Plan); and values the importance of enabling our community to have control over their own health, through supportive environments and community action that help to make the healthy choice the easy choice.

Ms Eason confirms that Northeast Health Wangaratta supports the focus on improving health and wellbeing for those who are socio-economically disadvantaged (Priority Area 4.6). She adds that “Generally, people on low incomes have higher levels of poor health” and the “Rural City of Wangaratta has a large population that would be considered low income”.

Ms Eason suggests that if the performance indicators are being used as evaluation measures, they would need to have baseline data available to be able to measure change.

### **Officers Comments / Recommendations**

The performance indicators are measurable. Year one performance results will be used as baseline data for the four year life of the Plan. Performance indicators are measurable via a community satisfaction survey, statistical reporting and annual implementation plan outcomes.

## **Submission 7**

Lodged by Caitlyn Hoggan, Health Promotion Worker, Women's Health Goulburn North East

### **Summary of Submission**

Women's Health Goulburn North East commends Council on "such a comprehensive and holistic Municipal Public Health and Wellbeing Plan". In particular Ms Hoggan mentions that "the extensive consultation process and thorough review of data and trends has produced a plan that echoes the community needs... The inclusion of gender in the plan is a progressive addition".

Ms Hoggan states that Women's Health Goulburn North East is excited by some of the priority areas and sees great potential and opportunity for partnership in areas regarding breastfeeding, prevention of violence against women and food security. She adds that eight out twelve Hume Region local governments participate in the Hume Region Preventing Violence Against Women and Children Steering Committee, regularly contributing to the development and implementation of the strategy. A local government working group has recently commenced, providing an environment specific for council members to discuss barriers commonly experienced in local government, and share resources and best practice to overcome these challenges.

Ms Hoggan proposes a specific action to support the *Hume Region Preventing Violence Against Women and Children Regional Strategy 2013 -2017*, and suggests that sex disaggregated data is utilised where possible.

Ms Hoggan recommends that gender, parents and carers requirements be considered when planning for community facilities, new developments and community safety; and that breastfeeding be encouraged through increased community support, and implementation of facilities and practices that enable breastfeeding.

### **Officers' Comments / Recommendations**

Council's Community and Recreation Manager is committed to participating in the Hume Region Preventing Violence Against Women and Children Steering Committee.

Action 4.4.5.3 in the Plan identifies support for the *Hume Region Preventing Violence Against Women and Children Regional Strategy 2013 -2017*.

The Local Health and Wellbeing Partnership receive the most current data available (inclusive of sex disaggregated data, if available) and consider this in the planning of services/programs to meet the health and wellbeing needs of the community.

Strategy 4.2.4 encompasses Universal Design Principles which include:

- Social Integration – treating all groups with dignity and respect; and
- Personalization – incorporating opportunities for choice and the expression of individual preferences.

The Universal Design Principles consider gender, parents' and carers' requirements when planning for community facilities, new developments and community safety.

Added to Priority Area 4.5 – Health Lifestyles is the Action 4.5.1.5 – 'Support the *Central Hume Primary Care Partnership Healthy Eating Plan 2012 -2017* which includes actions to increase breastfeeding rates (as per Officer Recommendation 9).

### **Submission 8**

Lodged by W Steel

#### **Summary of Submission**

The submission requests a correction to a community group title in section 2.2

#### **Officers' Comments / Recommendations**

The community group title has been amended.

### **Submission 9**

Lodged by B Chapman

#### **Summary of Submission**

The submitter states that "I understand that the development of the Municipal Public Health and Wellbeing Plan is complex and involves multiple stakeholders, but I believe there are reasons why the health and wellbeing impacts of climate change should be further developed for action in the Plan".

The submission points to release of guidance information from the Department of Health in 2012 regarding the consideration of climate change in the development of MPHWP. This information recommends that climate change impacts need to be considered as set out under the *Climate Change Act 2010* decision making requirements. The submitter proposes the inclusion of climate change impacts within section 1.3 Determinants of health, with an expanded "Environments" section; and the checking of Plan actions against Table 3 in "Municipal Public Health and Wellbeing Planning – Having regard to climate change" (Dept of Health, 2012).

The submitter suggests that a number of actions could be expanded to account for climate related health impacts and reference to the *Heatwave Plan* would cover some aspects.

