



Municipal Public Health and Wellbeing

2021-2025
Action Plan



Mansfield Shire

Contents

1. Introduction	3
2. Management & Coordination	3
3. Our Role.....	4
4. Our Approach.....	4
5. Community Insights	5
Challenges	5
Priorities	5
Opportunities.....	6
6. Mansfield Health and Wellbeing Profile	7
7. Our Health and Wellbeing Priorities	10
PRIORITY 1. PHYSICAL ACTIVITY AND HEALTHY EATING	11
PRIORITY 2. PREVENTING VIOLENCE AGAINST WOMEN AND CHILDREN	13
PRIORITY 3. HARMFUL ALCOHOL AND DRUG USE.....	15
PRIORITY 4. SOCIALLY CONNECTED AND SUPPORTED COMMUNITIES.....	17
8. Monitoring and Review	21
9. Source/Reference.....	22

1. Introduction

The Public Health and Wellbeing Act (2008) requires Council to develop a four-year Municipal Public Health and Wellbeing Plan (MPHWP) within twelve months of Council elections.

We have included our MPHWP in our Council Plan. In reaching the decision to include the MPHWP in the Council Plan, we considered the benefits and risks to Council. The main benefits are strengthening the importance and accountability of health and wellbeing planning and action across Council and the Community through strengthened relationship with key partners. Risks were discussed with project partners and appropriate actions put in place to mitigate them.

Council has taken an integrated planning approach to ensure our health and wellbeing goals and strategies are aligned with national, state and regional legislation and plans. By incorporating the *Public Health and Wellbeing Act 2008* in the planning stages of review Council is ensuring it is achieving the highest attainable standard of public health and wellbeing for the community.

Mansfield has addressed the key requirements of State initiatives, including the *Victorian Public Health and Wellbeing Plan 2019-2023* which has identified the health and wellbeing priorities for Victoria, including priorities directly attributable to or led by Mansfield Shire; healthier eating and active living, tackling climate change and its impact on health, reducing harmful alcohol and drug use and preventing violence.

2. Management & Coordination

To ensure that our Municipal Public Health and Wellbeing Plan is delivered according to the legislative requirements strong internal and external management and coordination mechanisms were developed. Community consultant and feedback has been sort and provided on <https://engage.mansfield.vic.gov.au/draft-2021-2025-council-plan>

Internally, Public Health and Wellbeing planning truly is a whole of Council approach. Council, Executive and Managers were engaged in the development of Council's Municipal Public Health and Wellbeing Plan, and they clearly understand Council's role in contributing to a healthier community. Ownership of the health and wellbeing planning process sits with the General Manager Community and Corporate Services.

Making sure our community can be healthy is a shared responsibility. It requires effort and a collaborative approach from many partners including Government, not-for-profit organisations, businesses, health professionals, community groups, schools, sporting clubs and individual residents.

Our partners in the development, implementation and evaluation of the MPHWP are: Mansfield District Hospital (MDH), "Keep Mansfield Healthy" community group, Central Hume Primary Care Partnership; Gateway Health; Women's Health Goulburn North East; Mansfield Adult Continuing Education (MACE) and participants of Mansfield Health & Wellbeing Partnership network; and Mansfield youth & children's service providers established networks.

3. Our Role

We acknowledge our role is to protect, improve and promote public health and wellbeing in the Mansfield Shire.

Our objective: The health and wellbeing of families and communities is maximised.

