G21
GEELONG REGION ALLIANCE

HEALTH AND WELLBEING PLAN

2013 – 2017

HEALTH & WELLBEING PILLAR

Surf COAST SHIRE

Golden Plains Shire

Colac Otway SHIRE

CITY OF GREATER GEELONG

G21 is an alliance of the government, industry and community organisations working to improve people's lives in the Geelong region.

GEELONG REGION ALLIANCE (G21) IS A FORMAL ALLIANCE OF GOVERNMENT, BUSINESS AND COMMUNITY ORGANISATIONS WORKING TOGETHER TO IMPROVE THE LIVES OF PEOPLE WITHIN THE GEELONG REGION ACROSS FIVE MUNICIPALITIES — *COLAC OTWAY, GOLDEN PLAINS, GREATER GEELONG, QUEENSCLIFFE AND SURF COAST*.

ACRONYMS USED IN THIS DOCUMENT

BOQ	Borough of Queenscliffe
COS	Colac Otway Shire
COGG	City of Greater Geelong
G21	G21 Region Alliance
GPS	Golden Plains Shire
HWB	Health and Wellbeing
ICDM	Integrated Chronic Disease Management
IHP	Integrated Health Promotion
LGA	Local Government Authority
MAV	Municipal Association of Victoria
MPHWBP	Municipal Public Health and Wellbeing Plan
SC	Service Coordination
SCS	Surf Coast Shire
SDOH	Social Determinants of Health
PIA	Planning Institute of Australia
WHO	World Health Organisation

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EXECUTIVE SUMMARY

COLLABORATIVE PLANNING FOR LOCAL AND REGIONAL HEALTH AND WELLBEING

CONTEXT

In 2012 the five councils of the G21 Region:

- Borough of Queenscliffe
- Colac Otway Shire
- Golden Plains Shire
- City of Greater Geelong
- Surf Coast Shire

Agreed to collaborate on planning for regional health and wellbeing. Each Council identified its own priorities and working together, then developed three common regional priorities. Each Council has a municipal public health & wellbeing plan in accordance with the requirements under the Victorian Public Health & Wellbeing Act. Each Council has also identified common priorities, and aligned local action that has become the basis of the G21 Health & Wellbeing Plan.

Both local and regional planning has consulted with many individuals and organisations, many of which will be involved in the implementation of the strategic priorities. A planning framework based on systems thinking has been developed that is consistent with state, national and international policy and practices, and reflects the essential elements (enablers) of governance & leadership; partnership; evidence focus; finance & resources; workforce development; and community capacity. These underpin future HWB outcomes and the G21 health and wellbeing plan provides a common basis for ongoing, collaborative work and will support partners during 2013–17.

LOCAL PRIORITIES

BOROUGH OF QUEENSCLIFFE	CITY OF GREATER GEELONG	COLAC OTWAY SHIRE	GOLDEN PLAINS SHIRE	SURF COAST SHIRE
• Healthy, inclusive & connected community. • Planning for population change. • Advocating access to services. • Facilitating the best start in life. • Protect & promote the health of the community.	• Accessible, nutritious food. • Physical activity and active communities. • Social inclusion and community connectedness. • Reducing harm from alcohol, drugs and problem gambling. • Reducing tobacco use. • Improving how we do business in health & wellbeing.	• Embed health & wellbeing enablers through systems approach. • Plan for an ageing population. • Decrease significant levels of disadvantage in early years. • Increase levels of physical activity. • Protect through public & environmental health. • Support healthy eating and food Security. • Support mental health & connectedness. • Prevention of violence against women and children. • Support healthy behaviours. • Reduce harm from alcohol, tobacco & other drugs.	• Healthy active communities. • Access to health & community services. • Healthy built environment. • Access to local education and employment opportunities. • Connected communities. • Access to transport. • Public health.	• Healthy & engaged communities. • Local opportunities. • Service accessibility.

OUR STRATEGIC PRIORITIES

1	2	3
Improve the opportunities for increased access and uptake of physical activity	Strengthen our advocacy for increased community connectedness and social inclusion	Collaborate on building our evidence based planning and practice

HOW

PEOPLE FOCUS & PLACE-BASED APPROACH SYSTEMS STRENGTHENING

Governance & leadership	Information systems (Evidence focus)	Finance & resource allocation
Partnerships	Workforce development	Community Capacity (Equity & engagement)

WHERE

LOCAL ACTION PLANS

COGG · BOQ · COS · GPS · SCS

G21 Region HWB plan implementation & summary of actions

WHAT

IMPLEMENTATION MONITORING AND REVIEW

PHYSICAL ACTIVITY	COMMUNITY CONNECTEDNESS & SOCIAL INCLUSION	EVIDENCE BASED PLANNING & PRACTICE
• Progress towards a region-wide physical activity strategy • Work with partners & connect with health promotion, health literacy, ICDM and service coordination • Advocate for increased accessibility for people of all abilities in built & natural environments • Advocate for improved amenities & safer public spaces • Community wide supports to connect to service coordination & chronic disease management • Workforce/professional development with PIA/MAV about environmental design • Develop resource information & local community leaders • Collaborate on social marketing strategy & directory development	• Support the Addressing Disadvantage project through policy, evidence and funding • Investigate regional governance models • Strengthen regional volunteering profile and strategy • Support key strategies ie: family violence strategy, public transport, growth plan	• Update community data profile • Commission systematic reviews for identified priorities • Integrate child – adolescent data sets into region wide profile • Create HWB web based clearinghouse, regional fact sheets & workforce development tools • Promote gender and diversity lens across member organisations • Develop core set of HWB Indicators for evaluation over life of strategy

INTRODUCTION

Image by Vanessa Wiggerraad

G21 has been operating since 2002, as a forum to discuss issues across interest groups and municipalities resulting in better coordinated research, consultation and planning. G21 is also the Strategic Planning Committee for the region and is responsible for leading the development and implementation of the region's strategic plan. This approach has resulted in many positives for our communities and has seen G21 held up at all levels of government as an exemplar model for planning and coordination.

The G21 Region Plan continues to inform planning across the region, and in particular the objective that seeks to strengthen communities and support healthy lifestyles through a range of pillar-led projects as well as local strategies provides a coherence and context for collaborative health and wellbeing planning. G21 is organised through a set of pillars, one being Health & Wellbeing, which is responsible for the development and delivery of this regional health and wellbeing plan for 2013–17.

The G21 Health & Wellbeing (HWB) Pillar's vision is that communities in the G21 region experience the highest quality of life achievable through accessibility, participation, innovation and vibrant, collaborative relationships.

There are four strategic directions to guide their progress:

- Understand populations, planning & impacts of change
- Connect people, communities and services
- Build healthy, resilient and innovative communities
- Strengthen community infrastructure and service systems.

The G21 Region Health and Wellbeing Plan delivers a way forward for building collaborative action on a set of key priority issues, as identified through the consultation process at both the regional and local levels. The Plan supports and links to the local action plans that each of the participating councils has developed to meet the requirements as set out in the Victorian Public Health and Wellbeing Act (2008). This Plan will strengthen the region's capacity to positively impact on health and wellbeing from a whole of population perspective.

The Plan identifies three strategic action areas for which the G21 HWB Pillar will lead the implementation and evaluation. Where it is relevant and opportune, the Plan seeks to identify links to other completed or potential regional strategies such as regional growth, public transport and physical activity.

The Plan will strengthen the ongoing effort to address some of the more complex and entrenched issues underlying public health & wellbeing across the region. This will enhance Councils' ability to partner with service providers, other sectors and government departments to maximise effort and resources.

BACKGROUND

The five municipalities in the G21 region have a record of achievement in regional planning, across a range of issues and systems, to inform and influence critical decision making for the region. Since 2006 there has been collaborative effort in identifying issues and analysing systems that impact across boundaries or jurisdictions. Local government is responsible for developing, leading and implementing local policies that influence many determinants of health. The legislative requirement under the *Victorian Municipal Public Health & Wellbeing Act 2008* (the Act) is to develop and implement a municipal public health and wellbeing plan within twelve months of a general council election. The MPHWPs will be submitted to the Minister in October 2013 for approval.

Each of the five municipalities in G21 has prepared its plan and considered how the plan intersects with the regional plan in order to gain a collaborative effort and advantage on the identified regional priorities.

Given the opportunity to undertake the project, the G21 HWB Pillar established a Steering Group comprising membership from the five municipalities, Barwon Medicare Local and the regional office of the Department of Health. The aim to produce a regional strategy would occur by identifying shared regional health and wellbeing priorities and developing local action plans through harnessing the collaboration and resources of local government, state government, statutory and community organisations and local communities to achieve the overarching goal of improving health and wellbeing of communities through the G21 Region.

The development and endorsement of a regional HWB planning framework to guide the Plan and where possible, local action plans, was foundational to facilitating Councils in their partnerships with service providers, other sectors and government departments.

BENEFITS

This is an innovative approach to HWB planning in the G21 region. There has been a robust partnership across local government, health & community services in recent years, however through this initiative a sharper focus on region-wide improvement in health & wellbeing is possible.

The benefits particularly for councils are:

- Increased joint planning between local and regional partners that addresses the complexities of the health & wellbeing system more collaboratively
- Increased evidence based planning available to consider the impact that life-stage, gender, culture, disability, GLBTI and Indigenous status has on health and wellbeing experiences and outcomes in local communities within the region
- Provision of resources, professional development and training to re-orient planning and service delivery in a more coordinated and integrated manner for each Council, based on individual assessment of good, better or best practice for each council
- Application of a continuous improvement lens for Councils to identify whether their responses to local or regional health and wellbeing issues are good, better or best on a continuum of practice and how they might shift practices and outcomes to the next level.

PROJECT GOVERNANCE

G21 has been responsible for the delivery of the project with project oversight allocated to the G21 Region HWB Plan Steering Group. The project lead was the City of Greater Geelong and with the support of the G21 Director Health and Wellbeing, the Project Control Group was formed. The consultants reported to the Project Control Group on a monthly basis.

The key deliverables for the project were:

1. Application of sound consultation practice throughout the project, with key community and stakeholder project participants
2. Development of a regional planning framework
3. Identification of a set of health and wellbeing priorities
4. Development of a regional strategy informed by evidence-based interventions
5. Development of strategies or actions that build the capacity of organisations and communities to plan, lead, deliver and evaluate population health and wellbeing outcomes
6. Development of a set of five municipal local action plans
7. Development of a communication strategy

The project formally commenced in December 2012 and expects to deliver the G21 Region Health & Wellbeing Plan that will includes individual local actions based on the municipal PHWB plans developed by each council and endorsed by October 2013.

METHODOLOGY

The methodology selected to undertake the consultation phase of the project was based on a nominal group process because it provided an opportunity to engage multiple organisations across a range of communities to develop shared perspectives about the communities in question. It was expected that this process would generate a sense of shared responsibility in order to set the momentum and conditions under which partnerships would benefit and identifying priorities in common would increase collaboration. The consultation process occurred in place-based sessions.

A series of stakeholder consultations was conducted involving more than 500 participants across the five council sponsored sessions and one regional forum. Council officers through their local communications and networks invited participants to local stakeholder sessions. A set of participatory activities was conducted which introduced the context and impetus for the development of a G21 health and wellbeing plan followed by a presentation from local leadership on the specific issues for their particular council.

Given the planning context and using a nominal group process, participants were asked to consider the current needs of their population, identify priorities for the local MPHWP during the next four years. Lists of priorities were generated individually (4-5 priorities per 20-40 participants) and then refined in small groups (usually 8-12 groups of 3 per session) to identify three top priorities from the broader list.

Representatives from each group reported back on the key priorities for each small group and any redundancies across groups were identified and removed. This generated a set of about 15 priority areas across the full group. Priority areas were posted on a noticeboard and each participant invited to identify by voting which priority from the full list they felt should be the focus of the broader plan.

To this stage each individual had identified their full list of priorities, discussed and honed these in small groups, discussed and further refined as a large group and finally, voted to place the core list into a clear, score-driven list of highest perceived priorities.

Small groups of three people worked on a priority with usually 3-5 priorities identified, and in some cases, where a large number of votes was received for one priority more than one group was set up. Approximately 160 small group discussions occurred. Participants moved into groups representing the priority they felt most important. Focusing on the priority, participants then commented on the current system capacity performance.

Using the key enablers as outlined in the G21 HWB planning framework that are:

- leadership and governance;
- financing and resource allocation;
- information systems;
- partnerships;
- workforce development; and
- community capacity (engagement & equity).

A subsequent activity asked participants to consider the future scenario; what they would want the plan to deliver at the end of the four year planning cycle and to again, describe this in detail based on the key enablers. Results from each session were fed back to the full group of participants for final reflections and comments.

Each of the priority mapping sheets were subsequently analysed by identifying agreed priorities across the full range of consultation sessions and clearer pictures of the current systems elements across the full G21 region were generated. The consultation sessions (502 participants) and an on line community survey generated approximately 2,450 individual ideas and comments.

In conjunction with the local evidence under analysis by councils and the results from an online survey (264 respondents), the complete lists of priorities then informed the Project Steering Group in its selection of three key priorities using the following set of inclusion criteria:

- Is this priority identified as a need in the G21 region, supported by evidence?
- Is there sufficient commitment to work on priority across member agencies through shared planning, implementation and evaluation?
- What capacity exists to implement shared initiatives to address this priority focusing on preventative system interventions?
- Does it have potential to reduce health inequalities?
- Can the priority link with G21 strategic directions/ strategies, Regional Management Forum priorities and Victorian Public Health and Wellbeing Plan priorities?
- What is the capacity to leverage off other local/ regional/state/national initiatives to enhance overall impact?
- Is there potential to achieve a level of immediate results and long term improvement?

The next step was to produce an evidence summary on the top two priorities being:

- physical activity; and
- community connectedness/social inclusion.

A third priority was resolved to be a process priority rather than an issue or determinant based priority, however the Steering Group considered the strategic importance of building a strong evidence base as critical to strengthening the system and understanding any improvement in the G21 region's future health and wellbeing. Further details on the findings and evidence summaries are included in the appendices.

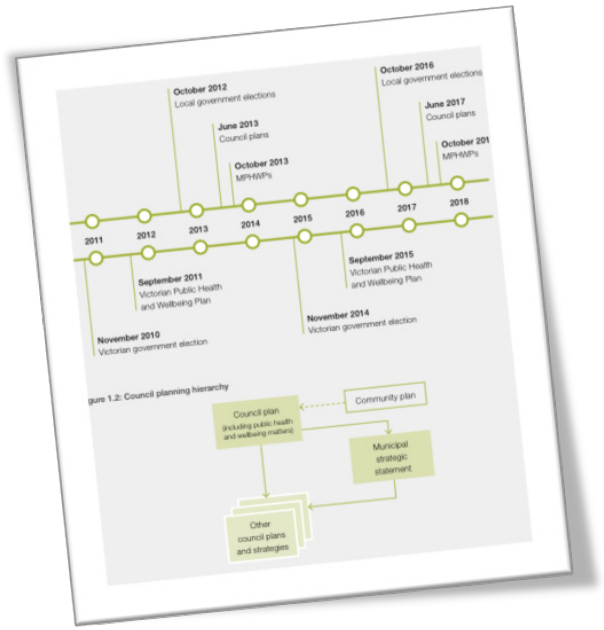
LEGISLATIVE, POLICY AND PLANNING CONTEXTS

VICTORIAN CONTEXT

The current *Victorian Public Health and Wellbeing Plan 2011–15* (State Plan) defines public health as:

> ***'Public health is what we, as a society, do collectively to assure the conditions in which people can be healthy. Public health focuses on prevention, promotion and protection rather than on treatment, on populations rather than individuals, and on the factors and behaviour that cause illness and injury.'***
> ***(2013:9)***

The *Victorian Municipal Public Health & Wellbeing Act 2008* (the Act) requires that each Council develop and implement a municipal public health and wellbeing plan (MPHWP) within twelve months of a general council election. When approving the MPHWP, Council is expected to have regard to the Council Plan as well as other relevant legislation such as the *Climate Change Act 2010* and *Tobacco Act 1987*.



