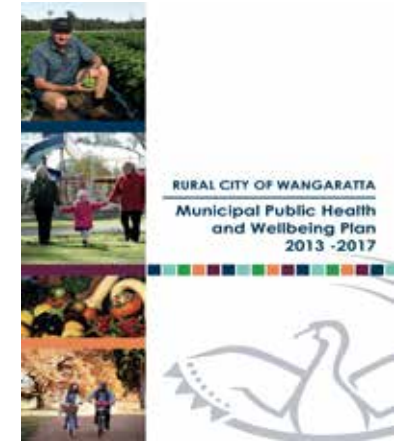


ATTACHMENT 1

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

Refer Item 7.1.1.1



Attachment 1: Summary of submissions on the Municipal Public Health and Wellbeing Plan 2013 – 2017

	Comment	Submitter	Response	Action
1	<p>I would like to say at this point that the Dirrawarra Network continues to be very well supported by Council, particularly through the work of the Cultural Development Officer. Council has supported our events and we are currently in partnership working towards the implementation of a significant cultural project - known as 'Bullawah'.</p> <p>A) In future development of this Health and Wellbeing Plan, I would like to see the Dirrawarra Network included as a stakeholder and partner. Whilst I work with the Dirrawarra Network, I do not represent them with the feedback I have provided below. Unfortunately the public exhibition of your Plan falls between schedule Network Meetings and I am unable to provide collective and representative feedback from the Dirrawarra Network in such a short time frame. Please consider my personal feedback below during your review of the draft.</p>	<p>Darren Moffitt Regional Development Victoria Indigenous Community Development Broker</p>	<p>Noted</p>	<p>Dirrawarra Network to be a partner in the Local Health and Wellbeing Partnership.</p>

	Comment	Submitter	Response	Action
	<p>B) References to Indigenous people is limited in this draft 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 your Plan. This is of National significance and should be highlighted at local level to promote awareness and real change.</p> <p>C) In the 'Strategy' and 'Action' table for 4.3 Strong and Resilient individuals, families and communities, under Strategy 4.3.2 (page 28) it refers to people at risk of social isolation, but Aboriginal and Torres Strait Islander people have been omitted (despite being referred to under 'Social Exclusion' on page 7.</p> <p>D) Under Acknowledgements on page 4, include 'acknowledgement of country'.</p>		<p>Noted</p> <p>Add references to relevant plans to action 4.2.6.1</p> <p>Noted</p> <p>Noted</p>	<p>Additional content to Action 4.2.6.1: Support:</p> <ul style="list-style-type: none"> · Hume Closing the Health Gap Plan 2009 - 2013 · Central Hume Primary Care Partnership Closing the Health Gap Plan 2011 – 2014 <p>Aboriginal and Torres Strait Islander People added to Strategy 4.3.2</p> <p>Acknowledgement of Country included on page 4</p>
2	A) Under 2.4 Local Context it should be – UnitingCare Goulburn North East Strategic Plan and Governance Policies	UnitingCare Goulburn North East	Noted	Amended
3	A) Challenges of being a Disability Support Pensioner are brought to RCoW's notice.	PJ Kelly - individual	Noted	PJ Kelly's comments passed on to Plan partners delivering disability support services/programs.
4	A) Under Introduction on page 3, don't actually want to reduce 'mental health' we might want to reduce 'problematic mental health conditions' or similar.	Ovens and King Community Health Service	Noted	Amended

