



22 October 2007

Ms Isabelle Arnaud
Director
Adjudication Branch
Australian Competition and Consumer Commission
GPO Box 3131
CANBERRA ACT 2601

By email: adjudication@accc.gov.au

Dear Ms Arnaud

Collective Bargaining Notification CB00005 lodged by the Australian Medical Association (Vic) Pty Limited on 12 October 2007 – Interested Party Consultation

Submission of the Australian Healthcare and Hospital Association (AHHA)

We refer to your letter of 12 October 2007.

Please find **attached** our submission in relation to the above Collective Bargaining Notification.

Should you have any questions regarding this submission, please contact me on (02) 6162 0780 or Alison Choy Flannigan, Partner, Ebsworth & Ebsworth Lawyers on (02) 9234 2389.

Yours faithfully

Prue Power
Executive Director
Australian Healthcare and Hospitals Association

Attch





**Collective Bargaining Notification CB00005
lodged by the Australian Medical Association (Vic) Pty Limited
on 12 October 2007**

Interested Party Consultation

Submission of the Australian Healthcare and Hospital Association

We refer to the letter from the Australian Competition and Consumer Commission dated 12 October 2007, and thank you for the opportunity to provide comments in relation to the Collective Bargaining Notification CB00005 lodged by the Australian Medical Association (Vic) Pty Limited on 12 October 2007 concerning Werribee Mercy Hospital in Werribee, a suburb of the City of Wyndham, Victoria (**Notification**).

The Australian Healthcare and Hospitals Association (formerly known as the Australian Healthcare Association) (**AHHA**) is the only national industry body representing the public and not-for-profit health sectors including hospitals, aged and extended care facilities, community health centres and primary health services, at area and regional and district levels.

This submission is a general submission on behalf of the AHHA and may not reflect the specific views of Werribee Mercy Hospital.

We have previously provided a submission (dated 17 September 2007) in relation to Collective Bargaining Notification CB00004, which we note is referred to in the Notification as a "Related Notification". Many of the concerns which we raised in our prior submission remain in relation to the present Notification.

We believe that these notifications are the first of a series of notifications by the AMA (whose various divisions represent medical practitioners across the nation). The notifications could also extend to the private hospital sector. If this is the case, then it is important to note that different States and regions within States operate under different health budgets and each notification must be determined with budgetary and localised factors in mind.

1. Executive Summary

In AHHA's view there are both advantages and disadvantages of the collective bargaining arrangements proposed under the Notification.

1.1 Advantages

The advantages include:

- (a) "economies of scale" for hospitals in being able to negotiate with a number of medical practitioners at the same time;
- (b) improvement of information; and
- (c) the associated savings in administrative time and cost for the hospital.

The AHHA agrees with the implementation of arrangements to make the negotiation process for practitioners and health facilities more efficient.

1.2 Disadvantages

However, the AHHA has serious concerns where the following occurs:

- (a) in the event that negotiations breakdown; or
- (b) if there are subsequent disputes in relation to the performance of the collectively bargained agreement;

where:

- (c) the participating medical practitioners collectively boycott the public hospital (whether it is in relation to boycotting services to the public hospital completely, or whether in relation to certain aspects of the service provision such as out of hours service or rostering); and/or
- (d) the size and negotiating power of the collective is so great that the public hospitals are unable to fund the required medical services within tight budgetary restraints.

The strongest determining factor in public hospitals contracting with medical practitioners is budgetary restraints.

If payments to medical practitioners are forced to increase as a result of this notification process, then the hospitals will be forced to consider other options, including closing hospitals or amalgamating them, cutting services (eg no longer offering particular services within the region which means patients will need to travel further to obtain these services), or to operate with fewer medical practitioners (which may mean longer waiting lists).

The effect of such a boycott would be to disrupt and in the worse case stop much needed medical services. This is clearly a substantial public detriment. Many public hospitals are managing a situation where demand for medical services often exceeds supply (due to limited funding and resources, including the supply of health professionals and availability of beds) and the cessation of services at one public hospital will merely increase pressure on the others.

Whilst the AHHA agrees that medical practitioners are ethical, some medical practitioners have been known to refuse to participate in on-call rosters and others have been previously the subject of ACCC investigation in relation to anti-competitive behaviours.

Public hospitals have always worked closely with medical practitioners, in both the metropolitan and regional areas. Public hospitals not only employ medical practitioners, but also accredit visiting practitioners so as to enable them to treat privately insured patients at public hospitals. As such, public hospitals are *completely dependant* on medical practitioner support.

Medical practitioners are already empowered within the health industry and the AMA is a particularly powerful and effective lobby group.

1.3 AHHA Recommendation

The AHHA suggests that should the ACCC approve the Notification, that it be approved subject to conditions and that there is a clear restriction on the collective group threatening or acting to boycott services which would disrupt

hospital services. Further, any disputes that arise from the negotiations should be the subject of independent dispute resolution procedures (as opposed to AMA dispute resolution procedures). If there is a disruption to services then either the ACCC or the relevant Health Department or Minister for Health should be empowered to step in. There needs to be a safety net to ensure patients and community interests are protected.

The closure or disruption of a public hospital will have significant political repercussions.

As noted above, the hospital system relies on the support of medical practitioners – this is a factor which is specific to the health care market (and in particular to public health care). The AHHA recommends that the ACCC consider the usual market forces of supply and demand in light of the fact that the demand generated by the community for public health care is acute, and that the supply of medical practitioners is low.

Further, whilst the AMA raises the argument that the hospital may be able to procure alternative specialist medical practitioner expertise from other medical practitioners currently appointed at other hospitals in metropolitan Melbourne on terms different from the collective, this may not be the case if the AMA continues to lodge similar notifications across all public hospitals in Melbourne and Victoria. We note that it is difficult to assess the risk of this in relation to this particular application.

2. Further Concerns

There are some points we would like to make in relation to the Notification.

2.1 Contractual payments for medical practitioners:

The appointment of a medical practitioner at a public hospital may yield greater income than just the payments made by the public hospital to the medical practitioner, as the medical practitioner is paid by Medicare, health insurers and self insured patients for private patients. For the purposes of Section B, 3 of the Notification, the *total* income received by the participants should be considered and disclosed.

The permission to negotiate fees collectively should be limited to negotiations between the medical practitioners and the public hospital. As stated fees in relation to the appointment to the hospital can also impact other relevant parties such as health insurers.

2.2 Rostering

On-call rosters have long been a difficult issue for hospitals and medical practitioners. In order to operate hospitals, the facilities must have on-call rosters, particularly for specialties such as anaesthetics and obstetrics. As such, in agreeing to be appointed to a hospital, the medical practitioner is required to participate in the on-call register. It would be of substantial public detriment if medical practitioners boycotted or collectively acted in a way that resulted in the hospital having insufficient capacity to cover on-call requirements.

2.3 Dispute Resolution

The dispute resolution procedure for the collective bargaining arrangement should be independent, and with respect, the AHHA would not consider the AMA to be an independent mediator.

2.4 Market Definition and Substitutes

Public hospitals are experiencing great difficulty in sourcing medical practitioners.

Taking medical practitioners from one public hospital for another merely shifts the problem.

Some specialties require the medical practitioner to be available to attend the hospital within a short period of time, for example, obstetrics.

Wyndham is currently one of the fastest growing municipalities in Australia.

Further, the City of Wyndham is a rapidly growing community that has a recognised need for medical practitioners and health services (for example, Key Priority Area 1 in the *Wyndham City Council Municipal Public Health Plan 2007 – 2010* (the **Plan**) (copy enclosed) concerns improving access to health care.

On page 15 of the Health Plan it is stated that “*there are currently long waiting lists for existing services of all kinds in Wyndham.*” “*The lack of psychiatrists is further exacerbated by the lack of other health care professionals including GPs and psychologists.*”

Whilst a hospital will try to source medical practitioners from all sources possible (including overseas), not many are willing to move to less established areas. Therefore, it is not true to say all Australian doctors and overseas doctors are substitutes for local medical practitioners.

Further, whilst the AMA raises the argument that the hospital may be able to procure alternative specialist medical practitioner expertise from other medical practitioners currently appointed at other hospitals in metropolitan Melbourne on terms different from the collective, this may not be the case if the AMA continues to lodge similar notifications across all public hospitals in Melbourne and Victoria. We note that it is difficult to assess the risk of this in relation to this particular application.

Further, general practitioners can not be a substitute for specialised medical practitioners such as anaesthetists, surgeons and obstetricians.

In addition, the AHHA does not agree that day procedure centres and private health facilities are complete substitutes for a public hospital.

Private health facilities have different funding models and choose for financial reasons not to perform low commercial yield services. Further, as private hospitals are mostly used by independent visiting practitioners (and they do not employ registrars) they are often not adequately resourced to provide the same level and/or type of services undertaken by the public sector (for example, emergency services). Also, admission to a private hospital is limited to patients with private health insurance or who are self insured or if there is a contract between the private hospital and public hospital. Similarly, day procedure centres provide limited services and are again not substitutes for a major acute public hospital.