- ▶ Creating an environment which supports the health and wellbeing of the local community and strengthens the capacity of the community and individuals to achieve better health and wellbeing.
- ▶ Embed health and wellbeing enablers and protections to reduce risks to our communities
- ▶ Initiating, supporting and managing public health planning processes at the local government level.
- ▶ Developing and enforcing up-to-date public health standards and intervening if the health of our people is affected.
- ▶ Facilitating and supporting local agencies whose work has an impact on public health and wellbeing to improve public health and wellbeing in the community. Ensure essential community services exist locally.
- ▶ Coordinating and providing immunisation services to children living or being educated within the municipal district.
- ▶ Ensuring that the municipal district is maintained in a clean and sanitary condition.
- ▶ Leading and creating community conversations about matters impacting health and wellbeing e.g. climate change, drug and alcohol use

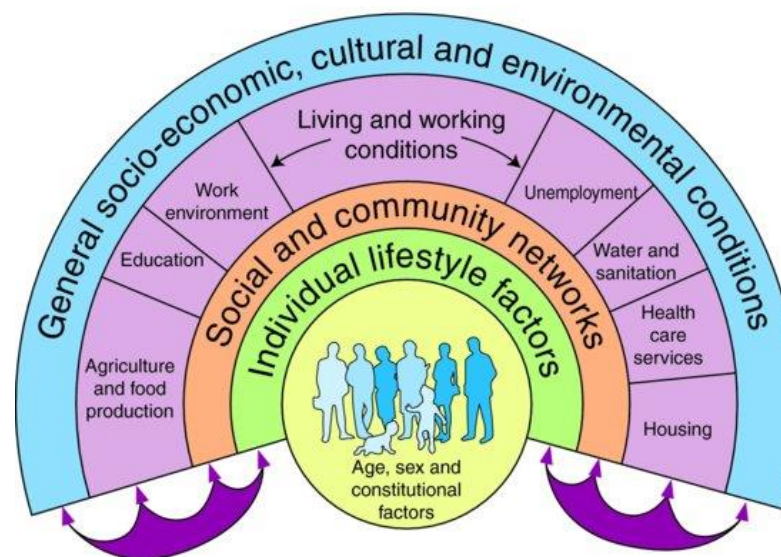
4. Our Approach

This MPH Action Plan is focused on the people in Mansfield Shire.

There are a range of different approaches to improve health outcomes. Health promotion can occur at any point along a continuum, from initiatives and program that focus on individuals and communities through to interventions that improve population groups, or the health or living conditions of whole populations. In many instances a combination of approaches for the same health issue is effective.

Our work focuses on groups and communities with a focus on primary prevention, secondary prevention and general population health.

The main determinants of health



5. Community Insights

Challenges

Geographic and demographic

- ▶ Mansfield has large and growing ageing population. (24% over 65 years)
- ▶ Reduced availability of rental accommodation. Families experiencing vulnerabilities who live in outlying communities have challenges accessing services. (19% live in rented accommodation)
- ▶ The 0 -14 year population (18%) is growing putting stress on existing early years services and schools.

Services

- ▶ Lack of community and public transport.
- ▶ Service gaps identified for families accessing care. (children and aged)
- ▶ Mansfield Shire Council is currently reviewing its role in the delivery of Commonwealth funded home care and social supports.
- ▶ Sustain, retain and attract local service and external stakeholders in service delivery to meet expectations and address needs.
- ▶ Support and barrier removal for those reporting and experiencing family violence.

Community perceptions

- ▶ Mansfield Shire Council's ability to meet community expectation is improving.

- ▶ The requirements of outlying communities are not as well heard.

Priorities

Partnerships

- ▶ Mansfield Health and Wellbeing Partnership to oversee the implementation of the MPHWP Action Plan.
- ▶ Mansfield Shire Council recovery work following natural disaster (bushfire) and effects of COVID19.
- ▶ Support our most vulnerable people and communities.
- ▶ Improve outreach opportunities.
- ▶ Integrate early childhood service provision throughout the shire.

Young people

- ▶ Improve engagement with young people by building resilience and reducing risk around alcohol related harm.

Older people

- ▶ Support older people to remain healthy and active.
- ▶ Provide information and advocacy to encourage community participation, access to services and inclusion.
- ▶ Improve community transport.

Preventing family violence

- ▶ Address the recommendations of the Royal Commission into Family Violence.
- ▶ Reduce the risk of family violence by addressing the underlying drivers of violence.