	Comment	Submitter	Response	Action
	B) Page 6 "Early Life" there is reference to the fact that the Municipal Early Years Plan will be developed later in the 2013-14 financial year. O&KCHS would like to work with RCoW in the development of this plan.		Noted	Advise RCoW Manager Human Services
	C) Page 7 the term 'indigenous' is used; within our area at least, the preferred term is now Aboriginal.		Noted	Amended
	D) Page 8 "Gender" – recommend that RCoW endorse and actively support the Hume Region Preventing Violence Against Women and Children Regional Strategy 2013-17.		Noted	Added to 2.4 Regional and Victorian Context
	E) Under 4.4 "A Safe and Protected Community" (page 29) Recommend that 4.4.5.3 include a commitment to the Hume Region Preventing Violence Against Women and Children Regional Strategy 2013-17.		Noted	Added to Priority Area 4.4 A Safe and Protected Community - Action 4.4.5.3
	F) Page 9 "Food Security" - recommend reference to document 'Central Hume PCP Healthy Eating Plan 2012-17'.		Noted	Added to 2.4 Regional and Victorian Context
	G) Recommend an action to commit to the 'Central Hume PCP Healthy Eating Plan 2012-17'.		Noted	Added to Priority Area 4.5 Healthy Lifestyles – Action 4.5.1.5
	H) Great to see the level of detail around the social model of health.		Noted	No amendment required
	I) Page 9, "Addictions and Substance Abuse" section is focused in dealing with the problem and not early intervention.		The DoH and DEECD are currently funding public health education and promotion for early intervention.	Refer to Action 4.4.1.1
	J) Page 10, "Physical Activity" - a reference to what could be done in the built and economic environment and a reference to being active in the workplace is		Noted	Added workplace to "providing opportunities to be physically

	Comment	Submitter	Response	Action
	<p>recommended. There is a lot of evidence now on the health impacts of working and sedentary behaviour.</p> <p>K) Page 20, "Regional and Victorian Context"; the 'Victorian Public Health and Wellbeing Plan' add 2011-2015 to title.</p> <p>L) Page13, where it states "Our Partners in the alliance include:", is it better to have 'may include'. With the list of partners, delete North East Division of General Practice (this was replaced by the Hume Medicare Local). Other agencies you may like to add are St Vincent De Paul, King Valley Learning Exchange, Catholic Education Office, Independent School (Cathedral College).</p> <p>M) Page 17, 2.3 Evidence of need: there is now the 2013 Population Health Profile to update the data used www.health.vic.gov.au/regions/hume/toolkit.htm</p> <p>N) Page 17, In the "Socio Economic" section, it would also be good to have a statistic about food insecurity. The latest data states that 6.4% of the local population ran out of food in the last 12 months and couldn't afford to buy more which is higher than the state (5.6%) average and the municipality is ranked 30 out of 79 LGAs.</p> <p>O) Page 17, In the "Healthy Life Choices" section it is recommended 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.</p> <p>P) Page 20, In "Regional and Victorian Context"; dot</p>		<p>Noted</p> <p>Leave "Our Partners in the alliance include:" The alliance is already established and represents specific sectors of the community.</p> <p>2012 Population Health Profile was the current data available prior to community consultation</p> <p>Significant issue</p> <p>Statistics that reveal priority issues, for example exceeding state average levels have been addressed as a priority.</p>	<p>active..."</p> <p>2011 – 2015 added to title</p> <p>North East Division of General Practice deleted and replaced by Hume Medicare Locals.</p> <p>The 2013 PHP confirms previous 2012 data so no action required to amend 'Evidence of Need'</p> <p>Added the stated statistic to Section 2.3 "Socio Economic".</p> <p>No amendment required</p>

	Comment	Submitter	Response	Action
	<p>point "CHPCP Regional Health" appears to be an incomplete title. Reference to The Central Hume PCP Healthy Eating Plan 2012-2017 could be included here. This plan has linkage with the Food Security comments (pages 9-10) and under Action 4.5.3. The plan provides good linkage to work that is progressing in this section and would also contribute to evaluation and monitoring of the MPHWP.</p> <p>Q) Page 21, In 2.6 "Evaluation" (p21) spelling mistake on first dot point where it states 'good' it should say 'goal'.</p> <p>R) 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 & King Community Health Service, and Women's Health Goulburn Northeast- only healthy eating for WHGNE). O&KCHS would like to continue to be involved through the Local Health and Wellbeing Partnership (Priority 4.1).</p> <p>S) Agree with the importance of ensuring services are Accessible and Equitable (Priority 4.2), as well as valuing 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 (Priorities 4.3, 4.4 and 4.5).</p> <p>T) Support the focus on improving health and wellbeing for those who are socio-economically disadvantaged (Priority 4.6). Generally, people on low incomes have</p>		<p>Noted</p> <p>Noted</p> <p>Noted</p> <p>Noted</p> <p>Noted</p>	<p>As per 4F</p> <p>The word "good" amended to "goal"</p> <p>O&KCHS is a member of the Local Health & Wellbeing Partnership</p> <p>No amendment required</p> <p>No amendment required</p>

