



# Greater Hume Shire

simply greater



Greater Hume Shire  
Community Health and Wellbeing Profile and Plan

Greater Hume Shire Council Community Health and Wellbeing Profile and Plan

Adopted by Council on 21 October 2015

Minute No. 4203

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# Executive Summary

## Overview

The Greater Hume Community Health and Wellbeing Profile reinforces Greater Hume Shire's (GHS) commitment to leading local policies and developing programs and infrastructure to improve the health and wellbeing of the local community. There is a growing evidence base summarising the relationship between health status and corresponding council activities for example, the link between the natural and built environments, land use planning, public realm and open space, transport and physical activity, chronic diseases, obesity and mental health and wellbeing<sup>1</sup>. Taking a lead role requires understanding the health and wellbeing profile of the community.

The profile summarises the socio-demographic profile and health status of the Greater Hume Shire community in addition to providing evidence of the most effective enablers for improvement. Services are mapped and community indicators have been proposed based on their relevance to the GHS community.

## Greater Hume Shire

Greater Hume Shire has an area of 5,939 square kilometres and a population of 10,258<sup>2</sup>.

It is located in Southern NSW, on the border with Victoria and shares a border with the local government areas of Wagga Wagga, Urana, Lockhart, Corowa, Tumbarumba and Albury. Major Highways link the region with Australia's biggest city, Sydney, the nation's second biggest city, Melbourne, and the nation's capital, Canberra. The Greater Hume Shire consists of the 5 main towns of Holbrook, Culcairn, Henty, Jindera and Walla Walla, as well as the villages of Burrumbuttock, Woomargama, Gerogery, Walbundrie, Morven and Brocklesby.

## Characteristics

The characteristics of Greater Hume Shire (ABS 2011 Census):

- Is older >65yrs than the remainder of NSW - GHS 21% NSW 15%
- Median age 43 years
- Average personal income \$479/week
- has the same proportion of Aboriginal people as NSW;
- has less people born overseas and speak languages other than English at home than NSW;
- has pockets of disadvantage;

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<sup>1</sup> Department of Health (2013) Guide to municipal public health and wellbeing planning.

<sup>2</sup> ABS Census 2011 – Estimated Resident Population as at 30 June 2014. Source: ABS Cat 3218.0

has an extremely low crime rate; and

- has significantly more people volunteering GHS 26% NSW 18%.

### **Ageing population**

The ageing population of the Greater Hume Shire means council needs to continually consider age-friendly infrastructure in strategic, asset and financial planning. The literature together with the socio-demographic and health status profile demonstrates the need for age-friendly infrastructure to become a visible part of council's strategic direction, action and resource allocation, and to be given a high priority across council portfolios and on council agendas<sup>3</sup>. Resourcing may require partnerships with other levels of government to engage in reform measures to assist in financing cost.

### **Accessibility**

Resourcing and supporting age-friendly and inclusive infrastructure is crucial to retaining people in their community of choice. This means providing safe and accessible infrastructure for mobility allowing autonomy, physical activity, social connection as well as affordable housing and services. Included in this is the need for accessible information and resources such as the Shire web site and social media data.

### **Disadvantage**

Similarly, considering the needs of residents who are socioeconomically disadvantaged requires council to focus on investing and supporting new business, affordable housing and implementing sensitive policies to support those with less resources. Further, acknowledging and supporting the increasing demand for community and volunteer welfare is required.

### **Volunteering**

The high level of volunteering in the Greater Hume Shire is a key indicator of a strong community. People in the shire have forged strong bonds through service and memberships of groups, clubs and informal networks. Ongoing council support is needed for volunteers to those experiencing disadvantage. This will assist breaking down barriers between diverse groups within the community, which in turn can contribute to community cohesion in terms of belonging and mutual respect.

### **Low Crime Rate**

The low level of crime is a key indicator that Greater Hume Shire is a safe community. The levels of safety are associated with the ongoing effort by council to involve community members in projects and committees and the creation of opportunities to participate in community events.

### **Child care**

A key attribute of the community is the presence and reputation of Greater Hume Children's Services Family Day Care and In Home Care. The services are vital for attracting and retaining young families and ultimately contributing to the social and economic status of the community.

### **Community events and community settings**

The high level of attendance at community events hosted by Council and the resources provided for community settings are key indicators of a cohesive community. Consequently, ongoing support from

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<sup>3</sup> O'Brien, E. (2014) Planning for population ageing: ensuring enabling and supportive physical-social environments-Local infrastructure challenges. *Planning Theory & Practice*, Vol. 15, No. 2, 220-234.



council is needed to ensure settings such as halls, libraries, community gymnasiums and gardens, parks and other public spaces are maintained, upgraded, age friendly and accessible to enable people to come together, interact and participate.

## Summary

Understanding the characteristics and needs of the community including the core elements of an approach to prevention will help build on current strengths and, provide recommendations to meet the current needs and challenges of the future.

The profile and plan reinforce that GHS's leadership, underpinned by strong community engagement and regional partnerships, can improve the health and wellbeing of the community.

The plan will inform the activities of the Greater Hume Shire Community Health and Wellbeing Alliance. The Alliance, together with Council and the broader community, will be engaged in improving the health and wellbeing of the residents in the Greater Hume Shire.

# Section 1 - The Profile

## Introduction

Nationally and internationally, governments are returning lead responsibility for public health to local government based in part on their population focus, closeness to their communities and ability to influence wider social determinants of health<sup>4</sup>.

Greater Hume Shire (GHS) has recognised the importance of local government leading public health planning to improve the health and wellbeing of the local community. The Greater Hume Community Health and Wellbeing Profile details the attributes of the community including the core elements of an approach to prevention that will help build on current strengths and, at the same time, provide recommendations to meet the challenges of the future.

## Community Health and Wellbeing Profile

The Profile details the socio-demographic and health status profile, and provides evidence of approaches for health improvement. The data informs a number of recommendations to improve the health and wellbeing of the community.

The next step requires the establishment of partnerships to collaborate in measuring local community wellbeing indicators (or 'community indicators') to track trends in quality of life and for improving community engagement, community planning and policy making<sup>5</sup>.

The Profile models the Department of Health Victoria's Municipal Public Health Planning processes and will use data from the 2014 Regional Wellbeing Survey commissioned by Murray Darling Basin Futures Collaboration Research Network and undertaken by the University of Canberra.

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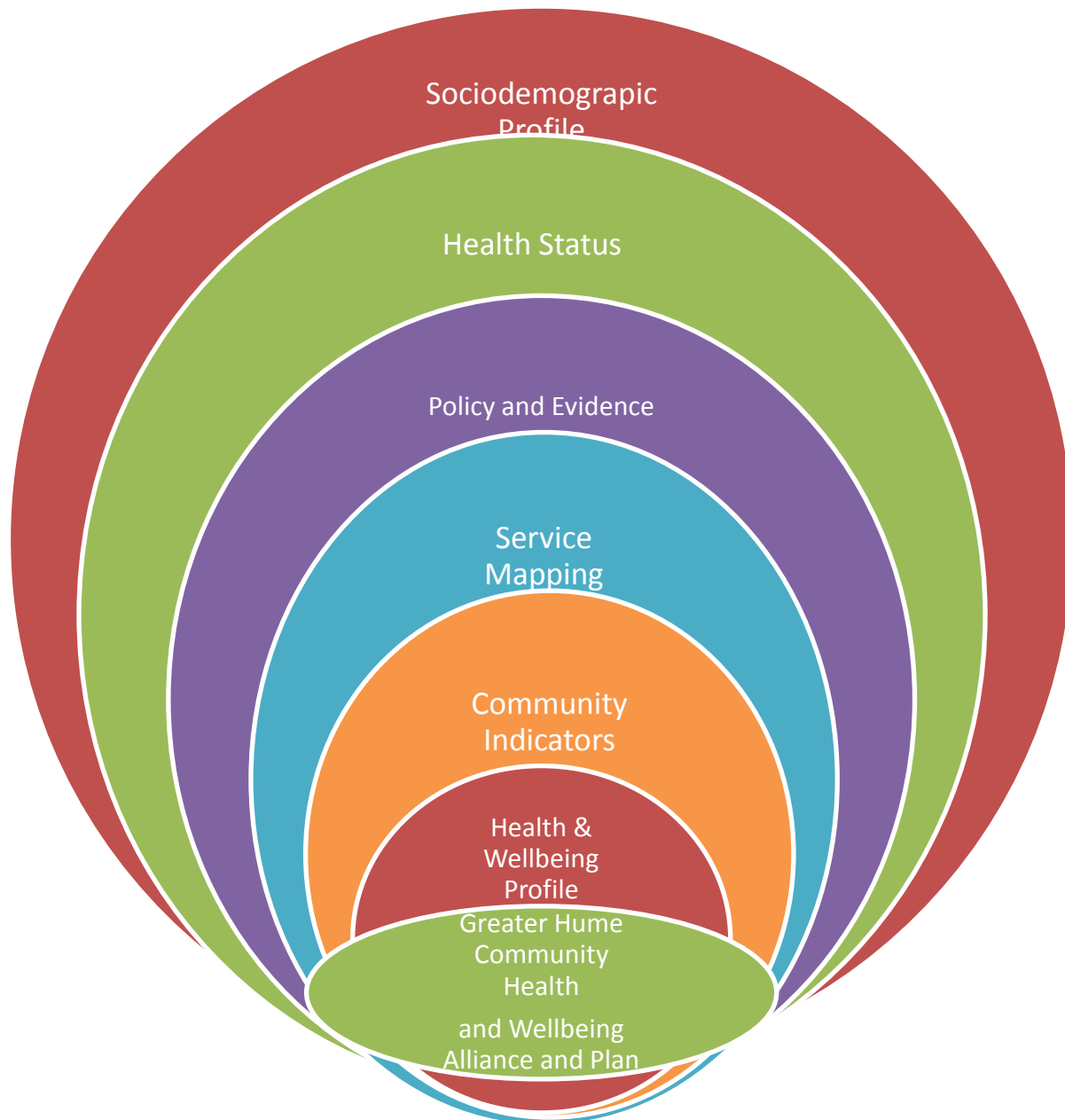
<sup>4</sup> Department of Health Victoria (2013) Guide to municipal public health and wellbeing planning.

<sup>5</sup> Division of Local Government NSW (2011) Integrated planning and reporting framework community indicators project.

## Methodology and Planning Framework

The development of the Profile involved a number of interdependent planning stages, outlined in Figure 1. The Profile is guided by various levels of policy, national, state and local planning and peak body data. The methodology for each planning stage is detailed in the content.

**Figure 1 Greater Hume Community Health and Wellbeing Planning Framework**



## Defining Community Health and Wellbeing

### Health

Our health and wellbeing are influenced and determined by a wide range of factors, including individual, social, cultural, economic and environmental. Individual factors include genetic make-up, early life experiences, age, gender, ethnicity and the cumulative effect of health-related behaviours of the life course. Social and environmental factors include: employment and housing; schools and education; social connections; conditions of work and leisure; and the state of housing neighbourhoods and the environment<sup>6</sup>,

The World Health Organisation (WHO) reflects the determinants of health and therefore the classic definition of health has been adopted for the profile and plan.

- **Health** is a state of physical, mental and social wellbeing and not merely the absence of disease or infirmity.

Implicit in this definition is that people can feel healthy and enjoy wellbeing even with a health condition or disability<sup>7</sup>.

### Wellbeing

GHS is partnering (in kind) with the 2014 Regional Wellbeing Survey commissioned by the Murray Darling Basin Futures Collaboration Research Network and undertaken by the University of Canberra. Consequently, the Regional Wellbeing Project definitions of individual and community wellbeing, adapted from the World Health Organisation, have been adopted for the Greater Hume Shire Community Health and Wellbeing Profile and Plan.

Wellbeing is not only about medical health and fitness, it is about fostering community connectedness, accessibility to services and support, embracing our rich cultural diversity, caring for the local environment, ensuring community safety and building a sense of belonging.

- The **wellbeing of individual** people is defined as a state in which a person is able to realise their potential, cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to the community<sup>8</sup>.

The wellbeing of a community is a little different. The health of the community is dependent on the environment, fair and stable governance that provides opportunities for people to participate; good access to food, water, shelter, education and learning opportunities, health services, and cultural and social opportunities, and a diverse economy that provides livelihood opportunities<sup>9</sup>.

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<sup>6</sup> Commission of Social Determinants of Health (2008) and Bacon et al (2010)

<sup>7</sup> World Health Organisation (1946)

<sup>8</sup> World Health Organisation (2013) Mental Health state of wellbeing

<sup>9</sup> Schirmer, J. and Berry, H. (2014) People and place in Australia. The 2013 Regional Wellbeing Survey- Summary Report. University of Canberra Australia

A community with high levels of wellbeing is one in which:

- All residents can be assured of a decent quality of life- economically, physically, environmentally, socially and politically<sup>10</sup>.

## Stakeholders

### Our community

Understanding and tracking the wellbeing of the local people and the community gives Greater Hume Shire Council and other stakeholders' information to inform policy, planning and services.

Firstly, and most importantly, the residents of Greater Hume Shire are the key stakeholders and the target group. The project provides an opportunity to engage with the community to better understand their overall quality of life and capacity to contribute to society.

The method chosen for this Profile included consulting with key volunteer welfare providers across the Shire seeking information about the level of disadvantage. The respondents provided rich data about the many challenges disadvantaged members of the community face.

### Service providers and other stakeholders

Over 30 different organisations provide services across the shire. Some services and programs are locally based while others outreach from regional centres such as Albury (mostly) or Wagga Wagga.

Other stakeholders include education, local church and community groups and police.

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<sup>10</sup> KU Work Group for Community Health and Development (2014)

**Figure 2 Greater Hume Community Health and Wellbeing Planning Stakeholders**



Stakeholders will be consulted and invited to participate at various stages. Initially, the project will be seeking existing data from various stakeholders to avoid duplication of effort.

### **Community Wellbeing Indicators (See Section 6 Community Indicators)**

Measuring community wellbeing has been a focus of recent international research. Community wellbeing indicators can help local government to govern better. They can improve Councils' knowledge, responsiveness, effectiveness and accountability, and provide the basis for engaging key partners in dialogue and action for improving community outcomes.

The Australian Centre of Excellence in Local Government and the Victorian Community Indicators Project has resources available to assist Local Government to develop a suite of indicators relevant to their community. The indicators proposed have been drawn from research undertaken in a rural Victorian community.

## Section 2 - Socio-demographic Profile

### Introduction

Greater Hume Shire is situated in southern New South Wales between the major regional centres of Albury Wodonga and Wagga Wagga adjacent to the Hume, Olympic and Riverina Highways and the Sydney–Melbourne railway (Figure 1). The shire was proclaimed in May 2004 through the amalgamation of three existing local government areas: Hume Shire (81%), Holbrook Shire and Culcairn Shire. It is located in Southern NSW, on the border with Victoria and shares a border with the local government areas of Wagga Wagga, Urana, Lockhart, Corowa, Tumbarumba and Albury. Major Highways link the region with Australia's biggest city, Sydney (497km), the nation's second biggest city, Melbourne (372km), and the nation's capital, Canberra (275km).

The Shire covers an area of 5,929km<sup>2</sup> and is roughly rectangular in shape, approximately 110km from east to west and 60km north to south (see Figure 3). The Greater Hume Shire's five main towns include: Holbrook, Culcairn, Henty, Jindera, and Walla Walla, as well as the villages of Burrumbuttock, Woomargama, Gerogery, Walbundrie, Morven and Brocklesby. The traditional role of the towns and villages of Greater Hume is to service the productive rural industries in surrounding districts.

### Industry and Business

Greater Hume is a 'natural resource', 'manufacturing' and 'community services' oriented regional economy. Greater Hume region's overall industry structure is heavily weighted toward Agriculture, Manufacturing, Construction, Retail Trade and community services such as Education, Training and Health Care<sup>11</sup>. The agricultural industry boasts many first class products primarily producing wool, wheat and other grains, lucerne, fat cattle and sheep.