Opportunities

Strengthen existing projects

- ▶ Progress the 'RESPOND' project.
- ▶ Support the 'The Resilience Project'.
- ▶ Mansfield PCP funded local partnership project.
- ▶ New system/partner opportunities
- ▶ Undertake system management work to improve collective impact.
- ▶ Utilise the systems mapping of early childhood services to ensure future planning meets identified needs.
- ▶ Develop collaboration between antenatal, postnatal and early year's services, including MCH and day care.
- ▶ Prioritise the advancement of women.
- ▶ Address program and service gaps
- ▶ Implementing Council Climate Action Plan policy
- ▶ Ensure provision of aged care needs and services meet the growing requirements in the municipal community.
- ▶ Progress the INFANT program to help parents and families with healthy eating and active play from the start of baby's life.
- ▶ Build on community lead transport model.
- ▶ Supported/targeted play group and community playgroups.
- ▶ MCH and Integrated Family Services staff assimilate and develop supports for families experiencing family violence.
- ▶ Imbedding the MARAM framework. (Family Violence Multi-Agency Risk Assessment and Management Framework)
- ▶ Improve services and programs to meet needs of families with young children.
- ▶ Internal to Council projects and planning
- ▶ Simplify health and wellbeing planning to make sure it is achievable
- ▶ Advancement of "Gender Equality" initiatives to all Council staff.
- ▶ Communications to focus on including older people in events, service information and activities.

6. Mansfield Health and Wellbeing Profile

Our Community

Mansfield Shire is located 2 hours drive north of Melbourne. The area is characterised by a diverse range of agricultural activities, related timber industries and is dominated by the Great Dividing Range including the alpine resorts of Mt. Buller and Mt. Stirling. The Shire's major urban centre is Mansfield which also acts as the regional centre, hosting a range of retail, health, educational, recreation and retail facilities personal and business services.

There are numerous outlying communities scattered across the municipality and residential populations are dispersed throughout isolated areas. All of the townships and localities have a strong sense of community characterised by a high level of community involvement and volunteerism.

The COVID19 pandemic has seen families move from metropolitan Melbourne to regional or rural settings. This has been evident in Mansfield, with families choosing to live in their secondary place of residence or holiday home.

The Shire is recognised as one of the fastest growing municipalities in Victoria over the last decade, with population growth of around 2% each year since 2001. The combination of the lifestyle on offer and proximity to Melbourne has seen the permanent population grow from 6,631 in 2001 to 9,474 in 2020. The median age of Mansfield residents has risen from 45 years in 2006 to 47 years in 2019. This is much older than the Victorian median of 37 years.

IF MANSFIELD SHIRE CONSISTED OF 100 PEOPLE, THERE WOULD BE:

50 Males	74 who own or mortgage a house
50 Females	19 who rent
1 identifies as Aboriginal &/or Torres Strait Islander	40 experiencing rental or mortgage stress
44 with an individual income less than \$400 per week	32 sports group members
19 aged under 14 years	40 who are overweight
24 aged over 65 years	17 who are obese
29 that completed higher education	46 who are doing enough physical activity to benefit their health
60 that did not complete year 12	50 who are not eating enough fruit and vegetables to benefit their health
4 unemployed and looking for work	18 who are daily smokers
44 employed	16 reporting high or very high psychological distress
29 who volunteer	54 drinking alcohol at risky levels on a single occasion weekly
22 receive Government pensions and Allowances (15 Aged pension, 3 Disability support, 2 Newstart, 2 Carer payment)	15 consume sugar sweetened drinks daily
4 need assistance with core activities.	82 who feel part of their community
11 born overseas	78 who feel safe on the streets at night
4 speaking languages other than English at home	90 who can get help from others when needed
14 living by themselves	
22 Couples with children	

Physical Activity and Healthy Eating

- ▶ Consumption of fruit and vegetables has improved from 2015 to 2017, though still half of the population are not meeting the recommended guidelines;
- ▶ Proportion of adult population in Mansfield who are pre-obese or obese is 57.0% compared to Victoria average of 50.8%
- ▶ Adults in Mansfield Shire are more likely to meet physical activity guidelines (58.0% vs 50.9%), compared to Victorian average
- ▶ 15.1% of Mansfield Shire adult population consumes sugar sweetened drinks daily. (Vic 10.1%)
- ▶ 17.0% of Mansfield Shire population eat take away food more than one a week. (Vic 15.3%)
- ▶ 24.5 % of girls and 21%of boys are overweight or obese
- ▶ 20.7% girls and 31% of boys met physical activity guidelines every day during the previous week.