	Comment	Submitter	Response	Action
	<p>higher levels of poor health. Rural City of Wangaratta has a large population that would be considered low income.</p> <p>U) If the Performance Indicators are being used as evaluation measures – they would need to have baseline data available to be able to measure change – not sure if there would be for all the Performance Indicators.</p> <p>V) The following are specific comments in relation to Priority Areas 4.4 and 4.5 in line with the health promotion priorities of Healthy Eating and Reducing Alcohol Related Harm. This area of the plan was discussed with health promotion staff from NHW so there will likely be some duplication in our responses. Under 4.4.1 – Suggest two additional actions for inclusion (reworded from actions identified in the Victorian Plan 2013-2017. Reducing the drug and alcohol toll):-</p> <p>4.4.1.3 Support approaches that promote healthier attitudes to drinking alcohol.</p> <p>4.4.1.4 Investigate ways to strengthen regulation of alcohol supply and reform of liquor licensing laws.</p> <p>Strategy 4.5.1 - Suggest change of wording for Action 4.5.1.3. to “Support the community to make good health choices.”</p> <p>Strategy 4.5.3 – Suggest change of wording for Action 4.5.3.3 to “Support new and existing community fresh food initiatives particularly in identified food desert</p>		<p>Noted</p> <p>Noted</p> <p>Noted</p>	<p>Performance Indicators are measurable – community satisfactions survey, implementation plan outcomes. Year one performance results will be used as baseline data for the four year life of the Plan.</p> <p>Action 4.4.1.3 added</p> <p>Action 4.4.1.4 added with the inclusion of ‘via the Wangaratta Liquor Accord’</p> <p>Action 4.5.1.3 reworded</p> <p>Action 4.5.3.3 reworded</p>

	Comment	Submitter	Response	Action
	<p>locations.”</p> <p>Action 4.5.3.5 - Suggest change to “Support programs that encourage the sharing of knowledge about growing food across generations and cultural groups.”</p> <p>Suggest new Action - 4.5.3.6 “Continue to build on the emerging local Community Food Forum network to support partnerships, collaboration and communication around local food systems.”</p> <p>Under 4.5.4 – Suggest change of wording for action 4.5.4.2 to “Enhance local health promotion activities that involve the community in decision making about their own health needs.”</p>			<p>Action 4.5.3.5 reworded</p> <p>Action 4.5.3.6 added</p> <p>Action 4.5.4.2 reworded</p>
5	<p>A) The plan is a very good strategic document with health profile, partners, consultations, issues and evaluation clearly articulated.</p> <p>B) Assuming that detailed priorities and time lines will flow from the Local Health and Wellbeing Partnership . The establishment I assume is the first priority, it may be worth considering how do we get a community voice on this group?</p> <p>C) Some thoughts re issues where local government has a potentially stronger role under the Healthy Lifestyles - under Council Health Protection role - smoking, immunisation particularly hard to reach groups and better linkages with the broad human services sector eg youth services; (shading Strategy 4.4.4)</p> <p>D) The challenge with establishing the partnership</p>	<p>Manager, Public Health, Health and Aged Care – Hume Region</p>	<p>Noted</p> <p>Community voice is represented by Community Planning & Engagement Coordinator and Agencies should represent the concerns of community.</p> <p>Noted</p> <p>An annual Implementation Plan will be</p>	<p>No amendment required</p> <p>No amendment required</p> <p>No amendment required</p> <p>No amendment required</p>