Public Health & Wellbeing Planning timeframe

The MPHWP also takes account of associated Council policy that impacts on the social, economic, natural and built environments as they affect community health and wellbeing.

The State Plan is one in a suite of relevant plans and frameworks that govern health reform in Victoria such as the Victorian Health Priorities Framework 2012–2022 and the Rural and Regional Health Plan 2012. At the state level it is expected that any population health based planning will take into account the statewide priorities for both health conditions and health issues that are outlined in the Primary Care Partnership Program Logic 2013–17 (Final consultation draft 22 May 2013).

Through the Victorian Department of Health there is also the Primary Care Partnership (PCP) model that focuses on integrated health promotion planning and service system improvement for chronic disease.

Another key Victorian health policy direction is about 'Building the Victorian Prevention System' about which the Department of Health states:

> ***'(it) is redesigning its approach to preventive health to slow the growth of lifestyle-related chronic disease in Victoria. Reducing the chronic disease burden and maximising health and wellbeing requires a consistent, long term approach – not quick fixes.'***

The PCP is integral to the delivery of a collaborative effort to integrate planning across sectors and tiers of government, and across the health and wellness continuum. The orientation towards a prevention system for Victoria has been at the forefront of both policy and service development and given that G21 is the signatory on the PCP service agreement for the Barwon region, the PCP role in integrated health promotion, service coordination and client and community empowerment will be critical to the effective implementation of the G21 Region HWB Plan.

AUSTRALIAN CONTEXT

In Australia there is also a range of strategic policy reforms being administered through legislative reform and a set of Health Partnership Agreements with their corresponding national health agencies. One national body integral to this work is the Australian National Preventive Health Agency that is overseeing major investments in policy and program changes to impact more on priority areas such as tobacco, alcohol consumption, healthy eating and physical activity. One of the major investments through the National Preventive Health Partnership Agreement is the initiative, known locally as Healthy Together Geelong. This also relates to the Victorian policy and program initiative mentioned earlier, Building the Prevention System.

The release of the National Primary Care Strategy and the emergence of the national primary care planning organisational structure, Medicare Locals are also acknowledged as contributing to the development of robust population health based evidence.

There is broad agreement in the key policy and position statements that strengthening municipal planning in public health and population health will significantly reduce the expenditure burden on health care in the long term nationally. Subsequently an emphasis on preventive health is behind the redirection and the imperative to collaborate on complex problems that determine or strongly influence national health and wellbeing outcomes.

INTERNATIONAL CONTEXT

Throughout the material reviewed it was reinforced that 'health-planning efforts must focus on the creation of structures and processes that actively work to dismantle existing health inequalities and create economic, political, and social equality' (Schulz & Northridge, 2004). This appears to be the fundamental premise for most of the strategic and policy directions being generated in those countries often viewed as leaders in public health planning such as the United Kingdom, Sweden, Norway and Canada.

Some key points to note about contemporary public health analysis and planning are:

- Leadership in public health thinking emphasises that it is complex, ongoing, and costly to undertake what is required, yet it is more costly not to act.
- Defining the intervention or action appears to be increasingly based on assumptions about population equity and the impacts of health inequalities on equity.
- Equality, across and for all, of a population is a core value and dealing with inequities is a commitment that most countries adhere to and acknowledge the direct relationship of reducing inequalities to building healthier communities.
- Escalating costs of health care continue to drive change in health promotion & preventive health, as well as pursue ways to improve primary health care *per se*.

The level of complexity refers directly to increasingly urbanized and globalised futures where the impacts of change require new strategies across sets of problems rather than developing a single-issue focus or strategy. Whilst there is still absolute need and support for addressing disease through prevention and amelioration of chronic conditions, it is counterbalanced in all key examples by the need to develop a preventive system to deal more proactively and from a population perspective.

This raises the challenge to build capability, what the Swedish model refers to as public health competency in order to positively impact on longer-term change. Whilst there are no common measures, most examples propose professional development, partnership development, organisational systems re-orientation and leadership as the enabling factors.

Whilst there are multiple frameworks operating in public health planning environments, internationally or within Australia, very few have been required to be as collaborative as proposed in this project.

The role and responsibilities of local government and regional bodies to cooperate to achieve this is clearly articulated, however there is less evidence that it has been implemented effectively or that over time, has been able to demonstrate positive impacts.

A SYSTEMS-ORIENTED, MULTILEVEL FRAMEWORK HAS THE ABILITY TO INFLUENCE ENVIRONMENTAL, CULTURAL AND SOCIAL FACTORS THROUGH INTEGRATED POLICIES, PARTNERSHIPS AND ACTIONS.

(Huang et al. 2009; Foresight 2007)

KEY ELEMENTS OF PLANNING FRAMEWORKS

Systems thinking

Public health planning frameworks and processes provide the tools to share common understanding of current health challenges, and develop cohesive responses to them.

The steering group for the project had already identified that a systems-oriented approach to problem solving views 'problems' as part of a wider, dynamic system (WHO 2009).

Across a number of frameworks reviewed, the key factors for effective sustainable frameworks were: the adoption of a whole of systems approach embedding plans across the broader municipal policy landscape; collaborative planning with broad community consultation; acknowledging and encouraging cross sectoral action; supporting local government to facilitate and enable from a position of strong participatory leadership; and, data driven decision making to ensure latest intelligence informs decisions.

Within the broader sector, notably health services and more recently, in population health policy, there has been uptake of the WHO systems building blocks framework in public health planning, and specifically in the Victorian State plans and as the underpinning framework of the Healthy Together Communities Victoria model.

There is a range of different frameworks that provide varying levels of support to identify key priorities and develop strategic action. Critical to these is the flexibility to be adaptable to specific local context and place based needs. A second important success factor is the provision for consultation in the use of these frameworks.

The current Public Health Outcomes Framework developed in the United Kingdom has an explicit outcomes focus establishing an unequivocal position about reducing health inequities and by focusing on 'how well we live, not only how long", so improving life expectancy at the same time, reducing the difference in life expectancy and healthy life expectancy between communities are the two, and only, high level outcomes. It is just under implementation at this time so impacts are yet to be assessed.

The Victorian Healthcare Association in collaboration with Monash University and the Victorian Department of Health jointly developed a population – based health planning framework to assist health planners in their efforts with local public health planning. Again, the rationale for public health improvement is squarely set in the need to reduce social and health inequities.

Other key documents that have clearly informed the State Plan, are the WHO health systems framework, the evaluation of the Victorian Environments for Health framework and proposed paradigms of a new public health – all of which contribute to a more innovative planning process that addresses complex problems that determine health and wellbeing, affect sustainable social and economic conditions and can accommodate multiple players learning and collaborating on shared goals.

The WHO health systems framework and the State Plan together provide a clearly organised set of common elements. When complemented with the key public engagement principles, the selected frameworks were assessed against the key principles and key elements that underpin a systems approach.

Key elements for effective population based health planning

The key elements for effective population health planning described under the Victorian Government's State Health and Wellbeing Plan capture the intention of the G21 Region HWB Planning Framework. They are:

- A focus on the health of the community
- Consideration of the environments that impact on health and wellbeing: social, economic, built/physical, and natural
- A comprehensive mix of interventions delivered in multiple settings
- Investment and commitment to:
  - Leadership
  - Partnership – collaboration across sectors
  - Community engagement and participation
  - Evidence focus – demonstrating accountability for health outcomes
  - Workforce capacity
  - Resource allocation

  Presented by J Nankervis Local Government Forum, 2012

Guiding principles

Although the best practice principles identified by the Grattan Institute for contemporary and sustainable planning focussed on city and urban planning and are somewhat generic in nature, they provide a strong, clear set of core principles when developing a specific population based planning framework for health and wellbeing to guide the G21 Region HWB Plan.

The principles outlined are that:

- Residents must be involved in decisions
- Usually a trigger emerges to give impetus for will to have sustained change/improvement
- Collaboration must be across government, business, community and civic organisations – building alliances
- Changing governance structures does not, of itself, result in success
- Long-term consistency in the strategic direction must survive political cycles and leadership
- Regional collaboration is essential for effective decision making on reforms

More specifically to health and wellbeing planning, the steering group determined that a set of guiding principles was required to underpin the proposed framework, as follows:

HEALTH & WELLBEING PLANNING PRINCIPLES	
Create the vision	Set a vision with the community that relates health & wellbeing to broader economic, social, physical and environmental goals and future prospects
Address fundamental inequities	Population-based social or health inequities and reduce illness
Deal with complexities	Imperative to respond to the impact of complex problems by using systems approach
Reorient leaders	Develop leadership & governance that can rise to challenges of collaborative change
Actively engage	Build collaboration through informed public involvement in decision-making and shared responsibility
Map and measure	Build knowledge to influence resource challenges with clear planning, review and outcomes based evaluation

DEVELOPING A HWB PLANNING FRAMEWORK

Key considerations

In developing a framework for the G21 planning context, a range of examples consistently highlighted some common drivers as critical for an effective and sustainable framework such as:

- Adopt a systems approach and embed it in evidence-led decision making
- Shift the mental (conceptual) model to collaborative planning processes, not unilateral consultation
- Develop and sustain participatory processes that involve key stakeholders in all phases
- Acknowledge the need for cross-sectoral action and shared measures
- Redesign the role of local government to be more of a facilitator/enabler, and stronger leader rather than independent decision maker
- Establish data driven knowledge to inform decisions and deliver transparency and accountability in performance

A range of public health planning frameworks reviewed demonstrated that there is a level of strategic readiness through policy and strategy settings, however the level of operational readiness necessary to implement accordingly is much less evident. It appears that in other jurisdictions or countries, despite appearing to be more progressive, are equally caught between the policy settings being and the reality of implementation to achieve optimal outcomes.

All Councils have had experience with the 'Environments for Health' framework to guide MPHWP development. This framework was introduced in 2001 and evaluated in 2006.

The 'Environments for Health' framework has been found to change the way local government thought about health and the partnerships needed to effectively work on complex and inter-related issues in local places. Having effective health and wellbeing outcomes for communities required aligning organisational capability with the expanded scope of public health and wellbeing.

As indicated earlier, the State Plan identifies the use of a systems approach, using building blocks of governance and leadership, information systems, financing and resource allocation, partnerships and workforce development. The WHO 'Systems Thinking for Health Systems Strengthening' has a set of building blocks that are similar. They address service delivery, financing, health information systems, leadership and governance, access to essential medicines and health workforce.

Relationship with other health promotion planning and reporting requirements

This diagram represents the relationship with the broader Integrated Health Promotion planning and reporting that will occur through G21. Whilst there is one plan and one report required for the region-wide priorities, health service providers and councils will report on other activity as required.

G21 INTEGRATED PLANNING RELATIONSHIP AND REPORTING MODEL 2013-17

Minister and DH receives one plan (one report) on shared regional priorities, with 5 local action plans included

G21 PHWB Plan guides the development of the G21 region's PCP IHP Plan

Clear links to complementary objectives/strategies across LG, CH, WH and other stakeholders and organisational level reporting (partners)

Informed, transparent, cross pillar strategic actions

Joint evaluation of action on shared regional priorities

5 local action plans – local action plan reporting	Community Health Services IHP Plan/s & reporting	Women's Health IHP Plans & regional report

Settings and systems approaches: a balance of people, place and systems

It is important to demonstrate that the strategy incorporates actions that has a:

People focus	Relate directly to residents either as groups or individuals with specific needs
Place based approach	Interact with people in the environments where they live, work and play
Systems strength	Build and sustain prevention system across sectors, interests and communities

G21 REGION HWB PLANNING FRAMEWORK

The aim of the G21 Region HWB Planning Framework is to:

- facilitate a collaborative effort to municipal HWB planning for the communities in the G21 region
- enable a regional strategy to address identified priorities
- align local action plans to govern municipal level priorities and interventions, and
- develop evidence-based knowledge through planning, implementation, monitoring and evaluation processes in both regional and local settings

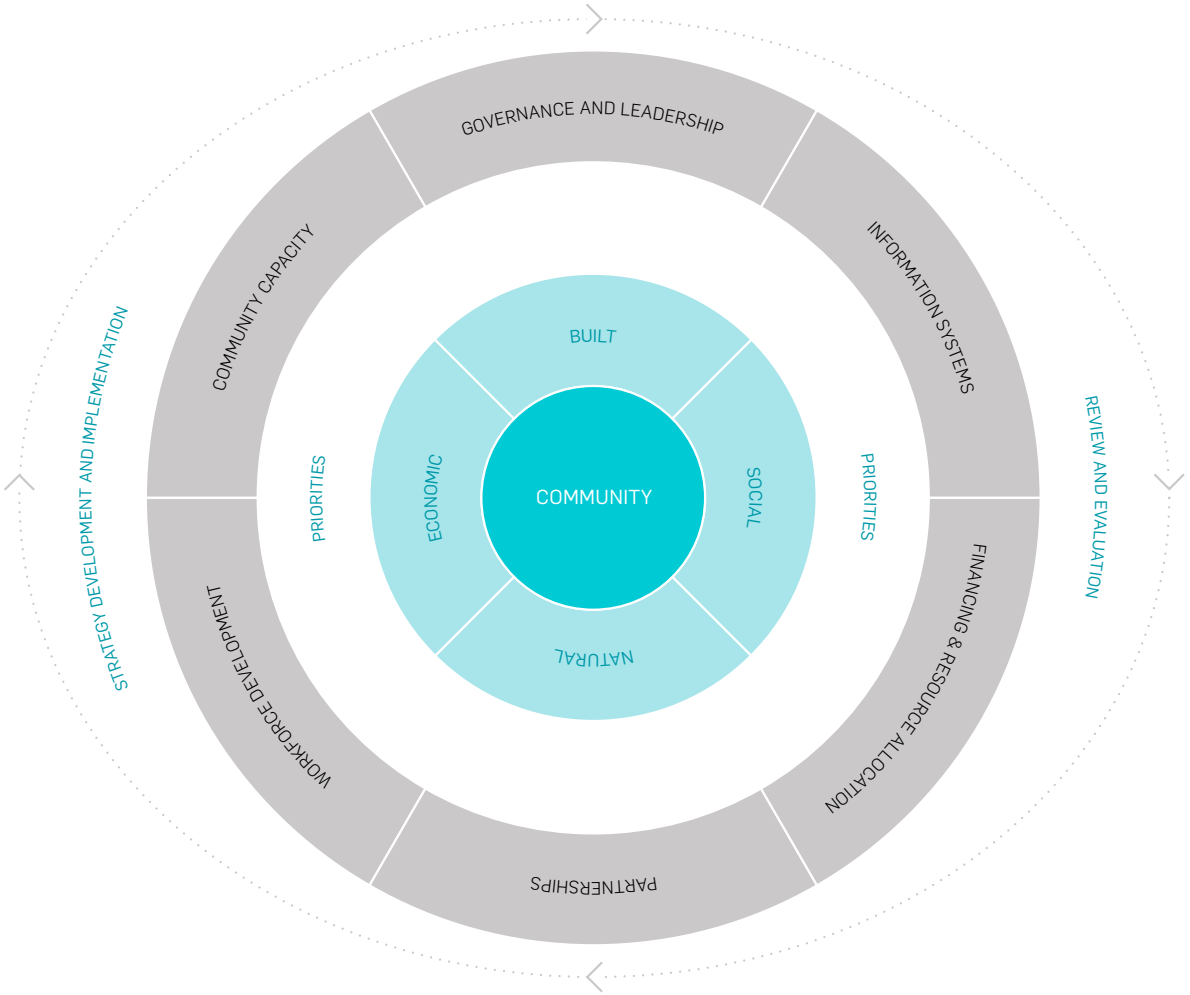
UNDERSTANDING THE FRAMEWORK'S DIMENSIONS

There are six dimensions to the framework. Each dimension cascades through to arrive at the point of strategy implementation and review. For each dimension critical strategic questions are generated to inform the type, scale and relevance of the response.

With community at the centre, the four environments for health are considered and priorities set. The key enablers are then analysed to assess the level of governance & leadership; information systems; finance & resource allocation; partnerships; workforce development; and community capacity.

This leads to the building of a region wide strategy based on identified priorities, resources and commitment. See below for detailed description.