Preventing Violence against Women and Children

- ▶ Mansfield Shire has a higher rate of family violence incidents (11.5 reports per 1,000 population) compared to Victoria (9.3 reports per 1,000 population).
- ▶ The number of women reporting stalking, harassment and threatening behaviours in Mansfield was higher than state average (2019);
- ▶ Child FIRST assessments and referrals to Mansfield Integrated Services has increased 20% from 2019-20 to 2020-21; and
- ▶ Rates of family violence reports are increasing at half the rate as regional and metropolitan areas.

Harmful Alcohol and Drug Use

- ▶ Mansfield Shire has higher presentation of alcohol related hospital admissions (49.4 per 10,000 population) compared to Victorian rates (43.1 per 10,000 population);
- ▶ People in the Mansfield Shire are at increased risk of alcohol-related harm on one single occasion of drinking (54.4%) compared to the Victorian average (43.0%); and
- ▶ 18.2% of adults in the Shire are currently daily smokers, compared to the 12.4% of Victoria.

Socially Connected and Supported Communities

- ▶ Mansfield Shire has a higher proportion of people over the age of 65 years (24.2%) compared to Victorian percentage (17.6%);
- ▶ Mansfield Shire has high levels of social engagement. Compared to Victorian results, Mansfield Shire residents are more likely to be able to get help from neighbours, feel valued by society, feel safe walking alone in the day and the night, and participate as a volunteer, and belong to a community group;
- ▶ High number of people with individual income less than \$500 per week (32.2%) compared to the Victorian average (28.2%);
- ▶ Median weekly household income is below the National average (\$709 compared to \$877);
- ▶ Mansfield has a higher proportion of people report experiencing psychological distress stress (14.8%) than the Ovens Murray measure (11.4%);
- ▶ Less than half Mansfield residents are likely to have completed a year 12 or equivalent, (40.4%) compared to National (51.9%);
- ▶ Strong anecdotal evidence showing poor transport options throughout the Shire; and
- ▶ Aboriginal life expectancy was estimated to be 10.6 years lower than that of the non-Indigenous population. Closing the Gap report highlights the target is not on track to being met.

7. Our Health and Wellbeing Priorities

The evidence shows that our key issues are physical activity and healthy eating, preventing violence against women and children, harmful alcohol and drug use, and socially connected and supported communities.

The current COVID19 pandemic has further intensified the importance and need for targeted, collective and coordinated action by the health promotion sector, as we work to drive impact at scale and maximise co-benefits across the priorities.

Attention was given to climate change and its impact on public health. There are opportunities for community health services to make positive change in their community with benefits for health, wellbeing and climate mitigation. Increasing healthy eating, eating locally grown fruits and vegetables, and less packaged foods can improve health outcomes and reduce carbon emissions. Increased use of active and public transport improves health outcomes and delivers climate change mitigation co-benefits by reducing the number of car trips and emissions

This section outlines why these issues have been selected as our priorities, what the local evidence is, who our targeted population groups are and the determinants relevant to each issue. It outlines how we are going to make change towards achieving each of our health and wellbeing goals.

Our Approach

Our health and wellbeing priorities will be advanced by:

1. Undertaking systems mapping for collective impact.
2. Seeking funding to deliver prioritised projects.
3. Supporting other groups and organisations in our community with their aligned initiatives.
4. Advocating the importance of our goals.

It is important to note that the actions listed under our priorities for preventing violence against women and children and harmful alcohol and drug use will be reviewed and strengthened after we have undertaken systems work for collective impact. It is expected that following this work, much broader and clearer objectives and actions will be developed.