### **Officers Comments / Recommendations**

**10) Add the words ‘A changing climate may affect human health and wellbeing either directly or indirectly. The Rural City of Wangaratta can incorporate climate change considerations into policies, strategies and plans across a range of business units’ under Section 1.3 Social Model of Health, Environments in the Plan.**

In the Rural City of Wangaratta’s Municipal Public Health and Wellbeing Plan, Strategies 4.4.3, 4.5.2, and 4.5.5, and Actions 4.4.3.1, 4.4.3.2, 4.4.4.1, 4.5.2.1, 4.5.3.1, 4.5.3.2, 4.5.3.5, 4.5.5.2, and 4.5.5.3 relate to Table 3 in the Department of Health’s document entitled ‘*Municipal Public Health and Wellbeing Planning – having regard to climate change (2012).*’

Development of the annual implementation plan will take into account climate related health impacts and the *Heatwave Plan*.

### **Submission 10**

Lodged by J Cullen

### **Summary of Submission**

The submitter states that “It is critical that Council does respond appropriately to the health needs evidenced, as our health profile is appalling...I am very pleased to see mention of mental health, and hope to see this issue incorporated into planning for all Council documentation, including the final document for the Rural City of Wangaratta’s Population and Housing Strategy”.

The submitter suggests that as the actions listed in the Strategy 4.2.3 to support access to public transport are “very passive”, it would be preferable to have a clear approach for the provision of better public transport.

In relation to Action 4.5.2.2: “Ensure environment for physical activity are safe, inclusive and accessible”, the submitter proposes immediate action to address the state of footpaths and drainage covers, and an increased provision of gutter ramps as many elderly people have difficulty negotiating uneven surfaces. It is also proposed that guidelines concerning speed limits, improved shop access, etcetera be considered for the use of mobility scooters in the CBD.

The submitter states that “walking and cycling are not necessarily compatible in all situations Cyclists like to have a nice smooth path with a hard surface, (while) the availability of some unformed paths can benefit the walkers who would prefer:

- To walk, or run, in a more natural environment, paying attention to roughness and irregularities, thus engaging the mind and exercising balance capabilities.
- To walk, or run, on a softer surface for medical reasons; and
- To walk without having to constantly turn around and scan the path for cyclists approaching from behind”.

The submitter also outlines the benefits of dog ownership in relation to health outcomes and requests that more leash free areas be provided across the Municipality.

### **Officers’ Comments / Recommendations**

Problematic mental health conditions are listed as a high priority issue in the Plan. The implementation of associated strategies and actions will contribute to the prevention of mental health conditions and support residents experiencing these.

The Plan contains actions to advocate for better access to public transport support and service improvements.

Community input will be sought for development of the planned walking and cycling strategy. Residents’ issues and preferences will be taken into consideration to inform the plan.

Council is currently working with interested community members in assessing the need for off leash dog areas, and further community consultation will occur over the coming months.

### **Submission 11**

Lodged by M Shepherd, Executive Officer, Central Hume Primary Care Partnership

### **Summary of Submission**

Ms Shepherd thanked Council for the opportunity to provide feedback on the Plan and commended the collaborative approach Council has taken to develop it this time around. She also confirmed that the Central Hume Primary Care Partnership offered resources to each of the local area-based partnerships, and looked forward to working with the Wangaratta Local Health and Wellbeing Partnership in the implementation and/or monitoring of the Plan.

Ms Shepherd advised of inaccuracies in agency and strategy titles.

Ms Shepherd believes there are Issues around the performance indicators. As many are not ones that Council or the group of key stakeholders can control; and in some instances there appears to be a “disconnect between data, actions and indicators”.

Ms Shepherd advises that it is difficult to determine who has responsibility for the strategies and actions in the Plan, as “Municipal Public Health and Wellbeing Plans are considered ‘community plans’ but they are the responsibility of the local council to complete and report on them”. She proposes the inclusion of the term ‘in partnership with....’ in the actions to address this situation.

Ms Shepherd reflects that in the stakeholder workshops during the consultation phase, it was suggested that the role of the local council is to advocate for issues of concern for the community. She proposes that a strategy or action to advocate could replace strategies or actions that cannot be addressed by either the Rural City of Wangaratta or key stakeholders/partners.