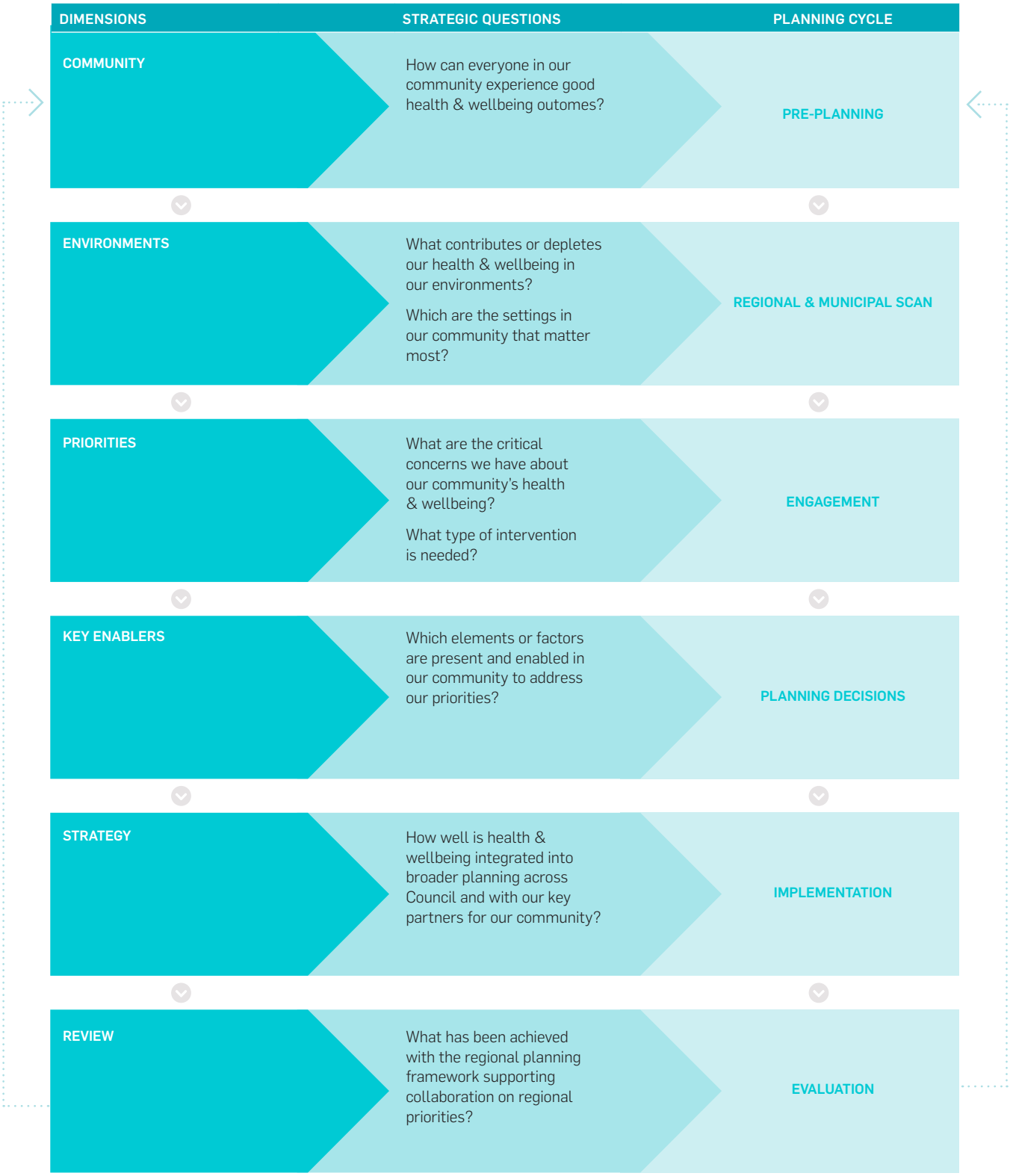
G21 HWB PLANNING FRAMEWORK



DIMENSIONS	DESCRIPTION
Community	General population of defined boundary, recognising specific needs for individuals, places or cohorts that may be understood as sub-populations.
Environments for Health	Evidence clearly indicates the critical relationship between environment and health, be it the built, social, economic and natural environments in which we live, and their current or potential capacity to impact on health and wellbeing.
Priorities	Evidence-based knowledge about issues, conditions or settings that require remediation, modification or transformation to meet overall goal of good health & wellbeing outcomes for all. Sourced through local data as well as state and national priorities currently identified.
Key Enablers	Organisational elements that are often referred to as building blocks in frameworks. Enablers by nature strengthen and sustain the system in its effectiveness, efficiency, quality and relevance. The key enablers proposed are: • Governance & leadership • Information systems (evidence focus) • Financing & resource allocation • Partnerships • Workforce development • Community capacity
Strategy	A blueprint of decisions and propositions that sets out objectives and goals, and plans for achieving these goals, underpinned by guiding principles to ground the work to be achieved. It indicates the organisational resources it seeks, and the contribution it plans to make to achieve the desired outcomes proposed.
Review	A structured process of evaluation, established from the outset of the project, occurring throughout (monitoring) and specifically concluded to assess against a range of criteria (process, impact and outcome) that measures effectively of stated objectives and purpose.

G21 REGION HWB PLANNING FRAMEWORK

See below for the relationship between the framework's dimensions, strategic focus and relevant phase of the planning cycle.



Key enablers

The following key enablers are adapted from a range of sources including WHO health systems strengthening framework; the Victorian 'Guide to public health and wellbeing planning'; and general health equity literature.

KEY ENABLERS	
Governance & leadership	Leadership and governance involves ensuring strategic policy frameworks exist and are combined with effective oversight, coalition building, the provision of appropriate regulations and incentives, attention to system-design, and accountability. Leadership involves highest levels or representation in an organisation and across any governance structures.
Information systems (evidence focus)	A well-functioning health information system is one that ensures the production, analysis, dissemination and use of reliable and timely information on health determinants, health system performance and health status. There is demonstrated uptake of evidence in decision making at policy, strategy, program, intervention and activity levels.
Financing and resource allocation	A system that based on data, priorities and evidence-based interventions allocates funds for health and wellbeing related services and programs, as well as analyses how other resource allocations impact either positively or negatively on desired health and wellbeing outcomes.
Partnerships	Health and wellbeing interventions are primarily delivered through collaborative relationships and formal arrangements that demonstrate a cross sectoral and integrated approach across the four environments for health.
Workforce development	Establishing capacity to develop and sustain a more integrated practice to health and wellbeing planning as described, requiring an inter-professional approach with planners to contribute to the regional preventive health workforce.
Community capacity	An engaged, inclusive approach to building community understanding of the inter-related issues, needs and experiences and the current or desired assets needed in the community to improve health and wellbeing outcomes for everyone. Includes community plans, public engagement policy and transparency in decision-making.

G21 REGION HWB PLAN

The G21 HWB Pillar's vision is that communities in the G21 region experience the highest quality of life achievable through accessibility, participation, innovation and vibrant, collaborative relationships.

Throughout the consultation and review processes, in excess of 2450 ideas and suggestions about what matters to, and potential improvements for, the region's health and wellbeing were provided. Reflecting on the state level priorities and the emergent issues for individual municipalities, the G21 HWB Plan identifies three specific priorities for action over the next four years.

The first step was to capture the layers and inter-dependencies of action that were identified for each priority in order to remain focussed on an outcome-based approach and to be clear about the regional level response to the identified priority. So, using a 'The Theory of Change' statement (Robinson, 2012) that highlights the layers and links, the following statements set the G21 HWB position.

For the identified three priorities to be effectively improved over the next four years, we need to link our thinking and initiate concurrent action with other pillars and member agencies. The following represents the context for creating change strategies that include people; place; and systems that will determine our success.

IDENTIFIED PRIORITIES FOR ACTION

Priority 1: Physical Activity

If we extended the G21 Physical Activity Strategy to include the whole region over the life of the strategy and to link with key health and wellbeing plans across the region...

And if we improved public amenity and building design to facilitate increased physical activity...

And if we told people about where we have made it safe for them to access and use our natural and built environments more for physical activity...

And if we provided useful, current information to the community where they live, work and play about the links between physical activity, health and wellbeing and available resources...

Then we would have increased levels of physical activity across our population and evidence of which environments provided the most preferred opportunities to a range of groups in our community.

Priority 2: Community Connectedness/Social Inclusion

If we introduced new approaches to our community organisational leadership by developing a partnerships policy (pledge) that expressly commits to addressing social inclusion as a health & wellbeing priority...

And if we strengthened the capacity of local government to engage, collaborate with and respond to expressed needs of communities of interest ...

And if we developed a G21 policy on 'collective impact' across two other key pillars being Education, Employment & Training and Economic Development to work with Health & Wellbeing...

And if we improved the level of corporate and public recognition and support given to volunteering by promoting its value in key public strategies and plans...

Then we would capture the economic, social and educational benefits in delivering on shared action involving the community directly with key organisations and businesses, and an innovative way to communicate the importance of our 'collective impact' story about community connectedness and social inclusion to key decision and policy makers.

Priority 3: The Evidence Base

If a 'collective impact' approach is developed to shared goals, building shared knowledge, utilising a shared technology and agreeing to have shared evaluation and accountability that includes community voices...

And if we present contextualised evidence that informs broader planning processes about key populations, specific needs or places identified to be marginalized or vulnerable...

And if we ensure that a range of evidence is widely accessible, as are relevant training resources, about social, economic, environmental and cultural impacts on community health and wellbeing...

And if we developed a robust review and evaluation strategy to measure our progress...

Then we will have a secure, highly reliable and credible evidence base and the broadest range of well-informed stakeholders understanding and accounting for their role in the health and wellbeing status across the region.

G21 Region HWB Plan Outline

The following table describes the overall structure of the Plan for the next four years.

WHY	OUR GOAL	**Improve health and wellbeing of communities in the G21 region by identifying shared regional health and wellbeing priorities and implementing a G21 region HWB strategy**		
WHO	OUR PARTNERS	Borough of Queenscliffe (BoQ) Colac Otway Shire (COS) City of Greater Geelong (COGG) Golden Plains Shire (GPS) Surf Coast Shire (SCS)	G21 Pillars and key service provider networks Statutory bodies Health services Community service organisations Community groups	
	OUR STRATEGIC PRIORITIES	**1** Improve the opportunities for increased access and uptake of physical activity	**2** Strengthen our advocacy for increased community connectedness and social inclusion	**3** Collaborate on building our evidence based planning and practice
HOW	PEOPLE FOCUS & PLACE-BASED APPROACH SYSTEMS STRENGTHENING	Governance & leadership	Information systems (Evidence focus)	Finance & resource allocation
		Partnerships	Workforce development	Community Capacity (Equity & engagement)
WHERE		**LOCAL ACTION PLANS** COGG ⌄ BOQ ⌄ COS ⌄ GPS ⌄ SCS ⌄ **G21 Region HWB plan implementation & summary of actions** ⌄		
WHAT	IMPLEMENTATION MONITORING AND REVIEW	**PHYSICAL ACTIVITY** • Progress towards a region-wide physical activity strategy • Work with partners & connect with health promotion, health literacy, ICDM and service coordination • Advocate for increased accessibility for people of all abilities in built & natural environments • Advocate for improved amenities & safer public spaces • Community wide supports to connect to service coordination & chronic disease management • Workforce/professional development with PIA/MAV about environmental design • Develop resource information & local community leaders • Collaborate on social marketing strategy & directory development	**COMMUNITY CONNECTEDNESS & SOCIAL INCLUSION** • Support the Addressing Disadvantage project through policy, evidence and funding • Investigate regional governance models • Strengthen regional volunteering profile and strategy • Support key strategies ie: family violence strategy, public transport, growth plan	**EVIDENCE BASED PLANNING & PRACTICE** • Update community data profile • Commission systematic reviews for identified priorities • Integrate child – adolescent data sets into region wide profile • Create HWB web based clearinghouse, regional fact sheets & workforce development tools • Promote gender and diversity lens across member organisations • Develop core set of HWB Indicators for evaluation over life of strategy

G21 Region Public Health and Wellbeing Plan

The following table shows the relationship with municipal public health plan local priorities.

IDENTIFIED PRIORITIES FOR LOCAL ACTIONS

GOLDEN PLAINS	COLAC OTWAY SHIRE	CITY OF GREATER GEELONG	QUEENSCLIFFE	SURF COAST
Healthy active communities.	Embed health & wellbeing enablers through systems approach.	Accessible, nutritious food.	Healthy, inclusive & connected community.	Healthy & engaged communities.
Access to health & community services.	Plan for an ageing population.	Physical activity & active communities.	Planning for population change.	Local opportunities.
Healthy built environment.	Decrease significant levels of disadvantage in early years.	Social inclusion and community connectedness.	Advocating access to services.	Service accessibility.
Access to local education and employment opportunities.	Increase levels of physical activity.	Reducing harm from alcohol drugs and problem gambling.	Facilitating the best start in life.	
Connected communities.	Protect through public & environmental health.	Reducing tobacco use.	Protect & promote the health of the community.	
Access to transport.	Support healthy eating and food security.	Improving how we do business in health & wellbeing		
Public health.	Support mental health & connectedness.			
	Prevention of violence against women and children.			
	Support healthy behaviours.			
	Reduce harm from alcohol & other drugs.			

G21 Region Public Health & Wellbeing Plan

Our vision is that communities in the G21 region experience the highest quality of life achievable through accessibility, participation, innovation and vibrant, collaborative relationships.

PHYSICAL ACTIVITY

Harness the combined interest in pillar priorities through existing planned actions across key G21 pillars (Environment; Sport & Recreation; Transport) to improve access and levels of physical activity and progress towards a region wide physical activity strategy.

Work with service providers to connect their action in integrated health promotion, health literacy, chronic disease management and service coordination to focus on increased physical activity.

Advocate for, and engage in the development of Access G21 and associated tools that will guide priority setting and implementation in the built and natural environments in local places to increase social and economic participation for people with disabilities.

Facilitate professional development seminars in collaboration with PIA/MAV on urban design and workplace design; strategic planning and crime prevention through environmental design (CPTED) that supports place based physical activity and health.

Advocate for improved amenities that will increase physical activity (bike paths, trails) through safer public spaces and encourage more vulnerable population groups to increase their incidental activity.

Develop local resource information that promotes physical activity in natural environments with local community champions.

COMMUNITY CONNECTEDNESS & SOCIAL INCLUSION

Investigate regional models of community governance that could strengthen inclusive behaviours, policies and practices.

Support key strategies that can positively impact on social inclusion such as the G21 regional family violence strategy; the G21 public transport plan; and the G21 regional growth plan.

Strengthen key relationships to support an advocacy role in community groups and organisations collaborating on shared interests.

Promote the principles of the IAP2 community engagement participation spectrum with councils and support Councils in their community engagement strategies.

Establish a cross pillar mechanism with high-level independent regional leader and oversee pooled resources, beyond political cycles, international and national connections to develop policy on 'collective impact' and progressing the work of the Disadvantage Taskforce.

HWB EVIDENCE BASED

Update and promote the G21 Region HWB Profile including a collation and promotion of agreed indicators.

Introduce a gender and diversity lens through organisation audit tools, policy & professional development and induction.

Introduce a continuum of data collection from AEDI through to the Geelong Project by developing a data set for 8 – 12 year old children.

Build a shared understanding about the experiences of young people and their families and their views about what is needed and how is should happen.

Provide a HWB web platform for sharing information, research, project activities, including hosting of workforce development tools for LGA access.

Produce a set of facts sheets on identified determinants & issues relating to population groups or place.

Develop and implement an evaluation strategy for life of the Plan based on annual reviews

Local Priorities Legend:

Physical Activity Community Connectedness/Social Inclusion Evidence based planning

PRIORITY 1: IMPROVE THE OPPORTUNITIES FOR INCREASED ACCESS AND UPTAKE OF PHYSICAL ACTIVITY

THIS MATTERS BECAUSE

Physical inactivity places a significant burden on community health, with inactivity directly contributing to one fifth of heart disease cases, and 16,000 premature deaths per year, representing 6.6% of the global burden of disease in Victoria. Local governments are well placed to influence physical activity within the community as they are locally focused, can provide locally oriented solutions, and have a legislated mandate over the social and built environment of their communities.