PRIORITY 1. PHYSICAL ACTIVITY AND HEALTHY EATING

Regular physical activity and health eating not only provides quality of life and increases health and wellbeing but also provides protection against cardiovascular disease, colon and breast cancers, type 2 diabetes and osteoporosis. Being physically active also improves mental health and reduces other risk factors such as overweight, high blood pressure and high blood cholesterol.

Providing infrastructure and facilities that encourage physical activity is a key role in Council. These include the provision of paths to work and cycle, open spaces, community facilities and opportunities to gather and socialise.

GOAL: Improve healthy eating and physical activity.

TARGET POPULATION GROUP

- ▶ Women.
- ▶ Older people.
- ▶ Children and youth

DETERMINANTS

- ▶ Socioeconomic status.
- ▶ Food insecurity
 - ▶ Financial Stress

MEASURES

- ▶ Persons who do not meet the physical and dietary guidelines.
- ▶ Percentage of girls and boys who meet the recommendations for physical activity.
- ▶ Persons who consume sugar sweetened drinks daily.
- ▶ Persons who are overweight and/or obese.

OUTCOMES

- ▶ Local environment encourages community members to be physically active;
- ▶ Community members are engaged in identifying barriers, enablers and solutions to encourage active living and healthy eating;
- ▶ Settings promote and support active living and healthy eating for clients, students and employees; and
- ▶ Local environments provide readily accessible healthy food and drink choices and breastfeeding friendly facilities for all of community.

How will we achieve change?

STRATEGY	ACTION	WHEN				PARTNERS
		21-22	22-23	23-24	24-25	
Encourage a decrease in the consumption of sweet drinks and unhealthy food.	Promote sport and recreation centres in Mansfield to have at least 50% of products available from the green foods/drinks group.	•	•	•	•	Mansfield Shire Council Mansfield RESPOND
Promote opportunities for people to be physically active in the community	Events – Attract and promote events that encourage physical activity	•	•	•	•	Mansfield Shire Council
	Participate in MANSFIELD RESPOND; a community led, place-based approach to improving the health and wellbeing of local children, through a series of tailored projects.	•	•	•	•	Mansfield Shire Council Mansfield District Hospital Deakin University Central Hume PCP
Enhance the built environment and council assets to enable people to be physically active.	Ensure Mansfield Dual Court Sports Stadium is well utilised		•	•	•	Mansfield Shire Council Sporting groups Schools
	Maintain and improve playgrounds and recreational spaces	•	•	•	•	Mansfield Shire Council Sport and Recreation Victoria
	Deliver maintenance programs for our civil infrastructure, buildings, facilities, parks, trees and reserves.	•	•	•	•	Mansfield Shire Council
	Develop and implement Disability Access and Inclusion plan.		•	•	•	Mansfield Shire Council
	Engage our communities in development of a program for roads, draining and footpath upgrades across the Shire.	•	•	•	•	Mansfield Shire Council
Promote benefits and availability of fresh fruit and vegetables	Maternal and Child Health Service - breastfeeding health promotion newborn and child nutrition program	•	•	•	•	Mansfield District Hospital Mansfield Shire Council
	Events - strengthen programs in the community (Produce – food bank / RESPOND initiatives, Mansfield Farmers Market, local food share initiatives)	•	•	•	•	Mansfield Shire Council Mansfield RESPOND
	Economic advice and support – Support diversification of agriculture businesses	•	•	•	•	Mansfield Shire Council

PRIORITY 2. PREVENTING VIOLENCE AGAINST WOMEN AND CHILDREN

Preventing family violence is a major priority for the Victoria government. The effects of family violence are profound and disproportionately impacting on woman and children. Alcohol is a strong contributor to violence in the community.

By promoting a respectful society that does not tolerate family or sexual violence and community violence, Council can contribute to the decrease of these incidences.