It is not in the interests of patient care to rely on “fly-in and fly out” medical practitioners or locums. Doctors who are resident in the area are more likely to contribute to quality assurance committees and to be able to respond quickly to a medical emergency.

2.5 Number of Participants – Effect on competition

In the Notification the AMA notes that approximately 43 medical practitioners (specialists and general) are appointed to work as independent contractors at the target public hospital. The number of participants is 26– we believe that this is a significant number of practitioners for the target public hospital to be collectively negotiating with.

Further, the Notification sets out 2 tables:

- (a) 1 table containing the participants; and
- (b) the other table setting out the number of medical practitioners with admission rights to the Target and the number of medical practitioners (and their speciality) located in the medical workforce in the City of Wyndham.

The 2nd table is missing some key specialties, such as anaesthetics and obstetrics. We suggest that the ACCC request the AMA to clarify this.

The 2 tables show, for example, that there are 3 orthopaedic surgeons included in the notification, 3 orthopaedic surgeons admitted with the hospital and 3 located within Wyndham, therefore the notification applies to the current available pool within the proximate geographic area. The same applies to other specialties, for example, to general surgeons and paediatrics.

Should there be disputes either during or after the negotiation of the contract, this is likely to leave the hospital with a shortfall of medical practitioners (especially given that there is a shortage of medical practitioners, and given that Wyndham is a rapidly expanding region in need of medical practitioners and which is concerned with providing sufficient access to health care services).

The AHHA would suggest that the number of participants in the group is too large and results in an imbalance in bargaining power and has the potential to result in significant public detriment.

2.6 Clinical review and education

Hospitals welcome and encourage the contribution of medical practitioners to collaborative clinical and education initiatives.

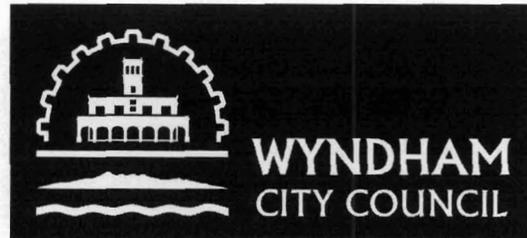
All hospitals have Medical Advisory Committees.

The current Trade Practices Act does not prevent these initiatives. However, it does prevent a group of doctors preventing another doctor from practising in an area for anti-competitive reasons.

3. Contacts

We would be pleased to meet with you to discuss this submission.

Should you have any questions regarding this submission, please contact Prue Power, Executive Director of the Australian Healthcare and Hospitals Association on (02) 6162 0780 or Alison Choy Flannigan, Partner Ebsworth & Ebsworth Lawyers on (02) 9234 2389.



Municipal Public Health Plan 2007-2010

"Council and the community – achieving Wyndham's vision together".

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1. INTRODUCTION

Our vision is that the Wyndham community will enjoy good health and a sense of well-being through an environment that supports health and access to affordable, quality health services.

Our Vision for Wyndham's Future – The Quality Community Plan, 2002

The *Wyndham Municipal Public Health Plan 2007-2010* identifies the current priority health issues for Wyndham and outlines strategies and programs that Council will implement over the next three years in order to address these issues.

Each local Council in Victoria is required by a 1988 amendment to the Health Act 1958 to develop a Municipal Public Health Plan (MPHP). As noted under section 29B of the Act:

A municipal public health plan must –

- (a) identify and assess actual and potential public health dangers affecting the municipal district; and
- (b) outline programs and strategies which the council intends to pursue to –
 - i. prevent or minimize those dangers; and
 - ii. enable people living in the municipal district to achieve maximum well-being; and
- (c) provide for periodic (annual) evaluation of programs and strategies.

The *Wyndham Municipal Public Health Plan 2007-2010* has been developed in consultation with relevant Council departments, the community and key stakeholders. The Plan is based around issues identified from health-related data as well as from consultations with community members and local service providers.

Health priorities have been chosen based on the ability to achieve real and measurable outcomes in these areas over the next three years. Development of the Plan has also taken into consideration the respective responsibilities of various levels of government and the health sector.

While Council has responsibility for developing and coordinating the *Wyndham Municipal Public Health Plan 2007-2010*, its effective implementation will rely on a whole-of-community approach.

2. THE CITY OF WYNDHAM

2.1 Our Vision for Health

Our vision for health as stated in *Our Vision for Wyndham's Future, The Quality Community Plan (2002 updated version)* is that,

".....the Wyndham community will enjoy good health and a sense of well-being through an environment that supports health, and access to affordable, quality health services."

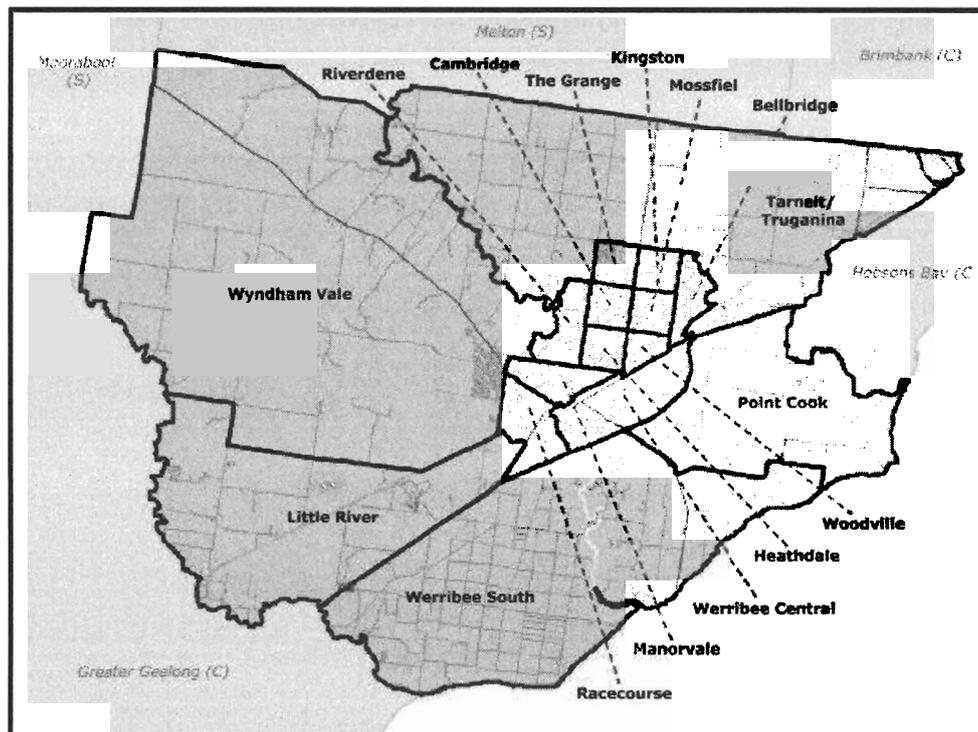
This vision acknowledges that health goes beyond traditional matters such as smoking, diet and exercise, to also be influenced by people's sense of control over their own lives and their connection to family, friends and the community. Furthermore, it recognises the importance of local health agencies in providing essential services that not only treat illness and injury but also promote health and well-being.

2.2 A snapshot

The City of Wyndham is located in Melbourne's outer south-west, between 12 and 45 kilometres from the Melbourne GPO. Wyndham covers 542 square kilometres and includes the suburbs of Werribee, Hoppers Crossing, Point Cook, Werribee South, Wyndham Vale, Little River, Tarneit, Truganina & Laverton North.

Wyndham is currently one of the fastest growing municipalities in Australia and was ranked the fastest growing Local Government Area (LGA) in Victoria for 2004-05.¹

Figure 1: The City of Wyndham



¹ Victorian Population Bulletin 2006, Department of Sustainability & Environment.

According to the June 2001 Census Wyndham's resident population was 84,861. Recent projections² estimate that at June 2006, Wyndham's population had grown to approximately 122,574 representing an increase of just under 38,000 residents since 2001. Council projections further estimate that Wyndham's population is to grow to approximately 150,000 by 2011 and exceed 180,000 by 2016.

The City of Wyndham is a relatively young city in terms of the age of its population. Thirty-five percent of people were under 25 at the 2001 Census.

The population of Wyndham is largely English speaking with 72% of residents identifying as Australian born at the last Census (2001). Amongst people born overseas, the most commonly identified country of birth was the United Kingdom, followed by Italy, New Zealand and the Philippines. The most common languages spoken (other than English) were Italian, Tagalog and Maltese.

At the 2001 Census, there were 541 Indigenous residents in Wyndham. This is estimated to have increased significantly (ie. at least doubled) since then. Of the Western Metropolitan Councils, Wyndham is thought to have the largest Indigenous population.

Recently, many new residents from African and other non-English speaking backgrounds have migrated into Wyndham. The numbers and locations of these new migrant residents, however, will only be available upon release of the 2006 Census data.

² ABS Estimated Resident Population for June 2006

3. HEALTH CONTEXT

According to the World Health Organisation (WHO) Constitution³:

“Health is the state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief or economic and social condition.”