### **Officers’ Comments / Recommendations**

Inaccuracies in agency and strategy titles as advised by Ms Shepherd have been amended.

The performance indicators are measurable. Year one performance results will be used as baseline data for the four year life of the Plan. Performance Indicators are measurable via community satisfaction survey, statistical reporting and implementation plan outcomes.

#### **11) Include an additional performance indicator for Priority Area 4.4: “Family violence incident rates” to monitor the effectiveness of actions implemented.**

Actions from the *Rural City of Wangaratta Council Plan 2013-2017* have been included in the Municipal Public Health and Wellbeing Plan to enhance integration between these key strategic documents and performance reporting. An annual implementation plan will be developed that lists detailed activities to be undertaken by Plan Partners as part of the agreed strategies and priority actions of the four year Municipal Public Health and Wellbeing Plan.

The implementation plan also identifies responsible partners, delivery timelines/milestones, and performance measures that will be used for monitoring progress on the achievement of strategic objectives and annual reporting to the Department of Health.

### **Implications**

#### **Council Plan Outcomes**

Development and adoption of the Municipal Public Health and Wellbeing Plan 2013 – 2017 contributes to the implementation of Council Plan action 2.2.2.1: ‘In partnership with other agencies review the Community Wellbeing Plan (Municipal Public Health Plan), the Municipal Early Years Plan and develop a Positive Ageing Strategy.’

### Sustainability

Resourcing of some Council actions in the Municipal Public Health and Wellbeing Plan 2013 – 2017 will require consideration in future Council budgets.

### Recommendation:

***That Council endorse the Officers' recommendations numbered 1 to 11 for incorporation in the adopted version of the Rural City of Wangaratta Municipal Public Health and Wellbeing Plan 2013-2017.***

***The recommendation was declared adopted.***

### Communication

Council will notify those persons who have provided written submissions to Council of the decisions relating to their requests after the adoption of the Rural City of Wangaratta Municipal Public Health and Wellbeing Plan 2013 – 2017.

### 7.1.1.2 MUNICIPAL PUBLIC HEALTH AND WELLBEING PLAN 2013 - 2017

Community Wellbeing Plan

75.005.002

#### **Introduction**

This report seeks Council's adoption of the Rural City of Wangaratta Municipal Public Health and Wellbeing Plan 2013 – 2017 (**refer attachment 2**) following the public comment period, which ended on 15 October 2013, and the receipt of eleven written submissions.

#### **Background**

Victorian councils have a statutory responsibility for health and wellbeing planning under the *Public Health and Wellbeing Act 2008*. The Act strengthens the role of local government as a major partner in the effort to protect public health and prevent disease, illness, injury, disability or premature death, and contribute to national health priorities.

Under the Act all local government authorities in Victoria are required to develop Municipal Public Health and Wellbeing Plans within 12 months of each general election of the council. The Municipal Public Health and Wellbeing Plan is required to set broad goals and priorities over a four year period such as health promoting strategies; planning for age-friendly physical environments and community support; positive ageing strategies; accessible services and programs; and emergency management planning for vulnerable people.

The Act clarifies the respective roles and responsibilities of local and state government regarding public health and wellbeing planning and the following functions of Council:

- Creating an environment which supports the health of local community members and strengthens the capacity of individuals to achieve better health;
- Initiating, supporting and managing public health planning processes at the local government level;
- Developing and implementing public health policies and programs within the municipal district;
- Developing and enforcing up to date public health standards and intervening if the health of people within the municipal district is affected;
- Facilitating and supporting local agencies whose work contributes to the improvement of health and wellbeing in the local community;
- Coordinating and providing immunisation services to children living or being educated within the municipal district; and

- Ensuring the municipal district is maintained in a clean and sanitary condition.

A Municipal Public Health and Wellbeing Plan must:

- Include an examination of data about health status and health determinants in the municipal district;
- Identify goals and strategies based on available evidence for creating a local community in which people can achieve maximum health and wellbeing;
- Provide for the involvement of people in the local community in the development, implementation and evaluation of the Municipal Public Health and Wellbeing Plan; and
- Specify how the council will work in partnership with the 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.