GOAL: Prevent family violence against women and children

TARGET POPULATION GROUP

- ▶ Women (Young, Pregnant, Aboriginal and Torres Strait Islander, CALD, remote and rural living).
- ▶ Children

DETERMINANTS

- ▶ Unequal distribution of power; and
- ▶ Rigid gender roles and socioeconomic status.
- ▶ Gender inequality

MEASURES

- ▶ Family violence incidents per 1,000 population.
- ▶ The Orange Door (TOD) investigations completed per 1,000 eligible population.
- ▶ The Orange Door (TOD) substantiations per 1,000 eligible population.
- ▶ Family violence data obtained from CAV and MCH.

OUTCOMES

- ▶ Stronger, safer communities;
- ▶ Decrease prevalence of abuse and neglect; and
- ▶ Decrease prevalence of family violence.

How will we achieve change?

STRATEGY	ACTION	WHEN				PARTNERS
		21-22	22-23	23-24	24-25	
Improve access to information, programs and services for those impacted by family violence.	Family violence information web linkages.	•	•			Mansfield Shire Council All partners
	Health and Wellbeing services – All practitioners to undertake professional development related to MARAM and its implementation.	•	•	•	•	Mansfield Shire Council
	MARAM framework imbedded into Mansfield Shire Council governance					
	Maternal and Child Health, Integrated Family Services and Financial Counselling – Identify families at risk and provide support and referral.	•	•	•	•	Mansfield Shire Council Women’s Health Goulburn North East Gateway Health Mansfield District Hospital
Increase awareness of family violence prevalence, impacts and effective ways to respond as a bystander	Support primary prevention activities and initiatives as delivered under the ‘ <i>Primary Prevention of Family Violence and all Forms of Violence Against Women in Bushfire Affected Communities</i> ’ Program.	•	•	•	•	Mansfield Shire Council Mansfield District Hospital Women’s Health Goulburn North East
	16 Days of Activism against Gender-based violence events such as public speakers, community art programs and protests					
Building local government workforce capability and capacity	Partner with Emergency Management and First Responders to address gender stereotypes and inequalities, in disaster management.	•	•			Mansfield Shire Council Emergency organisations (CFA, SES etc)
	Review of policy and procedures within the organisation	•	•			Mansfield Shire Council
	Develop a Gender Equity Action Plan.	•	•	•		Mansfield Shire Council

PRIORITY 3. HARMFUL EFFECTS OF ALCOHOL AND DRUG USE

Alcohol and drug use has a significant negative impact on a community, ranging from issues that affect the individual, their families and the wider community. Long-term regular drinking is linked to disease, including some cancers and even cardiac illness. Alcohol and drug misuse often leads to violence and other anti-social behaviours in the community.

Local governments in partnerships with organisations can undertake initiatives that prevent and address the misuse of alcohol and other drugs.

GOAL: Reduce the incidence of alcohol and drug harm

TARGET POPULATION GROUP

- ▶ Young people.
- ▶ Adult population who smoke or consume alcohol at risky levels

DETERMINANTS

- ▶ Age structure;
- ▶ Socioeconomic status;
- ▶ Psychological distress; and
- ▶ Social and support networks.
- ▶ Unstable housing or lack of housing

OUTCOMES

- ▶ Decrease prevalence of alcohol and other drug use;
- ▶ Improve opportunities for stable housing; and
- ▶ Decrease prevalence of offending.
- ▶ Decrease exposure of cigarette smoke for children in the home.

MEASURES

- ▶ Alcohol: Ambulance attendances per 10,000 population.
- ▶ Alcohol: Hospital admissions per 10,000 population.
- ▶ Alcohol: Definite alcohol family violence incidents per 10,000 population.
- ▶ Illicit drugs: ambulance attendances per 10,000 population
- ▶ Proportion of adults that report smoking daily.
- ▶ Local data from Mansfield RESTART program

How will we achieve change?