The development of the *Wyndham Municipal Public Health Plan 2007-2010* has been informed by this WHO definition. The Department of Human Services’ (DHS) Environments for Health MPHP Planning framework and relevant federal, state, regional and local health priorities have also been considered in the development of the Plan.

3.1 Environments for Health

The Environments for Health MPHP planning framework (2001), developed by DHS and informed by WHO Healthy Cities initiatives, acknowledges the need to address the broader social determinants of health and identifies the built, social, economic and natural environments as the four key dimensions for promoting health and wellbeing. The framework states that,

“Environment is a major influence on health. We cannot continue to deal with illness only after it appears, or exhort individuals to change their attitudes and lifestyles, when the environments in which they live and work give them little choice or support.”

The framework provides a summary of its environmental dimensions and examples of corresponding Council action areas (Table 1).

Table 1: Environmental Dimensions and Corresponding Council Action Areas⁴

Environment Dimensions	Components	Characteristics	Council Action Areas - examples
Built/Physical	Provision of infrastructure Amenities: parks, street lighting, roads, footpaths	<ul style="list-style-type: none"> • Liveable 	<ul style="list-style-type: none"> • Land use planning • Transport & traffic management • Recreation facilities
Social	Sense of community Participation Perceptions of safety	<ul style="list-style-type: none"> • Equitable • Convivial 	<ul style="list-style-type: none"> • Community support • Art & cultural development • Library services
Economic	Economic policy Industrial development	<ul style="list-style-type: none"> • Sustainable 	<ul style="list-style-type: none"> • Community economic development • Access & equity
Natural	Geography Air & water quality Native vegetation	<ul style="list-style-type: none"> • Viable 	<ul style="list-style-type: none"> • Water quality • Waste management • Energy consumption

³ <http://www.searo.who.int/EN/Section898/Section1441.htm>

⁴ Environments for Health, Municipal Public Health Planning Framework, DHS, April 2003.

3.2 National

The Australian Government's Department of Health and Ageing has identified the following as National Health Priority Areas:

- Asthma;
- Cardiovascular health;
- Injury prevention and control;
- Arthritis and musculoskeletal conditions.
- Cancer control;
- Diabetes mellitus; and
- Mental health.

(Source: <http://www.health.gov.au/internet/wcms/publishing.nsf/Content/Health+Priorities-1>)

These priority areas have been established by the Commonwealth, State and Territory governments and provide a framework for all stakeholders to address the health of communities.

3.3 State

The Victorian Department of Human Services has recently developed health promotion priorities for 2007-2012. The overarching aim of the health promotion priorities is to improve overall health and reduce health inequalities. To achieve this aim, the seven priority issues are:

- Promoting physical activity and active communities;
- Promoting accessible nutritious food;
- Promoting mental health and wellbeing;
- Reducing tobacco-related harm;
- Reducing and minimising harm from alcohol and other drugs;
- Safe environments to prevent unintentional injury; and
- Sexual and reproductive health.

3.4 Regional

3.4.1 Primary Care Partnerships

Within the Department of Human Services' North-West Metropolitan region, the Wyndham municipality is part of the WestBay Alliance Primary Care Partnership (PCP). PCPs are a funded initiative involving voluntary alliances intended to encourage and enable collaboration between health service providers within a designated area in order to improve the health and wellbeing of people and reduce the avoidable use of hospital, medical and residential services. The WestBay PCP membership consists of local government and health care service representatives from across the local government areas of Wyndham, Hobsons Bay and Maribyrnong.

Priorities in the *WestBay Integrated Health Promotion Plan 2006-2009* include:

- Mental health and wellbeing;
- Physical activity and active communities; and
- Access to nutritious food.

Wyndham has contributed to the identification of these integrated health promotion priorities. Furthermore, these priorities have been considered in the development of the *Wyndham Municipal Public Health Plan 2007-2010*.

3.4.2 Werribee Mercy Hospital

Werribee Mercy Hospital is a public community hospital that provides a wide range of services to people in the South Western suburbs of Melbourne. The Hospital is operated by Mercy Health & Aged Care, a Catholic not-for-profit community benefit organisation of the Sisters of Mercy.

Werribee Mercy Hospital provides a broad range of services which include surgical, medical, maternity, neonatal, dialysis, day oncology, emergency, and palliative care⁵.

Werribee Mercy Mental Health Program is also part of the hospital and provides an extensive range of inpatient and community based adult psychiatric services to a catchment area including Hobsons Bay, Brimbank and Maribyrnong. The program also offers a specialist mother baby psychiatric service for mothers in Western Victoria.

Council works with the Werribee Mercy Hospital, particularly around advocacy for services to meet the demands of a growing population. Mental health services and the General Practitioner (GP) workforce are a current advocacy focus.

3.4.3 ISIS Primary Care

ISIS Primary Care is Wyndham's major community health service. It is a not-for-profit community organisation largely funded by the Department of Human Services (DHS). ISIS Primary Care works in partnership with local communities in the Western Metropolitan Region of Melbourne to provide responsive, interconnected health and community services⁶.

ISIS's Wyndham campus provides a range of services including a GP services, refugee and Aboriginal health focused services, community health nursing, occupational therapy, physiotherapy, speech pathology, podiatry, aged and disability case management, cardiac rehabilitation, counselling, diabetes services and dental services. Health promotion, education and support groups are also a component of ISIS's work within Wyndham. Additionally, Gamblers Help Western and Voyage Alcohol and Other Drugs Services operate from this location.

Council has established links with ISIS Primary Care (Wyndham) particularly around health promotion and education and through common representation on the WestBay Alliance PCP. Council will also be advocating, along with ISIS, for increased funding for community health counsellors.

⁵ <http://www.mercy.com.au>

⁶ <http://www.isispc.com.au/mission.php>

4. THE SCOPE OF COUNCIL'S ROLE

Responsibility for public health is often spread across Commonwealth, State and local governments, community organisations, the private sector and individuals. As such, it is important for the *Wyndham Municipal Public Health Plan 2007-2010* to be clear about the roles and responsibilities of Council and other stakeholders with regard to the emerging health priorities.

The main dimensions of Wyndham City Council's role, for the purpose of this Plan, are outlined below. The *Wyndham Municipal Public Health Plan 2007-2010* has been developed based on those dimensions which will have significant influence on the key priority areas for health identified for the municipality.

The health issues faced within Wyndham cannot be addressed by any one group. Where appropriate within the dimensions below, Council seeks to develop local, collaborative partnerships to inform and improve on efforts to achieve health outcomes.

4.1 Advocacy

Many issues that arise within a community are the responsibility of other levels of government or involve other external stakeholders. Council serves the community by advocating for appropriate responses from these stakeholders, often in partnership with community members. From a health perspective, Council has a responsibility to advocate for adequate services to meet the health needs of its residents. For Wyndham this advocacy is a real need given the municipality's recent growth and the expectation for this to continue.

4.2 Community development

The Wyndham community has many needs and, while Council provides a range of resources to help address these needs, it cannot be responsible for addressing all of them. Some needs can be addressed by providing appropriate support to resources already available within the community. Service clubs, community centre committees and other community groups are particularly valuable partners. Council invests significant resources into ensuring that the community has the capacity to understand and resolve many of its own needs.

4.3 Service delivery

This is the aspect of Council of which the community is most likely to be aware. Council is responsible for ensuring that quality services are delivered in a way that meets community needs and expectations. Council's service delivery relevant to the health of Wyndham's residents includes immunisation services, maternal and child health services, etc.

4.4 Regulatory

Council has responsibility for delivery of regulatory services that monitor and control risks to the public including health risks. This encompasses controls on land use, construction

safety and essential services in buildings, food safety, accommodation, skin penetration, septic tanks, underage tobacco sales, workplace smoking, local laws and infectious disease control.

There is also a need for Council to remain flexible and responsive to the requirements identified within the new Health Act, which will be adopted for implementation within the life of this MPHP.

4.5 Funding

Council provides funding, through its grants programs, for a variety of services that benefit the health and wellbeing of people within the municipality. At present this includes (amongst others):

- Funding of a domestic violence worker at the Wyndham Legal Service;
- Rental assistance for the Wyndham Legal Service and Migrant Resource Centre (MRC); and
- Funding of family and financial counselling at Anglicare.

Council has also made short term arrangements to fund youth counselling through Anglicare. Council is advocating to State Government to adequately fund the Anglicare program.

Each of Wyndham's community centres is funded on a per annum basis. Funding is also provided to emergency service organisations and is available to a range of local organisations for community-based projects and programs.

4.6 Planning

Planning is an important component of Council's role. The health of a community is influenced by many aspects of planning which consider the needs of residents relating to infrastructure, services, transport, amenities and environment.

Planning occurs in many work areas and at many levels, but is always designed to enable Council to proactively identify and address community priorities. It is a particularly important role in a community which is growing and changing so rapidly; good planning practice will enable us to identify infrastructure and service requirements for our growing population, and use the information to evaluate our rate of development.