The majority of physical activity promotion strategies for local government focus on built environment, regulatory intervention, or community engagement.

OUR THEORY OF CHANGE IS	OUR PRIORITY ACTIONS WILL BE	WE WILL SEE PROGRESS WHEN	WE WILL WORK WITH	POTENTIAL G21 RELATED STRATEGY OR PROJECT
If we extended the G21 Physical Activity Strategy to include the whole region over the life of the strategy and to link with key health and wellbeing plans across the region...	**1.1** Harness the combined interest in pillar priorities through existing planned actions across key G21 pillars (Environment; Sport & Recreation; Transport) to improve access and levels of physical activity and progress towards a region wide physical activity strategy.	• Evidence in identified plans & pillar projects across pillars • Each council signed up to Physical Activity strategy	**Sport & Recreation Pillar**	Physical Activity Strategy Public Transport Strategy
	1.2 Work with service providers to connect their action in integrated health promotion, health literacy, chronic disease management and service coordination to focus on increased physical activity.	• Number of service providers with physical activity as high priority	**HWB Pillar** **Healthy Together Geelong**	
And if we improved public amenity and building design to facilitate increased physical activity...	**1.3** Advocate for, and engage in the development of Access G21 and associated tools that will guide priority setting and implementation in the built and natural environments in local places to increase social and economic participation for people with disabilities.	• Establishment of funding for implementation of model and integration of model across participating councils	**HWB Pillar**	Regional Growth Plan
	1.4 Facilitate professional development seminars in collaboration with PIA/MAV on urban design and workplace design; strategic planning and crime prevention through environmental design (CPTED) that supports place based physical activity and health.	• Design, delivery & feedback on seminar program over 2 year period	**LGAs** **Healthy Together Geelong**	
And if we told people about where we have made it safe for them to access and use our natural and built environments more for physical activity...	**1.5** Advocate for improved amenities that will increase physical activity (bike paths, trails) through safer public spaces and encourage more vulnerable population groups to increase their incidental activity.	• Evidence of cross pillar initiatives and place based data about public space and access by vulnerable groups	**Sport & Recreation Pillar** **Healthy Together Geelong**	Healthy Parks, Healthy People program Bicycle Improvement Project
	1.6 Develop local resource information that promotes physical activity in natural environments with local community champions.	• Action based research project funded and conducted in a minimum of 5 communities		
And if we provided useful, current information to the community where they live, work and play about the links between physical activity, health and wellbeing and available resources...	**1.7** Coordinate whole of population social marketing strategy & update a region wide directory that links physical activity projects being delivered and service provider information and referral through bi-annual G21 member meetings.	• Evidence of collaborative planning & action between pillars to produce strategy, directory & updates	**Sport & Recreation Pillar**	Physical Activity Strategy
Then we would have increased levels of physical activity across our population and evidence of which environments provided the most preferred opportunities to a range of groups in our community.				

PRIORITY 2: STRENGTHEN OUR ADVOCACY FOR INCREASED COMMUNITY CONNECTEDNESS AND SOCIAL INCLUSION

THIS MATTERS BECAUSE

Community connectedness refers to interaction that a person has with others in their community and the community as a whole, whereas social inclusion recognises that others are excluded from the opportunities they need to create the life they want. Local Governments are best placed within communities to deliver and coordinate localised solutions.

Common strategies for social inclusion and community connectedness refer to building capacity and awareness, targeting disadvantaged groups, and addressing negative attitudes and social stigma.

Our progress will be assessed against these external indicators:

OUR THEORY OF CHANGE IS	OUR PRIORITY ACTIONS WILL BE	WE WILL SEE PROGRESS WHEN	OUR LEAD PARTNERS	POTENTIAL G21 RELATED STRATEGY OR PROJECT
If we introduced new approaches to our community organisational leadership by developing a partnerships policy (pledge) that expressly commits to addressing social inclusion as a health & wellbeing priority...	**2.1** Investigate regional models of community governance that could strengthen inclusive behaviours, policies and practices	• New models introduced and trialed	**LGAs**	
	2.2 Support key strategies that can positively impact on social inclusion such as the G21 regional family violence strategy; the G21 public transport plan; and the G21 regional growth plan	• Evidence – Community Indicators Victoria and Vic Health data for transport and family violence • Social inclusion indicators & growth plan	**G21 Pillars**	Regional Family Violence Strategy Regional Growth Plan Library Plan
And if we strengthened the capacity of local government to engage, collaborate with and respond to expressed needs of communities of interest ...	**2.3** Strengthen key relationships to support an advocacy role in community groups and organisations collaborating on shared interests	• Case studies of effective policy development and practice	**G21 Pillars**	Climate Resilient Communities
	2.4 Promote the principles of the IAP2 community engagement participation spectrum with councils and support Councils in their community engagement strategies	• Support councils in their plan, implementation & review of relevant services and programs is evident	**LGAs**	
And if we developed a G21 policy on 'collective impact' across two other key pillars being Education, Employment & Training and Economic Development to work with Health & Wellbeing...	**2.5** Establish a cross pillar mechanism with high-level independent regional leader and oversee pooled resources, beyond political cycles, international and national connections to develop policy on 'collective impact' and progressing the work of the Disadvantage Taskforce	• Policy-led initiatives across in minimum of 3 communities	**LGAs**	Addressing Disadvantage priority project
And if we improved the level of corporate and public recognition and support given to volunteering by promoting its value in key public strategies and plans...	**2.6** Promote the establishment of a volunteering strategy as part of each G21 stakeholder's strategic and health & wellbeing plan and advocate for accountability indicators to be incorporated in those key plans	• Evidence of volunteering as integrated element in plans • Targets set to achieve over time	**HWB Pillar**	Physical Activity Strategy Cross pillar volunteer development
	2.7 Support the development of shared tools and processes for people interested in volunteering to become volunteers	• Evidence of collaboration in resources that support volunteer recruitment and retention	**HWB Pillar**	Health & Community Services Workforce Strategy
Then we would capture the economic, social and educational benefits in delivering on shared action involving the community directly with key organisations and businesses, and an innovative way to communicate the importance of our 'collective impact' story about community connectedness and social inclusion to key decision and policy makers.				

PRIORITY 3: COLLABORATE ON BUILDING OUR EVIDENCE BASED PLANNING & PRACTICE

THIS MATTERS BECAUSE

Across the G21 region, the need for an integrated approach to building the evidence about our community's health & wellbeing has been widely recognised. In the absence of a shared understanding of the population's needs, discrete community experiences and subsequent impacts on health and wellbeing, there has been a lack of baseline data to inform planning across a range of health determinants. This continues to diminish our collaborative capacity to join up planning processes, inform our responses and scrutinize our progress.

OUR THEORY OF CHANGE IS	OUR PRIORITY ACTIONS WILL BE	WE WILL SEE PROGRESS WHEN	OUR LEAD PARTNERS	POTENTIAL G21 RELATED STRATEGY OR PROJECT
If a 'collective impact' approach is developed to shared goals, building shared knowledge, utilising a shared technology and agreeing to have shared evaluation and accountability that includes community voices...	**3.1** Update and promote the G21 Region HWB Profile including a collation and promotion of agreed indicators	• Completed and set of agreed indicators implemented	**HWB Pillar**	Regional Profile Update Project
	3.2 Introduce a gender and diversity lens through organisation audit tools, policy & professional development and induction	• Women's Health Victoria tools implemented in use in the majority of organisations	**Women's Health Barwon SWR**	Access G21
And if we present contextualised evidence that informs broader planning processes about key populations, specific needs or places identified to be marginalized or vulnerable...	**3.3** Introduce a continuum of data collection from AEDI through to the Geelong Project by developing a data set for 8 – 12 year old children	• Complementary data set established and project embedded across key pillars with G21 members	**Education Pillar**	Service Coordination & Chronic Disease Management Plans
	3.4 Build a shared understanding about the experiences of young people and their families and their views about what is needed and how is should happen	• Partner project established and underway	**Education Pillar**	Regional Education & Training Project
And if we ensure that a range of evidence is widely accessible, as are relevant training resources, about social, economic, environmental and cultural impacts on community health and wellbeing...	**3.5** Provide a HWB web platform for sharing information, research, project activities, including hosting of workforce development tools for LGA access	• Established and utilization monitored • Evaluation implemented	**HWB Pillar**	Physical Activity Strategy
And if we developed a robust review and evaluation strategy to measure our progress...	**3.6** Produce a set of facts sheets on identified determinants & issues relating to population groups or place	• Established and annually updated	**HWB Pillar**	Service Coordination & Chronic Disease Management Plans
	3.7 Develop and implement an evaluation strategy for life of the Plan based on annual reviews	• Reviewed methodology providing evidence on progress		

Then we will have a secure, highly reliable and credible evidence base and the broadest range of well-informed stakeholders understanding and accounting for their role in the health and wellbeing status across the region.

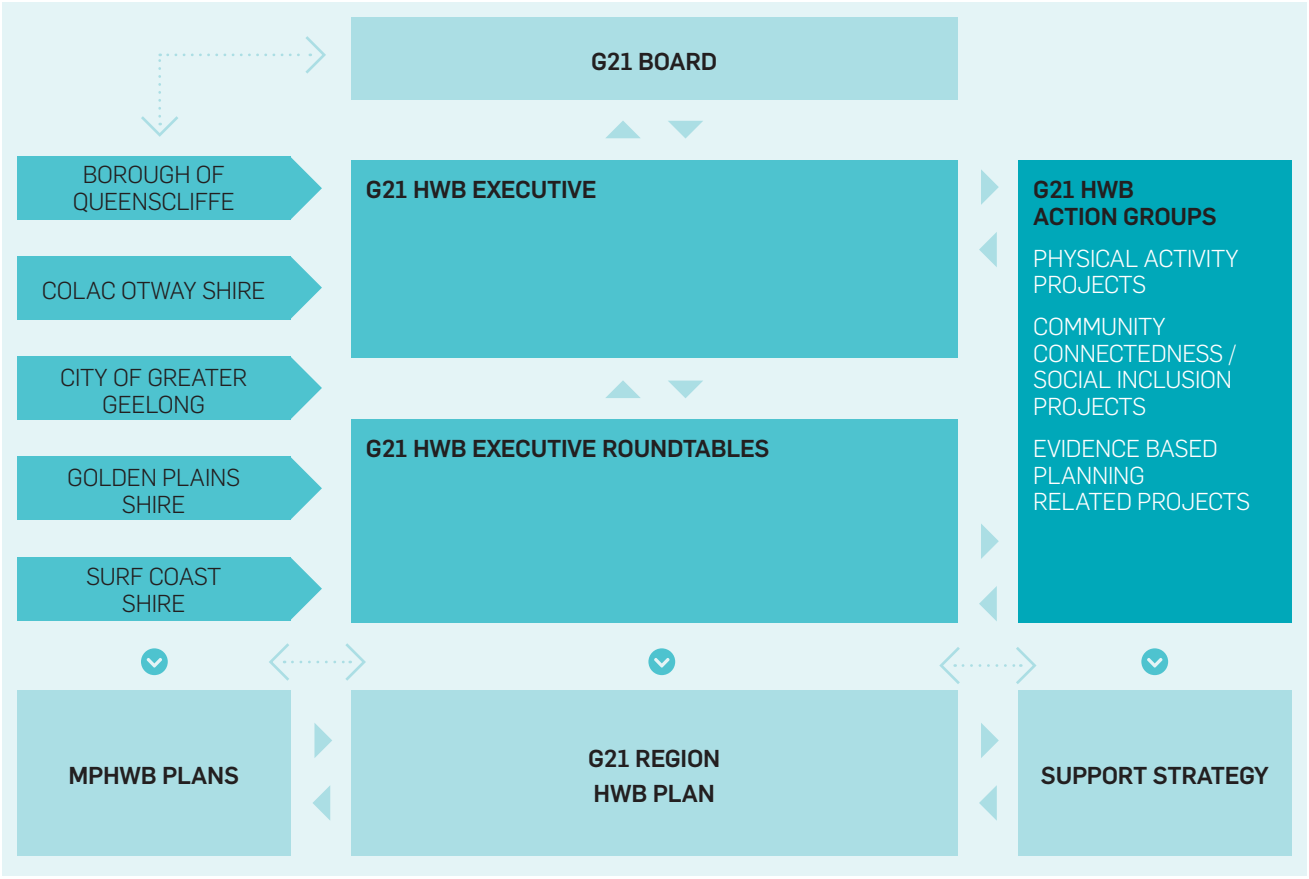
IMPLEMENTATION PLAN

REF	DESCRIPTION	YEAR 1	YEAR 2	YEAR 3	YEAR 4
PHYSICAL ACTIVITY					
1.1	Harness the combined interest in pillar priorities through existing planned actions across key G21 pillars (Environment; Sport & Recreation; Transport) to improve access and levels of physical activity and progress towards a region wide physical activity strategy	•			
1.2	Work with service providers to connect their action in integrated health promotion, health literacy, chronic disease management and service coordination to focus on increased physical activity.	•			
1.3	Advocate for, and engage in the development of Access G21 and associated tools that will guide priority setting and implementation in the built and natural environments in local places to increase social and economic participation for people with disabilities.	•	•		
1.4	Facilitate professional development seminars in collaboration with PIA/MAV on urban design and workplace design; strategic planning and crime prevention through environmental design (CPTED) that supports place based physical activity and health.		•	•	
1.5	Advocate for improved amenities that will increase physical activity (bike paths, trails) through safer public spaces and encourage more vulnerable population groups to increase their incidental activity.			•	
1.6	Develop local resource information that promotes physical activity in natural environments with local community champions.		•		
1.7	Coordinate whole of population social marketing strategy & update a region wide directory that links physical activity projects being delivered and service provider information and referral through bi-annual G21 member meetings.			•	•
COMMUNITY CONNECTEDNESS/SOCIAL INCLUSION					
2.1	Investigate regional models of community governance that could strengthen inclusive behaviours, policies and practices		•	•	
2.2	Support key strategies that can positively impact on social inclusion such as the G21 regional family violence strategy; the G21 public transport plan; and the G21 regional growth plan	•	•	•	•
2.3	Strengthen key relationships to support an advocacy role in community groups and organisations collaborating on shared interests	•	•		
2.4	Promote the adoption of the IAP2 community engagement participation spectrum across all councils	•	•	•	•
2.5	Establish a cross pillar mechanism with high-level independent regional leader and oversee pooled resources, beyond political cycles, international and national connections to develop policy on 'collective impact' and progressing the work of the Disadvantage Taskforce	•	•	•	•
2.6	Promote the establishment of a volunteering strategy as part of each G21 stakeholder's strategic and health & wellbeing plan and advocate for accountability indicators to be incorporated in those key plans		•	•	
2.7	Support the development of shared tools and processes for people interested in volunteering to become volunteers	•	•		•
THE EVIDENCE BASE					
3.1	Update and promote the G21 Region HWB Profile including a collation and promotion of agreed indicators	•	•		•
3.2	Introduce a gender and diversity lens through organisation audit tools, policy & professional development and induction		•	•	
3.3	Introduce a continuum of data collection from AEDI through to the Geelong Project by developing a data set for 8 – 12 year old children	•	•	•	•
3.4	Collaborate to collectively understand the experiences of young people and their families and their views about what is needed and how is should happen	•	•	•	•
3.5	Produce a set of facts sheets on identified determinants & issues relating to population groups or place		•	•	•
3.6	Develop and implement an evaluation strategy for life of the Plan based on annual reviews	•	•	•	•

G21 REGION PHWB PLAN – GOVERNANCE & IMPLEMENTATION STRUCTURE

The benefits of establishing and implementing a region wide HWB Plan is that it provides opportunities for the five participating councils to seek support on priorities and any emergent issues at the regional level. Being well informed by the G21 HWB regular updates will be provided to the G21 Board and pillar partners and will include any evidence based advocacy positions it may seek the Board to consider.

The leadership group will meet with the HWB Pillar Executive every six months to monitor and interpret the progress against the plan. Each action group will have an appointed Convenor.