	Comment	Submitter	Response	Action
	group - which is a positive - is getting ownership by partners of strategies which sit with them. Also time lines; I would suggest that there be no more the 4 - 5 key objectives for implementation in the calendar year.		developed and endorsed by the Local Health and Wellbeing Partnership	
6	<p>A) 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 & King Community Health Service, and Women's Health Goulburn Northeast- only healthy eating for WHGNE).</p> <p>B) NHW would like to continue to be involved through the Local Health and Wellbeing Partnership (Priority 4.1).</p> <p>C) NHW understands the importance of ensuring services are accessible and equitable (Priority 4.2), as well as valuing 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 (Priorities 4.3, 4.4 and 4.5).</p> <p>D) NHW supports the focus on improving health and wellbeing for those who are socio-economically disadvantaged (Priority 4.6). Generally, people on low incomes have higher levels of poor health. Rural City of Wangaratta has a large population that would be considered low income.</p> <p>E) If the Performance Indicators are being used as</p>	Northeast Health Wangaratta	<p>Noted</p> <p>Noted</p> <p>Noted</p> <p>Noted</p> <p>As per comments for 4U</p>	<p>No amendment required</p> <p>NHW is a member of the Local Health and Wellbeing Partnership</p> <p>No amendment required</p> <p>No amendment required</p> <p>Performance Indicators are</p>

	Comment	Submitter	Response	Action
	<p>evaluation measures – they would need to have baseline data available to be able to measure change – not sure if there would be for all the PI’s.</p> <p>F) The following are specific comments in relation to Priority Areas 4.4 and 4.5 in line with the health promotion priorities of Healthy Eating and Reducing Alcohol Related Harm. This area of the plan was discussed with health promotion staff from O&HCHS so there will likely be some duplication in our responses.</p> <p>Under 4.4.1 – Suggest two additional actions for inclusion (reworded from actions identified in the Victorian Plan 2013-2017. Reducing the drug and alcohol toll):-</p> <p>4.4.1.3 Support approaches that promote healthier attitudes to drinking alcohol.</p> <p>4.4.1.4 Investigate ways to strengthen regulation of alcohol supply and reform of liquor licensing laws.</p> <p>Strategy 4.5.1 - Suggest change of wording for Action 4.5.1.3. to “Support the community to make good health choices.”</p> <p>Strategy 4.5.3 – Suggest change of wording for Action 4.5.3.3 to “Support new and existing community fresh food initiatives <i>particularly in identified food desert locations.</i>”</p> <p>Action 4.5.3.5 - Suggest change to “Support programs that encourage the sharing of knowledge about</p>		<p>As per comments for 4V</p> <p>As per comments for 4V</p> <p>As per comments for 4V</p> <p>As per comments for 4V</p> <p>As per comments for 4V</p>	<p>measurable – community satisfactions survey, implementation plan outcomes. Year one performance results will be used as baseline data for the four year life of the Plan.</p> <p>Action 4.4.1.3</p> <p>Action 4.4.1.4 added with the inclusion of ‘via the Wangaratta Liquor Accord’</p> <p>Action 4.5.1.3 amended</p> <p>Action 4.5.3.3 amended</p> <p>Action 4.5.3.5 amended</p>

	Comment	Submitter	Response	Action
	<p>growing food across generations and cultural groups.”</p> <p>Suggest new Action - 4.5.3.6 “Continue to build on the emerging local Community Food Forum network to support partnerships, collaboration and communication around local food systems.”</p> <p>Under 4.5.4 – Suggest change of wording for action 4.5.4.2 to “Enhance local health promotion activities <i>that involve the community in decision making about their own health needs.</i>”</p>		<p>As per comments for 4V</p> <p>As per comments for 4V</p>	<p>Action 4.5.3.6 added</p> <p>Action 4.5.4.2 amended</p>
7	<p>A) 4.1 Strategic Partnerships Suggest additional action: <i>Participate in the Hume region Preventing Violence against Women and Children Steering Committee and other networks focussing on prevention (Local Government working group, Wangaratta Family Violence Prevention Network).</i></p> <p>Eight out twelve Local governments participate in the steering committee, regularly contributing to the development and implementation of the strategy, providing great insight and perspective from council. A local government working group has recently commenced, this provides an environment specific for council members to discuss barriers commonly experienced in local government, and share resources and best practice to overcome these challenges.</p> <p>B) 4.1 Strategic Partnerships Suggest additional content to 4.1.2.1:</p>	Women’s Health Goulburn North East	<p>Action 4.1.1.2 indicates participation on relevant networks</p> <p>Action 4.1.2.1 ‘review available data</p>	<p>No amendment required</p> <p>No amendment required</p>