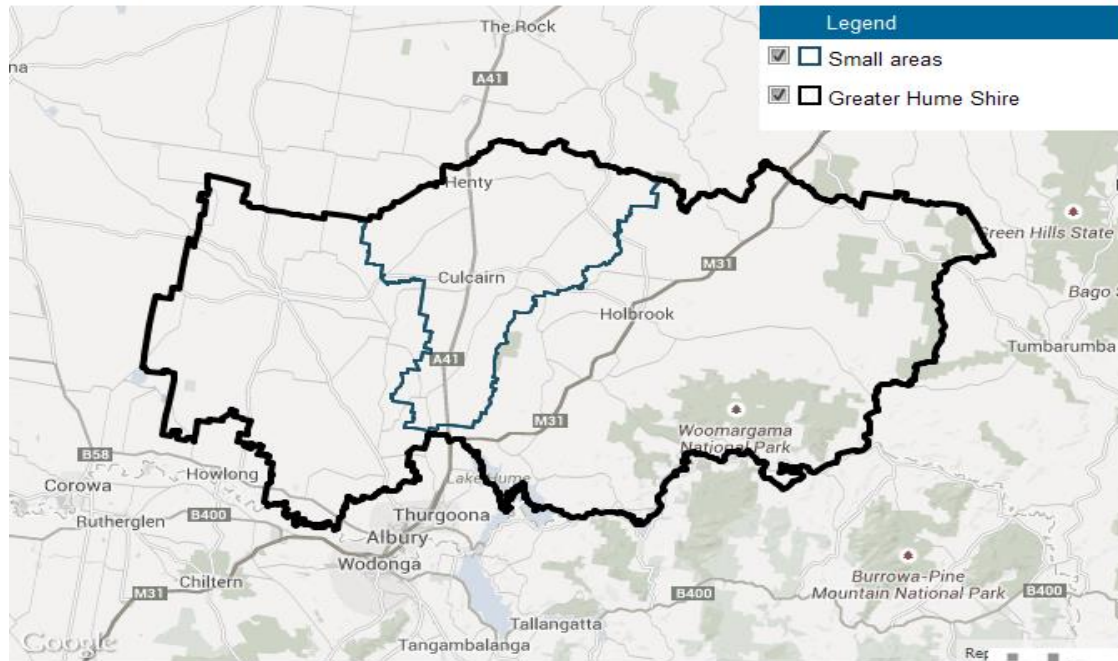
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<sup>11</sup> IRIS Research (2008) Greater Hume Shire Economic Development and Social Plan

Figure 3 Location

## Forecast areas

Greater Hume Shire



Source: Population and household forecasts, 2011 to 2036, prepared by .id, the population experts, August .id the population experts

## Climate

In general the climate in the Shire is typical of inland Southern Australia with dry hot summers, cool winters and the highest rainfall occurring in the late winter and early spring.

Rainfall in the western part of the Shire is generally less than that in the east and average temperatures slightly higher because of the different topographical characteristics.



## Demographic Profile

### Population

The Estimated Resident Population, Local Government Areas, New South Wales 3218.0 issued by Australian Bureau of Statistics on 31 March 2015 indicates that the Greater Hume Shire has a population of 10,258.

As previously stated, the Greater Hume Shire consists of the 5 main towns of Holbrook, Culcairn, Henty, Jindera, and Walla Walla, as well as the villages of Burrumbuttock, Woomargama, Gerogery, Walbundrie, Morven and Brocklesby. The largest towns and villages provide services to the surrounding local districts with Holbrook and Culcairn service centres for the Hume and Olympic Highways.

### Major Centres

#### Holbrook

Holbrook situated 61km from Albury adjacent to the Hume Freeway, is the largest centre in the shire. The economy is primarily agricultural based however despite the recent severe drought, Holbrook is accredited with having some of the best grazing land in the state. A wide range of quality produce is exported from the region, including wool, wheat, grains, lucerne, cattle, sheep and timber. Beyond agriculture, Holbrook also boasts growing retail and services industries. The recent Hume Highway bypass is expected to encourage more commercial investment.

#### Culcairn

Culcairn is situated 53 km from Albury and 77km from Wagga Wagga, was established in 1880 after the extension of the railway line from Wagga Wagga to Albury. The town is located on the Sydney-Melbourne rail line and Olympic Highway. Branded as the "Oasis of the Riverina", Culcairn boasts significant heritage buildings and an attractive streetscape. Culcairn services the surrounding agricultural districts with the area producing high yields of wheat, wool, and lamb

#### Henty

Henty, also located on the Olympic Highway, marks the halfway point between the Murray and Murrumbidgee River catchments. The town is located 60km from Wagga Wagga and 60km from Albury. The strong grain and sheep agriculture industries in the surrounding districts are celebrated at the Henty Machinery Field Days each September. Amid the resplendent bloom of the Canola fields, over 50,000 visitors flock to Henty for the event each year.

#### Jindera

The town of Jindera has seen strong growth in recent years. Its location just 15km northwest of Albury has made it a popular 'tree change' destination for people wanting a rural lifestyle close to a major regional centre. Jindera has been flagged as an area with strong growth potential.

#### Walla Walla

While Walla Walla may be a relatively small town, its level of industrial activity and per capita growth challenges many larger towns. The town is located 44km from Albury.

## Population Profile, Trends and Characteristics

The region is characterised by relatively modest population growth. The Shire experienced modest growth of 1.3% in the period 2004 to 2014<sup>12</sup>. Growth over the past decade has been fuelled by natural increase, as net migration appears to be having a negative influence on the growth rate. Nearly three quarters of region's current population have lived in Greater Hume Shire for at least 5 years, with 16.5% having moved into the region from other parts of NSW and 4.2% came from Victoria.

While the population growth is modest at present, it is expected that a mild growth will continue over the next few decades, with the region's population predicted to increase to approximately 11,765 by 2036, an increase of 15.8% (Table 1 and Figure 4)<sup>13</sup>.

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<sup>12</sup> Estimated Resident Population, Local Government Areas, New South Wales 3218.0 issued by Australian Bureau of Statistics on 31 March 2015

<sup>13</sup><http://forecast.id.com.au/greater-hume/home> accessed September 30, 2014.

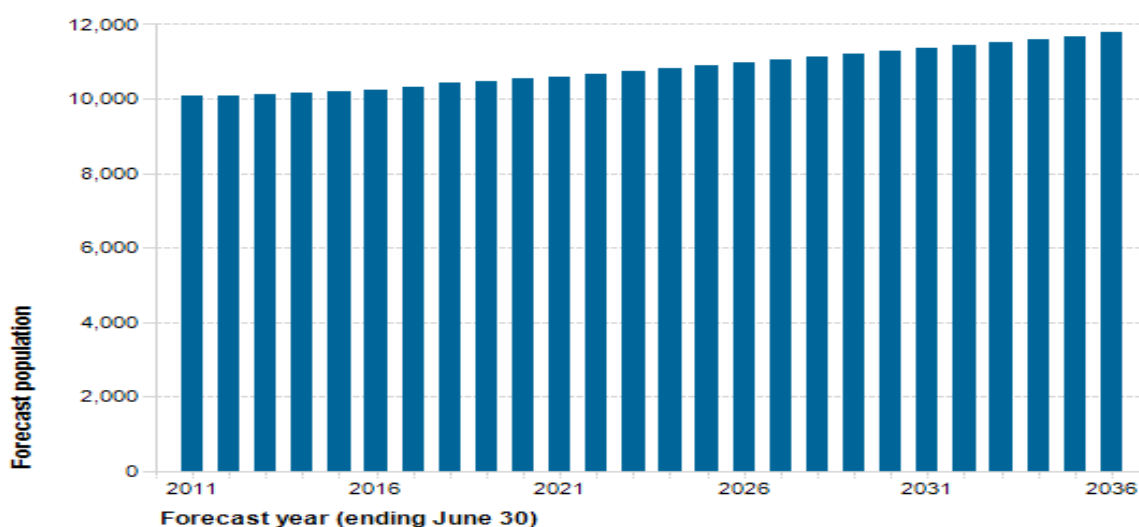
Table 1 Forecast population, households and dwellings<sup>14</sup>

Greater Hume Shire					
Summary	2011	2021	2026	2031	2036
Population	10,064	10,587	10,959	11,347	11,764
Change in population		523	372	388	417
Average annual change		1	1	1	1
Households	3,929	4,226	4,382	4,539	4,694
Average household size	3	2	2	2	2
Population in non-private dwellings	167	227	227	227	227
Dwellings	4,457	4,791	4,966	5,141	5,316
Dwelling occupancy rate %	88	88	88	88	88

Figure 4 Forecast Population- Source .id August 2014

### Forecast population

Greater Hume Shire



Population and household forecasts, 2011 to 2036, prepared by .id, August 2014.



Between 2011 and 2026, the age structure forecasts for Greater Hume Shire indicate a

- 8.9% increase in population under working age,
- 43.2% increase in population of retirement age, and
- 0.8% decrease in population of working age.

<sup>14</sup> <http://forecast.id.com.au/greater-hume/Population-households-dwellings> accessed Oct 2, 2014

The 2011 Census details Greater Hume's population profile (Table 2).

**Table 2 Population Profile (2011 ABS)**

	Number	2011	NSW
SEIFA	989		1,019.9 (Sydney)
People per household	2.5		
Median weekly household income	\$1181		
Median monthly mortgage repayments	\$1200		
Median weekly rent	\$150		
Median Age	43		
0-24 yrs	1942	31.6%	
25-64 yrs	2916	47.4%	
>65 yrs	1291	21%	14%
Indigenous	201	2%	2%
Core activity need for assistance	513	5%	6%
Speak language other than English	169	2%	36%
Low proficiency of English	17	0%	5%
Country of birth not Australia	566	6%	33%
Provide unpaid care to a person with a disability	971	10%	12%
Volunteer	2533	26%	18%

Compared to NSW, the Greater Hume area:

- is older >65yrs GHS 21% NSW 15%
- has the same proportion of Aboriginal people;
- has less people born overseas and speak languages other than English at home; and
- has significantly more people volunteering GHS 26% NSW 18%.

## Socioeconomic profile - SEIFA

The population Census provides us with data on the income, housing, education, employment, family structure, disability, transport, age, gender and ethnicity of people all over Australia. The Australian Bureau of Statistics has combined these in a set of indicators called the Socio-economic Indexes for Areas (SEIFA) which give a summary measure of socio-economic status for people living in specific geographic regions in Australia<sup>15</sup>.

The measure of interest for health and wellbeing planning is relative socio economic disadvantage. The reason being that poorer people have poorer health, people in disadvantaged areas have lower life

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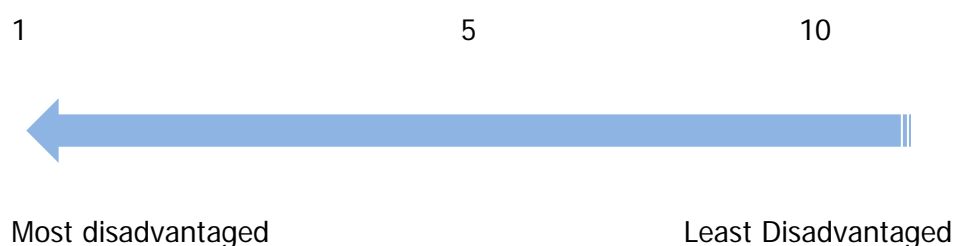
<sup>15</sup> Gilchrist, K ( 2013) Socio-economic Disadvantage in Murrumbidgee Local Health District: A discussion of ABS Socio-economic Indicators for Areas (SEIFA) from 2011 Census. Murrumbidgee Local Health District

expectancy and higher illness rates<sup>16</sup>, we need to identify if and where our district has areas of disadvantage as these areas are of most need enabling targeting of services.

The ABS divides all Australia into small geographic areas. They look at the percentage of people in each area in households with: low incomes, no qualifications, low-skilled jobs, unemployment, poor English, one-parent families, overcrowded homes etc.

Each area is given a score. The areas' scores are then ranked (ordered) and put into groups from 1 (most disadvantaged) to 10 (least disadvantaged). Each group contains 10 % of all the areas in Australia. These are called Deciles.

Decile



## Greater Hume Shire SEIFA

Greater Hume Shire is among the 50% least disadvantaged LGAs in Australia, the SEIFA score (2011 ABS) was 989 ranking it 341 in Australia and 102 in NSW. The shire as a whole is in the 7 decile (Table 3).

**Table 3 SEIFA Greater Hume Shire – Source ABS 2011**

2011 Local Government Area Name (LGA)	Usual Resident Population	Ranking within Australia				Ranking within State or Territory			
		Score	Rank	Decile	Percentile	State	Rank	Decile	Percentile
Greater Hume Shire	9814	989	341	7	61	NSW	102	7	67

The ABS data identified 0.0% of the Greater Hume in the highly disadvantaged rank of <875 in the Greater Hume Area (Table 4).

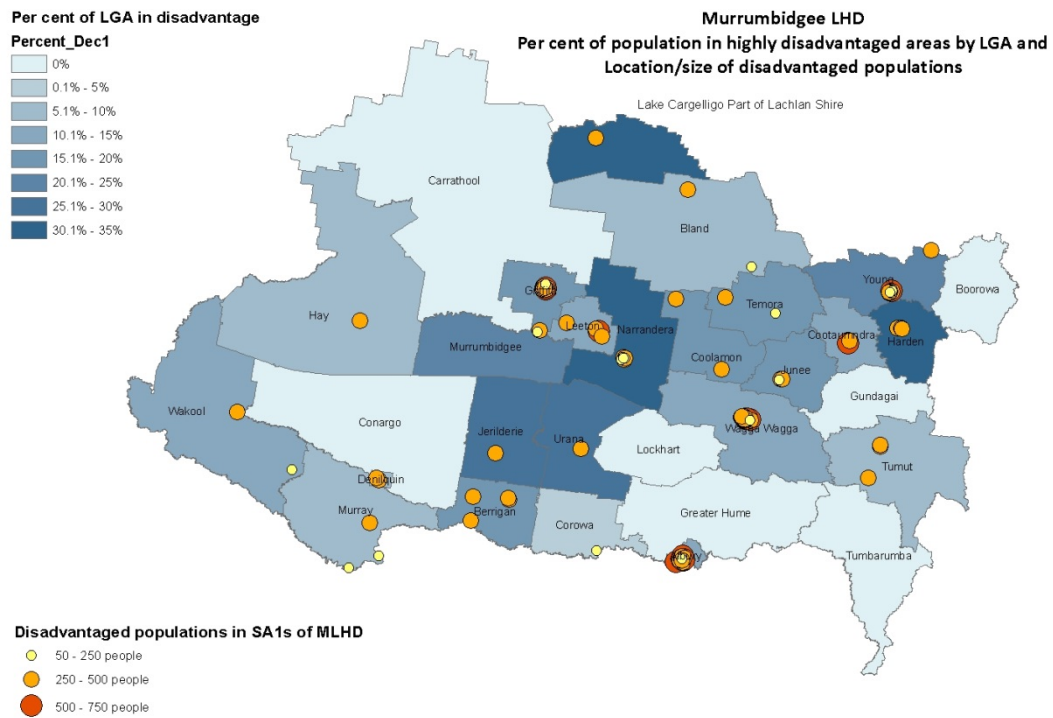
**Table 4 SEIFA Data –Most disadvantaged –Score below 875 – Source ABS Data 2011**

LGA	Most disadvantaged Lowest SEIFA scores Decile 1 score below 875		875 to <1100 Deciles 2 to 9		Least disadvantaged 1100 to >1300 Decile 10		Disadvantage score for LGA	Decile (AUS)
	Population	Per cent	Pop.	Per cent	Pop	Per cent		
GHS	0	0.0%	9,799	99.8%	0	0.0%	989	7

<sup>16</sup> World Health Organisation <http://www.who.int/hia/evidence/doh/en/> accessed March 3 2015.

However, Figure 5 describes areas and communities in the Murrumbidgee Local Health District measuring significant disadvantage.

**Figure 5 Murrumbidgee Local Health District per cent of population in highly disadvantaged areas by LGA**



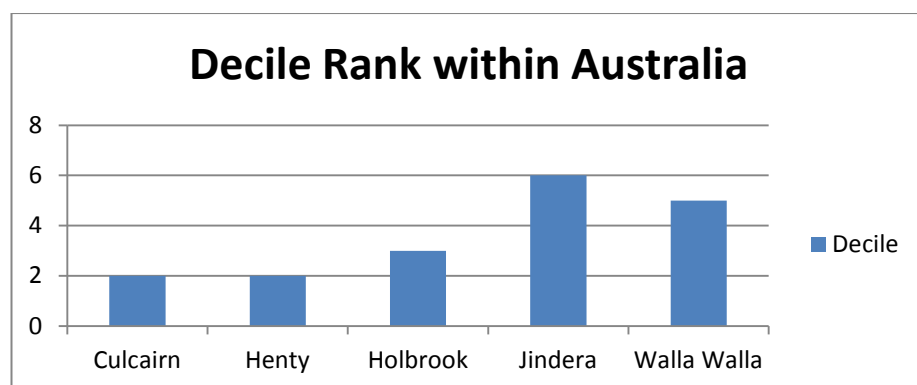
## SEIFA Score for communities within the Shire

The SEIFA data for the major communities within the Shire (Table 5) reflects the profile of each of the communities. For example, Jindera has a higher ranking due to its proximity to Albury and Walla Walla is recognised for its per capita growth due to its industry. Henty, Culcairn and Holbrook reflect the SEIFA score of rural Australian agricultural based service centres (Figure 6).