G21 REGION PHWB PLAN – GOVERNANCE & IMPLEMENTATION STRUCTURE

INDICATORS

REF	DESCRIPTION	DOMAIN	POLICY AREA	RELATED CIV INDICATOR	G21 PROGRESS INDICATOR
PRIORITY 1 IMPROVE THE OPPORTUNITIES FOR INCREASED ACCESS AND UPTAKE OF PHYSICAL ACTIVITY					
1.1	Harness the combined interest in pillar priorities through existing planned actions across key G21 pillars (Environment; Sport & Recreation; Transport) to improve access and levels of physical activity and progress towards a region wide physical activity strategy	Sustainable built & natural environments Culturally rich & vibrant communities	Transport accessibility Open Space Leisure & recreation	Dedicated walking and cycling trails Access to areas of public open space Opportunities to participate in sporting & recreational activities	Evidence in identified plans & pillar projects across pillars Each council signed up to Physical Activity strategy
1.2	Work with service providers to connect their action in integrated health promotion, health literacy, chronic disease management and service coordination to focus on increased physical activity	Healthy, safe & inclusive communities	Personal health & wellbeing	Subjective wellbeing Adequate physical exercise	Number of service providers with physical activity as high priority
1.3	Advocate for, and engage in the development of Access G21 and associated tools that will guide priority setting and implementation in the built and natural environments in local places to increase social and economic participation for people with disabilities	Healthy, safe & inclusive communities	Community connectedness	Feeling part of the community	Establishment of funding for implementation of model and integration of model across participating councils
1.4	Facilitate professional development seminars in collaboration with PIA/MAV on urban design and workplace design; strategic planning and crime prevention through environmental design (CPTED) that supports place based physical activity and health	Sustainable built & natural environments Healthy, safe & inclusive communities	Open Space Personal & community safety	Access to areas of open public space Appearance of public space Crime Perceptions of safety	Design, delivery & feedback on seminar program over 2 year period
1.5	Advocate for improved amenities that will increase physical activity (bike paths, trails) through safer public spaces and encourage more vulnerable population groups to increase their incidental activity	Sustainable built & natural environments	Transport accessibility	Dedicated walking and cycling trails Roads and footpaths School walkability	Evidence of cross pillar initiatives and place based data about public space and access by vulnerable groups
1.6	Develop local resource information that promotes physical activity in natural environments with local community champions	Sustainable built & natural environments	Open Space	Access to areas of open public space Appearance of public space	Action based research project funded and conducted in a minimum of 5 communities
1.7	Coordinate whole of population social marketing strategy & update a region wide directory that links physical activity projects being delivered and service provider information and referral through bi-annual G21 member meetings	Healthy, safe & inclusive communities	Service Accessibility	Access to services	Evidence of collaborative planning & action between pillars to produce strategy, directory & updates

INDICATORS

REF	DESCRIPTION	DOMAIN	POLICY AREA	RELATED CIV INDICATOR	G21 PROGRESS INDICATOR
PRIORITY 2 STRENGTHEN OUR ADVOCACY FOR INCREASED COMMUNITY CONNECTEDNESS AND SOCIAL INCLUSION					
2.1	Investigate regional models of community governance that could strengthen inclusive behaviours, policies and practices	Democratic & engaged communities Healthy, safe & inclusive communities	Citizen Engagement Community Connectedness	Opportunity to have a say on important issues	New models introduced and trialed
2.2	Support key strategies that can positively impact on social inclusion such as the G21 regional family violence strategy; the G21 public transport plan; and the G21 regional growth plan	Healthy, safe & inclusive communities	Personal & community safety Service Accessibility	Feeling part of the community Perceptions of safety Family violence Road safety Access to services	Case studies of effective policy development and practice
2.3	Strengthen key relationships to support an advocacy role in community groups and organisations collaborating on shared interests	Democratic & engaged communities	Citizen Engagement	Membership of local community organisations & decision making bodies	
2.4	Promote the adoption of the IAP2 community engagement participation spectrum across all councils	Democratic & engaged communities	Citizen Engagement	Opportunity to have a say on important issues	Adoption by Councils
2.5	Establish a cross pillar mechanism with high-level independent regional leader and oversee pooled resources, beyond political cycles, international and national connections to develop policy on 'collective impact' and progressing the work of the Disadvantage Taskforce	Dynamic resilient local economies	Employment Income and wealth	Local employment Distribution of income	Policy-led initiatives across in minimum of 3 communities
2.6	Promote the establishment of a volunteering strategy as part of each G21 stakeholder's strategic and health & wellbeing plan and advocate for accountability indicators to be incorporated in those key plans	Healthy, safe & inclusive communities	Community Connectedness	Volunteering	Evidence of volunteering as integrated element in plans Targets set to achieve over time
2.7	Support the development of shared tools and processes for people interested in volunteering to become volunteers	Healthy, safe & inclusive communities	Community Connectedness	Volunteering	Evidence of collaboration in resources that support volunteer recruitment/ retention

G21 REGION PHWB PLAN – GOVERNANCE & IMPLEMENTATION STRUCTURE

INDICATORS

REF	DESCRIPTION	DOMAIN	POLICY AREA	RELATED CIV INDICATOR	G21 PROGRESS INDICATOR
PRIORITY 3 COLLABORATE ON BUILDING OUR EVIDENCE BASED PLANNING & PRACTICE					
3.1	Update and promote the G21 Region HWB Profile including a collation and promotion of agreed indicators				Completed profile and set of agreed indicators commissioned for life of plan
3.2	Introduce a gender and diversity lens through organisation audit tools, policy & professional development and induction	Culturally rich & diverse communities	Cultural diversity	Community acceptance of diverse cultures	Women's Health audit tools circulated to member agencies
3.3	Introduce a continuum of data collection from AEDI through to the Geelong Project by developing a data set for 8 – 12 year old children	Healthy, safe and inclusive communities	Early Childhood Personal health & wellbeing	AEDI Child health assessments	Complementary data set established and project embedded across key pillars with G21 members
3.4	Collaborate to collectively understand the experiences of young people and their families and their views about what is needed and how is should happen	Healthy, safe and inclusive communities	Personal health & wellbeing Lifelong learning	Subjective wellbeing Destination of school leavers Apprenticeship & vocational training enrolments School retention	Potential partner project established and underway
3.5	Provide a HWB web platform for sharing information, research, project activities, including hosting of workforce development tools for LGA access	Democratic & engaged communities	Citizen engagement	Opportunity to have a say on important issues	Established and utilization monitored through web based evidence Evaluation – workforce development against 10 competencies (WHO)
3.6	Produce a set of facts sheets on identified determinants & issues relating to population groups or place	Democratic & engaged communities	Citizen engagement	Opportunity to have a say on important issues	Established and annual updates
3.7	Develop and implement an evaluation strategy for life of the Plan based on annual reviews	Democratic & engaged communities	Citizen engagement	Opportunity to have a say on important issues	Review methodology provides for evidence informed action

SUPPORT STRATEGY

The Victorian Public Health and Wellbeing Plan 2011/15 clearly highlights the centrality of local government municipal public health and wellbeing plans to the building of a prevention system at the local level. It also recognises that local government needs to strengthen its partnerships with other service providers in order to identify key priorities, collaborate on shared interventions and evaluate openly and appropriately the interventions implemented as a result of this planning re-orientation.

In developing the G21 HWB Plan it was acknowledged that the knowledge, capacity and confidence about how to strengthen the prevention system across the G21 region would be critical to its future effectiveness.

Through this planning process a range of potential resources and tools have been identified and will form an electronically based training package specific to the G21 councils. The range of training resources and education tools for Councils to access will support staff orientation and development; strengthen opportunities across council programs and services to collaborate; and guide key partnerships to plan, deliver and monitor what are often complex interventions to improve health and wellbeing outcomes for their communities.

There will be an opportunity for the training resources to be integrated as a learning management system through the proposed website supported by the G21 HWB Pillar in the near future. In the interim, the resources will be provided to each Council in an electronic format for their consideration and internal application by October 2013.

Planned resources to include:

- Introductory module on population health based planning
- 'I' Stories about population health and local government's role – a short series of interviews with leaders in population health planning
- Web based links to related resources including
  - integrated health promotion
  - population based health planning
  - public health policy and plans
  - community engagement and participation
  - inclusive planning practices that consider the impact that life-stage, gender, culture, disability, GLBTI and Indigenous status has on health and wellbeing experiences and outcomes in local communities
- Electronic versions of the tools used in the planning process

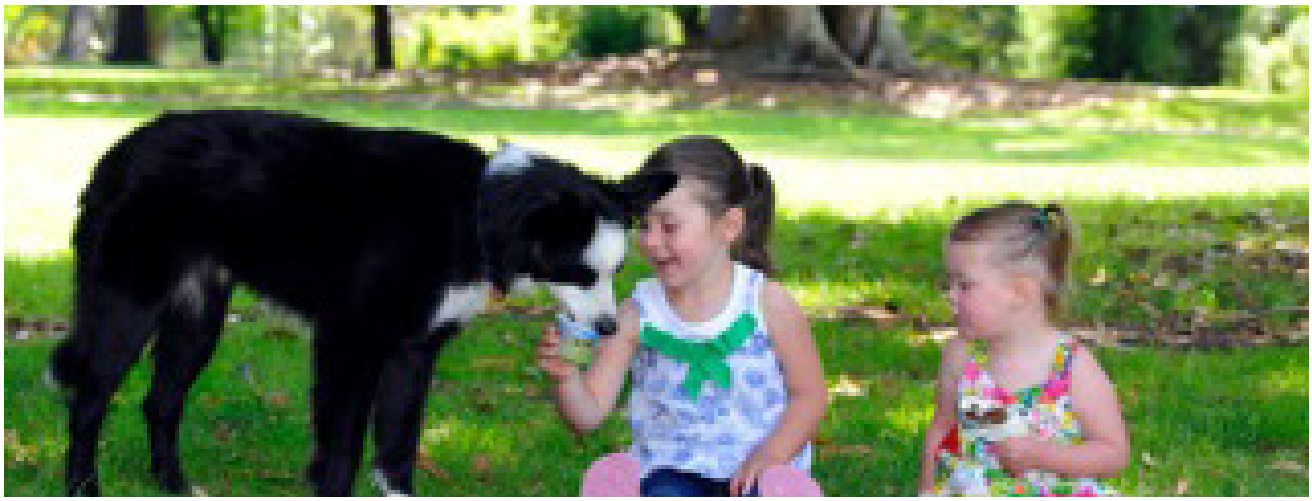
The application of a capability audit tool that will support Councils in their continuous improvement against the key enablers in the G21 HWB planning framework will specifically identify their current capability according to the key enablers (as identified in the G21 HWB planning framework) in light of their local or regional health and wellbeing issues. It will self-assess the council's practices to be good, better or best in order to identify which require improvement and where resources may be allocated.

LOCAL ACTION PLANS

BOROUGH OF QUEENSCLIFFE

The listed actions are drawn from the Council Plan 2013/17 and/or Public Health and Wellbeing Plan 2013/17 that have been identified for Council and that also align with the region wide priorities.

PRIORITY 1 PHYSICAL ACTIVITY	PRIORITY 2 COMMUNITY CONNECTEDNESS & SOCIAL INCLUSION	PRIORITY 3 HWB EVIDENCE BASE
Facilitate access to a range of sport and recreation activities	Encourage and recognise volunteers	Advocate to other levels of Government on issues of key concern to the local community
Support local clubs and community organisations	Promote shared use of community facilities Foster partnerships with community organisations, business, our municipal neighbours and other levels of Government	Research and understand the demographic trends and likely future changes in population and lifestyle and the implications for the ongoing sustainability of the local economy, and community organisations & volunteering
	Investigate/promote ways to improve information sharing between community clubs and organisations Investigate and develop an effective welcoming procedure for new residents	Hold a 'population change' summit Review and understand the outcomes of the 'population change' summit Implement actions derived from the 'population change' summit
	Investigate and encourage the sharing of resources and innovative governance structures between community clubs and organisations	Improve the coordination and quality of early years services through facilitating an Early Years Memorandum of Understanding between relevant local community organisations
	Increase residents' access to information	Undertake an annual review of demographic trends and opportunities and issues impacting on the delivery of early years services
	Support older residents and people with disabilities to access services and live independently	



COLAC OTWAY SHIRE

The listed actions are drawn from the Council Plan 2013/17 and/or Public Health and Wellbeing Plan 2013/17 that have been identified for Council and that also align with the region wide priorities.

PRIORITY 1	PRIORITY 2	PRIORITY 3
PHYSICAL ACTIVITY	COMMUNITY CONNECTEDNESS & SOCIAL INCLUSION	HWB EVIDENCE BASE
Provide supportive environments and services to encourage a more active lifestyle	Increase the level of participation by older people in decision making around their needs	Undertake planning and implement practices that promote positive health and wellbeing outcomes for whole of community
Develop a regional strategy that will promote and increase physical activity rates	Decrease the level of disadvantage and vulnerability of children in their early years	Plan for improving the quality of life for older people
Develop a strategy that will specifically promote walkability and cycling	Develop a region wide strategy to support our communities public transport needs	Identify and document a plan to promote early years development within children from 0 – 8 years
Promote active service opportunities for older people	Hold regular forums or exhibitions with local multicultural and indigenous groups and others who may experience social isolation or inclusion	Work with existing agencies to better understand data and services that support victims of domestic violence
Provide opportunities for people of all abilities to participate in physical activities	Support local efforts to engage more people in community volunteering and citizenship activities, such as volunteer groups, churches, service clubs, and professional or political associations	
Provide built environments that support active transport	Provide diversity training for staff to ensure appropriate sensitivity and awareness in service delivery	
Identify opportunities for people to meet and participate together in local healthy activities	Provide a local web-based platform to connect local communities and stakeholders to transport, health, and community information and conversations	
Implement the principles of Healthy Parks Healthy People	Provide leadership across communities to prevent violence against women by promoting gender equity and equal and respectful relationships	
	Provide a local web-based platform to connect local communities and stakeholders to transport, health, and community information and conversations	

CITY OF GREATER GEELONG

The listed actions are drawn from the City Plan 2013/17 and/or the Public Health and Wellbeing Plan 2013/17 that have been identified for Council and that also align with the region wide priorities.

PRIORITY 1	PRIORITY 2	PRIORITY 3
PHYSICAL ACTIVITY	COMMUNITY CONNECTEDNESS & SOCIAL INCLUSION	HWB EVIDENCE BASE
Council will work to increase participation in physical activity by supporting populations to increase active travel, sport and active recreation.	Develop and support initiatives that increase opportunities for social participation, study, employment, volunteerism, civic engagement and access to supportive networks.	Provide place based support to build communities in identified areas vulnerable to poor health
Develop and implement Healthy Together Geelong health promotion initiatives, policies and programs to support more active and healthy environments (early years services, schools, workplaces and the wider community)	Support participation in social activities that bring people together, such as those run by community groups, sport clubs or art groups	Support Council and urban planners to enhance 'Healthy by Design' principles into existing and future urban growth areas
Develop and support implementation of the Geelong Region Physical Activity Strategy	Develop and support initiatives that promote community safety in line with the City of Greater Geelong Community Safety Statement.	Review local planning approaches to strengthen community facilities in each neigbourhood
Use 'Healthy by Design' principles to support active living in existing and future growth areas	Strengthen Council's connection with the community by increasing staff awareness of different groups' needs and barriers to participation	
To develop an Open Space Strategy to accommodate all ages and abilities		
Develop an integrated transport plan that includes provision for walking and cycling and priorities the needs of pedestrians and cyclists in council transport decision making		
Build partnerships at a regional and local level to work together towards addressing local barriers to active living		
Work with sports clubs to encourage and facilitate the implementation of health promoting policies		
Use sport and active recreation settings to improve the wellbeing of residents (e.g. increasing participation among newly arrived communities, volunteer skill development)		

GOLDEN PLAINS SHIRE

The listed actions are drawn from the Council Plan 2013/17 and/or Public Health and Wellbeing Plan 2013/17 that have been identified for Council and that also align with the region wide priorities.