	Comment	Submitter	Response	Action
	<p><i>"Review available data and emerging issues" and utilise sex disaggregated data where possible and ensure all data collected by Rural City of Wangaratta is sex disaggregated</i></p> <p>C) 4.2 Accessible and equitable services and resources Suggest additional content to Strategy 4.2.4: <i>" Ensure planning for new and redeveloped community facilities incorporate Universal Design Principles" and take gender into consideration, including access, baby friendly principles, accessible streetscapes, and neighbourhoods which are safe.</i></p> <p>D) 4.2 Accessible and equitable services and resources Suggested additional of action: <i>Apply a gender analysis to all new developments and new community facilities.</i></p> <p>E) Strategy 4.2.8 Suggest additional action: <i>Lobby for/Implement facilities that meet the needs of parents and carers, in the CBD of Wangaratta. Facilities need to provide an accessible and safe environment for parents and carers to feed and change their children.</i></p> <p>F) Action 4.4.2.2 Suggest additional content: <i>"Encourage development to incorporate designs that take gender into consideration, that enhance community safety.</i></p>		<p>and emerging issues' will consider sex disaggregated data where available</p> <p>Strategy 4.2.4 encompasses Universal Design Principles which includes: Social Integration – treating all groups with dignity and respect. Personalization – incorporating opportunities for choice and the expression of individual preferences.</p> <p>See above</p> <p>See above</p> <p>See above</p>	<p>No amendment required</p> <p>No amendment required</p> <p>No amendment required</p> <p>No amendment required</p>

	Comment	Submitter	Response	Action
	<p>G) Strategy 4.4.5 Suggest amendment: <i>Utilising a whole of community approach to prevent violence against women and children, implement appropriate initiatives to create a safer community for everyone.</i></p> <p>Intimate partner violence affects the entire community, both directly and indirectly. All populations regardless of ethnicity or socioeconomic status experience family violence. Thus strategies to prevent violence against women and children need to be whole of population based, and reach all demographics of the community. Younger generations also don't identify with 'family violence', and the term intimate partner violence, encompasses a broader definition.</p> <p>H) Action 4.4.5.1 Suggest additional content: Build capacity of with relevant stakeholders, agencies and networks that enhance family cohesion <i>and respectful relationships between men and women.</i></p> <p>I) Strategy 4.4.5 Suggest additional action: <i>Implement the Hume Region Preventing Violence Against Women & Children Charter, to increase gender equity in RCoW.</i></p> <p>J) Strategy 4.4.5 Suggest additional action:</p>		<p>Family violence does not only relate to women and children. Strategy 4.4.5 considers all persons and groups at risk: "Through an increased understanding of persons and groups at risk of family violence, implement appropriate initiatives to create a safer community for everyone".</p> <p>Family cohesion encompasses relationships between men and women.</p> <p>Noted Refer to corresponding comments for 4E</p> <p>Noted</p>	<p>No amendment required</p> <p>No amendment required</p> <p>Additional action 4.4.5.3: Support the Hume Region Preventing Violence Against Women and Children Regional Strategy 2013 - 2017</p> <p>Additional action 4.4.5.3: Support the Hume Region Preventing</p>