**Table 5 SEIFA Data for major centres – Source ABS 2011**

Centre	Score	Rank within Australia			Rank within State and Territory			Minimum score for SA1s in area	Maximum score for SA1s in area	Usual resident population
		Rank within Australia	Rank within Australia - Decile	Rank within Australia - Percentile	Rank within State or Territory	Rank within State or Territory - Decile	Rank within State or Territory - Percentile			
Culcairn	923	1 551	2	19	489	2	20	876	1 036	1427
Henty	909	1 243	2	16	387	2	16	878	1 006	1135
Holbrook	934	1 867	3	23	596	3	24	874	1 072	1685
Jindera	1 015	4 872	6	60	1 504	6	59	978	1 015	1814
Walla Walla	985	3 618	5	44	1 116	5	44	931	1 063	914

**Figure 6 Comparison of SEIFA across the Greater Hume Shire centres**



## Pension Support

In 2011, 24% of the population of Greater Hume Shire (2426 people) were concession card holders, a higher percentage than NSW overall at 23%. Although the proportion of the population receiving many

pension categories was similar or lower than NSW, the proportion of Pension Concession card holders was slightly higher than NSW (23% Greater Hume, 21% NSW) (Table 6).

**Table 6 Income Support Recipients 2011, Greater Hume Shire** Source: ABS 2011

Pension type	Number	% of eligible population Greater Hume Shire	% eligible population NSW
Age	1237	70.8	71.2
Disability support	390	6.5	5.7
Female sole parent	130	5.5	5.1
Unemployment	207	3.4	4.2
Unemployment long term	153	2.5	3.2
Welfare dependent and other low income families	224	8.5	9.7
Health care card holders (less than 65 years)	596	7.2	7.4
Pension concession card holders (15 years and over)	1830	23.1	20.8
Total concession card holders (total population)	2426	24.2	23.2

## Accessibility Classification

The Australian Standard Geographic Classification category based on Accessibility/Remoteness Index of Australia (ARIA+ 2011) indicates that the Greater Hume Shire is classified as “moderately accessible” to “accessible<sup>17</sup>.”

## Employment

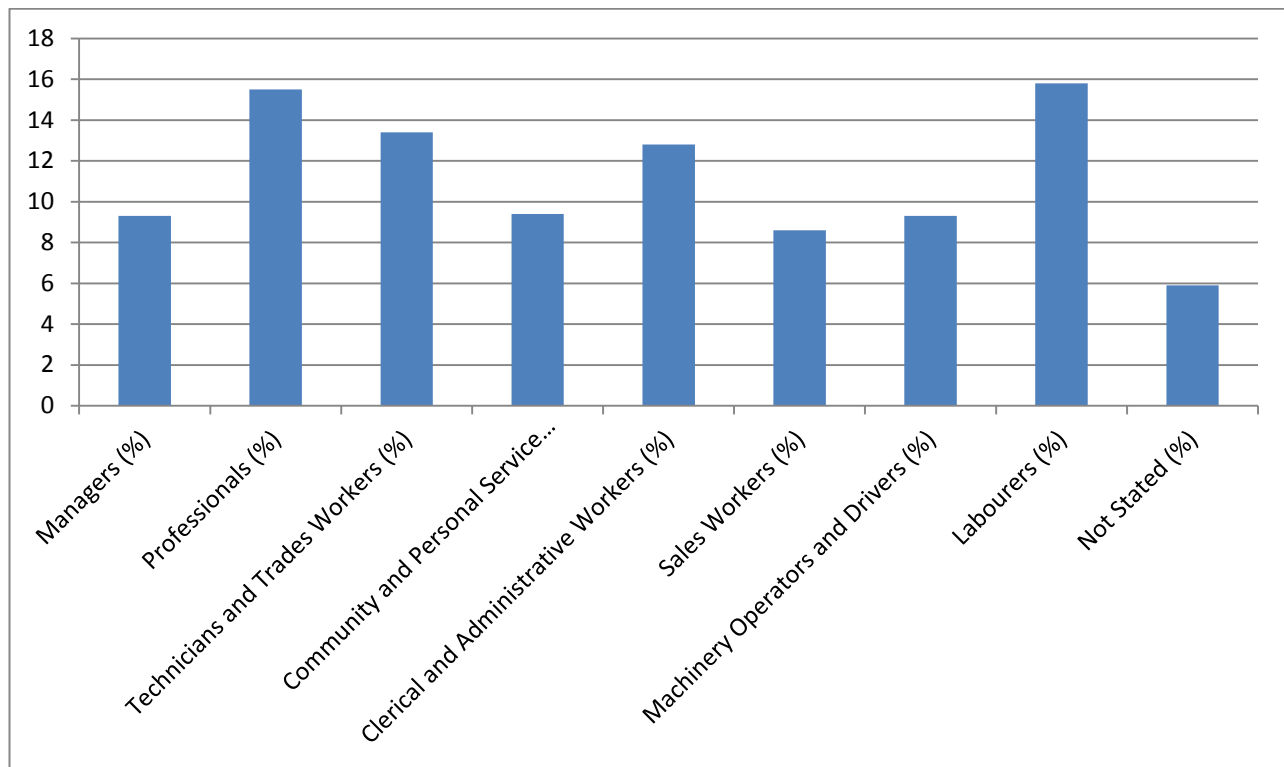
### Occupational Groups

Greater Hume residents are spread across the eight occupation groups with no group accounting for fewer than 7% of employees. In 2006 the most prevalent occupation group was managers, however labourers and professionals exceeded managers in the 2011 profile (Table 7). On the other hand, professionals represented 15% in 2011 compared with 10.7% in 2006.

<sup>17</sup> (University of Adelaide [www.spatialonline.com.au/ARIA\\_2011](http://www.spatialonline.com.au/ARIA_2011))



**Table 7 Occupational Groups**

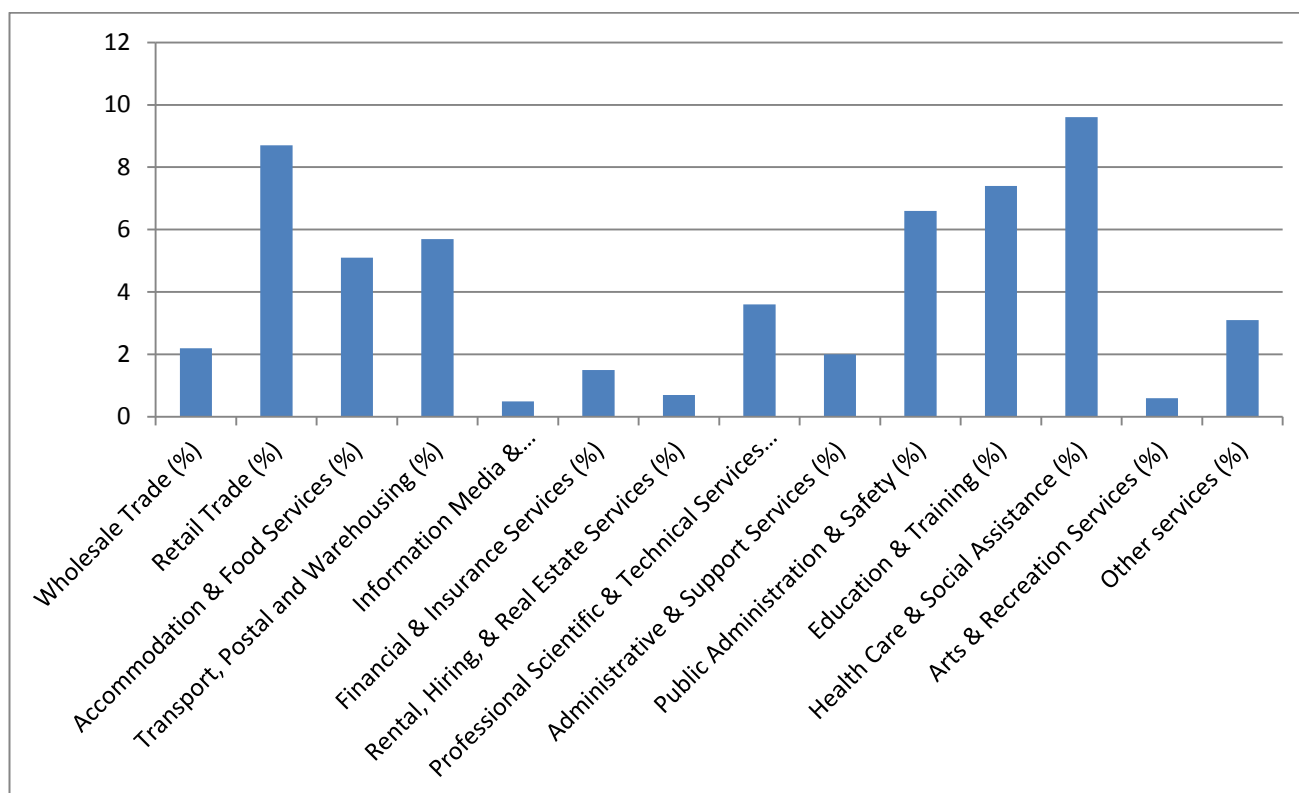


### Employment by industry

The following table (Table 8) describes the dominance of the health care and social assistance industry as the major employer, followed by retail, education and training and administration and safety. Health Care and Social Assistance, Public Administration and Safety and Construction are growth industries, particularly in regional Australia. Those employed in the Health Care and Social Assistance, Agriculture, Forestry and Fisheries and Education and Training industries have an older age demographic with more people employed aged 45 years and over<sup>18</sup>.

<sup>18</sup> Department of Education, Employment and Workplace Relations (2013)

**Table 8 Employment by industry – Source ABS 2013**



## Unemployment

The rate of unemployment is the most important social and economic indicator for the wellbeing of a community. High unemployment is devastating for a region, causing a reduction in incomes, a decrease in the output of the region, an increase in crime, a reduction in population, a reduction in health outcomes and more generally can cause the deterioration of towns and villages<sup>19</sup>.

The Small Area Labour Market smoothed data has been used for Greater Hume unemployment data. Small Area Labour Markets presents regional estimates of unemployment and the unemployment rate at LGA Level. The unemployment rate for the Greater Hume Local Government area for the December 2014 quarter is reported at 6.5%. This compares favourably with unemployment rates for the same period of 12% and 8.7% for the Albury and Corowa local government areas respectively. Greater Hume Local Government area's unemployment rate of 6.5% is also consistent with the seasonally adjusted unemployment rates for NSW of 5.9%, Victoria 6.5%, and a national rate of 6.1% for the December 2014 quarter.<sup>20</sup>

<sup>19</sup> IRIS Research (2008) Greater Hume Shire Economic Development and Social Plan

<sup>20</sup> Small Area Labour Markets Australia, December Quarter 2014 ISSN 1037 – 714X, Australian Government Department of Employment and Australian Bureau of Statistics Labour Force December 2014 6202.0.

## Summary

### Ageing Community

In line with the national trend, the Greater Hume Shire has an ageing population. People over the age of 65 years account for 21% of the population compared to 14% for NSW. The region's median age has risen from 35 to 43 since 1998. This is 6 years above the state median of 37 years.

Between 2006-2011:

- the age groups that increase most were 60-64, 65-69 and 25-29 years-old.
- The 40-44, 10-14 and 30-34 years old age groups fell most as a proportion of the population
- The life stage that grew most, as a proportion of residents, was the retiring (55-69 years) stage, which gained another 2.4% of the population.
- The oldest (70+yrs) life stage grew by 0.7%<sup>21</sup>

These demographic shifts have significant implications for future economic growth, as they will impact on the availability of labour and reduce the number of skilled workers from which local businesses can draw employees

### Disadvantage

Greater Hume Shire is among the 50% least disadvantaged LGAs in Australia, the SEIFA score (2011 ABS) was 989 ranking it 341 in Australia and 102 in NSW. The level of disadvantage differs across the Shire and needs to be considered in future policy and planning.

### Employment data

The data describes changes in employment type with a trend towards service industries such as health and retail. Underemployment, unemployment and population shift of families and younger people have an impact on the social and economic base of the community.

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<sup>21</sup> PublicPractice.com. Greater Hume Shire Portrait

## Section 3 - Health & Disadvantage

### Introduction

The health status profile for the Greater Hume Shire is a summary of data supplied by the Murrumbidgee Local Health District, NSW Health Statistics and reports including the Culcairn/Holbrook MPS Service Plans (Draft) and Riverina Regional Organisation of Councils Greater Hume Shire Community Portrait.

### Health Behaviours and Health Indicators

#### Rural

People living in rural and remote areas generally have worse health than people living in metropolitan areas. This is a result of several factors including socio-economic disadvantage, access to health care services, shortage of health care providers, unhealthy lifestyle behaviours, greater exposure to injury and risks and geographic isolation.

The application of health protection principles and activities over the decades has resulted in significantly reduced risk of diseases caused by infection agents such as polio and tuberculosis. While the overall decline in smoking rates is positive, trends in many risk factors and preventable diseases are rising and are projected to rise further. These are commonly described as the determinants of health or risk factors which link to conditions such as: cerebrovascular disease, diabetes, cancer, respiratory disease, poor mental health, muscular skeletal conditions and injury. These risk factors are generally more apparent in rural areas

#### Greater Hume Shire

As the Greater Hume Shire population is relatively small, specific indicators of health at the LGA level have been analysed at population level and smoothed for statistical purposes.

Murrumbidgee Local Health District Epidemiologist, Kim Gilchrist, has prepared a profile of Indicators from the NSW Ministry of Health data at LGA level (Table 9). The following table is a summary. Explanations of the indicators and years of data can be found on the maps in the Murrumbidgee Health Atlas<sup>22</sup>.

The data shows where Greater Hume Shire is ranked for all mapped indicators. A black dot shows Greater Hume's smoothed standardised separation ration (sSSR or sSMR - mortality) is among the "worst" quarter of LGAs in Murrumbidgee Local Health District (MLHD) for that indicator, followed by red, then yellow, with the "best" quarter of LGAs getting a green dot.

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<sup>22</sup> Gilchrist (2013) Murrumbidgee Health Atlas. Health indicator data mapped by local government areas of MLHD and NSW. [http://www.mlhd.health.nsw.gov.au/about/health-statistics/extras/copy\\_of\\_MLHD\\_health\\_atlas.pdf](http://www.mlhd.health.nsw.gov.au/about/health-statistics/extras/copy_of_MLHD_health_atlas.pdf)

**Table 9 Indicators from the NSW Ministry of Health data at LGA level<sup>23</sup>**

	Avoid death	All hosp.	Alcohol attrib. deaths	Alcohol attrib. hosp.	Smoking attrib. Deaths	Smoking attrib. hosps.	COPD hosps.	CHD hosps.	Diabetes hosps.	High BMI	High BMI attrib. hosps.	Fall injury hosps.
sSMR	118.3	101.5	110	102.4	121.2	131.7	180.6	144.6	127.3	328.5	133.1	112.8
Significance	0	0	0	0	0	++	++	++	+	++	++	0
Rank NSW	41	75	50	86	26	54	28	29	45	21	35	31
Rank MLHD	3	23	9	26	5	24	13	14	13	6	18	3
	●	●	●	●	●	●	●	●	●	●	●	●

Colour	Rank	Quartile
●	1 to 7	Highest adverse health outcome
●	8 to 14	
●	15 to 21	
●	22 to 29	Lowest adverse health outcome

Notes: Only NSW residents are included. Figures are based on where a person resides, not where they are treated. Hospital separations were classified using ICD-10-AM. Numbers for the two latest years include an estimate of the small number of hospitalisations of NSW residents in interstate public hospitals, data for which were unavailable at the time of production. Indirect age and sex standardisation was used to calculate standardised rates and ratios; Bayesian smoothing methods were used to calculate the smoothed ratios. Interpretation: '0' result not statistically different than state average, '-' lower than the state average at the 5% level of statistical significance, '--' at the 1% level; '+' greater than the state average at the 5% level of significance, '++' at the 1% level.

The following summaries combine the data in Table I with information contained in the Culcairn MPS Service Draft Plan August 2014<sup>24</sup>.

## Avoidable deaths

Potentially avoidable deaths from preventable causes are those that are considered to be preventable through lifestyle changes.

- Avoidable deaths were significantly higher for Greater Hume Shire ranked 3<sup>rd</sup> in the Murrumbidgee Local Health District (2006- 2007).

## Alcohol

- Alcohol attributable deaths were higher for Greater Hume Shire, but not significant. Hospitalisations were not significant. (2009-10 – 2010-11).

## Tobacco

- Smoking attributable hospitalisation in 2011-12 were significantly higher than expected for Greater Hume Shire based on age-adjusted rates and the 2006-07 death rate was higher, but not significantly.

<sup>23</sup> Gilchrist (2013) Murrumbidgee Health Atlas. Health indicator data mapped by local government areas of MLHD and NSW

<sup>24</sup> Culcairn Multipurpose Service Plan Version 1.2 For Consultation August 2014 DRAFT

## High body mass

- High body mass attributable hospitalisations were significantly higher than expected for Greater Hume Shire (2009-10 to 2010-11). Death rates were also significantly higher (2006-7).