PRIORITY 1	PRIORITY 2	PRIORITY 3
PHYSICAL ACTIVITY	COMMUNITY CONNECTEDNESS & SOCIAL INCLUSION	HWB EVIDENCE BASED
Develop a Physical Activity Strategy	Create healthy built environments which address and acknowledge how people interact with each other, how they move around, and how they use a place by a whole of Council approach to urban and rural planning that promotes liveability, access to essential services, recreation, cultural and community activities	Build a local picture to establish an evidence base to identify local participation rates in both structured and non-structured physical activities, which will inform • local need • open space and facility provision • future funding requirements • identify key partnerships
Suitably designed, maintained and accessible paths and trails network through programs in partnership that support the community to be physically activity (structured & unstructured). Specifically looking at programs which support: • Older Adults • Children • Youth • Women	Connected paths and trails networks that encourage community participation, active travel and safe movement around townships via the implementation of recommendations in the Path and Trails Strategy which focus on creating links between townships and community facilities and paths within urban and rural areas	Build the local picture – establish an evidence base
Recreation and active participation opportunities that provide for population groups and changing demographics within the Shire	Improved physical access to the built environment via new public infrastructure design processes for streetscapes, footpaths, buildings and public open spaces are universally accessible	

SURF COAST SHIRE

The listed actions are drawn from the Council Plan 2013/17 and/or Public Health and Wellbeing Plan 2013/17 that have been identified for Council and that also align with the region wide priorities.

PRIORITY 1	PRIORITY 2	PRIORITY 3
PHYSICAL ACTIVITY	COMMUNITY CONNECTEDNESS & SOCIAL INCLUSION	HWB EVIDENCE BASE
To increase participation in physical activities	Build community and organisational capacity to achieve better outcomes for children	To build organisational capacity to plan, lead, deliver and evaluate population health and wellbeing outcomes
	Build community and organisational capacity to achieve better outcomes for youth	Understand changing community demographics
	Build community and organisational capacity to achieve better outcomes for older people	Planning for and maximising use of infrastructure for health and wellbeing outcomes

EVALUATION STRATEGY

Given the level of planning, monitoring and evaluation that individual Councils and service providers will be engaged in throughout the designated period, the evaluation of the plan comprises three parts:

- Externally controlled indicators that are identified as relevant to actions in the plan and the results are in the public domain
- Commissioning of a specific set of indicators that potentially 'tells a story' about the multiple levels of impact and inform about their compound effect
- Reflective practice using on results based accountability to assess and evaluate performance

The data sets that are established and managed by Community Indicators Victoria through the McCaughey Centre has been nominated as the most applicable set of externally controlled indicators. The range of indicators available will be refined during the initial implementation phase and in most cases councils are also choosing to engage with CIV data given its accessibility.

The opportunity to commission a specific set of indicators will improve the rigour of a regional evidence base and will communicate both the bigger picture in the cross impacts and inter-dependencies of a range of determinants impacting on health and wellbeing, as well as measuring change resulting from teh actions proposed to address key priorities over the life of the plan.

The following table is provided to consider both what is learned and then how, with whom and where to communicate the lessons and progress for each of the priorities.

There is a set of queries to guide the reflective practice through the implementation. Using the Results Based Accountability (RBA) process, these are:

- Did we do what we said we would do? (Quantity & effort)
- Did we do it well? (Quality)
- Did what we did make a difference? (Effectiveness)

In addition to this, the following questions would facilitate the evidence based approach that the G21 HWB Pillar is seeking to develop by determining audience, type of evidence and accountability on progress. Potential questions are:

- Who is interested in the findings?
- What is the source/base of evidence?
- Wht are the indicators or measures?
- Who is responsible for leading this?
- When?

APPENDICES

1. EVIDENCE

The following information is a compilation of snapshot information drawn from municipal web sites, Vic Health Indicators Survey 2012 and extracts from id profiles.

G21 Region and local profiles

G21 REGION	2011		
SERVICE AGE GROUP (YEARS)	NUMBER	%	GREATER MELB %
Babies and pre-schoolers (0 to 4)	17,510	6.3	6.5
Primary schoolers (5 to 11)	24,368	8.7	8.4
Secondary schoolers (12 to 17)	22,472	8.1	7.3
Tertiary education & independence (18 to 24)	23,778	8.5	10.1
Young workforce (25 to 34)	31,890	11.4	15.4
Parents and homebuilders (35 to 49)	58,095	20.8	22.0
Older workers & pre-retirees (50 to 59)	37,433	13.4	12.1
Empty nesters and retirees (60 to 69)	30,660	11.0	9.0
Seniors (70 to 84)	26,325	9.4	7.4
Elderly aged (85 and over)	6,358	2.3	1.8
Total population	**278,893**	**100.0**	**100.0**

The G21 region's estimated population at the start of 2012 was 298,853. During the year the population will exceed 300,000. Population forecasts prepared by Department of Planning and Community Development indicate that most of the growth in the G21 region to 2026 will occur in the Surf Coast and Golden Plains Shires, with the City of Greater Geelong also contributing a significant proportion to the future growth.

Across the G21 region approximately rates are as follows:

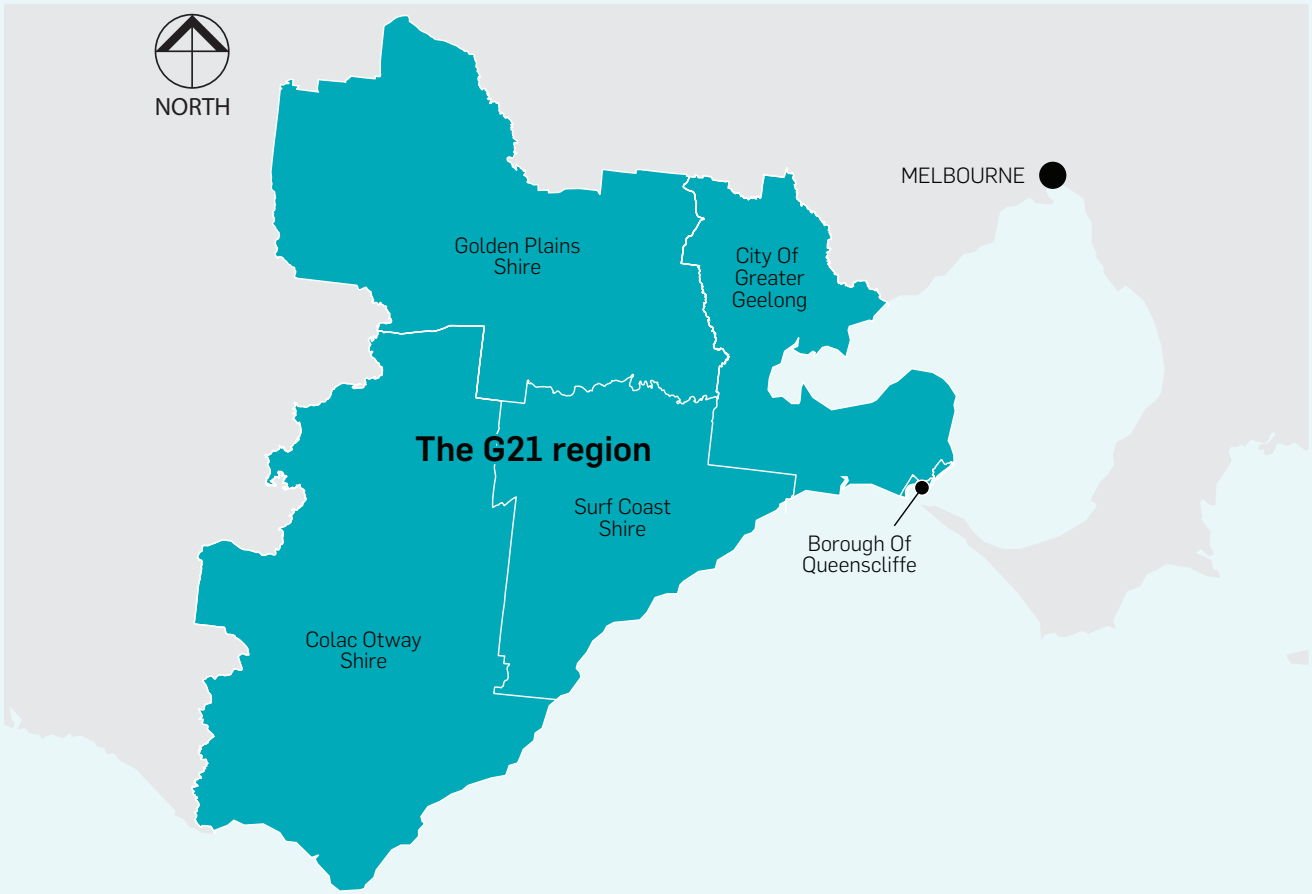
- Surf Coast – East (3.0% pa)
- South Barwon-Inner (2.6% pa)
- Golden Plains – South East (2.3% pa)
- Greater Geelong – Pt B (Bellarine Peninsula – 1.7% pa)
- Greater Geelong – Pt C (1.3% pa).

This growth reflects the attractiveness of the region and planned growth in the City of Greater Geelong's Armstrong Creek urban growth area. Although not mentioned above, Colac-Otway is expected to have marginal growth, while Queenscliffe is not expected to experience much increase from its current population.

An ageing population

An important feature of the overall projected population growth is the anticipated ageing of the population, with the region expected to have a significantly older population than the Victorian and Australian average. The G21 region's population over 65 is expected to make up 26.9% in 2031, compared with Victoria being 23.8%, and nationally, 21.3%. Between 2006 and 2026, the number of people in the G21 region aged 60 and over is projected to nearly double, from 55,113 in 2006 to 99,787 in 2026. By 2026 it is expected that those aged 60+ will increase to 28.1% (up from 20.4% in 2006) and those aged 0 to 19 will increase by 15,453 persons (from 71,641 in 2006 to 87,094 in 2026). It is projected that there will be a slight decrease in the proportion of 0 to 19 year olds between 2006 and 2026, from 26.5% of the population to 24.5% whilst those aged 20 to 59, will increase by 25,162 (from 143,234 in 2006 to 168,396 in 2026). The population percentage in this age cohort will drop from 53.0% in 2006 to 47.4% in 2026.

G21 REGION AND LOCAL PROFILES



Borough of Queenscliffe

The Borough of Queenscliffe is located approximately 105 kilometres southwest of Melbourne and 35 kilometres east of Geelong. The Borough comprises small seaside towns of Queenscliff and Point Lonsdale and is the smallest local government area in Victoria (10.83 square kilometres). The Borough has a permanent population of around 3,054 and up to 12,000 in peak holiday times. Many property owners only holiday or live part-time in the Borough. The 53% of private dwellings unoccupied during the 2011 census is indicative of the large temporary population. One of the Borough's main service deliveries is health and community services as a high percentage per population (43.1%) of residents are aged over 60. Tourism accounts for 45% of the local economy. The Borough has a lower proportion of pre-schoolers and a higher proportion of people at post retirement age than Greater Melbourne.

Residents of the Borough of Queenscliffe gave their wellbeing an average score of 81.5 that is significantly higher than the state average of 77.5. They were significantly more likely to have purchased alcohol in the previous week (52.1%), compared with the state average (36.3%). However, those who purchased alcohol at licensed premises spent significantly less ($22) than the state average ($45).

Of all Victorians, Queenscliffe residents were the most likely to visit green space regularly. More than three-quarters of residents (79.3%) had visited green space at least weekly in the previous three months, compared with the Victorian average (50.7%). Most residents of Queenscliffe felt safe walking alone in their local area at night; 93.5% reported that they felt safe or very safe, which is significantly more than the state average (70.3%). Queenscliffe residents were significantly more likely to volunteer at least once a month (62.1% – the highest result in the state) and to report any type of citizen engagement in the previous 12 months (66.1%), compared with the state averages (34.3% and 50.5% respectively). Compared with the Victorian average (63.6%), a significantly higher proportion of Queenscliffe residents (77.6%) attended arts activities or events in the previous three months.

City of Greater Geelong

With a population of over 215,000 people, the City of Greater Geelong is Victoria's largest regional centre. Located some 75 kilometers from the Melbourne CBD, the municipality covers square 1,245kms, comprising country, coastal and suburban areas. Total residential dwellings are estimated at 95,962 across more than 50 suburbs and townships. A high proportion of the project growth will occur in new 'greenfield' growth areas identified for development, most notably Armstrong Creek, as well as other suburban expansions. The city is a major centre for investment with over 15,000 businesses and a highly skilled labour force of 91,930 (2006 Census estimate).

As part of the local effort towards developing a consistent approach in dealing with population health issues, the City of Greater Geelong has committed to enhance healthy lifestyle behaviours, through support and opportunities for participation in lifestyle education programs and leisure activity options for the Geelong community. The City of Greater Geelong is focused to:

- assist and encourage the community and business sectors to make informed nutritious choices
- improve the physical health and wellbeing developmental outcomes for children Implement relevant recommendations and strategies contained within Council's Municipal Early Years Plan
- encourage older residents to remain physically active as long as possible
- support initiatives that reduces obesity and overweight in the general population
- encourage participation in physical activity by people of all ages and abilities.

According to the VicHealth indicators summary, the City had an average wellbeing score consistent with the Victorian average; 78.4 out of 100, compared with the state average of 77.5. More than two-thirds of Greater Geelong residents (68.4%) shared a meal with their families at least five days a week, which was similar to the Victorian average (66.3%).

Residents of Greater Geelong were significantly more likely (98.7%) to feel safe or very safe walking alone in their local area during the day compared with the Victorian average (97.0%). More than half of Greater Geelong residents (52.2%) had visited green space at least weekly in the previous three months.

Consistent with state averages, more than one-third of Greater Geelong residents (34.0%) volunteered at least once per month and almost half (48.9%) reported some type of citizen engagement in the previous 12 months. Most residents (71.2%) in Greater Geelong supported a ban on smoking in outside dining areas. This was in line with the Victorian average of 69.8%.

Colac Otway Shire

In 2031, the population of Colac Otway Shire is forecast to be 25,120. In 2006, the most populous age group in Colac Otway Shire was 10–14 year olds, with 1,562 persons. In 2021 the most populous forecast age group will be 35–39 year olds, with 1,529 persons. The number of people aged under 15 is forecast to increase by 217 (5.2%), representing a rise in the proportion of the population to 19.4%. The number of people aged over 65 is expected to increase by 1,190 (34.2%), and represent 20.5% of the population by 2021. The age group that is forecast to have the largest proportional increase (relative to its population size) by 2021 is 70–74 year olds, who are forecast to increase by 53.3% to 1,242 persons.

The main changes in household type between 2006 and 2021 are forecast to be:

- The largest increase is forecast to be in Lone person households, which will increase by 523 households, comprising 29.7% of all households, compared to 27.5% in 2006.
- 'Group' households are forecast to decrease by 5 households, to comprise 2.2% of all households in 2021, compared to 2.5% in 2006.

Residents of Colac-Otway Shire reported significantly greater wellbeing than the Victorian average. Residents gave their wellbeing an average score of 80.5 out of 100, compared with the state average of 77.5. Compared with the Victorian average (36.3%), a significantly greater proportion of Colac-Otway residents purchased alcohol in the previous week (48.7%). However, those who purchased packaged liquor ($38) or alcohol from licensed premises ($36) did not spend significantly more than state averages ($45 for both).

Colac-Otway residents were significantly less likely to feel rushed or pressed for time (31.9%) or that a lack of time prevented time with family and friends (19.0%), compared with Victorian averages (41.3% and 27.4% respectively). Compared with the state average (32.6%), residents of Colac-Otway were significantly less likely to spend seven hours or more sitting on an average weekday (23.5%).

Colac-Otway residents were significantly more likely to volunteer at least once a month (50.1%) and to report some type of citizen engagement in the previous 12 months (67.8%), compared with Victorian averages (34.3% and 50.5% respectively). While a significantly lower proportion of Colac-Otway residents had internet access at home (80.9%), compared with the Victorian average (88.8%), there was no significant difference in their use of social networking to organise spending time with friends and family (Colac-Otway 28.4%; Victorian average 35.1%).