	Comment	Submitter	Response	Action
	<p><i>Participate in the Hume region Preventing Violence against Women & Children Steering Committee, contributing to the implementation of the regional strategy.</i></p> <p>K) Suggest additional action: <i>Encourage breastfeeding through increased community support, and implementation of facilities and practices that enable breastfeeding.</i></p> <p>L) Action 4.6.1.2 Suggest additional content: Work collaboratively with local employers and other levels of government to implement programs that will increase <i>fair, non sex stereotyped</i> employment opportunities.</p>		<p>Refer to corresponding comments for 4E</p> <p>Noted Refer to corresponding comments for 4G</p> <p>Employers must abide by the Equal Opportunity Act 2010.</p>	<p>Violence Against Women and Children Regional Strategy 2013 - 2017</p> <p>Additional action 4.5.1.5 "Support the Central Hume PCP Healthy Eating Plan 2013 – 2017" – which includes actions to increase breastfeeding rates.</p> <p>Refer to Strategy 4.2.4 "Ensure planning for new and redeveloped community facilities incorporates Universal Design Principles".</p> <p>No amendment required</p>
8	PAGE 4 & 16 – Correct 'Weslyan Church Group' to Wesleyan Methodist Church	W Steel - Individual	Noted	Correction made
9	I understand that the development of the Municipal Public Health and Wellbeing Plan (MPHWP) 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	B Chapman- Individual		

	Comment	Submitter	Response	Action
	<p>in the draft MPHWP.</p> <p>The Department of Health in 2012 released guidance regarding the consideration of climate change in the development of MPHWP. The guidance is that climate change impacts need to be considered as set out under the Climate Change Act 2010 decision making requirements. The Department of Health interprets that planning for a MPHWP: should <i>Consider climate change using a framework that systematically considers the impact of climate change on the determinants of health (natural, built, social and economic) will address the range of impacts;</i> including <i>biophysical impacts</i> <ul style="list-style-type: none"> • <i>long- and short-term economic, environmental, health and other</i> <i>social impacts</i> • <i>beneficial and detrimental impacts</i> • <i>direct and indirect impacts</i> • <i>cumulative impacts.</i> This suggests a detailed consideration is intended “as a best practice approach to decision making”.</p> <p>Climate change impacts can be included within section 1.3 determinants of health, with an expanded “Environments” section. Council would already have information in the Heatwave Plan. I can also provide information from a risk study by the North East Greenhouse Alliance. In particular this work identified “reduced reliability of unregulated surface water supplies” as an extreme risk. Vulnerable groups are individual properties and townships depending on water supply from rainwater and/or unregulated water supplies. This was evident in the past drought. Climate</p>		<p>Agreed</p>	<p>Addition to Section 1.3 Social Model of Health; Environments “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.”</p>

	Comment	Submitter	Response	Action
	<p>change is expected to see an increase in extreme weather events and sustained drier weather patterns. Both drought and flood have health impacts.</p> <p>The actions in the draft MPHWP could be checked against Table 3 in "Municipal Public Health and Wellbeing Planning – Having regard to climate change" (Dept of Health, 2012). It may be that a number of actions could be expanded to account for climate related health impacts. Reference to the Heatwave Plan would cover some aspects. Recent work in an internal GHD risk assessment for Council could also add to the overall picture.</p>		<p>Noted</p> <p>The following relate to Table 3 in "Municipal Public Health and Wellbeing Planning – having regard to climate change" (Dept of Health, 2012):</p> <p>Strategy 4.4.3 Action 4.4.3.1 Action 4.4.3.2 Action 4.4.4.1 Strategy 4.5.2 Action 4.5.2.1 Action 4.5.3.1 Action 4.5.3.2 Action 4.5.3.5 Strategy 4.5.5 Action 4.5.5.2 Action 4.5.5.3</p> <p>Development of the annual implementation plan will take into account climate related health impacts and heatwave plan.</p>	No Amendment required
10	<p>Firstly, 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 Rural City of Wangaratta's Population and Housing Strategy. <u>Accessible and Equitable Services and Resources</u></p> <p>Strategy 4.2.3: "Support access to public transport including access for young people, aged and people with a disability"</p> <p>The actions listed in this section are very passive</p>	J Cullen - individual		