5. DEVELOPMENT PROCESS

Wyndham's priority health issues have been identified based on a process that included:

- A review of the Wyndham Municipal Public Health Plan (MPHP) 2003-2005;
- Data analysis; and
- Community and stakeholder consultations.

5.1 Review of the Wyndham MPHP 2003-2005

An important component of developing a new MPHP is to review the achievements and outcomes of the previous plan. A review of Wyndham's previous MPHP (2003-2005) was undertaken in December 2005, following completion of its implementation period, and presented to Council in January 2006.

The goals and priorities of the Wyndham MPHP 2003-2005 were framed around five key theme areas:

- Community health and well-being;
- Further development of services and supports available to Wyndham residents;
- Integrated planning which promotes community health and well-being;
- Community building; and
- Health and environmental protection.

5.1.1 Health outcomes

Details of specific health outcomes under each of the key theme areas are available in the full version of the review document⁷ briefly, however, these included:

- The engagement of seven local schools (approximately 120 students) in the "Say NO to Violence" schools art project;
- A DHS funded Good Practice Project investigating the walking habits of residents and the walkability of areas within Wyndham;
- Participation in a Deakin University study of Health Impact Assessment (HIA) in local government;
- The implementation of various drink driving initiatives;
- The development and implementation of the Wyndham Cultural Diversity Policy and Action Plan 2004-07, the Wyndham Local Community Safety Plan 2004-06, the Wyndham Family Violence Action Plan 2005-06 and the Wyndham Substance Abuse Action Plan 2004-07;
- An increase of 17 GPs practicing in Wyndham between 2003 (67 GPs) and 2005 (84 GPs);
- The opening of three new community centres in growth areas of Wyndham;
- The establishment of Heathdale as a Neighbourhood Renewal Area;
- A total of 59 groups using meeting space at Council facilities, including 19 Culturally and Linguistically Diverse (CALD) groups;
- A Federal Government grant to implement initiatives to eliminate graffiti in Wyndham; and
- The maintenance of mass immunisation programs for infants and children.

⁷ Wyndham City Council, *Review of: Municipal Public Health Plan 2003-2005*, January 2006.

5.1.2 The Wyndham Community Report Card and health

The Wyndham Community Report Card 2005 was an evaluation of Wyndham's Quality Community Plan (QCP). In terms of Wyndham's vision for health, the report card rated the municipality's health as 'holding steady', with the expansion of the Werribee Mercy Hospital noted as a major achievement.

The report card further states that while statistics indicate maintenance of GP and specialist numbers in Wyndham the growing population continues to put a strain on existing services. It further recommends that community members take responsibility for their own health by undertaking regular physical activity, getting sufficient rest and giving up cigarettes as a means of addressing some of the factors that cause ill-health.

5.2 Lessons from the previous MPHP

Lessons learned from the implementation of this plan can be used to inform the development of Wyndham's next MPHP. The major lessons learned included:

- The need to target the plan to maximise outcomes at the local level;
- The need to further address the availability of culturally appropriate health information and support services and ways of engaging Wyndham's growing CALD community;
- The continuing need to advocate for health services in Wyndham in order to match population growth;
- The importance of thorough annual evaluation of the plan in order to accurately track progress; and
- The need for partnerships and responsibilities outlined in the MPHP to be agreed upon and committed to by stakeholders.

5.3 Data analysis

A strategic planning document, such as the MPHP, needs to be based upon reliable data/evidence. Data from a wide range of sources has been analysed to provide a picture of Wyndham's current health status, based around:

- Current demographics for Wyndham;
- Hospital admissions data;
- Emergency department presentations;
- Disability, illness and injury (Burden of Disease) data;
- Smoking-related deaths;
- Alcohol-related harm statistics;
- Police data (reported incidents of family violence, drug-related offences, etc);
- Local service issues (number of GPs, current waiting lists, etc);
- Childhood Development (Australian Early Development Index);
- Lifestyle factors (physical activity, overweight and obesity); and
- Other research or statewide or federal trends.

Some data is provided in section 6 of this report. Full details of findings from the data are available in the *MPHP 2007-2010 Background Data and Information* document.

5.4 Community and stakeholder consultations

Extensive consultation with over 400 people was undertaken in the development of the MPHP. Consultations sought to gather input into what the community and stakeholders feel are the current major health issues for Wyndham. For service providers this looked at the current health issues facing their clients, while for the community the focus was on the current health issues that they encounter⁸.

5.4.1 Local service providers and community groups

Consultation with local agencies and service providers involved Council staff meeting with agency/service staff, sometimes on an individual basis or often by attending existing teams meetings. A total of 12 agencies/services were consulted.

5.4.2 Community members

Council staff made themselves available to attend existing community groups and networks to gather input into the MPHP. A health workshop to identify health issues affecting Wyndham's young people was also conducted at the 2006 Youth Forum.

Wyndham's Household Panel, a group of residents who have agreed to be surveyed on a regular basis about local issues, was consulted via a short phone survey asking about local health issues and access to local health services. There were a total of 200 respondents to this survey which was conducted in May 2006.

A whole of community forum was held in June 2006 to look at identified health priorities and begin developing strategies to address these. This forum was open to community members and local service providers. In addition to the distribution of invitations, the forum was widely advertised using local media and Council communications.

⁸ A full list of local service providers and community groups consulted and details of findings are available in the *Municipal Public Health Plan 2006-2009 Background data & information* document.

6. IDENTIFIED HEALTH ISSUES FOR WYNDHAM

The development process for the MPHP identified many health issues currently facing Wyndham residents. The major health issues to emerge from the research and consultations were:

- Access to services;
- Mental health;
- Substance abuse;
- Family violence; and
- Physical activity and nutrition.

The following information summarises the findings for each of these issues. Comprehensive research information and consultation findings are available in the *Municipal Public Health Plan 2007-2010 Background data and information* document.

6.1 Access to services

Access to and affordability of health services is crucial to a community's health. Not only are those services that treat illness and injury vital, but those that promote health and wellbeing also form an important component of health in the community.

- In early 2006 it was identified that Wyndham will require a minimum of six additional GPs each year to keep up with population growth (assuming continued growth at 2004/05 levels).
- The Household Panel survey (May 2006) revealed that 26% of respondents had experienced difficulty accessing a GP in the previous six months and 24% had, at some stage, travelled outside of the municipality to access a GP or allied health service (most commonly a GP).
- There are currently long waiting lists for existing services of all kinds in Wyndham, particularly counselling services (current waiting list at ISIS is around 9 months) and the community dental service.
- Werribee Mercy provides mental health services to some of the most chronic and complex mental health clients. Access to these services is difficult with both inpatient and community services experiencing significantly high demand. Access to services for acute and less complex conditions is further restricted with only 11 mostly part-time psychiatrists working privately in the South West Region (ie. Maribyrnong, Hobsons Bay and Wyndham).
- Assuming these 11 mostly part-time psychiatrists equate to 8 effective full-time (EFT) psychiatrists this represents a psychiatrist to population ratio of 1:33,344 across the South West Region. This compares to a Western Region ratio of 1:19,800 and a state ratio of 1:7,878⁹.
- Furthermore, information accessed from the Royal Australian and New Zealand College of Psychiatrists lists just two psychiatrists practicing in Wyndham (although Werribee Mercy notes that they are only aware of one who is part time).¹⁰ Based on an estimated population of 120,000 this would – at best – give Wyndham a psychiatrist to population ratio of 1:60,000 (based on 2 EFT psychiatrists).
- The lack of psychiatrists is further exacerbated by the lack of other health care professionals including GPs and psychologists.
- According to Burden of Disease data¹¹ for Wyndham, in 2001:
 - Oral health and dental caries were the most prevalent conditions across all age ranges;
 - There was a high prevalence of mental disorders (including depression, social phobia and generalised anxiety disorder) for both males and females across all age cohorts;
 - There was a high prevalence of alcohol abuse/dependence for both males and females in the 15-34 year age range; and
 - Compared with the younger age groups, diabetes mellitus (NIDDM) increased in prevalence in persons aged over 35 years.

⁹ Information provided by Werribee Mercy Mental Health Program at a stakeholder forum in March 2006

¹⁰ Note that this is just one data source, there may be others that are not listed with this organisation.

¹¹ A State-wide study which quantifies the contribution to the 'burden of disease' of mortality, disability, impairment, illness and injury, http://www.health.vic.gov.au/healthstatus/bod/bod_reg.htm.

- Community and stakeholders identified specific service needs including:
 - GPs;
 - Youth friendly medical professionals;
 - Psychiatrists (including those who bulk-bill);
 - Counselling services (all ages);
 - Acute mental health services;
 - Respite services;
 - Paediatric services (speech pathology, occupation therapy);
 - Dental services;
 - Podiatry services; and
 - Crisis services (accommodation, family violence).

6.2 Mental health

“Mental health is the embodiment of social, emotional and spiritual wellbeing. Mental health provides individuals with the vitality necessary for active living, to achieve goals and to interact with one another in ways that are respectful and just”.¹² Mental Health problems and mental illness are becoming increasingly prevalent and present serious human, social and economic consequences at a national, state and local level.