## Falls

- Falls in people over the age of 65 years resulting in injury were significantly higher than expected for Greater Hume Shire (2008-09 to 2009-10).

## Chronic Obstructive Pulmonary Disease (COPD)

- Chronic Obstructive Pulmonary Disease attributable hospitalisations were significantly higher than expected for people over the age of 65 years in the Greater Hume Shire (2008-09 to 2009-10).

## Coronary Heart Disease (CHD)

- Hospitalisations attributed to coronary heart disease were significantly higher for Greater Hume Shire (2009-10 to 2010-11).

## Diabetes

Diabetes hospitalisation rates are calculated on diabetes as a principal diagnosis only and include gestational diabetes in pregnancy<sup>25</sup>.

- Diabetes attributable hospitalisations were significantly higher for Greater Hume Shire (2010-11 to 2011-12).

The National Diabetes Service Scheme (NDSS) data is considered a very good indicator of the number of people currently living with diabetes in Australia. Just over one million people in Australia with diabetes are registered with the NDSS, 86 per cent of registrants are Type 2; 11 per cent Type 1; and 2 per cent had gestational diabetes. The data contained here were for registrations as of June 2013. Data are not age-standardised and therefore will be influenced by the proportion of older people in a given LGA .

- Greater Hume Shire has 5.8% of its population registered with NDSS compared to 5.4% for NSW and 5.1% for all Australia.'

### Type 2 Diabetes Registrations

- The prevalence of Type 2 diabetes in NSW, as estimated by registrations to the NDSS for all age groups was 4.6%, for Greater Hume Shire the estimate is 5.1%.

## Disability

In 2011, 5.5% of the Greater Hume population needed assistance because of disability, up a rise of 1.3% from 4.2% in 2006. This compares with 5% for all NSW. The biggest group were the 85+ year group where the rate reached 50%. The next highest rate was among the 75-84 year-olds at 19%<sup>26</sup>.

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<sup>25</sup> Gilchrist (2013) Diabetes Prevalence by Local Government Area – Murrumbidgee Local Health District.

Overall, 5.5% of males and 5.5% of females reported a severe or profound disability requiring assistance.

## Carers

In 2011, 15% of residents in the Greater Hume Shire aged 15+ gave unpaid care to another needing assistance compared to 12% for all NSW. Generally more women than men were carers with 17% of women undertaking unpaid care and 11% of men. The proportion of adults who gave unpaid care rose from 2% in 2006 to 11% in 2011<sup>27</sup>.

## Ageing population

The population of the Shire is ageing, both in proportion of older age groups and an actual increase in numbers of older people. The ageing of the population is a success story for effective public health action in lengthening the life span; however, it is also a challenge for health services and local government due to the impact of ageing on health and wellbeing<sup>28</sup>.

As the population ages, disability, oral health problems, cancer and chronic diseases such as cardiovascular disease, diabetes and dementia become more significant. Further, people over the age of 65 years are in generally in the lowest income quartile impacting on the ability to access and afford specialist services and support<sup>29</sup>.

## Dementia

An ageing population means an increasing number of people with dementia. This will pose numerous challenges to local and regional health, local government and aged care systems, arising from the increased need for: dementia friendly communities, flexible care services, support for carers, training for health professionals and aged care workers, and research into effective community planning, treatment and prevention strategies.

## Disability

A population ageing is expected to also result in an increase in the absolute number of people with disability, simply because there are more people in the older age groups and disability becomes more

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<sup>26</sup> REROC (2013) Greater Hume Shire Community Portrait

<sup>27</sup> REROC (2013) Greater Hume Shire Community Portrait

<sup>28</sup> Department of Health Victoria (2011) Victorian Public Health and Wellbeing Plan 2011-2015

<sup>29</sup> Department of Health Victoria (2011) Victorian Public Health and Wellbeing Plan 2011-2015

common with age. It is the role of local government to promote access and inclusion of people with a disability in their community<sup>30</sup>.

## Transport

There is a distinct lack of public and private transport services within the Shire. This is largely due to the small size of the towns and villages, their proximity to each other, and the relatively small populations within them. As the aging population becomes less mobile, there appears to be a need for such transportation so that residents can easily access the goods, services and facilities that are only available locally and in nearby Albury<sup>31</sup>.

## Health and Community Services (See Section 5 Services)

Overall, residents in Greater Hume Shire have good access to local health and community services with hospitals located in Holbrook, Culcairn and Henty and private General Practitioners in each of the towns. Additionally, there are pharmacies located in the larger towns, as well as local and visiting allied health services such as physiotherapy.

A large range of community services are provided by local and regional government, profit and not for profit providers. The Holbrook and Culcairn MPS Service Plans describe in detail the programs available to the Shire.

## Socio economic status

Socioeconomic factors, including associated disadvantage, are important determinants of health. In general, overall health tends to improve with each step up the socioeconomic ladder, commonly referred to as the socioeconomic gradient of health<sup>32</sup>.

### Introduction

The incidence and prevalence of disadvantage in the Shire required consideration given the socio-economic profile. Consequently, anecdotal information was sought from various volunteer groups and individuals to ascertain the profile of disadvantage experienced by residents.

## Greater Hume Shire SEIFA

Greater Hume Shire is among the 50% least disadvantaged LGAs in Australia with a SEIFA<sup>33</sup> score (2011 ABS) of 989 ranking it 341 in Australia and 102 in NSW<sup>34</sup>. Further, the gradient of socioeconomic

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<sup>30</sup> <http://www.lgnsw.org.au/policy/disability> accessed October 9, 2014

<sup>31</sup> IRIS Consulting (2008) Greater Hume Shire Economic Development and Social Plan

<sup>32</sup> AIHW (2014) Australia's Health 2014



disadvantage within the pentile range exists within the shire. Jindera (6) has a higher ranking due to its proximity to Albury and Walla Walla (5) due to per capita growth in industry. Henty (2), Culcairn (2) and Holbrook (3) reflect the SEIFA score of rural Australian communities.

The SEIFA score suggests that residents within the shire are experiencing disadvantage. In this report, disadvantage is a multi-dimensional concept about 'impoverished lives' (including a lack of opportunities), not just low income. Dimensions include poverty, deprivation, capabilities and social exclusion.

Disadvantage has its roots in a complex interplay of factors. Many of these factors, when combined, can have a compounding effect. The probability that any one person will experience disadvantage is influenced by: their personal capabilities and family circumstances; the support they receive; the community where they live (and the opportunities it offers); life events; and the broader economic and social environment.<sup>35</sup>

People who are more likely to experience deep and persistent disadvantage include: lone parents; Indigenous Australians; people with a long-term health condition or disability; and people with low educational attainment. Most are weakly attached to the labour market.

## Disadvantage in the Greater Hume Shire

Anecdotal information was sought from local volunteer welfare providers to ascertain the need and experience of disadvantage in the Shire. Volunteers included religious and community members volunteering to support residents experiencing disadvantage. Evidence suggests that welfare providers are a potentially valuable source for information about what it means (the realities of the experience) for people to be disadvantaged<sup>36</sup>.

Each of the respondents was generous with their time and feedback describing the kind of need and profile of recipients.

## Single parent families

Single parent families were the most common group seeking welfare. Requests include food aid and money to pay rent, electricity bills, purchase food, and pay for unexpected medical expenses.

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<sup>33</sup> Socio-Economic Indexes for Areas (SEIFA) is a product developed by the ABS that ranks areas in Australia according to relative socio-economic advantage and disadvantage. The indexes are based on information from the five-yearly Census.

<sup>34</sup> Culcairn Multipurpose Service Service Plan Version 1.2 For Consultation August 2014 DRAFT

<sup>35</sup> McLachlan, R., Gilfillan, G. and Gordon, J. 2013, Deep and Persistent Disadvantage in Australia, rev., Productivity Commission Staff Working Paper, Canberra.

<sup>36</sup> McLachlan, R., Gilfillan, G. and Gordon, J. 2013, Deep and Persistent Disadvantage in Australia, rev., Productivity Commission Staff Working Paper, Canberra.

Respondents mentioned various reasons for the need. Overall life skills and budgeting capability were the greatest issue followed by drug use and the less generous Newstart Allowance for single parent with children over the age of eight.

## **Travellers**

Respondents in Holbrook spoke about the requests for aid from travellers however, the requests were cyclical. Most requests are for money to pay for fuel, however some also request food aid. On occasions, there have been regular requests from groups of people who have informed their friends and family that support is available at Holbrook for people travelling between Melbourne and Sydney. Local services were able to cease the expectation through networking with contacts.

## **Single men including recently released prisoners**

Single male parents and homeless men were evident in various parts of the shire. Single men parenting children often required assistance in the initial phase of separation, particularly if the mother of the children was no longer assisting with parenting or living in the area. Although these instances were isolated, the need for support during the early phase was significant

Men who were homeless were difficult to support due to the lack of suitable accommodation in the Shire and limited options in Albury due to demand. These men were often experiencing serious mental health problems and required assistance with purchasing medication and general aid. Respondents felt they were the most reluctant to take up services.

Recently released prisoners who do not have family support, rely on local welfare to either relocate or live in the area. Respondents mentioned frustration with the lack of government funded transition support for released prisoners and the risk that if there is no support, the person will re-offend.

## **Intergenerational disadvantage**

Long term welfare volunteers were experiencing intergenerational disadvantage. In some instances, there are 3 generations of non-working family members. Respondents were in situations where they had supported particular families over a number of years and generations.

Grandmothers were seen regularly presenting for welfare to support both themselves and family members.

Respondents expressed concern about children living in jobless households possibly lacking a role model for encouraging aspirations for participating in education and work.

## Dependence

Each respondent raised concern about welfare dependence. They were concerned about creating dependency and felt their volunteers were often placed in a position of having to provide advice on living within their 'means.'

Overall, respondents felt their service was aware of the issue and worked within their capacity and capability to empower and support recipients to gain the skills and confidence to cope with their situation.

## Capability, health and wellbeing

Respondents were able to articulate how long term unemployment, social isolation and poor mental health had led to the individual's loss of confidence and sense of control. Respondents experienced a level of frustration supporting clients to attend programs and services provided in the area. They felt the lack of motivation was related to poor self-esteem and possible community perception. These perceptions led to social isolation and dis-connectedness with community.

Each respondent expressed their awareness of the impact that long term unemployment leading to social and economic disadvantage had on the individual and their families. They spoke about the poor health, chronic illness and mental issues associated with financial and psychological stress.

## Alcohol, Other Drugs and Gambling

Alcohol abuse was mentioned as an issue, however the use of drugs such as ice was a major concern. All respondents mentioned the availability and use of ice. The prevalence of ice had led to an increased demand on requests for assistance with rent, electricity bills and other costs.

Concern was raised about the local supply of ice and individuals 'living off the suffering of others' within the community.

Gambling was identified as an issue that caused financial stress and family crisis. It appeared to be more common in males and had led to family separation. Emergency relief was often requested when a member of the family had a problem gambling issue.

## Advocacy and Domestic Violence

Some respondents mentioned the greater need for advocacy. Particularly for people vulnerable to unethical marketing of products with high interest payments. Other forms of advocacy included working with creditors to arrange payment plans, support for transition of prisoners to the community and working with the police to address crime.

Respondents also mentioned the need to advocate for women and children experiencing domestic violence.

## Volunteer support

There was overwhelming praise for the support various individuals and volunteers provided within the community as well as community groups. In particular, community programs where food was cooked and shared with the aim of developing simple budgeting and cooking skills to support good nutrition on a low income. These events were a way of socialising and connecting with recipients.

Some respondents felt well supported by their social networks and community groups while others were undertaking their role with limited support. Overall, most were well networked and could access resources as needed.

## Services

Overall respondents felt services were adequate however they were not always aware of what was available. For many recipients, attending services was an issue due to the formality of the service or perceived lack of privacy and confidentiality.

Most of the relevant services were visiting or outreach and while the intention to provide a service to the community was apparent, the uptake was poor due to the lack of trust and uncertainty about the service. Similar with programs provided to the community, respondents mentioned a program aimed at single parents where they may attend once and not continue for a number of reasons.

Some respondents were unaware of the relevant outreach services such as financial counselling and problem gambling.

## Service gaps

Transport was mentioned as the most significant need however services in Culcairn spoke about the opportunity to use the train. Most of the transport need related to trips to Albury for medical and social support services. The other need mentioned was access to a credible and local financial counselling service. Again, the concern related to the lack of 'trust' and privacy associated with visiting/outreach services.

Other gaps included adequate policing (mixed gender), awareness of existing and outreach services, 'life skills' and budgeting on a low income programs and male mentors.

Male mentoring was raised as a need by welfare providers after they observed the attachment younger primary school aged children are wanting. They are looking for a chance to have a one-to-one friendship with an adult male mentor on a regular and on-going basis.

## Summary of Disadvantage in the Greater Hume Shire

The respondents described a profile of disadvantage similar to other communities in rural Australia<sup>37</sup>. People and groups with the following characteristics experienced higher rates of disadvantage:

- Indigenous Australians
- Unemployed
- lone parents
- people with a long-term health condition or disability
- people whose main source of income is social security payments

Respondents have described various causes and influences including: personal capabilities and family circumstances; access to drugs, the level of community connectedness and support ; the options and opportunities, particularly employment, within the community, life events; and the broader economic and social environment.

Most recipients are requesting financial, social and emotional support.

Overall there was a perception that there were adequate services available. However, outreach and visiting services were proposed as an issue due to lack of familiarity with the provider leading to lack of trust and a poor relationship.

Supporting organisations to take a community development approach to service delivery may assist in overcoming this stigma.

Advocating for a local male mentoring program has significant community benefits. By spending time with a responsible adult, doing everyday activities, the young male is open to explore different skills, and have experiences that can increase his self-worth, improve relationships and develop his potential at home, school and in the community<sup>38</sup>.

Whilst it is acknowledged that the information gathered is anecdotal and does not have the rigour of organised research, the profile is important for the Shire and services responsible for the Greater Hume Shire catchment.

The proposed Greater Hume Health and Wellbeing Alliance will be in a position to advocate for the service and support gaps identified by respondents. Services included: locally coordinated community transport, adequate policing (mixed gender), promotion and awareness of existing and outreach services, accessible and reputable financial counselling, 'life skills', budgeting on a low income and male mentoring programs.

Local government has a role in developing policy statements to meet the needs of people on low incomes<sup>39</sup>. Policies and services that will make a difference include: rates assistance, affordable housing, donations policy for personal hardship, homeless persons MOU, community safety programs such as

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<sup>37</sup> McLachlan, R., Gilfillan, G. and Gordon, J. 2013, Deep and Persistent Disadvantage in Australia, rev., Productivity Commission Staff Working Paper, Canberra.

<sup>38</sup> [http://www.youthmentoring.org.au/program\\_details.php?pgDetails=MJI2](http://www.youthmentoring.org.au/program_details.php?pgDetails=MJI2) accessed Feb 5, 2015

<sup>39</sup> Local Government NSW (2011) Your Council in the Community

neighbourhood watch, volunteer support, welfare programs in community centres and mobile food bank services.

## Discussion

Data for the Greater Hume Shire reflects rural Australia. People living in rural and remote areas have less access to health services, travel greater distances to seek medical attention, and generally have higher rates of ill health and mortality than people living in larger cities. This is a result of several factors including socio-economic disadvantage, access to health care services, shortage of health care providers, unhealthy lifestyle behaviours, greater exposure to injury and risks and geographic isolation<sup>40</sup>.

On the positive side, Australians living in rural areas generally have higher levels of social cohesiveness—for example, higher rates of participation in volunteer work and feelings of safety in their community.

The data suggests that an ageing population and socioeconomic status are the two key health determinants impacting on the health status of people living the Greater Hume Shire.

## Conclusion

Ageing is associated with increased risk of many health conditions, disability and dependency. Research indicates, however, that the association between health status and age is more variable than often assumed, as many chronic conditions are preventable (or can at least be postponed) and are not an inevitable consequence of ageing.

Greater Hume rates of diabetes, falls, cardiovascular disease, chronic obstructive pulmonary disease, alcohol intake, disability, smoking related disease and being obese and sedentary, are all high. This is consistent with evidence that socioeconomic status is frequently implicated as a contributor to the disparate health observed in rural Australia<sup>41</sup>.

The high prevalence of certain modifiable lifestyle factors among Greater Hume residents suggests that opportunities for health improvement exist. Encouraging wellbeing across the lifespan is an important means of improving the health of future generations of older people<sup>42</sup>.

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<sup>40</sup> AIHW (2014) Australia's Health 2014

<sup>41</sup> AIHW (2013) Australian's Health 2013

<sup>42</sup> AIHW (2014) Australia's Health 2014

## Section 4 - Policy and Evidence

### Introduction

This section includes policy and peak body evidence, tools and resources to support local government health and wellbeing planning. The areas of focus are ageing and socioeconomic disadvantage due to the impact these two determinants have on the health and wellbeing of residents in the Greater Hume Shire.