	Comment	Submitter	Response	Action
	<p>actions. I would prefer to see an approach which plans to PROVIDE better public transport (within Wangaratta and the outlying districts) Strategy 4.2.7.</p> <p><u>Healthy Lifestyles</u> Action 4.5.2.2 Attention to the state of our footpaths, drainage covers, and an increased provision of gutter ramps are some really basic actions that should be taken immediately. Many elderly people will not try to negotiate uneven surfaces. At the same time I think we should consider some guidelines around the use of mobility scooters in the CBD – speed limits? Shop access? Action 4.5.2.4 Walking and cycling are not necessarily compatible in all situations. Cyclists like to have a nice smooth path with a hard surface. On the other hand, the availability of some unformed paths can benefit the walkers who would prefer:</p> <ul style="list-style-type: none"> · 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 · To walk without having to constantly turn around and scan the path for cyclists approaching from behind. <p>I am all for people getting out and exercising, but do feel that the cycling fraternity have received the lion's share of pathways – sometimes to the detriment of the enjoyment of others. For example, I am hoping there will be no sealing of the lovely woodland path that</p>		<p>Noted Actions support and lobby for improvement to services</p> <p>Noted</p> <p>Noted Community input will be invited for the development of the Walking/Cycling Strategy</p>	<p>No amendment required</p> <p>No amendment required</p> <p>No amendment required</p>

	Comment	Submitter	Response	Action
	<p>loops around North Beaches. This point is also relevant to Strategy 4.5.5 "Protect and enhance the natural environment including parklands, waterways and reserves to benefit community health and wellbeing".</p> <p>I would like to see many more leash free areas for dogs. The benefits of dog ownership are well established, particularly in relation to health outcomes. Leash free areas need to be scattered throughout the Municipality so that everybody can access them, regardless of whether they own a car or not.</p>		<p>Noted Council is assessing the need and consulting with the community about leash free areas for dogs.</p>	<p>No amendment required</p>
11	<p>A) Inaccuracies in document and agency titles were advised</p> <p>B) Issues around the performance indicators. Many are not ones that Council or the group of key stakeholders can control.</p> <p>C) On occasions there is disconnect between data, actions and indicators. The example provided is Strategy 4.4.5 with no indicator to measure success of actions. It would be appropriate to include the family violence incident rates as a measure.</p> <p>D) It is difficult to determine who has responsibility for the</p>	<p>M Shepherd Executive Officer Central Hume Primary Care Partnership</p>	<p>Noted</p> <p>Noted</p> <p>Noted</p> <p>Noted</p>	<p>Amended as suggested</p> <p>Performance Indicators are measurable – community satisfactions survey, implementation plan outcomes. Year one performance results will be used as baseline data for the four year life of the Plan.</p> <p>Additional performance indicator for Priority Area 4.4: "Family violence incident rates"</p> <p>An annual implementation plan will</p>

	Comment	Submitter	Response	Action
	<p>strategies and actions. MPHWP's are considered 'community plans' but they are the responsibility of the local council to complete and report on them. The inclusion of the term 'in partnership with....' could be utilised in these situations.</p> <p>E) In the stakeholder workshops it was suggested that the role of the local council is to advocate for issues of concern for the community. A strategy or action to advocate could replace strategies or actions that cannot be addressed by either RCoW or key stakeholders/partners.</p> <p>I welcome the Plan's adoption by Council and commend the more collaborative approach Council has taken to develop it this time around. The Central Hume Primary Care Partnership offers resources to each of the local area-based partnerships such as the Wangaratta Local Health & Wellbeing Partnership to assist in the implementation and/or monitoring of the MPHWP. I look forward to working with this committee to develop the action plans required to implement the MPHWP.</p>		Noted	<p>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 MPHWP. Actions from the Council plan are integrated in Council's reporting process. 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.</p> <p>As above</p>