- Approximately one in five adults will experience a mental illness at some time in their life. The prevalence of mental disorders decreases with age and the highest prevalence is reported for adults aged 18-24 years.¹³
- Burden of Disease data (2001) for both males and females in Wyndham showed:
 - Mental disorders to be the leading cause of loss of healthy life, accounting for 21% of Disability Adjusted Life Years (DALYs)¹⁴;
 - Three of the top 10 conditions causing loss of healthy life in Wyndham in 2001 related to mental health: depression (2nd); generalised anxiety disorder (8th); and suicide (10th);
 - For females in Wyndham depression was the highest ranking condition causing loss of healthy life; and
 - For males in Wyndham depression was the second ranked condition causing loss of healthy life.
- Community and stakeholders noted particular issues concerning:
 - Anxiety/depression (including post-natal)
 - Social isolation
 - In new estates and outlying areas
 - For Culturally & Linguistically Diverse (CALD) communities
 - Inadequate services in schools
 - The need for more community programs
 - As an issue for people with a disability
 - Need for support for children of parents with a mental illness
 - Need for support for carers

¹² VicHealth 1999, as cited in *A Plan for Action 2005-2007, Promoting Mental Health and Wellbeing*, VicHealth, 2005.

¹³ Mental health incidence & service issues in Wyndham, May 2006, REM Consulting National Pty Ltd.

¹⁴ The Disability Adjusted Life Year (DALY) is a measure of the disease burden in a population combining the loss of years of life due to premature mortality with the loss of healthy years of life due to disease or injury. One DALY can be thought of as one lost year of healthy life.

6.3 Substance Abuse

Substance abuse relates to the use of alcohol and licit and illicit drugs having a negative impact on the health of an individual.

- During 1999-2002, 12.1% of all deaths in Wyndham were due to smoking. The majority of these deaths were due to lung cancer (32%), heart disease (19%) and chronic bronchitis and emphysema (26%).
- Alcohol-related harm information¹⁵ shows that:
 - For the 2002/03-2003/04 period, the average annual rate of alcohol-related serious road injury¹⁶ for Wyndham was 3.59 per 10,000 residents. This was slightly higher, but not significantly different, than the average annual rates for the Western Metropolitan Region (3.44) and for Victoria (3.42); and
 - For the 2000-2003 periods, the average annual rate of alcohol-related deaths for Wyndham was 1.27 per 10,000 residents. This was not significantly different than the average annual rates for the Western Metropolitan Region (1.32) and for Victoria (1.49).
- According to Burden of Disease data for 2001, alcohol abuse/dependence was the second and third most prevalent condition for males and females (respectively) in the 15-34 year age range.
- According to Burden of Disease data regarding attributable risk factors in 2001:
 - Tobacco was the risk factor associated with the greatest disease burden in males in the Western Metro Region;
 - Tobacco was also a significant risk factor contributing to the disease burden in females in the Western Metro Region; and
 - The attributable disease burden from alcohol harm for males in the Western Metro Region was above that for males across the state.
- Community and stakeholders noted particular issues concerning:
 - Alcohol use;
 - Cannabis (marijuana) - becoming "normalised";
 - Use of other substances – chroming, 'party' drugs; and
 - The links between substance use and mental health
- Issues of smoking, alcohol and drugs were noted as a high priority health issue during consultations with youth.

¹⁵ Turning Point Drug & Alcohol Centre, *A Summary of Alcohol-Related Harm for Victorian Local Government Areas 2005*.

¹⁶ This information related to drivers, pedestrians and cyclists who were seriously injured in road crashes that occurred during high alcohol hours as there is no adequate data available to directly measure the involvement of alcohol.

6.4 Family Violence

Family violence remains one of Wyndham's major health and safety issues. VicHealth's report, 'The Health Cost of Violence – Measuring the burden of disease', states that intimate partner violence has a greater impact on the health of Victorian women under the age of 45 than any other risk factor.¹⁷

- Victoria Police crime statistics¹⁸ show that Wyndham had 607 reported incidents of family violence in 2005/06, ranking it second in the Western Metropolitan Region (behind Brimbank).
- According to Burden of Disease data for 2001, intimate partner violence was a risk factor contributing significantly to the disease burden amongst females in the Western Metro Region. For females, the attributable disease burden from intimate partner violence in the Western Metro Region was above that for the state.
- Research into family violence incidents occurring in Wyndham during the 2003-04 period¹⁹, revealed that the most common time for assaults was between 6pm and midnight, with these most likely to occur on Sunday evenings.
- According to VicHealth research, women affected by family violence are more likely to have alcohol problems as well as to smoke and use non-prescription drugs, amphetamines and solvents.¹³
- Local service providers indicate that family violence continues to be a significant issue for Wyndham.
- Community and stakeholders noted particular issues concerning:
 - The importance of linking victims to services;
 - The importance of providing services for both victims and perpetrators;
 - The impact of family violence on mental health;
 - Emerging issue of young people as perpetrators;
 - Need to be mindful of associated cultural issues;
 - Provision of assistance for teachers and workers dealing with child victims/witnesses or with disclosures of family violence; and
 - Family conflict an issue for young people.

¹⁷ VicHealth, *The Health Costs of Violence – Measuring the burden of disease caused by intimate partner violence*, June 2004.

¹⁸ Victoria Police Crime Statistics 2005/06, www.police.vic.gov.au.

¹⁹ Wharrie, M. & Egan, R, *Wyndham Family Violence Research Project – final report 2006*.

6.5 Physical activity and nutrition

Physical activity and healthy eating are important factors in maintaining a healthy lifestyle and are both modifiable risk factors for a range of diseases and conditions. Both are necessary for maintaining physical health and mental wellbeing.

- According to the Victorian Population Health Survey 2003²⁰:
 - 38% of females and almost 50% of males in the North and West Metropolitan Region met neither of the recommended dietary guidelines for fruit or vegetable consumption;
 - Almost 9% of adults in the North and West Metropolitan Region were physically inactive or sedentary; and
 - 56% of males and 37% of females in the North and West Metropolitan Region were overweight or obese.
- According to Burden of Disease data for Wyndham, in 2001:
 - For specific conditions causing loss of healthy life in Wyndham residents, ischaemic heart disease ranked first, with diabetes ranking fourth;
 - Oral health and dental caries were the most prevalent conditions across all age ranges;
 - Compared with the younger age groups, diabetes mellitus (NIDDM) increased in prevalence in persons aged over 35 years and ischaemic heart disease was more prevalent in persons aged over 65 years.
- According to Burden of Disease data regarding attributable risk factors, in 2001:
 - Obesity was the risk factor associated with the greatest disease burden in females in the Western Metro Region and was also a significant risk factor for males in the Western Metro Region; and
 - High cholesterol, high blood pressure and physical inactivity were also significant contributing risk factors to the disease burden in both males and females in the Western Metro Region.
- According to data on Indicators of Community Strength across Victorian LGAs²¹, 34.8% of Wyndham residents reported participating in organised sport. This is lower than the state average of 41.7%.
- Community and stakeholders noted particular issues concerning:
 - Childhood/adolescent obesity;
 - need for more affordable activities
 - planning (footpaths, nearby playgrounds, etc)
 - Perceptions of safety impacting physical activity;
 - Need for parent education around nutrition;
 - Prevalence of diabetes - association with diet & lifestyle;
 - Newly arrived residents –
 - need to integrate into recreation programs (culturally appropriate);
 - need to consider impact of changing diet on health
 - More exercise/support programs (eg walking groups) for health professionals to refer into; and
 - Food security issues – access to affordable, fresh foods.

²⁰ Victorian Population Health Survey 2003, Department of Human Services Public Health Group, June 2004

²¹ Indicators of Community Strength at the Local Government Area Level in Victoria, DVC, 2005

7. PRIORITY AREAS FOR WYNDHAM'S HEALTH

7.1 Key Priority Areas

Considering each of the identified health issues and Council's existing responsibilities with regard to health, three broad Key Priority Areas (KPAs) for Wyndham's health have emerged and, within each of these, specific areas of focus.

Table 2: Key Priority Areas for Wyndham's health

Key Priority Area	Focus
1. Access to services	<ul style="list-style-type: none">• GPs• Allied health services• Mental health services• Crisis support services
2. Health promotion & disease prevention	<ul style="list-style-type: none">• Physical activity• Healthy eating• Immunisation• Food safety• Tobacco regulation
3. Education, awareness and support	<ul style="list-style-type: none">• Mental health• Substance abuse• Family violence

7.2 Council's role and influence in addressing identified health issues

Table 3 outlines Council's role in addressing each of the identified health issues and existing Council responsibilities. This has informed the development of the KPAs. Furthermore Table 3 examines the environment/s for health in which each KPA can be influenced.