### Local government

#### Legislative and regulatory context

Local Government has statutory responsibilities in health protection such as food safety, microbial control and blood borne disease control and capacity for significant involvement in health promotion to prevent chronic disease.

The Public Health Act 2010 was passed by the NSW Parliament in December 2010 and commenced on 1 September 2012. The objectives of the Public Health Act are to:

- Protect and promote public health
- Control the risk to public health
- Promote the control of infectious diseases
- Prevent the spread of infectious diseases
- Recognise the role of local governments in protecting public health

The Public Health Regulation supports the implementation of the Public Health Act 2010, detailing a range of operating provisions to protect and promote health in the community<sup>43</sup>.

The objective of the Act is to achieve the highest attainable standard of public health and wellbeing for residents.

The other NSW strategies/legislation that should be considered is the:

- NSW Carer's Strategy
- NSW Disability Implementation Plan
  
- NSW 2021 Regional Action Plans (released December 2012).
- NSW Long Term Transport Master Plan
- NSW State Infrastructure Strategy
- NSW Ageing Strategy: Department of Family and Community Services, Office for Ageing 2012
- Regional Ageing Strategies 2014 developed under Regional Action Plans –
- NSW Carers (Recognition) Act 2010

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<sup>43</sup> <http://www.health.nsw.gov.au/phact/pages/default.aspx> accessed October 21, 2014.

- NSW Carers Strategy 2014 - 2019
- NSW Disability Inclusion Act 2014
- NSW Implementation Plan of the National Disability Strategy
- Transport for NSW Disability Action Plan: December 2012
- NSW State Health Plan (Towards 2021)
- NSW Healthy Eating and Active Living Strategy: Preventing Overweight and Obesity in New South Wales 2013 – 2018
- NSW Economic Development Framework

## Health and Wellbeing Planning

In addition to the statutory activities in public health, councils also undertake a range of other activities intended to protect and promote the health of communities. Councils have a role in considering how planning the built environment can be undertaken in a way that promotes health. There is a growing evidence base summarising the relationship between environment and health status: for example, the links between the natural and built environments, physical activity, chronic disease, obesity and mental health and wellbeing<sup>44</sup>.

The NSW Government has implemented the Healthy Built Environments Program together with the University of New South Wales and NSW Ministry of Health (HBEP)<sup>45</sup>. The research highlights the health issues associated with the built environment including: car-dominated transport, reduced opportunities for exercise, increased fast food availability and lack of social connection.

Local government NSW encourages councils to use the following resources in their planning processes<sup>46</sup>.

- The **Healthy Urban Development Checklist** developed by the NSW Ministry of Health and the then Sydney South West Area Health Service is principally about identifying the health effects of urban development on the health and wellbeing of the community.
- The **Health Impact Assessment (HIA)**<sup>47</sup> is a practical guide, developed by the NSW Ministry of Health and the University of New South Wales' Centre for Health Equity Training, Research and Evaluation. The HIA provides a structured mechanism for decision makers to encourage greater consideration of health and wellbeing in planning and project, program and policy development.
- The **Integrated Age-Friendly Planning Toolkit for Local Government in NSW**<sup>48</sup>

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<sup>44</sup> Australian Institute of Health and Welfare - AIHW (2011) Health and the environment, a compilation of evidence. AIHW, Canberra

<sup>45</sup> <http://www.be.unsw.edu.au/programmes/healthy-built-environments-program/about> Accessed October 21, 2014

<sup>46</sup> <http://www.lgnsw.org.au/policy/health/public-health-planning>. Accessed October 21, 2014

<sup>47</sup> [http://hiaconnect.edu.au/wp-content/uploads/2012/05/Health\\_Impact\\_Assessment\\_A\\_Practical\\_Guide.pdf](http://hiaconnect.edu.au/wp-content/uploads/2012/05/Health_Impact_Assessment_A_Practical_Guide.pdf) accessed October 20, 2014

<sup>48</sup> <http://www.lgnsw.org.au/files/imce-uploads/127/integrated-age-friendly-toolkit-1.pdf#page=46>



includes checklists covering the existing financial readiness of councils, future financial planning, strategies and actions to employ, and priority actions to take.

A growing focus for councils is considering the social determinants of health their role in health promotion, the provision of health services, and other services such as libraries. Local government is ideally placed to plan, develop, lead and implement local policies to influence many determinants of health. These policies include actions in areas such as transport, roads, parks, waste, land use, housing and urban planning, recreation and cultural activities and creating safe public places<sup>49</sup>.

For Greater Hume Shire, the ageing community and socioeconomic disadvantage are the two main determinants impacting on the health and wellbeing of the community.

## Age-friendly communities

### The relationship between healthy ageing and the built environment

The crucial role local government has in providing age-friendly built environments is acknowledged in the literature<sup>50</sup>. Evidence suggests that the health of both individuals and communities is affected by the physical and social environments. At a broad scale, these influences arise from the impact of land use and transport planning, land use mix and infrastructure provision. At a more local scale, the design and availability of public spaces and transport networks, the design of street networks, the perceived and actual safety of an area, as well as personal resources, are suggested to be important environmental and social influences on health and wellbeing<sup>51</sup>.

The acceptance that “the urban environment is an important determinant of health”<sup>52</sup> with recent concerns at the local, state, national and global level about levels of physical activity, obesity, mental health and social and environmental inequality demonstrating the link between health and planning. The evidence supports the central role that planners play in providing environments which support healthy behaviour<sup>53</sup>.

The following information is a brief overview of the areas in which local government have a role in improving the health and wellbeing of an ageing community.

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Accessed October 20, 2014.

<sup>49</sup> Department of Health Victoria (2011) Victorian Public Health and Wellbeing Plan 2011- 2015.

<sup>50</sup> Kelly, 2012; Lui, Everingham, Warburton, Cuthill & Bartlett, 2009; WHO, 2007 in O'Brien, E. (2014) Planning for population ageing: ensuring enabling and supportive physical-social environments- Local infrastructure challenges. *Planning Theory & Practice*, Vol. 15, No. 2, 220-234.

<sup>51</sup> Lavin T, Higgins C, Metcalfe O, Jordan A. Health Impacts of the Built Environment: A Review. The Institute of Public Health in Ireland; 2006. [http://www.publichealth.ie/files/file/Health\\_Impacts\\_of\\_the\\_Built\\_Environment\\_A\\_Review.pdf](http://www.publichealth.ie/files/file/Health_Impacts_of_the_Built_Environment_A_Review.pdf)

<sup>52</sup> Capon A, Blakely E. Checklist for healthy and sustainable communities. *NSW Public Health Bulletin* 2007; 18(3-4): 51-4. [http://www.publish.csiro.au/?act=view\\_file&file\\_id=NB07066.pdf](http://www.publish.csiro.au/?act=view_file&file_id=NB07066.pdf)

<sup>53</sup> Thompson S, McCue P. The CHESS Principles for Health Environments: A holistic and strategic game plan for inter-sectoral policy and action. Sydney: NSW Premier's Council on Active Living; 2008.

## Accessibility, mobility and connectivity

While the links between the built environment and health and wellbeing are complex, there is little doubt the key priority in planning for population ageing is ensuring enabling and supportive environments. Age-friendly built environments are shown to be a key factor in meeting the essential needs of mobility, social connection, sense of community, and active healthy ageing<sup>54</sup>.

Findings from various reports and studies indicate the significance of design on creating age-friendly built environments. "A built environment featuring universal and inclusive design that is pedestrian friendly, with well-connected street networks is shown to have a significant role in facilitating access to facilities and services, supporting physical activity and enabling older people to socialise"<sup>55</sup>. These types of environments allow older people to achieve the goals of independent living, a sense of community and engaged with society.

Features such as walk-ability and wheel-ability footpath programs, improvements to pedestrian infrastructure and bus stops, and retro-fitting access ramps and other facilities to accommodate multi-use and allow for connectivity. In small rural communities such as those in the Greater Hume Shire, there is a need for connectivity between retirement and aged care facilities and local community centres, libraries and shopping centres.

Accessibility and connectivity needs to be part of the strategic planning process rather than a demand response, and in the case at hand, needs to be on the priorities accorded in the council's programme of works<sup>56</sup>. It is recommended that Councils recognise a need to audit the sustainability of infrastructure as age-friendly and develop asset management plans.

## Transport

Providing integrated transport alternatives that link older people to their homes, places of work, services and facilities is important in order to maintain independence, autonomy and community connection. In communities such as those in the Greater Hume Shire, there is a lack of public transport and Councils are encouraged to explore innovative and cost effective community transport which is accessible in terms of distance to services and gaining physical access to the service. Also, community buses and drivers for use by older persons' social groups for nominal fee<sup>57</sup>.

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<sup>54</sup> Rosso, Auchincolss, & Michael, 2011; Kelly, 2012; & Aspinall et al., 2010 in in O'Brien, E. (2014) Planning for population ageing: ensuring enabling and supportive physical-social environments- Local infrastructure challenges. *Planning Theory & Practice*, Vol. 15, No. 2, 220-234.

<sup>55</sup> O'Brien, E. (2014) Planning for population ageing: ensuring enabling and supportive physical-social environments- Local infrastructure challenges. *Planning Theory & Practice*, Vol. 15, No. 2, 220-234.

<sup>56</sup> Ditto

<sup>57</sup> <http://www.lgnsw.org.au/files/imce-uploads/127/integrated-age-friendly-toolkit-1.pdf#page=46>

Accessed October 29, 2014.

## Libraries

Libraries are most commonly utilised by older Australians supporting social participation, health and wellbeing, independence and quality of life of older people.<sup>58</sup> There is general recognition of the vital contribution public libraries make towards the social capital, educational and recreational development of local communities.<sup>59</sup>

The 2008 NSW Public Libraries Association study explored the ways in which New South Wales public libraries sustain the community in social, cultural and environmental terms. The study found that public libraries contribute positively in terms of economic value, benefit and activity. NSW public libraries generate at least \$4.24 of economic value for each dollar expended, and \$2.82 of economic activity for each dollar expended. Further, the study also found that public libraries make a contribution towards equity in the community due to the high proportion of users being either young or old, earning below the average income, speaking languages other than English, and participating in some form of education<sup>60</sup>.

Greater Hume Shire is a member of the Riverina Regional Library service and as such receives the benefit of being part of the largest regional library service in NSW. The Riverina Regional Library Management Plan 2015-2018 directs its attention to the new areas: to Build Capacity; Innovation and Accountability; Create Connections.

The Plan acknowledges the changing demands for libraries due to the growing demand for virtual collections and virtual access. There is acknowledgement that libraries are becoming more vital as safe community spaces providing access to range of critical community services<sup>61</sup>

## Community centres and local halls

Local halls and community centres are a valuable resource for social and community support providing a wide range of affordable, accessible social, cultural, recreational and health programs.<sup>62</sup> Greater Hume Shire continues to support these important community assets ensuring residents have an opportunity to gather, socialise and participate in community activities.

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<sup>58</sup> ALGA, 2007; Bundy, 2006; Jones, 2006; LGSA, 2007; PricewaterhouseCoopers, 2005 in O'Brien, E. (2014) Planning for population ageing: ensuring enabling and supportive physical-social environments- Local infrastructure challenges. Planning Theory & Practice, Vol. 15, No. 2, 220-234.

<sup>59</sup> Public Library Association of NSW (2008) Enriching communities: the value of public libraries in New South Wales.

<sup>60</sup> Public Library Association of NSW (2008) Enriching communities: the value of public libraries in New South Wales

<sup>61</sup> Riverina Regional Library Management Plan (2014 – 2015).

<sup>62</sup> Local Government NSW, 2002; Waverley Council, 2002; WHO 2007; in O'Brien, E. (2014) Planning for population ageing: ensuring enabling and supportive physical-social environments- Local infrastructure challenges. Planning Theory & Practice, Vol. 15, No. 2, 220-234.

## Sport and recreation facilities

A recent national survey undertaken by the ABS indicated that over 50% of Australians aged 65 or over participated in sport and physical recreation in 2011-2012<sup>63</sup>. Activities included walking, cycling, bush walking and jogging/running demonstrating a requirement for recreation paths and trails.

It is recommended that councils improve the access and safety standards of sport and recreation facilities, either at the construction stage or part of the renewal process. For example, access to swimming pools, provision of ramps and tracks through parks, cycle paths, walking and fitness trails, setting for picnics and social activities and easy playground access with age-friendly amenities while supervising grandchildren or other recreation.

## Tourist facilities

Council's interest and support for tourism needs to include support for accessible communities. Accessible sullage pump-out facilities for motor homes, caravan parks and roadside facilities and good road infrastructure are important to travelling 'grey nomads' and early retirees<sup>64</sup>.

## Dementia friendly communities

The majority of people with dementia live in the community. Often people feel socially isolated and wish that they had more opportunities to interact with people in the community and to participate in social or other activities. With the support of their employer, community, local businesses and organisations, neighbours, and friends and family members, people with dementia can continue to do many of the things they did before they received a diagnosis.

A dementia-friendly community is a place where people living with dementia are supported to live a high quality of life with meaning, purpose and value. For people with younger onset dementia, this should mean the option of being supported to stay at work, like any other disabled person, as being dementia friendly is not only about social engagement. Each dementia-friendly community will look different, but may include:

- Businesses that provide accessible services to people with dementia including having staff who understand dementia and know how to communicate effectively with people who have dementia
- Employers that provide support for people living with the disabilities of dementia to continue with paid employment
- Volunteering opportunities for people with dementia
- Choirs, walking groups, sporting clubs and social groups that are welcoming and inclusive of members with dementia

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<sup>63</sup> ABS, 2013

<sup>64</sup> O'Brien, E. (2014) Planning for population ageing: ensuring enabling and supportive physical-social environments- Local infrastructure challenges. *Planning Theory & Practice*, Vol. 15, No. 2, 220-234.

- Adult education facilities that provide opportunities to support new learning, for example courses at tertiary institutions, TAFE, or learning a new language or instrument cafes for people with dementia and their families<sup>65</sup>

People with dementia identified the following priority areas in creating dementia-friendly communities:

1. Increasing community awareness and understanding about dementia
2. Improving access to social activities and opportunities for engagement including volunteering
3. Employment opportunities or support to remain employed
4. Access to appropriate health and care services to support them to continue to live at home for as long as possible
5. Access to affordable and convenient transportation options
6. Improved physical environments including appropriate signage, lighting and colours.

## Dementia-Friendly Toolkit<sup>66</sup>

The Dementia-Friendly Toolkit aims to provide councils with the information to make your community or business more dementia friendly.

Information contained within the kit includes:

- Social and environmental checklists
- Guidelines for organisations to become dementia friendly
- Information for staff on how to effectively communicate with people with dementia
- Information on existing resources which could be used to increase staff awareness about dementia
- A guide to how to create a Dementia Alliance and developing an action plan to creating a dementia friendly community
- A template letter to write to your local MP to support the development of dementia-friendly communities.

Local government has a key role in supporting dementia-friendly communities.

## Socioeconomic disadvantage

The link between inequities in health outcomes and socio-economic disadvantage particularly in terms of higher average mortality and morbidity rates is well established and documented for rural NSW<sup>67</sup>. The socio-economic challenges of life in a rural community are associated with significant health risk factors,

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<sup>65</sup> Alzheimer's Association (2014) Creating Dementia Friendly Communities, Community Toolkit

<sup>66</sup> Alzheimer's Association (2014) Creating Dementia Friendly Communities, Community Toolkit

<sup>67</sup> Glover J, Tennant S. A social health atlas of Australia (second edition) - Volume 2: New South Wales. Adelaide: Public Health Information Development Unit, University of Adelaide; 1999.  
<http://www.publichealth.gov.au/publications/a-social-health-atlas-of-australia-%5Bsecond-edition%5D---volume-2:-new-south-wales.html>

such as higher rates of smoking, greater rates of disability and lower rates of physical activity. People's socioeconomic characteristics, such as their level of education and employment influence people's health behaviours, their psychological state and factors relating to safety. These, in turn, can influence biomedical factors, such as body weight and glucose metabolism, which may have health effects through various further pathways<sup>68</sup>.

The well-known challenges of access to health, housing, education and work in rural and remote Australia are also associated with higher rates of health risk factors and higher rates of a number of chronic conditions and avoidable hospitalisations and deaths among the people of rural and remote Australia<sup>69</sup>.

In rural and remote communities the health effects of disadvantage are compounded by poor access to communications (such as high speed broadband, mobile phone coverage, transport) and environmental challenges (such as drought, floods and bushfire).

Despite the average lower cost of housing in rural and remote areas than in major cities, people in rural and regional Australia are just as likely to experience housing stress as those in major cities. The lower cost of housing can entice people on lower incomes to move to more remote areas which unfortunately often provide little opportunity for employment and/or have lower levels of access to services. Energy prices are also frequently higher in non-metropolitan areas.<sup>70</sup>

## Local Government and Socioeconomic (SE) Disadvantage

There appears to be limited studies on the role local government has in relation to SE disadvantage.