Golden Plains Shire

In 2031, the population of Golden Plains Shire is forecast to be 27,577, an increase of 10,565 persons (62.10%) from 2006. This represents an average annual growth rate of 1.95%. In 2006, the most populous age group in Golden Plains Shire was 10–14 year olds, with 1,496 persons. In 2021 the most populous forecast age group will continue to be 10–14 year olds, with 1,769 persons. The number of people aged under 15 is forecast to increase by 940 (23.3%), representing a rise in the proportion of the population to 22.0%. The number of people aged over 65 is expected to increase by 1,690 (113.1%), and represent 14.1% of the population by 2021. The age group forecast to have the largest proportional increase (relative to its population size) by 2021 is 85 and over year olds, who are forecast to increase by 194.9% to 289 persons.

In 2006, the dominant household type in Golden Plains Shire was Couple families with dependents, which accounted for 41.5% of all households. The main changes in household type between 2006 and 2021 are forecast to be:

- The largest increase is forecast to be in Lone person households, which will increase by 687 households, comprising 19.1% of all households, compared to 15.2% in 2006.
- Couple families with dependents are forecast to increase by 589 households, to comprise 36.7% of all households in 2021, compared to 41.5% in 2006.

The proportion of Golden Plains residents who purchased alcohol in the previous week (42.0%) was not significantly different from the state average (36.3%). However, those who purchased packaged liquor and those who purchased alcohol from licensed premises spent significantly less ($35 and $20 respectively) than the Victorian average (both $45). A significantly greater proportion of Golden Plains residents shared a meal with their families at least five days a week (73.7%), compared with the state average (66.3%).

Compared with the Victorian average (32.6%), residents of Golden Plains were significantly less likely to spend seven hours or more sitting on an average weekday (24.9%). Most residents of Golden Plains Shire felt safe walking in their local area alone at night; 85.4% reported that they felt safe or very safe, which was significantly more than the state average (70.3%).

Compared with the Victorian average (63.6%), residents were significantly less likely to have attended arts activities or events in the previous three months (53.6%). However, there was no significant difference in the proportion of residents who made or created their own art or crafts in that same timeframe (40.1%), compared with the Victorian average (34.9%).

Surf Coast Shire

The Shire's age structure highlights a larger than Victorian average proportion of 'primary schoolers' and 'Parents and homebuilders' (35 to 49 year olds), 'Older workers & pre-retirees' and 'Empty nesters and retirees'. There is a smaller proportion of 'tertiary independent' and 'young workforce' (18-34 year olds).

Surf Coast Shire experienced strong population growth between 2006 and 2011, with the Shire's population forecast to increase to 44,101 in 2013. It is one of only four regional municipalities forecast with average annual growth rates over 2.0% between 2011 and 2013 in Victoria.

The growth drivers include a large number of baby boomers entering retirement age and relocating to the coast; the improved access with opening of Geelong Ring Road; and the limited development capacity in other Victorian coastal areas within 2 hours of Melbourne such as the Mornington Peninsula. Over the last ten years Surf Coast Shire has experienced growth in all age groups. This is due to the attraction for young families with the coast lifestyle and access to services, as well as retirees. The main changes in household type between 2006 and 2021 are forecast to be: 'Couples without dependents' to increase by 2,180 households, comprising 35.6% of all households; and 'Other families' to increase by 45 households, to comprise 1.0% of all households in 2021, compared to 1.1% in 2006.

Traditional population counts only capture part of the story for Surf Coast Shire. Over half of Council's services are impacted by part time populations, with seasonal holiday population peaks being just one of many part time populations. Others include: non-resident ratepayers; weekenders; seasonal workers, day trippers, school year residents and event populations. The number of people on an age pension, disability support pension and carers payment have increased whilst those on supporting parenting payment numbers have decreased.

Residents of Surf Coast Shire reported significantly greater wellbeing scores with an average of 80.2 compared with the Victorian average of 77.5. They were significantly more likely to have purchased alcohol in the previous week (47.9%), compared with the state average (36.3%) and have a higher proportion of residents who run out or could not afford food than other municipalities in the G21 region.

A significantly greater proportion of Surf Coast residents (74.7%) had visited green space at least weekly in the previous three months, compared with the Victorian average (50.7%). Most residents of Surf Coast Shire felt safe or very safe walking in their local area alone both during the day (99.8%) and at night (88.7%). These figures were significantly higher than the Victorian averages of 97.0% (day) and 70.3% (night).

Surf Coast residents were significantly more likely to volunteer at least once a month (43.7%) and to report some type of citizen engagement in the previous 12 months (69.3%), compared with state averages (34.3% and 50.5% respectively). Compared with the Victorian average (63.6%), a significantly higher proportion of Surf Coast residents (74.1%) attended arts activities or events in the previous three months.

Residents were also significantly more likely to make their own art or crafts; 48.0% reported making or creating art or crafts in the previous three months, compared with the state average (34.9%).

2. CONSULTATION SESSIONS – FINDINGS SUMMARY

Consultation Data

There are three key sets of data compiled through this planning process:

- Concept mapping that established and prioritised the key themes
- Interactive stakeholder sessions that identified local and regional priorities
- On line survey that scoped perceptions about community health and wellbeing aligned with the four environments of health

The key findings are summarised for each of these activities and more detailed discussion can be found in the documents prepared for the G21 PHWB Strategy Steering Group.

Concept Mapping

A concept-mapping workshop with the Steering Group was scheduled to prepare a set of common themes to guide developing a set of regional public health and wellbeing priorities. The stated purpose of the workshop was to: 'conceptualise and prioritise what the G21 Regional Public Health and Wellbeing Plan should look to achieve in the next four years'.

The results were processed through specialised software that generates clusters of concepts and indicates any relationships between them. The proximity or correlation of some concepts can illustrate complex dependencies and may indicate a set of systems that are inter-related. Participants were asked to generate ideas (brainstorm) in response to the following seeding statement: What should the G21 Regional Public Health and Wellbeing Plan look to achieve by the end of four years?

Using a five-point scale, the importance of each brainstormed statement and how consistently this currently occurred was rated according to the following questions:

- How important is this statement as an aspect of what the Regional Public Health and Wellbeing Plan should look to achieve at the end of four years?
- In your personal experience of services and the population in the G21 region, to what extent is this statement currently met?
- How feasible is it that this statement will be achieved to a significant extent within four years?

MOST SIGNIFICANT GAPS BETWEEN CURRENT AND DESIRED STATES	MOST IMPORTANT	MOST FEASIBLE	RESPONSE IN STRATEGY
Organisational quality development (including workforce)	Leadership	G21 priorities are recognised in each Council Plan	See Priority 1, 2 & 3
Good practice in implementation	A clearer picture of what is required to plan for well-being in the G21 region	A shared understanding of the population in the G21 region and their health and wellbeing needs	See Priority 3
Commitment, leadership and systems for common action	Measurable improvements in what we do	A clearer picture of what is required to plan for well-being in the G21 region	See Priority 1, 2 & 3
Measurable outcomes	A shared set of priorities and actions to improve health and wellbeing	Interaction with other G21 pillars & their strategies to create shared benefit and added value	See Priority 1 & 2
	A shared understanding of the population in the G21 region and their health and wellbeing needs	Leadership	See Priority 3

Initial stakeholder engagement

The primary methodology to determine the local and regional level priorities was through six initial stakeholder consultation sessions during which participants undertook a series of exercises to identify, consider and select priorities as described.

The range of priorities identified in each location were:

LOCATION	PRIORITIES
Bannockburn (GPS)	Physical activity
	Urban design
	Service accessibility
	Place based issues for rural communities
Colac (COS)	Community development action models
	Mental health/connectedness
	Physical activity
	Nutrition/ Food security
	Supporting healthy behaviours
G21 Regional Forum (RF)	Social determinants
	Community capacity
	Evidence based planning & practice
	Education & employment
Geelong (COGG)	Community connectedness
	Access & equity
	Local data & evaluation
	Growth, integrated planning & impact of change
	Community experiences, capacity & engagement
Queenscliffe (BOQ)	Planning for a changing population
	Community connectedness
	Social inclusion
	Safety
	Transport between & within communities
	Young People
Torquay (SC)	Access to services for rural communities
	Local opportunities
	Healthy & engaged communities

Each of the councils incorporated this information into their MPHWB planning. It provided a basis on which to test local input and perceptions against the population-based data where possible. This process facilitated a way for councils to quickly respond to both perceived needs by integrating some issues into other planning processes as appropriate, ie: public transport and regional growth plans. The comparative assessment of the current scenario against preferred future provided a range of diverse actions that would decrease the gap between current and future, most of which has been included in the support strategy. The following tables set out a summary of the findings on which the identified priorities for action in this plan were based.

PRIORITY 1: PHYSICAL ACTIVITY

Under this theme participants described the current situation as comprising traditional sports and sports clubs (GPS) as well as well as walking groups, rail trails (GPS). Identified gaps included a lack of transport and swimming facilities and a high-risk reliance on volunteer support (GPS). Other opportunities identified including leisure networks and facilities such as fitness centres (COS). Participants described the potential for a plan to deliver increased numbers in traditional sports, targeted programs to increase female participants, efforts to address inclusion, equity and diversity and to encourage volunteer involvement (GPS). They also described the need to provide accessible and safe spaces for walking tracks and parks and providing funding support to access sporting clubs (COS). A further emphasis was improved delivery of active transport (COS) and connections with the public transport strategy to make this effective (COGG).

	CURRENT	FUTURE
Governance & Leadership	Currently described as volunteer led with support from the shire and Leisure Networks (GPS). Other leaders include Council, DHS, neighbourhood houses, community hubs and sporting clubs (COS).	Increased access for women to leadership roles within clubs and programs and increasing commitment to support volunteers in recognition of their leadership and to fund childcare (GPS) to ensure participation of women (COGG). Other leadership structures noted included sporting clubs, multiple levels of state government departments and private operators (COS) that can support and impact on local leadership.
Finance & Resources	Finance and resources identified from the AFL, philanthropy and trusts, differing levels of government and Barwon Health (GPS). Other sources of finance included rates, CSO and Vic Health (COS).	Identified sources including VicHealth, Council, Grants, Trusts and multiple levels of government (GPS) as well as community groups and clubs and associations (COS).
Partnerships	Existing partners included G21 and PCPs (GPS), Vic Health, Leisure Networks, community hubs, Rotary.	Key partners to the plan include NGOs, Council, Shell and the CLIP program (GPS), neighbourhood houses, service groups, clubs and associations and particularly schools (COS). Actual local residents were also identified (COGG).
Information Systems	Existing information systems identified included the Internet, Vic Health data and LGA data (GPS). Colac participants identified community feedback and participation rates including surveys and ABS data. Deakin University was identified as undertaking evaluation (COS).	Information is included about the number of women on committees and measures of communication and use of DHS data (GPS). Information systems should collect participation rates through surveys and network feedback and engagement through schools and via different activity types (COS).
Workforce Development	Some support for training clubs and coaching (COS).	Strategy provides for community education and training (GPS), work with volunteers (COGG) and bring together with program and facility management staff (COS).
Community Capacity	Access and distribution to opportunities for physical activity was considered inequitable across the shire (GPS). Inequities in spending were identified (COS) and that cost of equipment and uniforms, memberships were a major barrier (COS) leading to inequity for people from disadvantaged populations (COS, COGG). Current engagement includes outreach to rural communities networks and via clubs and associations (COS) along with programming in facilities advertised through various media (COS)	Strategy delivers reduced costs to make physical activity affordable and accessible (GPS, C) under a whole of family approach with some consideration of enhanced childcare (GPS).

PRIORITY 2: COMMUNITY CONNECTEDNESS AND SOCIAL INCLUSION

This theme related to the range of dispersed and isolated communities (GPS, Q), and diverse populations (e.g. early years and older persons) (BOQ), engaging new and long-term residents (BOQ), and establishing strong township connections (GPS). Some groups identified less than optimal communication between groups, and difficulty accessing existing quality resources (BOQ) as well as challenges with seasonal population change (BOQ) and the provision of a range of facilities and hubs for people to congregate and connect (GPS). Under this theme mental health and connectedness was identified as a key related theme (COS).

	CURRENT	FUTURE
Governance & Leadership	Plans in place for education and community health (GPS) and that there was some connectivity across plans (GPS). Gaps identified between consultation and participatory decision-making (GPS) and community groups acting in silos (BOQ). Local government identified as a key leader (BOQ) along with local business (BOQ) although the responsibility sits with specific individuals (BOQ).	Local government identified as the key leader under this theme (BOQ) along with Bellarine Community Health (BOQ), local business, the community and social groups. Others proposed that there is a role for central governance including G21 and local council in promoting a healthy and engaged community (SC) across all ages with strong and clear policy relating to shared-use of community facilities (SC).
Finance & Resources	Community grants (GPS) and finance community plans by council important streams of finance and resources (GPS). Other resources include community buses (BOQ) and people/ volunteers (GPS, Q). Other sources of finance identified include fines, rates and fees (BOQ). Mental health and connectedness funding for adult, youth and children's mental health identified state and philanthropic funding as well as private health insurance (COS).	Strategy needs to increase knowledge of the funding grants available and connect the human resources to need (BOQ). Specific resources identified included a community bus (BOQ), a business association (BOQ) and seed funding for support positions (COS).
Partnerships	Existing partnerships identified under this theme include HWB forums (GPS), PCPs (GPS), local businesses (BOQ), and the MAV (GPS). Specific to mental health and connectedness were GPs, councillors, other health workers and men's sheds.	Council-facilitated coordination of social and sporting clubs (Q, C) that engages and connects local community groups and neighbourhood supports for residents, particularly vulnerable individuals (BOQ). Key partners include G21, neighbourhood centres and Bellarine Community Health (BOQ). Specific to mental health connectedness increased partnerships between GPs, mental health, paediatrics and sporting communities (COS).
Information Systems	Current information systems identified under this theme include community newsletters (GPS), websites and social media (GPS) and word of mouth (GPS, Q). Information packs were identified as part of the current system (BOQ) along with specific data sources including the census (BOQ), G21 data (BOQ) and school and community groups (BOQ)	Information systems include enhanced community directories that engage web-based technologies (BOQ) and respond to existing demographic data (BOQ) including community ICT hubs/spaces.
Workforce Development	Participants described the current situation as including transport and recreation (GPS) and training and co-ordination of volunteers (GPS). Other workforce development identified included students (BOQ) and teachers (BOQ) along with council staff (BOQ), service providers and business operators (BOQ).	Participants suggest the plan needs to provide better workforce development utilising existing skills and providing some paid hours for volunteer service groups to access specific expertise (BOQ). Training should be matched to demand and include enticements to provide training in regional areas.
Community Capacity	The current situation raises equity issues for growth pockets (GPS) and for younger populations (BOQ) with particular reference to young mothers (BOQ). A focus on tourism (Q, SC) and the transient nature of populations (Q, SC) was identified as having implications for equity (BOQ). Minority (COS) and low educational attainment (COS) were identified as challenges to equity as was the tension between social and emergency service provision (BOQ). Engagement around this theme currently occurred through volunteers (BOQ), community leaders (BOQ) sporting clubs (BOQ) and community bodies (BOQ) through vehicles such as community forums (BOQ).	Participants proposed an audit of local programs and asking what is working and what is not from an equity lens (BOQ) and ensuring the plan services locals and non-permanent residents (BOQ). One group suggests that community members need to feel enabled to access and create opportunities for community engagement and reduce the negatives of being in minority groups (COS). Specific to mental health and connectedness, a mental health audit at all levels and better access to education relating to mental health first aid training. Community forums were identified as a key source for increasing engagement (BOQ).

PRIORITY 3: EVIDENCE BASED PLANNING & PRACTICE

This information was compiled from the Regional Stakeholder Forum where it was rated as the number one priority.