In addressing the required criteria stated above, Council has collaborated with representatives from a broad cross section of community sectors such as:

- community health services;
- hospital;
- general practice;
- youth and families;
- children's services;
- mental health services;
- housing;
- safety and emergency services;
- non-government organisations;
- aged services;
- transport; and
- education

Health status data; recent survey work with sectors such as youth, aged, Aboriginal and Torres Strait Islander people, multicultural, families, and rural and urban community plans; and other local health, community and welfare agency plans have been analysed to determine the top health and social issues affecting the municipality.

Six priority areas emerged from this information to address identified issues. These priority areas were validated through a community consultation process that consisted of community focus group sessions. Associated goals and strategies have been developed to guide the work of Council and health and wellbeing agencies, in achieving improved health and wellbeing outcomes for the local community.

## **Issues**

The Municipal Public Health and Wellbeing Plan 2013 – 2017 (the Plan) was placed on public exhibition from 18 September 2013 to 15 October 2013. Copies were provided to stakeholders, community groups and agencies; and made available at the Council offices, via Council's website, and provided to rural community hall committees, general stores and post offices. Advertisement regarding the public exhibition period were placed in the Wangaratta Chronicle Rural Connections Page.

Eleven written submissions were received during the public comment period. A tabled summary of the submissions has been provided for Council information (***refer attachment***) and a separate report to this agenda; "Consideration of Submissions Regarding Municipal Public Health and Wellbeing Plan 2013 – 2017" recommended eleven amendments to the Plan.

## **Implications**

To comply with the *Public Health and Wellbeing Act 2008* the development and adoption of a Municipal Health and Wellbeing Plan is required within 12 months of the general election of Council.

## **Council Plan Outcomes**

Development and adoption of the Plan contributes to the implementation of Council Plan action 2.2.2.1: 'In partnership with other agencies review the Community Wellbeing Plan (Municipal Public Health Plan), the Municipal Early Years Plan and develop a Positive Ageing Strategy.'

## **Sustainability**

Resourcing of some Council actions in the Plan will require consideration in future Council budgets.

## **Community Engagement**

Council has collaborated with representatives from a broad cross section of community sectors such as: community health services; hospital; general practice; youth and families; children's services; mental health services; housing; safety and emergency services; non-government organisations; aged services; transport; and education.

The Plan was placed on public exhibition from 18 September 2013 to 15 October 2013. Copies were provided to stakeholders, community groups and agencies; and made available at the Council offices, via Council's website, and provided to rural community hall committees, general stores and post offices. Advertisement regarding the public exhibition period were placed in the Wangaratta Chronicle Rural Connections Page.

## **Conclusion**

The Wangaratta Local Health and Wellbeing Partnership was established in 2011 to assist in the implementation and monitoring of the *Municipal Public*

*Health and Wellbeing Plan.* The Partnership consists of representatives from community health services; hospital; general practice; youth and families; children's services; mental health services; public and community housing; safety; non-government organisations; aged services; transport and education sectors.

The Plan identifies key health and wellbeing issues for the Rural City of Wangaratta community; and lists priority goals and strategies to address these. Development, implementation and review of the Plan provides opportunities for Plan Partners to work together to deliver integrated services and programs that contribute to the realisation of desired health and wellbeing outcomes.

### **Recommendation**

***That Council resolves to adopt the Rural City of Wangaratta Municipal Public Health and Wellbeing Plan 2013-2017 with amendments.***

***The recommendation was declared adopted.***

### **Communication**

The finalised Plan will be placed on the Council website and distributed to relevant stakeholders. Printed copies will be available upon request. The Wangaratta Local Health and Wellbeing Partnership will be convened to initiate the implementation of the Plan.

Council will notify those persons who have provided written submissions to Council of the decisions relating to their requests after the adoption of the Rural City of Wangaratta Municipal Public Health and Wellbeing Plan 2013 – 2017.

### **Appreciation of Mr Peter Stephenson, Administrator**

Mr Kelvin Spiller, Acting Chief Executive Officer, referred to Mr Peter Stephenson, Administrator, having presided over two Council Meetings during his term as Administrator and thanked him for his contribution and assistance to Council over the past four weeks and prior.

## **8. CLOSURE OF MEETING**

The meeting closed at 5:40pm