## Policy and SE Disadvantage

Local government has a role in developing policy statements to meet the needs of people on low incomes. A 2011 survey of local governments in NSW identified the following policies to address the needs of people on low income:

- low incomes and people who are unemployed: rates assistance policy, affordable housing policy, donations policy, welfare program running at community centre, policy for personal hardship, homeless persons MOU, Mobile Free Food Services<sup>71</sup>

The survey also identified the councils that have the following policy statements for public health:

- 17.3% of councils had an Immunisation Services Policy.

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<sup>68</sup> AIHW (2014) Australia's Health 2014

<sup>69</sup> COAG Reform Council. Healthcare in Australia 2012-13: Five years of performance. (Including supplements comparing health outcomes by remoteness and by socio-economic status.)

<sup>70</sup> National Rural Health Alliance (2014) Income inequality experienced by the people of rural and remote Australia.

<sup>71</sup> Local Government NSW (2011) Your Council in the Community

- 42.7% of councils had a Tobacco, Alcohol and Other Drugs Policy.
- 47.3% of councils had a Sun Protection Policy– the highest prevalence for any health –related policy.
- Over 50% of councils had smoke-free policies, resolutions and/or regulations for outdoor areas.
- 28% of councils had employee health policies<sup>72</sup>.

## Health Promoting Councils

Local Government plans and provision of basic infrastructure and facilities that enables residents to participate in physical activity, including as part of daily life, is critical in promoting the health of the community. Such activities include planning for connectivity, provision of street lighting, foot and bicycle paths, seating, children’s playgrounds, other active and passive open space, swimming pools and other sports centres and facilities.

The Local Government Association website promotes a walkable community environment to encourage local residents to walk and exercise in their local area. The Heart Foundation’s helpful tips to get people out and about and walking is available<sup>73</sup>.

However involvement in key health promotion initiatives in areas such as injury prevention and safety promotion, cancer prevention (particularly skin cancer prevention), and active community (physical activity promotion and nutrition) is not as common or consistent as work in the mandatory health protection functions. Given its importance in preventing chronic non-communicable disease, there is some scope for councils to take a more active role in promoting physical activity and addressing obesity by supporting the development of walking trails, connecting footpaths, exercise parks and programs targeting nutrition and food access and affordability (food security)<sup>74</sup>.

## Economic development and social planning

Employment and community sustainability are important determinants in improving the SE status of rural communities. Local government plays a key role in this area.

In 2008, the Greater Hume Shire commissioned an Economic Development and Social Plan which recommended a strategic approach to improving the economic and social wellbeing of the area. The recommended strategies related to sustaining the various communities by attracting residents, industry and new businesses, embracing tourism, adequate infrastructure (transport, housing, sporting facilities and health services) for an ageing population, improved communication technology and revitalising the towns and villages to make them more attractive.

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<sup>72</sup> Ditto

<sup>73</sup> <http://www.lgnsw.org.au/policy/liveability> accessed October 21, 2014

<sup>74</sup> Local Government NSW (2004) Results of Local Government Public Health Survey 2004

Each of these strategies has a role in improving opportunities for employment and therefore the health and wellbeing of the community.

## Inclusive Community

People with a disability are often the socioeconomically challenged due to inability to access employment, transport and other community resources. Councils possess a high level of expertise in disability and need to have policies and processes in place to promote and increase access and participation<sup>75</sup>. The Victorian Municipal Association recommends the following actions to support people with a disability:

- Disability action planning is integrated into council planning and reporting.
- Policies and plans are developed in conjunction with people with a disability and are endorsed by senior management.
- All areas of council assume some responsibility for disability actions, rather than one position assuming sole responsibility.
- Procurement contracts and tender documents are revised to require service providers and contractors to address disability issues
- Councils exercise their responsibilities as equal opportunity employers and community leaders to work with others to enhance local employment opportunities for people with a disability.
- Councils will work in partnership with other spheres of government, business, other organisations and the community to improve access and inclusion for people with a disability.

## Alcohol & licensed premises

Socioeconomic disadvantage is linked to higher consumption of alcohol. Local government has a role regulating the environmental and social impacts of licensed premises through the development approval process. As such, councils have a strong interest in ensuring the legislation controlling the sale, supply and consumption of alcohol in the community is appropriate and provides for a safe and healthy community<sup>76</sup>.

## Partnerships

Local government faces increasingly demanding and complex community expectations. With limited resources and competing demands it is critical that councils find new ways to plan and deliver public health services to support the health and wellbeing of the community. Strategic collaboration and partnerships are ways that councils can respond to these challenges<sup>77</sup>.

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<sup>75</sup> Municipal Association of Victoria (2013) Local government: Building inclusive communities

<sup>76</sup> <http://www.lgnsw.org.au/policy/communities> accessed October 21, 2014.

<sup>77</sup> NSW Department of Local Government (2007) Collaboration and Partnerships: A Guidance Paper



Collaboration can take many forms including alliances, partnerships, business clusters etc. Their purpose is to reduce duplication of services, provide cost savings, access innovation, enhance skills development and open the way for local communities to share ideas and connect with others.

Strategic collaborative arrangements aim to:

- capture and share knowledge and innovation,
- connect councils in maximising service delivery opportunities to meet common community needs,
- reduce costs through the elimination of duplication,
- access economies of scale, and
- develop an effective local platform to work with other levels of government to achieve better whole of government outcomes for the community.

In relation to public health, collaboration with local health services, local health districts, business, not for profit and for profit providers will enable Greater Hume Shire to consult, plan, implement and monitor the strategies needed to improve the health and wellbeing of the community.

## Summary

The ageing population of the Greater Hume Shire means council must give primacy to age-friendly infrastructure in strategic, asset and financial planning. The literature together with the socio-demographic and health status profile demonstrates the need for age –friendly infrastructure to become a visible part of council's strategic direction, action and resource allocation, and to be given a high priority across council portfolios and on council agendas<sup>78</sup>. Resourcing may require partnerships with other levels of government to engage in reform measures to assist in financing cost.

Similar, considering the needs of residents who are socioeconomically disadvantaged requires council to focus on investing and supporting new business, affordable housing and implementing policies to support hardship.

Resourcing and supporting age-friendly and inclusive infrastructure is crucial to retaining people in their community of choice, providing safety, accessibility and mobility, related autonomy, physical activity, social connection, affordable housing and services and therefore promoting health and wellbeing.

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<sup>78</sup> O'Brien, E. (2014) Planning for population ageing: ensuring enabling and supportive physical-social environments- Local infrastructure challenges. *Planning Theory & Practice*, Vol. 15, No. 2, 220-234.

## Section 5 - Service Profile

### Introduction

Residents in the Greater Hume Shire have access to a broad range of health and community services. Services are either available locally or accessed in Albury or Wagga Wagga. Specialist community services are available either outreach or centre based in the main service centres.

The following information was current at the time of writing the Plan however it is recognised that changes to policy and funding will mean changes in services and programs.

### Aboriginal Health Services

Albury-Wodonga Aboriginal Health Service, Woomera Aboriginal Corporation, Mungabareena Aboriginal Corporation, Riverina Dental and Medical Aboriginal Corporation, Hume Medicare Local and Murrumbidgee Local Health District are the main providers of health and community services for Aboriginal people living in the Greater Hume Shire. The services are centre based.

### Alcohol and Other Drugs

Outreach services are provided by Murrumbidgee Local Health District through Albury Community Health.

### Allied Health Services

Public allied health services such as physiotherapy, occupational therapy, dietician, diabetes educator, radiology and podiatry are available either centre based through the local hospital or on site at Albury-Wodonga Health, Albury Community Health or Wagga Wagga Base Hospital. Private services such as physiotherapy and podiatry are available in some centres in the Shire.

### Aged Care

#### Residential Care and Home Care Packages

The Greater Hume Shire is in the Department of Social Services Riverina- Murray Aged Care Planning Region. The area includes 28 Local Government Areas. A number of organisations provide aged care services in and into the Shire.

The following table (Table 10) lists the residential facilities and home care packages currently provided in the Shire.

**Table 10 Greater Hume Shire Aged Care Residential and Home Care Packages**

Town	Facility	Residential Care	Level 1- 2 HCPs	Level 3-4 HCPs
Culcairn	MPS	22	2	
Henty	MPS	12		
Henty	UPA Myoora Homestead	20		
Holbrook	Health Service	16		
Holbrook	UPA	21		
Jindera	UPA	20		
Greater Hume Shire	Intereach		20	
Greater Hume Shire	Lutheran Aged Care		13	2
<b>Total</b>		<b>111</b>	<b>35</b>	<b>2</b>

### Projected Demand for Aged Care in the Greater Hume Shire

Over the next ten years the 70+ population across the Shire are projected to continue to increase. Under the Allocation Principles the Australian Government sets benchmarks for approving the number of subsidised places. These benchmarks are subject to change.

The new benchmark is 125 places for 1000 people aged 70 years and over. This includes 80 residential (ageing in place) and 45 Home Care Package places (HCP), reflecting the increasing number of older people choosing to remain living at home with support through the Home Care Package program. For residential care services the benchmarks are based on Local Government Areas (LGA) and then considered at Statistical Local Areas (SLA). For Home Care Packages program allocation benchmark is developed on a regional wide basis. The areas falling below the benchmark are then targeted through the Aged Care Approval Round (ACAR) process.

Table 11 describes the current projected benchmark allocations. Based on current population, there is a deficit of 1 bed. The projections for 2026 would see a deficit of 50 beds based on the current formula and population projections.

**Table 11 Projected Benchmark Allocations at 80 places per 1000 population aged 70 years and over**

2014				2026		
70+ pop	Allocation	Benchmark	Surplus/Deficit	70+ Pop	Benchmark	Surplus/Deficit
1151	91	92	-1	1771	141	-50

The benchmark for 2026 may be less than the above projection as the age threshold may be increased (e.g. to 75 years) during this time.

The current Home Care Package allocation for the Greater Hume Shire is 37 which are -14 on the benchmark for Home Care Packages, based on the Allocation of Principles for Home Care Packages of 45 places per 1000 population aged 70 years and over (Table 12).

**Table 12 Projected benchmark home care packages at 45 places per 1000 population aged 70 years and over**

2014				2026		
70+ pop	Allocation	Benchmark	Surplus/Deficit	70+ Pop	Benchmark	Surplus/Deficit
1151	37	51	-14	1771	79	-42

It is anticipated that additional packages will be allocated in the 2013/2014 Aged Care Allocation Round and in future rounds.

### Home Support Program

The Commonwealth Home Support Programme (HSP) assists older people to remain living in their own home and community to maximise their independence. The HSP is undergoing transition with system changes to achieve consistency in assessment practices, continuity between service types, contestability to achieve value for money and amalgamation of services types.

From 1 July 2015, all new HSP clients will access aged care services through My Aged Care, an on-line service gateway. Following initial contact through My Aged Care, area based providers will be responsible for assessing, screening and determining the services for the client and carer.

A number of providers are responsible for HSP services in the Greater Hume Shire. Table 13 lists the providers and services prior to 1 July 2015.

**Table 13 Home Support Program Providers prior to 1 July 2-15**

<b>Program</b>	<b>Provider</b>	<b>Catchment</b>
<b>Service Group 1</b> Domestic Assistance Personal Care Social Support Respite Other food services	NSW Home Care  Holbrook MOWs	Greater Hume Shire  Holbrook
<b>Service Group 2</b> Assessment Client Care Coordination Case Management Counselling Information Advocacy	Intereach	Greater Hume Shire
<b>Service Group 3</b> Nursing Care Allied Health	Murrumbidgee Local Health District	Greater Hume Shire
<b>Service Group 4</b> Centre based day care	Intereach	Holbrook
<b>Service Group 5</b> Home Modifications Goods and Equipment	Intereach	Culcairn
<b>Service Group 6</b> Meals	Intereach Holbrook Meals on Wheels Henty - UPA	Culcairn & Jindera Holbrook & Walla Walla Henty

## **Commonwealth Respite and Carelink Centre (CRCC)**

The program is provided by Intereach and is available for carers of frail aged, people with disabilities, mental health issues, and chronic/palliative care needs. It supports carers by providing information, referral and advocacy for support. Brokerage is available to assist with emergency or short-term respite needs. Support can be either direct respite, such as in home support or in residential or group settings, or indirect such as domestic support, personal care, equipment and tutoring for young carers.

## **National Respite for Carers Program (Dementia)**

The program is provided by Calvary Health Care Riverina Wagga Wagga for carers of people with dementia in the Greater Hume Shire (<http://www.calvary-wagga.com.au/>).

## **Dementia Behaviour Services**

Hammond Care provides Dementia Behavioural Management Advisory Service to the Shire.

## Cancer Services

An extensive range of cancer services are available in Albury –Wodonga for residents in the Greater Hume Shire. These include:

- The Border Medical Oncology is a specialist medical practice dedicated to the treatment of patients diagnosed with solid tumours (cancers) and haematological malignancies
- The Murray Valley Radiation Oncology Centre based in Wodonga provides radiation services for the treatment of cancer
- Wodonga Campus - Albury Wodonga Health Provision of Public Hospital services in Wodonga
- The Gardens Skin Cancer Clinic Detection and treatment of skin cancer
- Mercy Health Albury Mercy Health provides services related to cancer including Palliative Care Hospice, Co-ordination of Palliative Care volunteers, Pastoral Care and Social Work
- Albury Wodonga Private Hospital provides acute medical and surgical services
- Albury Campus - Albury Wodonga Health Provision of Public Hospital services in Albury
- The Albury Skin Cancer & Cosmetic Clinic Detection and treatment of skin cancer
- Murray Valley Private Hospital Murray Valley Private Hospital services provided include Day Chemotherapy, Oncology and Rehabilitation
- Albury Wodonga Regional Cancer Centre - The new \$65m Cancer Centre under development in Albury/Wodonga which is due to open September 2015

The Leukaemia Foundation provides outreach support for people with blood cancers.

## Child Care

Greater Hume Children Services provide flexible home based child services with Family Day Care, Family Day Care In Venue Care, In Home Care and Playgroup sessions.

Occasional Care is available in Culcairn, Walla and Henty, while Long Day care is only available in Holbrook.

Community Early-years Childcare offer childcare education and care sessions for children aged from 6 weeks to 6 years at Henty, Walla Walla and Woomargama.

It is critical that Greater Hume Shire continue to auspice child care services to retain and attract young families and ultimately contribute to the social and economic status of the community.

## Early Childhood Health Services

Early child health services are available at Culcairn, Henty, Holbrook and Jindera

## Counselling – Financial, Gambling, Grief and Loss,

St David's Care offers free and confidential financial counselling, gambling and grief and loss counselling in to the Shire on a needs basis. The services use the Holbrook library for this service.

More information is available on the website:

[http://www.albury.unitingchurch.org.au/index\\_files/Page509.htm](http://www.albury.unitingchurch.org.au/index_files/Page509.htm)

## Dental Services

Public dental services are accessed for eligible people at the Albury Dental Clinic. Some private dentists participate in the oral health fee for service scheme by voucher. Dental services are available in Wagga Wagga and Albury.

## Disability Services

Disability services are provided as outreach services from Albury and Wagga Wagga. Aspire, Life Without Barriers, the NSW Department of Family and Aged Care Services, and Kurrajong at Wagga Wagga provide services to residents living in the Greater Hume Shire.

More detail can be found on the following websites:

- Aspire: <http://aspiress.com.au/>
- Life Without Barriers <http://www.lwb.org.au/who-we-are/>
- St Lukes <http://www.stlukes.org.au/Search/1/albury.aspx>

Intereach provides Ability Links (NSW) for people with a disability, their families and carers aged between 9 and 64. Ability Links NSW (ALNSW) is a new way to support people with disability, their families and carers, as a part of the ongoing reforms of the disability services system in NSW. The program provides people with disability, their families and carers with a locally based first point of contact to access resources and opportunities in their local communities.

## Family Services

### Intensive Family Support and Intensive Family Preservation

Intereach are the provider of this program on referral from Family and Community Services. It is for families at risk or at imminent risk of children being removed from the home. It provides families with case management, parenting and life skill programs, advocacy, referrals and support to strengthen the family unit and keep the children safe.

Mission Australia also provides an intense support program through Child & Family Service <12 yrs Brighter Futures Program <9yrs.

### **Families Link Program**

The program is for families with at least one child 0 - 8 years providing access to individual and group based education and support and help for families access support and ongoing involvement with other services where required. The program is provided by Intereach.

### **Family Dispute Resolution (FDR) Program**

Upper Murray Family Care (UMFC) provides the Family Dispute Resolution program assists families affected by separation to come to child focused parenting arrangements in the best interests of their children.

### **Property Dispute Resolution**

UMHCS also offers as an alternative to the court process to resolve property settlements.

### **Parenting Orders Program (POP)**

The Parenting Orders Program uses case management and therapeutic group work to provide assistance to separated parents who are experiencing high conflict. The service is provided by UMFC.