Table 3: Council's roles in addressing and influencing Wyndham's Key Priority Areas (KPA) for health

KPA for health	Council's role						Built/physical	Social	Economic environment
	Advocacy	Community development	Service delivery	Regulatory	Funding	Planning			
Access to services									
General Practitioners (GPs)	✓							✓	✓
Mental health services	✓								✓
Allied health services	✓								✓
Crisis services (family violence/substance abuse)	✓								✓
Health promotion and disease prevention									
Physical activity		✓				✓	✓	✓	
Healthy eating		✓				✓	✓	✓	✓
Immunisation			✓		✓			✓	✓
Food safety			✓	✓				✓	
Tobacco regulation				✓				✓	✓
Education, awareness & support									
Mental health		✓						✓	
Substance abuse		✓						✓	
Family violence		✓						✓	

8. WYNDHAM MUNICIPAL PUBLIC HEALTH PLAN 2007-2010

8.1 Goal

The goal of the Wyndham Municipal Public Health Plan (MPHP) 2007-2010 is:

To address Wyndham's identified priority health issues through the implementation of effective strategies and, in so doing, achieve measurable health outcomes for Wyndham by 2010.

8.2 Key Priority Areas

As previously outlined in Table 2, three broad Key Priority Areas (KPAs) for Wyndham's health have been identified:

- Key Priority Area 1: Access to services
- Key Priority Area 2: Health promotion and disease prevention
- Key Priority Area 3: Education, awareness and support

Specific areas of focus have been identified for each of these KPAs.

8.3 Implementation Period

The above KPAs for health will be addressed over a three year period as follows:

- Year 1: 2007-2008
- Year 2: 2008-2009
- Year 3: 2009-2010

The scheduled completion date for the MPHP is 30 June 2010.

8.4 Addressing KPAs for Wyndham's Health

As outlined in the following pages, a range of strategies have been identified to address each of the identified KPAs for Wyndham's health. Strategies have been based around Council's role in addressing each of the issues and the environments within which each can be influenced.

For each KPA relevant existing policies, programs and initiatives have been identified. The MPHP strategies will be implemented in addition to these.

Throughout the life of the MPHP, Council will continue to identify emerging health issues for the Wyndham community and work to address these as appropriate.

Key Priority Area 1: Access to services

Focus:

- GPs
- Allied health services
- Mental health services
- Crisis support services

Objective:

- **To see a measurable improvement in the provision of health services in the Wyndham timely access is available for all residents.**

Measures of success:

- Increase in the number of GPs practicing in Wyndham.
- Improvement in the provision ratio of GPs to population.
- Reduction in waiting list times for health services including allied health, community dental a
- Funding received in response to advocacy actions.
- The services of ORYGEN Youth Health operating from the Wyndham Community Health Se
- A local crisis support service established in Wyndham particularly for victims of family violer

Relevant existing policies, programs and initiatives:

- GP Attraction Plan
- Wyndham Youth Strategy 2006-2009
- Wyndham City Council Mental Health Advocacy Strategy

Strategy	Lead Agency	Partnership Opportunities	Timing	Resource Implications
1.1 – Advocate to the State and Federal Governments for them to increase programs for attracting GPs to Wyndham (such as outer metropolitan measures and training placements).	<ul style="list-style-type: none"> • Council: <ul style="list-style-type: none"> - Social Planning 	<ul style="list-style-type: none"> • Westgate Division of General Practice • Australian Medical Association • Werribee Mercy Hospital 	Ongoing	Staff time
1.2 – Work with local stakeholders to promote Wyndham as a practice location to prospective GPs and medical students.	<ul style="list-style-type: none"> • Council: <ul style="list-style-type: none"> - Social Planning - PR 	<ul style="list-style-type: none"> • Westgate Division of General Practice • ISIS Primary Care • Werribee Mercy Hospital 	Year 1	Staff time Other mini-printing) or existing bu
1.3 – Conduct tours of Wyndham for prospective GPs and medical students on an 'as needs' basis.	<ul style="list-style-type: none"> • Council: <ul style="list-style-type: none"> - Social Planning - PR - EDU 	<ul style="list-style-type: none"> • Westgate Division of General Practice • Werribee Mercy Hospital • Universities 	Ongoing	Staff time
1.4 – Implement the Wyndham City Council Mental Health Advocacy Strategy.	<ul style="list-style-type: none"> • Council: <ul style="list-style-type: none"> - Social Planning 	<ul style="list-style-type: none"> • Werribee Mercy Hospital Mental Health Program • ISIS Primary Care • AMILE Advocacy Service Inc 	Ongoing	Staff time
1.5 – Advocate to the State and Federal Governments for ORYGEN Youth Health to begin operating from the Wyndham Community Health Service.	<ul style="list-style-type: none"> • Council: <ul style="list-style-type: none"> - Social Planning - Youth Services 	<ul style="list-style-type: none"> • ISIS Primary Care • Anglicare Family Services 	Year 1	Staff time
1.5 – Support local service providers in attracting more funding for mental health and allied health services.	<ul style="list-style-type: none"> • Council: <ul style="list-style-type: none"> - Social Planning 	<ul style="list-style-type: none"> • ISIS Primary Care • Anglicare Family Services 	Ongoing	Staff time
1.6 – Advocate for funding to establish a local crisis support service for victims of family violence.	<ul style="list-style-type: none"> • Council: <ul style="list-style-type: none"> - Social Planning 	<ul style="list-style-type: none"> • Werribee Police • Women's Health West • Wyndham Family Violence Committee 	Ongoing	Staff time

Strategy	Lead Agency	Partnership Opportunities	Timing	Resource Implications
1.7 – Investigate possibilities for health-focussed services to link with, be based at, or operate from, community centres throughout Wyndham to increase access by residents across the municipality.	<ul style="list-style-type: none"> • Council: <ul style="list-style-type: none"> - Social Planning - Community Development 	<ul style="list-style-type: none"> • Community Centres • Health services • Werribee Mercy Hospital 	Year 1	<i>Staff time</i>
1.8 – Maintain accurate service provision data and information (including comparisons with state and other LGAs) to inform ongoing advocacy work.	<ul style="list-style-type: none"> • Council: <ul style="list-style-type: none"> - Social Planning 	<ul style="list-style-type: none"> • Westgate Division of General Practice • ISIS Primary Care • Local services • Werribee Mercy Hospital 	Ongoing	<i>Staff time</i>

Key Priority Area 2: Health promotion and disease prevention

Focus:

- Physical activity
- Healthy eating
- Immunisation
- Food safety
- Tobacco regulation

Objective:

To address various lifestyle and environmental factors and implement measures to protect Wyndham residents from related diseases.

Measures of success:

- Increased proportion of Wyndham residents reporting participation in organised sport (Indicator 1)
 - Increased proportion of Wyndham residents participating in regular, weekly physical activity (Indicator 2)
 - Nutrition/healthy eating education programs implemented in all Wyndham schools.
- Successful implementation of statutory requirements related to immunisation services, food compliance.

Relevant existing policies, programs and initiatives:

- Wyndham Municipal Early Years Plan
- Wyndham Best Start Project
- Aged and Disability Services Strategy 2006-2011
- Recreation Policy
- Environmental Health Business Plan
- Wyndham Youth Strategy 2006-2009
- Tobacco Act 1987
- Municipal Strategic Statement

Strategy	Lead Agency	Partnership Opportunities	Timing	Resource Implications
2.1 – Ensure relevant planning staff within Council are using the Heart Foundation’s “Healthy by Design” principles/concepts in local planning and encourage training as appropriate.	<ul style="list-style-type: none"> • Council: <ul style="list-style-type: none"> - Social Planning 	<ul style="list-style-type: none"> • Council: <ul style="list-style-type: none"> - Strategic Planning - Town Planning - City Presentation Heart Foundation 	Ongoing	\$2,000 (TBC – awaiting cost info from Foundation)
2.2 – Distribute “Healthy by Design” guidelines to all developers in Wyndham for use in planning.	<ul style="list-style-type: none"> • Council: <ul style="list-style-type: none"> - Social Planning 	<ul style="list-style-type: none"> • Council: <ul style="list-style-type: none"> - Strategic Planning - Town Planning - City Presentation Heart Foundation • Department of Sustainability & Environment 	Year 2	\$500 (to cover production of guideline copy for Heart Foundation)
2.3 – Ensure relevant health issues are considered in the review of Wyndham’s Municipal Strategic Statement (MSS).	<ul style="list-style-type: none"> • Council: <ul style="list-style-type: none"> - Social Planning - Strategic Planning 	<ul style="list-style-type: none"> • Council: <ul style="list-style-type: none"> - Recreation Planning • VicHealth 	Year 1	Staff time
2.4 – Actively participate in WestBay Alliance PCP initiatives relating to the nominated priority areas of <i>Physical Activity and Active Communities</i> and <i>Access to Nutritious Food</i> .	<ul style="list-style-type: none"> • WestBay Alliance PCP 	<ul style="list-style-type: none"> • Council: <ul style="list-style-type: none"> - Social Planning • ISIS Primary Care • VicHealth 	Ongoing	Staff time
2.5 – Develop and distribute a publication to promote Wyndham’s walking/cycling tracks including maps and details of distance, estimated time to complete, degree of difficulty, etc.	<ul style="list-style-type: none"> • Council: <ul style="list-style-type: none"> - Recreation Planning 	<ul style="list-style-type: none"> • Council: <ul style="list-style-type: none"> - Social Planning - IT (GIS) • Parks Victoria • Bicycle Victoria 	Year 1	Costs to be within existing budget for Recreation