STRATEGY	ACTION	WHEN				PARTNERS
		21-22	22-23	24-25	20-21	
Reduce the harms caused by alcohol and drug misuse in the community.	Ensure compliance with statutory planning regulations and local laws	•	•	•	•	Mansfield Shire Council
	Educate new parents about the risks associated with passive smoking.					MCH
	Promote and advocate for ongoing funding for the delivery of the Mansfield RESTART Program.					
	Embed smoking identification and cessation pathways into routine care and develop service staff skills in smoking cessation.	•	•	•	•	Mansfield Shire Council Mansfield District Hospital Bushfire Recovery Victoria
Advocate for a safe drinking culture	Partner with community organisations to implement voluntary smoke free environments at specific locations or community events.					
	"Communities that care' – participate in program.	•	•	•	•	Mansfield Shire Council Mansfield District Hospital Schools
	FReeZa & Skate series events - Support and promote alcohol free events	•	•	•	•	Mansfield Shire Council

PRIORITY 4. SOCIALLY CONNECTED AND SUPPORTED COMMUNITIES

Health is influenced by the social conditions in which people live and work. The way we live, access to services and transport, our income, housing and participating in community life can impact our health and wellbeing. Residents with low economic resources often have worse health outcomes compared to relatively advantaged community members. Improvement of health outcomes in less advantaged communities can be achieved by encouraging healthy living, facilitating employment opportunities in the community and providing access to services to support those who require them.

Community connections and belonging to a community are important for our mental health and wellbeing. Our mental health and wellbeing is crucial to our ability to be physical healthy, be involved in the community and our family and contributes to our overall quality of life. Being able to access programs, services, events and activities in our community enhances our social connection and provides us with a sense of belonging to a community.

GOAL: Create socially connected and supported communities.

TARGET POPULATION GROUP

- ▶ Children
- ▶ Young people
- ▶ Older people

DETERMINANTS

- ▶ Create safe environments.
- ▶ Age structure;
- ▶ Socioeconomic status;
- ▶ Social and support networks;
- ▶ Community and civic engagement; and
- ▶ Social and civic trust.

MEASURES

- ▶ People who are volunteering.
- ▶ People who rated their community support groups as good or very good.
- ▶ People who are members of a sports group.
- ▶ Able to access help from family, friends, and neighbours when needed.
- ▶ Rated their community as an active community.

OUTCOMES

- ▶ Strengthen family and relationships;
- ▶ Strengthen sense of place and belonging
- ▶ Strengthen engagement in meaningful activity

- ▶ People in their neighbourhood are willing to help each other out.
- ▶ Feel safe walking alone during the day.
- ▶ Feel safe walking alone during the night.
- ▶ Residents felt they lived in a close knit neighbourhood.
- ▶ Feeling part of the community.

How will we achieve change?

STRATEGY	ACTION	WHEN				PARTNERS
		21-22	22-23	23-24	24-25	
Advocate for employment opportunities for our people.	Engage' program – 3yr program assisting young people with careers	•	•	•	•	Mansfield Shire Council Schools
	Plan and deliver Youth Ambassador Program	•	•	•	•	Mansfield Shire Council Schools
	Provide work experience opportunities	•	•	•	•	Mansfield Shire Council Schools
	Review Procurement Policy to prioritise social benefit.	•	•			Mansfield Shire Council
Advocate for public and community transport options within the Shire	Facilitate discussion with partners to explore community and public transport improvement opportunities	•	•	•	•	Mansfield Shire Council Mansfield District Hospital Gateway Health Existing transport operators MACE
	Learners to Probationary (L2P) – continue to deliver program	•	•	•	•	Mansfield Shire Council VicRoads
Promote and support health and wellbeing activities in the community.	Review Community Grants, and align criteria with health and wellbeing priorities and priority population groups	•	•	•		Mansfield Shire Council
	Strive to increase engagement with Maternal and Child Health Service	•	•	•	•	Mansfield Shire Council
	Early childhood – Develop Mansfield Early Years Plan	•				Mansfield Shire Council MPHWP partners
	Community advice and assistance – support community groups	•	•	•	•	Mansfield Shire Council Community Groups
	FReeZA events – Work with young people to deliver 4 events annually.	•	•	•	•	Mansfield Shire Council Schools
	Undertake Youth Services review and tailor service to best meet identified needs.	•	•	•	•	Mansfield Shire Council Schools