### **Children Contact Service (CCS)**

The Children's Contact Service enables children of separated families to re-establish or maintain contact with their non-residential parent or other family members where appropriate. The service is provided by UMFC.

## **Gay Lesbian Bi Sexual Transgender and Intersex (GLBTI) Services**

Hume Phoenix Inc. supports non-heterosexual people of the Albury/Wodonga area and surrounding regions. Open and honest communication between people identifying as non-heterosexual, and the provision of resources, has been the major driving force behind this site's development. Funded by individual memberships and local business sponsorship, Hume Phoenix is dedicated to supporting gay, lesbian, bisexual, and transgender people, as well as their friends and families.

## **General Practice Services**

There are 5 general practice clinics located in the Greater Hume Shire. The clinics are located in Culcairn, Henty, Holbrook (2) and Jindera with a visiting service to Walla.

## **Housing**

Greater Hume Shire operates a range of senior and low income housing options.

- One bedroom retirement units are located in Culcairn, Holbrook, Jindera and Howlong.
- Two bedroom retirement units in Holbrook on both a lease and self-funded basis.
- Low income (Social Housing) two and three bedroom community housing in Culcairn.



Tenant Participation Resource Service program is provided by Intereach to social housing tenants. The program provides information and advice to become more involved in the processes relating to housing. The program also supports planning and running community activities, and can advocate and refer as needed.

Homes out West assists in the provision of affordable rental accommodation for people experiencing difficulty with housing needs. The target groups includes: Indigenous people , large families, young people, older people, people from non-English speaking backgrounds, people of differing sexual orientation, people with disabilities and those who experience mental health/substance use/ issues etc.

The NSW Government Housing NSW coordinates housing for the homeless and those at risk.

## Hospital Services

Hospital services in the Greater Hume Shire are part of the Murrumbidgee Local Health District (MLHD). The MLHD includes 33 health services and a number of community health centres across the region. The largest hospitals are located at Wagga Wagga, Griffith and Deniliquin. Albury-Wodonga Health, the nearest major hospital, forms part of the Victoria Department of Health region<sup>79</sup>. Tertiary referral hospitals are located in Canberra, Melbourne and Sydney.

In the Greater Hume Shire, Hospitals are located in Culcairn (MPS), Holbrook and Henty. Each hospital provides the following services

- 24hr Emergency service
- Acute/Sub acute services
- Palliative Care
- Support services
- Primary/Community Health Services
- Aged Care Services
- Needle exchange program

Visiting allied and community health services are available as outreach services from Albury in each of the major centres.

## Post Acute Care

Greater Hume Shire Council auspices the NSW Health's ComPacks program which provides post-acute services (for 6 weeks following discharge for an acute illness or emergency presentation in a participating NSW public hospital. The program funds home care, meals, transport and other services that are needed during this time. The service is available from all three hospitals in the shire.

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<sup>79</sup> Holbrook MPS Service Plan (Draft) 2014.

## Legal Services

Upper Murray Family Care provides the Hume Region Legal Services program. The program includes criminal matters, family law, motor vehicle accidents, neighbourhood disputes, small debts, discrimination, fines, freedom of information, mental health rights, police powers, social security, traffic offences and victims of crime compensation.

## Mental Health Services

Acute mental health services are available from Albury-Wodonga Health and emergency mental health support is provided to each of the hospitals via teleconferencing facilities.

Community mental health services and mental health recovery services are provided as outreach from St Lukes, Life Without Barriers and Albury-Wodonga Mental Health Services.

Carer Assist is available for carer education and training for people with mental illness.

More information is available on the following websites

St Lukes <http://www.stlukes.org.au/Search/1/albury.aspx>

Life Without Barriers <http://www.lwb.org.au/who-we-are/>

## CommuniCare5000

The program is provided by Intereach for individuals and family members affected by someone with a mental health issue in communities of less than 5000 people. Mental health issue can be pre-diagnosis. Support is provided through the use of case management, brokerage funding, individual and family support, respite care information, referral and community education and training.

## Pharmacy

Each of the hospitals has a hospital pharmacy service and privately operated pharmacies are located in Jindera, Culcairn, Holbrook and Henty.

## Sexual Health

Albury and Wagga Community Health Services provide sexual health programs and services for people living in the Greater Hume Shire

## Women's Health

The medical centres and Albury Community Health provide women's health services in the Greater Hume Shire. Other services that are Albury based include: Betty's Place Women's Refuge and the Albury-Wodonga Women's Centre.

## Youth Services

Youth services are provided by Greater Hume Shire, Youth Connections, St Lukes Anglicare, St David's Uniting Care. Other regional services such as MICEEP (Murray Industry & Community Education & Employment Partnership) also provide youth services in the Greater Hume Shire.

## Summary

A broad and diverse range of services are available to residents in the Greater Hume Shire. The challenge is to ensure the community and providers are aware of the services and how they are accessed.

## Section 6 - Wellbeing indicators

Greater Hume Shire has embarked on developing a set of indicators as part of its Community Health and Wellbeing Plan. The aim is to establish a set of indicators that can be used to measure the impact of the Greater Hume Health and Wellbeing Alliance activities over a given time.

Generally councils provide quantitative reporting on local government regulatory or operational responsibilities, however more recently there has been a commitment to using wellbeing indicators to move beyond fiscal and operational reporting to measuring quality of life for residents.

### What are Wellbeing indicators?

Local community wellbeing indicators (or 'community indicators') have been developed in Australia and around the world as a way to track trends in quality of life for a given community and as a basis for improving community engagement, community planning and policy making<sup>80</sup>.

The idea of wellbeing indicators is that they measure issues of relevance to the community regardless of whether council has direct responsibility for them. The focus is on longer-term, population or community level outcomes.

Wellbeing indicators adopted by local government are generally used by the wider community and organisations working within the community, to raise and monitor awareness of conditions and experience in the local community. Table 14 describes who may find the indicators useful and how they may be used.

**Table 14 Wellbeing indicators**

Wellbeing indicators	Used by whom?	To inform what decision/s?
The state of the things we care about in the local community	Community members All organisations who contribute to the state of the community Local government as facilitator of long term Community Strategic Planning and reporting	Community wide decisions about priorities Organisational responses to issues (where possible and appropriate) through service delivery or lobbying other agencies

<sup>80</sup> Elton Consulting and the Institute for Sustainable Futures, UTS (2011), Integrated Planning and Reporting Framework Community Indicators Project Community Strategic Planning Indicators Resource. Division of Local Government (DLG) of the NSW Department of Premier and Cabinet.

## Types of indicators

In 2011, the Division of Local Government produced a Community Indicators Project for use by councils. The Project recommended a large number of indicators based on the Community Indicators Victoria framework for measuring quality of life<sup>81</sup>. Overall there are 5 domains, 23 policy areas, 74 indicators, and a range of measures. The report recommended applying these indicators in NSW for a number of reasons including the fact they were informed by best practice and international literature.

It was acknowledged that whilst the Community Indicators Victoria framework is extensive and rigorous, the intensity of work required to identify data sources and measure progress would be unsustainable in a small rural council such as Greater Hume Shire. Further, the key shire health and wellbeing issues are socio-economic disadvantage and an ageing community therefore it is important to seek out indicators of relevance. Consequently, a further literature search was undertaken resulting in a proposal to adopt Holdsworth and Hartman's (2009) indicators relating to community cohesion due to the relevance to smaller rural communities<sup>82</sup>.

## Proposed Indicators

The literature relating to developing indicators has recognised that measuring economic resources alone does not lead to community sustainability and wellbeing. Having a strong, safe, socially cohesive community that embraces social connections and commitment is an important goal for local government and community organisations providing services within the community<sup>83</sup>.

Holdsworth and Hartman embraced this concept and set about developing a set of indicators by identifying common understanding of the concept of 'community cohesion'. They used the experiences of residents in a rural community and the relevant contemporary academic literature.

Participants were asked 'What do you think makes a community good to live in?' Answers included:

- A sense of belonging, a sense of community
- Good services – including shops, schools, sports fields and parks
- Community centres/activities centres/meeting places, gatherings of people
- Supportive neighbours, knowing people
- Perception of safety
- Acceptance of, and respect for, people from diverse backgrounds
- Engaging with others in the community (both formally and informally)

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<sup>81</sup> Elton Consulting and the Institute for Sustainable Futures, UTS (2011), Integrated Planning and Reporting Framework Community Indicators Project Community Strategic Planning Indicators Resource. Division of Local Government (DLG) of the NSW Department of Premier and Cabinet.

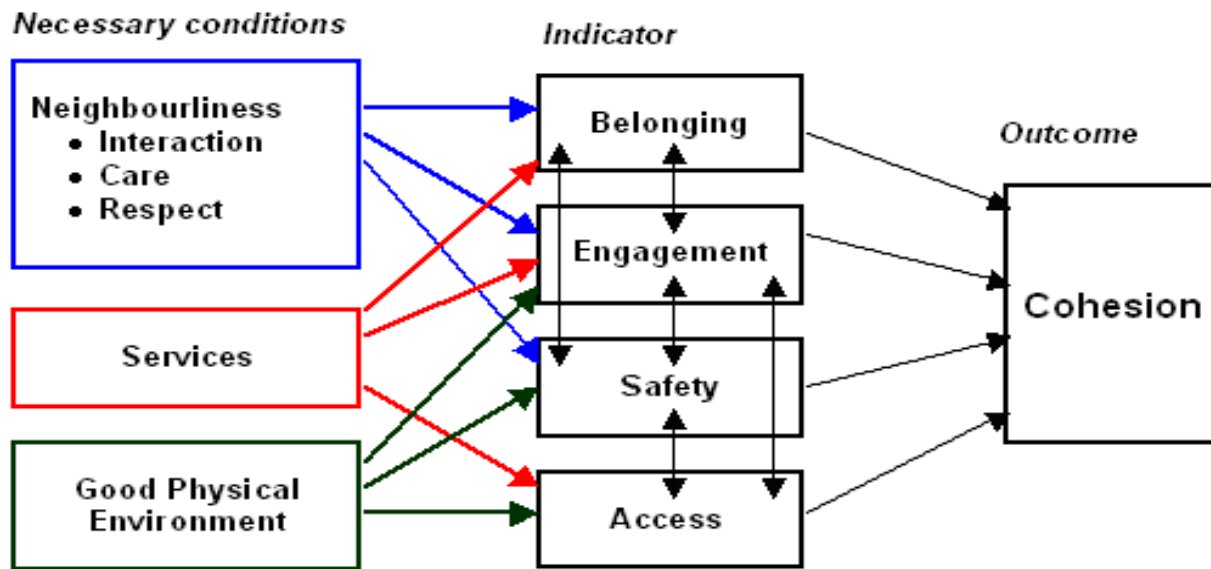
<sup>82</sup> Holdsworth, L. & Hartman, Y. (2009) Indicators of Community Cohesion in an Australian Country Town. Commonwealth Journal of Local Governance (2) p76-97.

<sup>83</sup> Holdsworth, L. & Hartman, Y. (2009) Indicators of Community Cohesion in an Australian Country Town. Commonwealth Journal of Local Governance (2) p76-97.

- Common goals, mutual respect
- A sense of pride in the community
- Help and community support that is available in times of need

The research further identified the conditions that are necessary in order for community cohesion to exist. These are reflected in the Figure 7 below.

**Figure 7 Conditions necessary for community cohesion.**



The authors confirmed that the findings were consistent with common understandings of community cohesion and these could be translated into indicators. These are:

- a sense of belonging;
- community engagement;
- perception of safety; and
- access to resources<sup>84</sup>.

## Measuring Indicators

As stated, the indicators are central to the development of the Greater Hume Shire Health and Wellbeing Alliance. The aim is to create a shared ownership of outcomes rather than seeing community wellbeing as a council's responsibility. To do this, there is a need to identify the measures that will be used to quantify the indicator and the usefulness of the indicator to stakeholders.

<sup>84</sup> Holdsworth, L. & Hartman, Y. (2009) Indicators of Community Cohesion in an Australian Country Town. Commonwealth Journal of Local Governance (2) p76-97.

## Methodology

### Greater Hume Community Health and Wellbeing Workshop – March 31, 2015

Councillors, service and volunteer welfare providers across the Greater Hume Shire were invited to a forum in March 2015 with the aim of identifying the data required to measure the indicators, and in turn, the responsible organisation. The forum took place in the Holbrook Community Technology Centre with 30 participants attending, representative of the target group.

Participants were provided with an overview of the Greater Hume Community Health and Wellbeing Profile and were then divided into random groups to workshop the Wellbeing Indicators. Measures, data options, methods and responsibility were proposed.

Participants were also asked to nominate representation for the Greater Hume Community Health and Wellbeing Alliance. Over 30 organisations/groups/individuals were nominated (Refer to Section 7). Participants reviewed the draft terms of reference for the group which have since been formalised.

The outputs have been integrated into the Greater Hume Community Health and Wellbeing Alliance and Plan Framework (Section 7 & 8).

## Summary

Greater Hume Shire has embarked on measuring quality of life for residents using a set of Wellbeing Indicators drawn from the literature. Consultation has taken place with stakeholder representing Council, organisations providing services within and to residents in the Greater Hume Shire and community welfare volunteers. The measures have been integrated into the Greater Hume Community Health and Wellbeing Planning Framework and will be used by the Greater Hume Community Health and Wellbeing Alliance to measure improvement in health and wellbeing. The aim is to create a shared ownership of outcomes rather than seeing community wellbeing as a council's responsibility.

## Section 7 - Greater Hume Community Health and Wellbeing Alliance

### Greater Hume Community Health and Wellbeing Alliance

Greater Hume Shire Council (GHSC) has established the Greater Hume Community Health and Wellbeing Alliance to collaborate with service providers and the community with the aim of improving the health and wellbeing of residents in the shire. The health and wellbeing Profile suggests that an ageing population and socioeconomic status are the two key health determinants impacting on the health status of people living the Greater Hume Shire<sup>85</sup>.

Like all local government, Greater Hume Shire Council faces competing demands and complex community expectations requiring new ways to plan public health services to improve the health and wellbeing of the community. Strategic collaboration is essential to responding to these challenges.

Hence, the aim of auspicing a health and wellbeing alliance is to create a shared ownership for improving health and wellbeing.

### Objectives

The objectives for the Alliance are to:

- Collaborate with stakeholders and confirm a set of community indicators that will inform Council planning and coordination of services that link with wider regional planning to improve health and wellbeing outcomes across the Shire
- Develop strategies for monitoring and measuring community health and wellbeing
- Monitor disadvantage and advocate for equity and access
- Support and engage in genuine community consultation/engagement processes
- Capture and share knowledge and innovation
- Improve efficiencies and maximise service delivery opportunities through the elimination of service duplication
- Improve coordination and access to services
- Maximise service delivery opportunities to meet common community needs

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<sup>85</sup> Greater Hume Community Health and Wellbeing Plan (In progress)



## Intent

Stakeholders acknowledge that they share a common interest in promoting and supporting the health, safety and wellbeing of the residents and new arrivals to the Greater Hume Shire.

It is the Stakeholders shared intent to support the health and wellbeing of residents and new arrivals by undertaking compatible and complementary actions.

## Terms of Reference:

- To confirm the community wellbeing indicators with will provide a platform to inform Council policy.
- To contribute, monitor and evaluate the implementation of the GHSC Community Health and Wellbeing Plan
- To clarify the health and wellbeing programs, services and planning structures across the Shire.
- To seek out opportunities for partnerships and networks to improve coordination of services, measuring of outcomes and, avoid duplication.
- To acknowledge the new funding environment, and use the Alliance to strengthen the capacity of local provides in the face of increasing competition from large national corporate providers. To work within a contestable environment.
- To identify gaps in services
- To advocate for the needs of the shire
- To use data from community consultation processes undertaken in the shire to identify need.

## Membership

A workshop in March confirmed interest and need in collaborating with community, welfare providers, volunteers, local health services, local health districts, business, not for profit and for profit providers, to enable Greater Hume Shire to consult, plan, implement and monitor the strategies needed to improve the health and wellbeing of the community.

Firstly, and most importantly, the residents of Greater Hume Shire are the key stakeholders and the target group. The Alliance will engage with the community to better understand their overall quality of life and capacity to contribute to society.

The recommended membership includes:

### Volunteers & Welfare

- St Vincent of Paul
- Men's Shed
- Church Groups
- Red Cross
- Legacy/RSL
- Service Clubs

- Local Health Advisory Committees (LHACs) – Culcairn, Henty and Holbrook
- Local community development groups

### Services

- GHSC
- Murrumbidgee Local Health District – Integrated Care Manager/Health Service Managers
- Primary Care Network
- Financial Counselling Services – St Davids Uniting Care and St Lukes Anglicare
- Mercy Health
- Intereach
- Aspire
- UPA
- Kaliana
- Kirinari
- Albury Wodonga Health (Mental Health and AODs)
- Lutheran Aged Care
- Holbrook Meals on Wheels
- Ambulance
- Police
- Education sector (as required)
- Youth (Youth Council/Youth Services Coordinator)
- Albury City Council

### Secretariat

Greater Hume Shire Health and Wellbeing Coordinator

### Chair

The GHSC Director of Corporate and Community Services

### Meeting Frequency and Contribution

Meetings are proposed three times per year. Members will be asked to represent the interest of their respective communities and clients.