Strategy	Lead Agency	Partnership Opportunities	Timing	Resource Implications
2.6 – Explore opportunities for training community walking group leaders to establish and conduct walking groups in neighbourhood areas of Wyndham (as done in Heathdale in 2006).	<ul style="list-style-type: none"> • Council: <ul style="list-style-type: none"> - Social Planning • ISIS Primary Care 	<ul style="list-style-type: none"> • Local Community Centres • WestBay Alliance PCP • VicHealth • Universities (VU) • Local physical activity providers (eg YMCA) 	Years 1, 2 & 3	<i>Staff time (if deemed some extent may need accessed training, su resources aid course.</i>
2.7 – Encourage the establishment of a Wyndham Bicycle Users Group (BUG) to run events and promote awareness/use of local cycling tracks, including the recently opened Federation Trail.	<ul style="list-style-type: none"> • Council: <ul style="list-style-type: none"> - Social Planning - Recreation Planning • Wyndham BUG 	<ul style="list-style-type: none"> • ISIS Primary Care • Bicycle Victoria 	Year 2	<i>Staff time (may require funding, eg Go for You</i>
2.8 – Negotiate with a suitable provider to run the Council on the Ageing (COTA) <i>Living Longer Living Stronger</i> program from local community centres throughout Wyndham and, in so doing, increase accessibility for residents.	<ul style="list-style-type: none"> • Council: <ul style="list-style-type: none"> - Recreation Planning 	<ul style="list-style-type: none"> • Council <ul style="list-style-type: none"> - Community Development - Social Planning • Local providers of the COTA <i>Living Longer Living Stronger</i> program • Local community centers 	Year 1	<i>Costs to within ex budget p (Recreatio.</i>

Strategy	Lead Agency	Partnership Opportunities	Timing	Resource Implications
2.9 – Implement an annual whole-of-community “ACTIVE IN APRIL” campaign to promote and encourage participation by <u>all</u> Wyndham residents in a variety of forms of physical activity.	<ul style="list-style-type: none"> • Council: <ul style="list-style-type: none"> - Social Planning - Recreation Planning • ISIS Primary Care • Belgravia Leisure (WLEC) • YMCA 	<ul style="list-style-type: none"> • Local community centres • Local clubs/ organizations Local schools 	Years 1, 2 & 3	<p>\$5,670 (r 2007/08 budget) - to be reviewed annually</p> <p>May also be able to access external funding eg VicHealth (Your Life)</p>
2.10 – Negotiate with a suitable provider to implement initiative/s to encourage greater activity amongst 10-13 year olds through participation in sport and other healthy activities.	<ul style="list-style-type: none"> • Council: <ul style="list-style-type: none"> - Recreation Planning 	<ul style="list-style-type: none"> Council: <ul style="list-style-type: none"> - Social Planning • Belgravia Leisure (WLEC) • YMCA 	Year 1	Costs to be within external budget plan (Recreation)
2.11 – Map food insecurity ²² issues within Wyndham and investigate opportunities (including funding of initiatives) for addressing these.	<p>ISIS Primary Care</p> <p>Council:</p> <ul style="list-style-type: none"> - Social Planning 	<ul style="list-style-type: none"> • Council: <ul style="list-style-type: none"> - IT (GIS) • Neighbouring Councils • Universities 	Year 1	Staff time
2.12 – Implement nutrition/healthy eating education programs and promotional activities in local schools (eg Kids Go For Your Life).	<ul style="list-style-type: none"> • Local Schools (particularly Primary) 	<ul style="list-style-type: none"> • Council: <ul style="list-style-type: none"> - Family Services - Social Planning • ISIS Primary Care • Kids Go For Your Life • Nutrition Australia 	Ongoing	Staff time
2.13 – As appropriate, investigate opportunities for accessing funding for the implementation of projects targeting local issues of diabetes and obesity.	<ul style="list-style-type: none"> • ISIS Primary Care • Council: <ul style="list-style-type: none"> - Social Planning 	<ul style="list-style-type: none"> • VicHealth • Go For Your Life 	Ongoing	Staff time

²² Food Insecurity - irregular access to safe, nutritionally adequate, culturally acceptable food from non-emergency sources (VicHealth)

Strategy	Lead Agency	Partnership Opportunities	Timing	Resource Implications
2.14 – Use community events (eg. Children’s Week Picnic, Heathdale BBQ Festival, Seniors Week) as avenues for health promotion and community education in the areas of physical activity and nutrition.	<ul style="list-style-type: none"> • Council: <ul style="list-style-type: none"> - Social Planning 	<ul style="list-style-type: none"> • Council: <ul style="list-style-type: none"> - Family Services • Heathdale Neighbourhood Renewal • Dental Health Services Victoria • ISIS Primary Care 	Years 1, 2 & 3	\$800 (req 2007/08 budget) - to be reviewed annually
2.15 – Encourage (and facilitate where appropriate) increased health information provision/education to newly arrived residents, especially regarding issues such as disease, nutrition and hygiene ²³ .	<ul style="list-style-type: none"> • Council: <ul style="list-style-type: none"> - Social Planning 	<ul style="list-style-type: none"> • ISIS Primary Care • AMES Settlement & ESL • MRC • Western Region Health Centre (Regional Refugee Health Nurse) 	Years 1, 2 & 3	Staff time
2.16 – Encourage health promotion activities/mobile health checks for older residents, with a particular focus on retirement villages (see also Aged & Disability Services Strategy actions 1.14, 5.11)	<ul style="list-style-type: none"> • ISIS Primary Care • Council: <ul style="list-style-type: none"> - Social Planning 	<ul style="list-style-type: none"> • Council: <ul style="list-style-type: none"> - Resident Support Services • HACC “Well for Life” 	Years 2 & 3	Staff time (including input of appropriate agencies)
2.17 – Provide immunisation services to the Wyndham community in an integrated and complimentary manner with other providers to ensure optimum access and coverage for our community, maintaining high standards of safety through the implementation of statutory requirements and Best Practice.	<ul style="list-style-type: none"> • Council: <ul style="list-style-type: none"> - Environmental Health Services • General Medical Practitioners 	<ul style="list-style-type: none"> • Westgate Division of General Practice • Immunisation Reference Committee • DHS immunisation coordination unit 	Ongoing	Staff time

²³ This is likely to include accessing free community language education sessions that are regularly offered through organisations :

Strategy	Lead Agency	Partnership Opportunities	Timing	Resource Implications
2.18 – Meet or exceed the mandated levels of Food Safety Monitoring and legislative compliance and implement the Food Safety provisions on behalf of the State and Federal Governments.	<ul style="list-style-type: none"> • Council: <ul style="list-style-type: none"> - Environmental Health Services 	<ul style="list-style-type: none"> • DHS Food Safety Unit • Regional Food Sampling Committee • Regional Environmental Health Managers Group 	Ongoing	<i>Staff time</i>
2.19 - Educate the public and control tobacco advertising in restaurants, cafes, bars, pubs, clubs, gaming venues and tobacco retailers through visits, education and dissemination of literature.	<ul style="list-style-type: none"> • Council: <ul style="list-style-type: none"> - Environmental Health Services 	<ul style="list-style-type: none"> • DHS Tobacco Unit 	Ongoing	<i>Staff time</i>
2.20 – Zero tolerance enforcement of illegal tobacco sales to underage persons through the implementation of an annual Tobacco Test program.	<ul style="list-style-type: none"> • Council: <ul style="list-style-type: none"> - Environmental Health Services 	<ul style="list-style-type: none"> • DHS Tobacco Unit 	Ongoing	<i>Staff time</i>
2.21 – Continued control of smoking in licensed premises and eating establishments (eg restaurants and cafes) and in workplaces and at underage music events through visits, education and dissemination of literature.	<ul style="list-style-type: none"> • Council: <ul style="list-style-type: none"> - Environmental Health Services 	<ul style="list-style-type: none"> • DHS Tobacco Unit 	Ongoing	<i>Staff time</i>
2.22 – Regulate, control and monitor the new ‘no smoking’ ban in all licensed premises including gaming venues, bars, pubs and clubs (extending to enclosed outdoor dining areas) through visits and education.	<ul style="list-style-type: none"> • Council: <ul style="list-style-type: none"> - Environmental Health Services 	<ul style="list-style-type: none"> • DHS Tobacco Unit 	Ongoing	<i>Staff time</i>

Key Priority Area 3: Education, awareness and support

Focus:

- Mental health
- Substance abuse
- Family violence

Objective:

- **To educate, raise awareness and provide appropriate support to the Wyndham community on substance abuse and family violence.**

Measures of success:

- Mental health education and awareness programs (including bullying prevention programs)
- Successful pilot of the "Wyndham Welcome" small grants project.
- Decrease in the number of deaths in Wyndham due to smoking.
- Decrease in the rate of alcohol-related serious road injuries in Wyndham.
- Decrease in the rate of alcohol-related deaths in Wyndham.
- Decrease in reported incidents of family violence in Wyndham.