	Deliver Skate series and other youth participation events – Work with young people to deliver at least 4 events annually.	•	•	•	•	Mansfield Shire Council
	Deliver Seniors Festival annually	•	•	•	•	Mansfield Shire Council Mansfield District Hospital
	Provide community opportunities to be involved in key Council decisions.	•	•	•	•	Mansfield Shire Council
	Determine the needs and scope for Mansfield Emergency Services Precinct.	•	•	•	•	Mansfield Shire Council Natural disaster agencies (DELWP, Ambulance Vic, SES, CFA etc)
	Facilitate the delivery of “The Resilience Project” to all schools in the Shire	•	•			Mansfield Shire Council Schools
	Implement the outcomes of the review into Council’s role in the provision of Aged Care Service	•	•	•	•	Mansfield Shire Council Aged care service providers
	Deliver the immunisation program to local schools	•	•	•	•	Mansfield Shire Council
	Promote sexual health by maintaining condom vending machines.	•	•	•	•	Mansfield Shire Council
Create opportunities for social connection through infrastructure and community facilities	Promote and support the induction and utilisation of volunteers in community services and activities.	•	•	•	•	Mansfield Shire Council
	Continue to provide support to Senior Citizens Centre – Buckland Centre.	•	•	•	•	Mansfield Shire Council
	Coordinate, stage, and/or support commercial and community events.	•	•	•	•	Mansfield Shire Council Various partners
	Enhance playgrounds, sporting and recreational facilities as grants become available.	•	•	•	•	Mansfield Shire Council Regional Development Victoria Federal Government

8. Monitoring and Review

Our Municipal Public Health and Wellbeing Plan is included in our Council Plan and will be implemented by its linkages with the Strategic Resource Plan and the Annual Budget.

Council will be responsible for monitoring, evaluation and reporting on the achievements of the Council plan and the MPHWP Action Plan. The Mansfield Health and Wellbeing Partnership network will be the forum for regular monitoring and evaluation across partner agencies. This network meets bi-monthly.

As outlined in the Terms of Reference, the purpose of the Health and Wellbeing Partnership is to:

- support and progress the strategic priorities of the Central Hume PCP
- provide leadership on the impacts of social-determinants of health and collaborate to strengthen the local service system across the local government area
- Collaborate on and support the implementation of the Council Plan in relation to the Municipal Public Health and Wellbeing Plan. This is done in conjunction with partner organisation's strategic and operational plans where appropriate
- Collaboratively identify local priority issues in health promotion and primary prevention and work together to find avenues to address these priority issues.

Responsibility for implementing MPHWP Action Plan strategies to achieve our health and wellbeing goals is the responsibility of a number of agencies. Our partners are committed to ensuring that the Municipal Health and Wellbeing Plan goals are incorporated into each of their own strategic plans, ensuring collective responsibility to ensure improved health and wellbeing outcomes for the community, and are monitored and reported annually to Council and the Department of Health.

Our MPHWP goals are included as strategies in our Council Plan and are subject to our Council Plan reporting and monitoring processes. The achievement of our Council Plan strategic objectives will be measured according to the strategic indicators outlined in this plan. A report will be prepared for State Government, Council and the community via the Annual Report between July and September. This will include the report of operations, financial statement and performance statement.

The Council will annually evaluate and assess whether targets and projects will be met according to their strategic indicators.

9. Source/Reference:

Central Hume PCP Data Profile for Mansfield LGA - February 2021.pdf

Central Hume PCP Mansfield Shire data profile Nov2020.pdf.

Regional Childhood Health Behaviours and Anthropometry (2019): Mansfield Shire Report [https://www.centralhumepcp.org/resources/Community data](https://www.centralhumepcp.org/resources/Community%20data). <https://profile.id.com.au/mansfield>

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