	CURRENT	FUTURE
Governance & Leadership	Governance and leadership growing in terms of the numbers involved, but a lack of structured leadership	Government and Deakin University to be incorporated into the governance structure, as well as G21, identified as leaders in evidence based practice
Finance & Resources	Finance problematic, with resources directed to planning beyond what capacity would allow in terms of delivery Planning seen as 'health risk focussed' and influenced by integrated health promotion priorities	Finance and resources arrangements ensure that the provision of evidence is a pre-requisite
Partnerships	G21 a key partner, as is the disability service provider network, GRAND. Information available largely focussed on individuals, rather than organisations although some work towards a 'systematic approach' to planning and practice	Partnerships involves all stakeholders, where possible, who commit to better sharing of data Additional partners including multicultural/ indigenous organisations and increased dialogue between authorities (such as the police) and the local community (RF)
Information Systems	Information available was largely focussed on individuals, rather than organisations	Formal systems proposed for the exchange and sharing of information, and existing formal data more uniformly used (census, DOH, pop health etc) with improved collection of outcomes based data measurement underway Use of technologies and crowd sourcing via social media to strengthen dialogue and to increase engagement (RF)
Workforce Development	An investment in professional development, and an aim to commit to evaluation and disseminate information between organisations Organisational support available to develop the workforce	Investment made in workforce development that increases both the availability of evidence and workforce capacity to understand and integrate these practices A particular focus on workforce capacity to understand basic analytic and research skills, and provide a learning platform/ system to adapt to more integrated planning process
Community Capacity	Some increased use of electronic communications as a way to identify and baseline regional equity issues	Equity and engagement encouraged through free exchange or low cost information sharing, acknowledging information privacy principles where appropriate Evidence of excluded groups engaged and accessing resources with increased awareness of resources and support available (RF) Developed measures of success that rely less on biomedical outcomes and increased use of social media and the internet (COS). Delivery of integrated and shared data that is up to date and representative of the community (place based) and its infrastructure and facilities in qualitative and quantitative ways and supplements existing data such as the census (SC). Support for seniors to develop IT skills and utilising evidence based IT were identified as desired outcomes (RF)

ON-LINE SURVEY FINDINGS

The community-based on line survey, launched on Wednesday 3 April 2013, provided a baseline for community perceptions about community health and wellbeing issues, priorities and strategies for the G21 region. The on line access closed on Monday 20 May 2013 with 264 respondents having completed the survey. A paper version of the survey was provided to each Council for general distribution from Council offices. None were received.

Approximately 58.5% of respondents were aged between 25-49 years and a further 36.2% were aged between 50-69 years. Other age cohorts were not significantly represented. Sixty-nine suburbs were identified from across the G21 region and very few respondents identified from other cultural backgrounds or status. The majority indicated that they had post secondary levels of education attainment.

General responses

Most identified their understanding of health and wellbeing as 'enjoying a state of physical health, mental health and emotional wellbeing'. The top three responses to key ranking questions (in order) were:

Those who most contribute to my health and wellbeing:

- Self
- Family and friends
- Health services

Two other responses highlighted:

- Work colleagues/workplace
- Pets (specifically) dogs

The priorities that would improve my community's health and wellbeing:

- Access to healthy food and water
- Ability to be physically active
- Access to health services

Also highlighted:

- Physical activity facilities - bike paths, walking tracks and swimming pools.
- Other areas that would be a priority for improving community health and wellbeing:
- Youth and early years
- Community participation in local area planning, design & infrastructure including transport

The concerns about my community's health and wellbeing:

- Alcohol abuse
- Illicit drug use
- Smoking/tobacco control

Also highlighted:

- mental health issues
- obesity

Environments for health: priority-setting responses

	NATURAL	SOCIAL	BUILT	ECONOMIC
Priority 1	Pollution & vegetation loss	Access to affordable & nutritious food	Access to public & community transport	Local employment opportunities
Priority 2	Access to parks, reserves and open spaces	Social isolation experienced by some residents	Pedestrian safety & wellbeing	Local education & training
Priority 3	Effective recycling in the community	Incidence of family violence	Access to affordable housing	Locally grown food

The *natural* environment issues affecting health and wellbeing:

- Pollution & vegetation loss;
- Access to parks, reserves & open spaces;
- Effective recycling in the community with *other issues highlighted*:
  - Global warming /climate change; and
  - Water.

The *social* environment issues affecting health and wellbeing:

- Access to affordable & nutritious food;
- Social isolation experienced by some residents;
- Incidence of family violence *with other issues highlighted*:
  - Community connectedness; and
  - Access for people with disability.

The *built* environment issues affecting health and wellbeing:

- Access to public & community transport;
- Pedestrian safety & wellbeing; and
- Access to affordable housing with *other issues highlighting*
  - planning for open space; and
  - community infrastructure that supports physical activity.

The *economic* environment issues affecting health and wellbeing:

- Availability of local employment opportunities;
- Availability of local education & training;
- Availability of locally grown food; and

  other issues highlighted:
  - clear shift from traditional manufacturing base to a more diverse and contemporary business enterprises; and
  - inclusion issues for marginalised individuals or groups.

3. EVIDENCE SUMMARIES OF BEST PRACTICE INTERVENTIONS FOR IDENTIFIED PRIORITIES

The Steering Group confirmed three priorities in July 2013 having considered the local priorities, stakeholder findings and discussion about related strategies.

To fully assess the level of intervention (action) that could be developed, an evidence summary was compiled for both Physical Activity and Community Connectedness/ Social Inclusion.

In developing evidence summaries for use by G21 and councils, the research focussed on a review of evidence in the peer reviewed literature and existing key evidence summaries for each of these priorities. The question supporting these evidence summaries was:

What is the most effective thing that local government can do to address this priority?

The evidence summaries used a 5-step process as described below:

1. **Understanding evidence needs: consultation and topic generation**

   Topics for the evidence summaries have been developed through a range of consultations with each of the municipalities in G21 and via regional forum.

2. **Systematic searching and selection of studies**

   Searches were undertaken in two ways;

   1. for reviews of the peer reviewed literature; and,
   2. a search of existing evidence summaries in the grey literature.

   The results of these searches will form a 'data corpus' that will be the basis for the evidence synthesis described in the following steps.

2.1 Reviews in the peer review literature

For each priority area a search was undertaken using the PubMed search facility.

The search terms and exclusions used were as follows:

- The priority term itself (e.g. social inclusion): use additional search terms where they were indicated (for example the physical activity search may include sedentary behaviour, incidental activity and active transport)
- Local government or municipal or place based approach
- This was limited to review studies
- Where a large number of hits are returned a further filter of 'health' was applied
- The reviews included in the evidence summary will be limited to those published between June 2008 and June 2013 (i.e. 5 years)

2.2 Search of existing evidence summaries in the grey literature

For each priority area a search was undertaken using the Google search facility.

The search terms and exclusions used were as follows:

- The priority term itself (e.g. social inclusion): use additional search terms where they were indicated (for example the physical activity search may include sedentary behaviour, incidental activity and active transport)
- Local government or municipal or place based approach
- Limit to documents published in Australia, the United Kingdom, Canada and the United States using the 'site: ' search limiter
- Where a large number of hits are returned a further filter of 'health' will be applied
- The reviews included in the evidence summary will be limited to those published between June 2008 and June 2013 (i.e. 5 years)

3. **Assessing strength of evidence**

No exclusion of any studies on the basis of study with a quality rating using the PRISMA rating tool whereby the following ratings was applied:

QUALITY OF EVIDENCE	DESCRIPTOR
High	Review of randomised controlled trials with blinding
Medium	Quasi experimental designs (including comparison populations but without randomisation)
Low	Qualitative studies without comparison communities

4. **Synthesising findings (success factors and common themes/critical insights)**

   A series of tables were developed that summarised the reviews and synthesised the findings according to the needs of the G21 Steering Group. The tables provide descriptions for each of the reviews identified in search strategies 2.1 and 2.2 according to the following criteria:

   - Meaning of the term
   - Populations involved in studies
   - Age groups
   - Socio-economic status
   - Locality
   - Identity/ other identifier
   - Urban/ rural/ remote status
   - Gender
   - Interventions – what are the different types
   - Comparison groups used
   - Outcomes measured
   - Indicators: process, impact & outcomes
   - Timelines – time over which the studies operated
   - Additional lens/ questions/ thematic areas to report on:
   - Key messages against each of the building blocks within each summary
     - Governance and Leadership
     - Information and intelligence
     - Finances and Resources
     - Partnerships and Networks
     - Workforce Development
   - What evidence is there of the significance for intervening in this priority?
   - What are the different courses of action (different types of intervention)?
   - What is the evidence to support a particular level of intervention?
   - What is the relationship between economic development/ education and success in the achievement in health?
   - Use the environments for health template as another lens in this process
     - Social
     - Natural
     - Built
     - Economic
   - Role of local government
   - Best practice for prevention in this area
   - Evidence of reduction of health inequalities
   - Evidence of links with other strategic directions
   - Evidence of leverage of other initiatives
   - Timing of results (immediate effects versus long term improvement)

5. **Reporting, dissemination and evaluation**

   The evidence synthesis described above will create 5–10 meta tables of information based on each priority. A two-page summary that describes what this evidence base can offer local government in the form of direct advice in addressing each priority was produced.

   The structure of the evidence summaries contained the following sub-headings:

   - Priority area
   - Summary panel
   - Meaning of the terms
   - Why is this priority important?
   - Description of the state of evidence
   - Key lessons for local government
   - Principles for best practice in addressing this priority
   - References

Physical Activity

This is a summary of relevant peer reviewed and broader literature describing local government strategies for impacting on physical activity.

The review addresses the following question:

What is the most effective thing local government can do to address physical activity?

KEY POINTS

- Physical activity is often defined in terms of community participation in active transport, and participation in active community events.
- Local governments are well placed within communities to deliver and coordinate local solutions
- Common strategies for physical activity promotion include development of bike/walk paths, open spaces, community events, and land zoning regulations.

BEST PRACTICE FEATURES

- Identify achievable strategies
- Focus on long-term goals
- Educate the community on the benefits of physical activity
- Extensive partnerships which pool resources and reduce duplication
- Collect data both pre and post intervention to allow for thorough evaluation of program outcomes
- Acknowledge needs and barriers within diverse and at-risk community groups

Meaning of the term

Physical activity is typically presented as the degree of community engagement with active transport and leisure activities,[1] specifically walking and cycling,[2] or active use of open community spaces such as schools or parks.[3]

Why is this priority important?

Physical inactivity places a significant burden on community health, with inactivity directly contributing to one fifth of heart disease cases, and 16,000 premature deaths per year, representing 6.6% of the global burden of disease in Victoria.[4]

Local governments are well placed to influence physical activity within the community as they are locally focused, can provide locally oriented solutions, and have a legislated mandate over the social and built environment of their communities.[5]

Given the natural turnover of built infrastructure, local governments are also well placed to use their regulatory powers to ensure that areas of new or refurbished built environment are more conducive to physical activity.[3]

Description of the state of evidence

The majority of physical activity promotion strategies for local government focus on built environment, regulatory intervention, or community engagement.

Commonly suggested strategies included the development of walk/bike tracks, and active transport routes.[1-5] Both the availability and quality of available tracks (e.g. use of GPS technology, high traffic volumes and poor lighting) significantly impact active transport. Improving these factors may be an effective way to leverage other council priorities, such as community safety.

Regulatory intervention was discussed as a secondary method for developing the built environment for physical activity opportunities.[3] Requirements can be written into land zoning regulations requiring developers to include open spaces and active transport routes in new areas. Regulating for greater active transport options also reduces traffic levels and vehicle emissions, and may further council objectives to those ends.

There are also significant opportunities to engage communities in physical activity through direct engagement (i.e. sporting events).[4] It was widely noted that community events centered around physical activity not only afford a direct opportunity for activity, but also draw significant numbers of people into the area from outside the immediate locality, contributing to economic development.[4, 5]

The current body of evidence mostly discusses policy options at a qualitative level. There is little quantitative evidence to support some policy options over others in terms of measured outcomes such as health behaviors or biological indicators.

Key lessons for local government

Community education on the benefits of increased activity is a significant factor in engaging community members with activity promotion efforts. Similarly, the set of norms that the community holds around physical activity also influence participation.[6]

It is critical for local government to form broad networks and partnerships in order to pool resources and avoid duplication of effort.[5] In health promotion areas related to lifestyle, messages may conflict with those of well-financed and highly active private interests, so physical activity promotion efforts need to be as cost-effective as possible.

Collection of evidence (both pre and post intervention) for future evaluation is an integral part of understanding which interventions have the greatest impact.[1]

Principles for best practice in addressing Physical Activity

Best practice, according to the reviewed literature features 6 components. Local governments must: 1) identify achievable strategies around improvement of the built environment, regulatory strategies and community engagement. Strategies should 2) focus on long-term goals, and 3) educate the community on the benefits of physical activity. These strategies should be backed by: 4) extensive partnerships which pool resources and reduce duplication, and 5) collect data both pre and post intervention to allow for thorough evaluation of program outcomes. Strategies must also 6) acknowledge needs and barriers within diverse and at-risk community groups.

References:

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Community Connectedness/Social Inclusion

This is a summary of relevant peer-reviewed and broader literature describing local government strategies for improving community connectedness and social inclusion.

KEY POINTS

- Community connectedness refers to interaction that a person has with others in their community and the community as a whole. Whereas social inclusion recognizes that many Victorians are excluded from the opportunities they need order to create the life they want.
- Local governments are best placed within communities to deliver and coordinate localized solutions.
- Common strategies for social inclusion and community connectedness refer to building capacity and awareness, targeting disadvantaged groups, and addressing negative attitudes and social stigma.

BEST PRACTICE FEATURES

- Evidence-based interventions
- Contextualized interventions
- Local government should tackle problems through innovation, not crisis intervention
- Social Inclusion builds capacity
- Strengthen social networks, particularly among older populations
- Involve disadvantaged groups in decision-making processes and related research

Meaning of the terms

A socially inclusive society is defined as one where all people feel valued, their differences are respected, and their basic needs are met so they can live with dignity.[1] Community connectedness is the measure of how people come together and interact. It refers to an individual's engagement in an interactive web of key relationships within a community. These interrelationships have particular physical and social structures that are affected by broad economic and political forces.[2]

Why is this priority important?

The importance of understanding 'social capital' has become increasingly apparent in recent years. Social capital represents the benefits of informal sociability, cohesiveness and connection to the community and its social institutions. Research shows links between social connectedness and the performance of the economy and positive outcomes for individual health and wellbeing.[3]

Local governments are strategically well placed to influence social inclusion and connectedness within the community as they are locally situated, they can provide locally oriented solutions, as well as influence the legislative mandate over the social and built environments in their communities.[4]

Description of the state of evidence

There is clearly a lack of high-quality evidence available in the peer-reviewed literature, however a set of clear messages are communicated:

- Community capacity needs to be strengthened to improve social inclusion and connectedness
- Social inclusion helps to build capacity among individuals
- Those at greatest risk of exclusion are disadvantaged groups, such as those with mental illness, disability, Indigenous Australians.
- Disadvantaged groups need to be targeted, as well as included in decision-making processes and any related research. This, in turn, enhances self-esteem and self-resilience.

The vast majority of the current body of evidence discusses policy options at a qualitative level. There is little quantitative evidence to support some policy claims over others, in terms of measured outcomes such as general health or quality of life indicators.

Key lessons for Local Government

Improved community awareness, social networks and professional training are critical to the future success of community connectedness and social inclusiveness.

By leading and supporting the development of liveable communities with better access to housing, infrastructure, education, jobs and services and increased opportunities for participation, this is likely to strengthen a community to become a place where people want to live, work and raise families.

More specifically, governments should aim to tackle social problems through innovationand are focused on key disadvantaged groups. Such as people living with various illness, over-65s, and minority groups.

It is also important for Local government to form broad networks and partnerships in order to reach disadvantaged groups and maximise their opportunities to input into decisions that directly affect them.

References

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Links to G21 and municipal sites

G21 GEELONG REGION ALLIANCE

Borough of Queenscliffe

GOLDEN PLAINS SHIRE

City of Greater Geelong

Surf COAST SHIRE

Colac Otway Shire

G21 HWB Plan produced by Anne Somerville, the drawing board in collaboration with Professor Steven Allender, Deakin University.
Design by **haildesign.com.au**

G21
GEELONG REGION ALLIANCE

Ground Floor
131 Myers Street
Geelong Victoria 3220

TEL +61 3 5227 4000
FAX +61 3 5224 2594
EMAIL g21info@g21.com.au

G21_Geelong
G21 Geelong Region Alliance

www.g21.com.au