The Alliance is supported by Greater Hume Shire Council Community Health and Wellbeing Coordinator and use the NSW Local Government (2007) Collaboration and Partnerships: A Guidance Paper to inform the development of the Alliance.

## Glossary

**ABS** Australian Bureau of Statistics

**AIHW** Australian Institute of Health and Welfare

**MPHWP:** Municipal Public Health and Wellbeing Planning (Department of Health Victoria)

**NSW** New South Wales

**NSWPHS** New South Wales Population Health Survey

**SEIFA** Australian Bureau of Statistics Socio-Economic Indices for Areas

**SES** Socio-Economic status

**SLA** Statistical Local Area

**WHO** World Health Organization

## Definitions

**Wellbeing indicators:** track trends in quality of life for a given community and as a basis for improving community engagement, community planning and policy making

**Health:** Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (WHO definition of Health)

**Wellbeing:** Wellbeing is a state in which people experience a good quality of life, and can participate effectively and enjoyably in society.

## Section 8 - Greater Hume Community Health and Wellbeing Plan

As previously stated, Greater Hume Shire Council has developed a set of indicators as part of its Community Health and Wellbeing Plan. Generally councils provide quantitative reporting on local government regulatory or operational responsibilities, however more recently there has been a commitment to using wellbeing indicators to move beyond fiscal and operational reporting to measuring quality of life for residents.

The Wellbeing Indicators have been used as the planning framework integrating the evidence of effectiveness described in Section 4 (Policy and Evidence). The Plan is the output of the GHS Community Health and Wellbeing Profile, stakeholder workshop (Refer to Section 6) and supported, monitored and evaluated by the Greater Hume Health and Wellbeing Alliance.

The Wellbeing Indicators include:

- A sense of belonging
- Community engagement
- A perception of safety
- Access to resources.

The following plan describes strategically, each of the indicators, how they will be measured, the strategies to reach the indicator and broad responsibility.

## Community Indicator # 1 - A sense of belonging - inclusiveness, ownership, pride, resilience

**Goal: Residents feel a sense of belonging and there is a sense of mutual respect, inclusiveness, ownership and pride in their community. Residents are able to realise their potential, cope with the normal stresses of life, can work productively and fruitfully and make a contribution to the community**

Objective: Implement policies, procedures and actions to facilitate a sense of belonging				
4 Years	1 Year			
DP Action	Code	Action	Performance Measure	Responsibility
GHSC becomes a health promoting shire.		<p>The GHSC develops and approves a community health and wellbeing policy, adopting the Community Health and Wellbeing Delivery Plan strengthening the mandate for community health and wellbeing action.</p> <p>GHSC supports and approves the actions of the Community Health and Wellbeing Alliance</p>	<p>Policy adopted Delivery plan approved Delivery plan influences council decisions Delivery plan formally evaluated annually</p> <p>The Alliance is formed and supported by council</p>	<p>Council Director of Corporate and Community Services</p>
GHSC values and actions advocate the importance of inclusion for all, addressing discriminatory attitudes, promoting good models of inclusive practice.		<p>Review the Council values annually Identify how the values are applied in decision making, market the values across the organisation, determine how directors and managers will role model the values and options for measuring effectiveness Include Council values in annual staff training program, describing what it means to work within the values and the importance of inclusiveness.</p>	<p>GHSC values are: reviewed annually, impact on decisions, known and acknowledged by staff, and demonstrated in how the organisation functions, its culture how it relates to the community.</p>	<p>Councillors All staff</p>

**Objective: Implement policies, procedures and actions to facilitate a sense of belonging**

4 Years	1 Year			
DP Action	Code	Action	Performance Measure	Responsibility
GHSC to lead and exercise responsibility as an equal opportunity employers and community leaders to work with others to enhance local employment and mentoring opportunities for young people, people who are disadvantaged, and people with a disability.		Review the application of EEO principles across all areas of council	Annual audit against EEO principles	General Manager Directors
		Continue to support traineeships for local young people. Target recruitment at young people who are disadvantaged or have a disability Continue Work Inspirations Program in Culcairn Participate in regional youth focused mentoring programs	Maintain current level of 3 trainees and 1 apprentice  1 WI/yr  GHSC staff mentor young people	
Continue to provide social housing and consider supporting housing for disadvantaged younger people and families linking them to local services for support.		Review social housing processes providing opportunities for disadvantaged younger people and families. Engage local volunteers to support them Link residents to regional services	Social housing residents reflect the profile of the community Local volunteers provide support	Community Health and Wellbeing Coordinator
Work towards becoming a dementia-friendly community and use the Dementia Friendly Community Toolkit as a resource.		Integrate the Dementia Friendly Community Toolkit into planning processes relating to community structures The Dementia Friendly Toolkit is considered in grant applications and community activities and services	The Toolkit is integrated into planning  Community activities and services are dementia friendly.	Director of Engineering Director of Environment and Planning Director of Corporate and Community Services Community Health and Wellbeing Coordinator
Continue to improve capability for successful funding applications, ensuring community structures,		Continue to apply for funding for accessible, inclusive and affordable community structures and activities	The Community Profile results in successful funding applications	Community Health and Wellbeing Coordinator

**Objective: Implement policies, procedures and actions to facilitate a sense of belonging**

4 Years	1 Year			
DP Action	Code	Action	Performance Measure	Responsibility
activities and processes are accessible, inclusive, affordable and friendly.		Facilitate successful grant writing for community groups	Annual grant writing training	
Advocate for employment opportunities with new and existing business/industry and local training.		Continue to promote the buy local policies and invest in attracting new business to improve employment	Annual investment in the Buy Local program	Executive Officer/Economic Development Officer
Work with TAFE and other Registered Training Organisations to provide entry level certificates and qualifications locally.		Continue to support VET providers in the local community. Advocate for the delivery of skills shortage qualifications; Aged Care/Agriculture/Customer service/Engineering	VET providers continue to deliver entry level qualifications locally The qualifications address local skills shortage	Director of Corporate and Community Services
Maintain contemporary ICT facilities for education purposes.		Undertake an annual review of GHSC community ICT facilities to monitor use, value and upgrade as required	Local GHSC ICT service use is monitored	Community Health and Wellbeing Coordinator
Support self-help/support and interest groups such as men's shed, friendly visiting, craft groups and service clubs to be sustainable, accessible and inclusive.		Continue to acknowledge and work with local groups assisting with funding and resources to ensure there are accessible, affordable and inclusive.	Meet with groups annually to address need and provide support	Community Health and Wellbeing Coordinator

## Community Indicator #2 - Community engagement

**Goal: Community members are consulted and engaged in decisions that affect them. Volunteering is inclusive, well acknowledged and supported**

**Objective:** Genuinely engage to community using inclusive decision making processes. Acknowledge the value volunteers bring to community life.

4 Years	1 Year			
DP Action	Code	Action	Performance Measure	Responsibility
Implement the planned community engagement processes using various strategies including a citizens panel model.		<p>Resource and support the community engagement strategy.</p> <p>Apply the principles of deliberative democracy- collective decision making.</p> <p>Use the website as a mechanism for ongoing community consultation/ideas &amp; feedback</p>	<p>Evidence of engaging the community in decision making.</p> <p>Community response influences activities and actions</p> <p>'Have your say' field on the website</p>	<p>Council General Manager</p> <p>Directors</p> <p>Community Health and Wellbeing Coordinator</p> <p>Executive Assistant</p> <p>Governance/Economic Development Officer</p>
Acknowledge all volunteers and those providing welfare, and genuinely engage them in council decisions, policy and meaningful dialogue to improve outcomes for those that are disadvantaged.		<p>Celebrate volunteer week acknowledging the local welfare volunteers</p> <p>Invite volunteers to present information about their work to council</p> <p>Seek out opportunities to support welfare work through funding, special grants &amp; material aid</p> <p>Keep welfare providers informed about local and regional services.</p>	<p>Volunteer week is celebrated</p> <p>Welfare volunteer present a profile of their work to council annually</p> <p>Welfare work is supported with a number of strategies</p>	<p>Director of Corporate and Community Services</p> <p>Councillors</p> <p>Director of Corporate and Community Services</p> <p>Community Health and Wellbeing Coordinator</p>



**Objective:** Genuinely engage to community using inclusive decision making processes. Acknowledge the value volunteers bring to community life.

4 Years	1 Year			
DP Action	Code	Action	Performance Measure	Responsibility
Improve access to information by ensuring the Shire website and other forms of information exceed mandatory requirements for accessibility.		Annually review the website against accessibility standards Regularly seek community feedback on its user-friendliness	The web site exceeds accessibility standards A mechanism is in place to receive community feedback. Community feedback influences design	Executive Assistants
Undertake work to ensure that young people, people who are disadvantaged, and people with a disability can exercise their rights as equal citizens in areas such as council elections, council meetings, council consultation processes, council policy, and membership of council's committees involving community representatives and in making complaints.		Establish a process/system for young people, people who are disadvantaged and people with a disability, to participate in council activities and decision making processes.  Review the community engagement strategy to ensure it is inclusive	Young people, people with a disability and or disadvantage actively participate in council decision making activities. Community engagement strategy is inclusive	Councillors General Manager Directors Community Health and Wellbeing Coordinator Executive Assistant Governance/Economic Development Officer

## Community Indicator #3 - Perception of Safety

**Goal: Residents feel safe**

<b>Objective:</b> Work with the Community Health and Wellbeing Alliance to develop and implement of community safety and health promoting activities.				
4 Years	1 Year			
DP Action	Code	Action	Performance Measure	Responsibility
Monitor the implementation of legislation controlling the sale, supply & consumption of alcohol in the community. Engage in community safety campaigns.		Work with the police, and hoteliers to support liquor accords in each town/village, safe drinking and community safety campaigns. Work with police to support crime prevention initiatives	Safe drinking and community safety campaigns	Community Health and Wellbeing Coordinator
Develop partnerships with local health services to plan & implement key health promotion initiatives: injury prevention, farm/work safety promotion, cancer prevention (particularly skin cancer prevention) & active community (physical activity promotion and nutrition).		Engage the Community Health and Wellbeing Alliance in health promotion initiatives Support local, regional and national programs	2-3 Health promotion activities per year	Community Health and Wellbeing Coordinator
Support neighbourhood/rural watch initiatives.		Engage the Community Health and Wellbeing Alliance in updates about community safety initiatives	Investigate rural and NH watch programs	Community Health and Wellbeing Coordinator
Seek feedback from community about sense of safety.		Seek opportunities to measure community perception of being safe	Community engagement processes include measures of safety	Community Health and Wellbeing Coordinator

**Objective:** Work with the Community Health and Wellbeing Alliance to develop and implement of community safety and health promoting activities.

4 Years	1 Year			
DP Action	Code	Action	Performance Measure	Responsibility
Improve the access and safety standards of sport and recreation facilities, either at the construction stage or part of the renewal process. For example, access to swimming pools, provision of ramps and tracks through parks, cycle paths, walking and fitness trails, setting for picnics and social activities and easy playground access with age-friendly amenities.		Monitor safety and access to all sport and recreational facilities. Apply Universal Design requirements	Construction and upgrades are planned around the principles of Universal Design	Director of Environment and Planning Director of Engineering
Refer to Indicator #4 for environmental community safety actions.				

## Community Indicator # 4 - Access to resources and connectivity

**Goal: All people have access to resources that are inclusive, responsive and affordable**

**Objective: Community resources and activities are accessible and connected supporting improved physical activity.**

4 Years	1 Year			
DP Action	Code	Action	Performance Measure	Responsibility
All community infrastructure planning and construction meets Universal Design requirements.		Update and implement planning policies and procedures to reflect Universal Design  Report the implementation of Universal Design to the Community Health and Wellbeing Alliance	Universal Design is adopted for community infrastructure  Directors report on the progress of UD to the Alliance	Director of Environment and Planning Director of Engineering
Apply the Integrated Age-Friendly Planning Toolkit for Local Government in NSW.		The Age Friendly Toolkit is applied to all planning processes The Aged Friendly Toolkit is considered in grant applications and community activities and services	Permits, planning and community activities are age friendly.	Director of Environment and Planning Director of Engineering Director of Corporate and Community Services Community Health and Wellbeing Manager
Apply the recommended Health Impact Assessment framework for infrastructure and strategic decisions.		Utilise the NSW local government HIA in planning and other Council processes	HIA is implemented and reported against	Director of Environment and Planning Director of Engineering

**Objective: Community resources and activities are accessible and connected supporting improved physical activity.**

4 Years	1 Year			
DP Action	Code	Action	Performance Measure	Responsibility
Collaborate with local services to address the transport issues across the shire.		Work with local and regional services to explore innovative options for existing resources eg cars/community buses. Advocate for the availability of affordable transport for health and wellbeing programs and community events	Existing transport resources are utilised innovatively.  Transport is provided for people to attend community events and health and wellbeing programs	Community Health and Wellbeing Coordinator
Undertake an accessibility audit of all council facilities and other assets e.g., footpaths and street access.		Engage disability advocates to undertake an audit Implement recommendations Mandate that all future community structures include access for older people and people with a disability	Accessibility audit & recommendations complete Annual budget reflects actions to address access Community structures are inclusive and accessible	Director of Environment and Planning Director of Engineering
Maintain a comprehensive list of visiting and local community health and wellbeing services on the website.		Maintain a list of services and promote the information to all community groups, volunteers, welfare providers and other visiting services.  Seek feedback on its effectiveness and use from the Community Health and Wellbeing Alliance	List of services is current Community members refer to the list for information	Community Health and Wellbeing Coordinator

**Objective: Community resources and activities are accessible and connected supporting improved physical activity.**

4 Years	1 Year			
DP Action	Code	Action	Performance Measure	Responsibility
Community events include accessibility information.		Community event organisers are required to report accessibility as part of their promotional material. Support the Community Health and Wellbeing Alliance to monitor this process.	Accessibility is included in promotional material	Event Organisers
Plan for age friendly and disability connectivity between: key community settings with provision of street lighting, foot and bicycle paths, seating, children's playgrounds, other active and passive open space, swimming pools and other sports centres and facilities such as aged care accommodation.		Integrate the connectivity audit into the accessibility audit  Consider connectivity in all community infrastructure approvals  Seek funding to improve connectivity	Connectivity is included in the accessibility audit of council facilities	Director of Engineering Director of Environment and Planning Community Health and Wellbeing Coordinator
Improve accessibility to community settings including local halls and prioritise grant funding for these community settings and others such as community BBQs and Ovens to host intergenerational activities and wide range of affordable, accessible social, cultural, recreational and health		Continue to support community groups to consider accessibility in their funding applications. Ensure applications meet Universal Design requirements	Community grants include Universal Design requirements	Community Health and Wellbeing Coordinator

**Objective: Community resources and activities are accessible and connected supporting improved physical activity.**

4 Years	1 Year			
DP Action	Code	Action	Performance Measure	Responsibility
programs.				
Continue to advocate, support and mentor the community based gymnasiums and gardens for health and wellbeing and community connectedness.		<p>Monitor the accessibility of community based activities.</p> <p>Seek support from the Alliance to provide feedback</p>	<p>The Alliance reports improvement in accessibility and community connectedness</p>	Community Health and Wellbeing Coordinator
Provide basic infrastructure and facilities that enables residents to participate in physical activity. Such activities include planning for connectivity, provision of street lighting, foot and bicycle paths, seating, children's playgrounds, other active and passive open space, swimming pools and other sports centres and facilities; and feature universal and inclusive design that is pedestrian friendly, with well-connected street networks.		<p>Seek out funding opportunities to improve physical activities using existing resources and assets</p> <p>Work with the Alliance to promote physical activity</p> <p>Target physical activity for health promotion programs</p> <p>Promote the natural environment</p> <p>Promote physical activity among staff</p> <p>Continue implementation of Healthy and Capable Teams Program</p>	<p>Health promotion programs target physical activity</p> <p>The Alliance focuses on physical activity for action</p> <p>Physical activity programs are implemented in the workplace</p> <p>Health and Capable Teams program continued</p>	Community Health and Wellbeing Coordinator

**Objective: Community resources and activities are accessible and connected supporting improved physical activity.**

4 Years	1 Year			
DP Action	Code	Action	Performance Measure	Responsibility
Promote a walkable community environment to encourage local residents to walk and exercise in the natural and built environment in their local area. Areas that may be of interest include bush walking trails in the Woomargama National Park trails.		As Above		
Implement the National Heart Foundation's helpful tips to get people out and about and walking.		As above		