Relevant existing policies, programs and initiatives:

- Wyndham Substance Abuse Action Plan 2004-2007
- Wyndham Community Safety Plan 2006-2008
- Wyndham Cultural Diversity Policy and Action Plan 2004-2007
- Wyndham Disability Strategy 2004-2007
- Wyndham Aged and Disability Services Strategy 2006-2011
- Wyndham Youth Strategy 2006-2009

Strategy	Lead Agency	Partnership Opportunities	Timing	Resource Implications
3.1 – Encourage and support the implementation of mental health awareness and education programs (eg “KidsMatter”) in local schools.	<ul style="list-style-type: none"> • Council: <ul style="list-style-type: none"> - Social Planning 	<ul style="list-style-type: none"> • Local schools • Beyond Blue • ORYGEN • AMILE Advocacy Service Inc 	Ongoing	<i>Staff time</i>
3.2 – Continue to implement bullying prevention programs in local schools and investigate conducting cyber-bullying prevention programs.	<ul style="list-style-type: none"> • Local schools 	<ul style="list-style-type: none"> • Council: <ul style="list-style-type: none"> - Youth Services - Social Planning • VicHealth 	Ongoing	<i>Staff time</i>
3.3 – Pilot a “Wyndham Welcome” small grants project providing funds to Wyndham-based groups/organisations for the implementation of health education projects to help newly-arrived refugees to settle in Wyndham.	<ul style="list-style-type: none"> • Council: <ul style="list-style-type: none"> - Social Planning - Community Development 	<ul style="list-style-type: none"> • Wyndham-based groups/organizations • AMES – Settlement & ESL • MRC • ISIS Primary Care 	Year 1	<i>\$10,332 2007/08 budget</i>
3.4 – Use community events (eg. Children’s Week Picnic, Heathdale BBQ Festival, Seniors Week) as avenues for educating and raising community awareness of mental health, family violence and substance abuse issues.	<ul style="list-style-type: none"> • Council: <ul style="list-style-type: none"> - Social Planning 	<ul style="list-style-type: none"> • Council: <ul style="list-style-type: none"> - Family Services • Heathdale Neighbourhood Renewal 	Years 1, 2 & 3	<i>\$800 (req 2007/08 budget - to be reviewed annually)</i>
3.5 – As the need is identified, investigate opportunities for increasing support for specific population sub-groups including persons with a mental illness, persons affected by substance abuse, carers, victims of family violence.	<ul style="list-style-type: none"> • Council: <ul style="list-style-type: none"> - Social Planning 	<ul style="list-style-type: none"> • Community centres • Local support groups • Local mental health services • Carers Vic 	Ongoing	<i>Staff time</i>

Strategy	Lead Agency	Partnership Opportunities	Timing	Resource Implications
3.6 – Support the provision of appropriate training to increase the knowledge/skills of service providers (including Police and GPs) in the areas of mental health, substance abuse and family violence.	<ul style="list-style-type: none"> • Wyndham Substance Abuse Committee • Wyndham Family Violence Committee 	<ul style="list-style-type: none"> • Council: <ul style="list-style-type: none"> - Social Planning • Westgate Division of General Practice • Beyond Blue • Australian Drug Foundation • Women’s Health West • LifeWorks 	Ongoing	<i>Staff time</i>
3.7 – Encourage local police and services to work together to develop appropriate and effective referral protocols for both victims and perpetrators of family violence.	<ul style="list-style-type: none"> • Wyndham Family Violence Committee 	<ul style="list-style-type: none"> • Werribee Police (Nexus project with ANU) • Local services • Council: <ul style="list-style-type: none"> - Social Planning 	Years 1 & 2	<i>Staff time</i>
3.8 – Actively participate in WestBay Alliance PCP initiatives relating to the nominated priority area of <i>Mental Health and Wellbeing</i> .	<ul style="list-style-type: none"> • WestBay Alliance PCP 	<ul style="list-style-type: none"> • Council: <ul style="list-style-type: none"> - Social Planning • ISIS Primary Care 	Ongoing	<i>Staff time</i>
3.9 – Maintain accurate information on local services and local groups for use in Council communications including directories, website, information cards/brochures, etc.	<ul style="list-style-type: none"> • Council: <ul style="list-style-type: none"> - Social Planning 	<ul style="list-style-type: none"> • Local services 	Ongoing	<i>Staff time</i>
3.10 – Annually seek funding to continue the “Say NO to Violence” schools art project and continue to inform the expansion of the project using evaluation evidence/feedback.	<ul style="list-style-type: none"> • Wyndham Family Violence Committee 	<ul style="list-style-type: none"> • Council: <ul style="list-style-type: none"> - Social Planning • Local schools • VicHealth 	Years 1, 2 & 3	<i>Staff time</i>

9. EVALUATION AND MONITORING

The Wyndham Municipal Public Health Plan (MPHP) will be reviewed on an annual basis against the performance indicators outlined for each strategy. This will enable ongoing monitoring of progress and performance in the implementation of the MPHP.

In addition to this, the measures of success outlined for each Key Priority Area (KPA) will form the basis for a comprehensive evaluation of the Plan (Table 4). This will be conducted in 2010 following completion of the MPHP implementation period.

Table 4: MPHP evaluation process

KPA	Measure of success	Information and sources
Access to service	<ul style="list-style-type: none"> Increase in the number of GPs practicing in Wyndham. 	<ul style="list-style-type: none"> Number of GPs - <i>Westgate Division of General Practice</i>.
	<ul style="list-style-type: none"> Improvement in the provision ratio of GPs to population. 	<ul style="list-style-type: none"> Number of GPs - <i>Westgate Division of General Practice</i>. Population demographics – <i>Council (Research)</i>.
	<ul style="list-style-type: none"> Reduction in waiting list times for health services. 	<ul style="list-style-type: none"> Waiting list times - <i>local health services</i>.
	<ul style="list-style-type: none"> Evidence of funding received in response to advocacy actions. 	<ul style="list-style-type: none"> Responses to advocacy actions requesting funding – <i>Council (Social Planning)</i>.
	<ul style="list-style-type: none"> The services of ORYGEN Youth Health operating in Wyndham. 	<ul style="list-style-type: none"> Evidence of Orygen's service operating in Wyndham and details of hours, etc – <i>Orygen</i>.
	<ul style="list-style-type: none"> A local crisis support service established in Wyndham for victims of family violence. 	<ul style="list-style-type: none"> Evidence and details of a crisis support service established – <i>coordinating service</i>.
Disease prevention	<ul style="list-style-type: none"> Increased proportion of Wyndham residents reporting participation in organised sport. 	<ul style="list-style-type: none"> Indicators of Community Strength – <i>DVC</i>.
	<ul style="list-style-type: none"> Increased proportion of residents participating in regular, weekly physical activity. 	<ul style="list-style-type: none"> Household Panel Survey – <i>Council (Research)</i>.
	<ul style="list-style-type: none"> Nutrition/healthy eating education programs implemented in all Wyndham schools. 	<ul style="list-style-type: none"> Audit of all local schools re nutrition/healthy eating education programs undertaken – <i>Council (Family Services/Social Planning)</i>.
	<ul style="list-style-type: none"> Successful implementation of statutory requirements related to immunisation services, food safety monitoring and tobacco act. 	<ul style="list-style-type: none"> Required reporting on statutory requirements – <i>Council (Environmental Health)</i>.
Education, support and awareness	<ul style="list-style-type: none"> Mental health education and awareness programs (including bullying prevention programs) implemented in all Wyndham schools. 	<ul style="list-style-type: none"> Audit of all local schools re mental health programs and bullying prevention programs undertaken – <i>Council (Social Planning)</i>.
	<ul style="list-style-type: none"> Successful pilot of the "Wyndham Welcome" small grants project, including the number of newly-arrived refugees involved. 	<ul style="list-style-type: none"> Evaluation of pilot "Wyndham Welcome" small grants project (see Attachment 2) – <i>Council (Social Planning)</i>.
	<ul style="list-style-type: none"> Decrease in the number of deaths in Wyndham due to smoking. 	<ul style="list-style-type: none"> Tobacco-related deaths – <i>QUIT Victoria</i>.
	<ul style="list-style-type: none"> Decrease in the rate of alcohol-related serious road injuries in Wyndham. 	<ul style="list-style-type: none"> Alcohol-related harm data – <i>Turning Point Alcohol and Drug Centre</i>.
	<ul style="list-style-type: none"> Decrease in the number of alcohol-related deaths in Wyndham. 	<ul style="list-style-type: none"> Alcohol-related harm data – <i>Turning Point Alcohol and Drug Centre</i>.
	<ul style="list-style-type: none"> Decrease in reported incidents of family violence in Wyndham. 	<ul style="list-style-type: none"> Crime statistics (family violence) – <i>Victoria Police</i>.

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