



**Health and Wellbeing Plan 2013-2017**  
**Year Three Annual Review**

**December 2016**

## Introduction

Nillumbik Shire Council has a responsibility to protect, improve and promote public health and wellbeing within the municipality in accordance with the *Public Health and Wellbeing Act 2008* s24. We aspire to optimise Council's role in planning, protection and promotion of health for people of all ages and abilities in Nillumbik. This review summarises our progress towards making a positive difference to the health and wellbeing of our community over the course of the past year.

Council has shown commitment and drive to progress many health-related activities which meet the actions identified in the Shire of Nillumbik Health and Wellbeing Plan 2013-17. The key strategic directions are:

**Health planning:** to strengthen and integrate health planning and processes across the life stages

**Health protection:** to continue to protect the community through our efforts in delivering services, programs, facilities and infrastructure

**Health promotion:** to promote health and wellbeing throughout the municipality

Twenty evidence-based actions contributing to the three strategic directions are listed in the *Health and Wellbeing Plan 2013-17*. Teams across Council including Environment & Planning, Community & Leisure, and Infrastructure Services have embraced these activities.

In addition to these 20 actions, many elements of public health work have contributed to Council's wider agenda e.g. by initiating and developing partnerships with groups across the Northern region such as HealthAbility, Women's Health in the North, and North East Primary Care Partnership. Progress against each of the 20 actions is included in the Appendix.

### What is public health?

A widely used definition of 'public health' in Australia is:

A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (WHO, 1946).

This multidimensional model incorporates:

- genetic, lifestyle and environmental factors
- cultural influences
- socioeconomic conditions
- provision of, access to, and use of health care services and programs

The term 'public health' means interventions are focused on maintaining the wellbeing of populations rather than only individuals. The term is used to cover both physical and mental health.

The social determinants of health are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life (WHO 2008). Some health determinants (age, gender and hereditary factors) are non-modifiable, while others including lifestyle factors and wider environmental factors are modifiable. These are the issues Nillumbik Shire Council's *Health and Wellbeing Plan 2013*

– 2017 aims to improve. Public health planning deals with the factors and behaviours that cause illness and other health problems, rather than illness itself.

## **Background: why public health and wellbeing matters**

The term ‘avoidable mortality’ (AM) has been used to describe a simple and practical population-based method of counting untimely and unnecessary deaths from diseases for which effective public health or medical interventions, or both, are available (DHS 2008). In 2011, the Department of Health and Human Services identified that in the five years between 2002 and 2006 an estimated 58% of all deaths of people aged less than 75 years in Nillumbik were potentially avoidable (DHHS). Changes to lifestyle could prevent diseases associated with smoking, lack of physical activity, poor diet, and alcohol misuse, which feature among the leading causes of chronic illness and premature death.

## **State and regional context**

### **Victorian Public Health and Wellbeing plan**

The Nillumbik *Health and Wellbeing Plan 2013 – 2017* was developed with regard for the Victorian *Public Health and Wellbeing Plan 2011-15*. The Victorian plan focussed on a settings approach which included building capacity in local government to develop municipal health and wellbeing plans; as well as health promotion (addressing lifestyle-related risk factors) and preventive healthcare (e.g. early detection and intervention).

The recently released Victorian Public Health and Wellbeing Plan 2015-19 focuses on the prevention of avoidable disease and injury. It does this by encouraging healthy living from the early years and all throughout life. The health and wellbeing priorities for 2015-2019 are:

- Healthier eating and active living
- Tobacco free living
- Reducing harmful alcohol and drug use
- Improving mental health
- Preventing violence and injury
- Improving sexual and reproductive health

### **Eastern Melbourne PHN (Primary Health Network)**

Nillumbik now falls within the Eastern Melbourne PHN, comprising of 12 municipalities. This follows the 1 July 2015 transition from the Northern Medicare Local. The PHN will be working with the NDIS roll-out which commenced in the North East municipalities on 1 July 2016.

### **Local context**

Local government was given increased responsibility for public health as part of the *Public Health and Wellbeing Act 2008* which made a number of changes to the way councils are expected to plan for the health and wellbeing of their communities. This included a requirement for councils to conduct an annual review of their Municipal Public Health and Wellbeing Plans.

Some of our local strategies help to support the actions reviewed here. These include the *Integrating Child, Youth and Family services strategy: Birth to 25 Years 2016-2021*, *Positive*

*Ageing Strategy 2013-2018, Cultural Plan 2011-2017 and Nillumbik Recreation Strategy 2011-2019.*

### **HealthAbility (Formerly Nillumbik Health) Integrated Health Promotion Plan 2013-17**

The Department of Health encourages community health services to align their Integrated Health Promotion Plans with municipal health planning. The resulting plan, *Activating Communities for Health* has three priority areas:

- Promoting healthy eating
- Promoting mental health (including preventing violence against women)
- Preventing harm from alcohol

### **North East Primary Care Partnership (NEPCP)**

The NEPCP is a voluntary alliance of service providers in the local government areas of Banyule, Darebin and Nillumbik. NEPCP members work to improve relationships, reduce duplication of services, address gaps in service provision and achieve better health and wellbeing outcomes for the community. Governance is provided by the three Councils and a number of community health services. The core work of the NEPCP strategic plan for 2013-17 is:

- Partnership development
- Consumer, carer and community participation
- Preventing Violence against Women
- Integrated Care

### **Local demographics**

The Shire of Nillumbik covers 432 square kilometres, and serves a population of 62,600. Population density is 1.45 persons per hectare. The local population has concentrations in the suburban areas but also includes dispersed rural communities. There are high percentages of older residents compared to the metropolitan and state average.

There is a relative lack of disadvantage among residents of the shire. Nillumbik has the highest SEIFA<sup>1</sup> score in Victoria, indicating the lowest level of disadvantage. However, even within an area of relative lack of disadvantage, certain population groups experience inequities in health and wellbeing. For example:

- people with disabilities are more likely to have low incomes, and lower levels of workforce participation and education. They are more likely to report poorer mental and physical health, and more likely to experience violence, discrimination, and isolation related to their disability.
- Women in Nillumbik are twice as likely as men to have very low incomes, are more likely to be caring for a sick or disabled person, and are more likely to be a victim of family violence or sexual assault than men.
- People on low incomes or with fewer social connections experience poorer health through lack of financial or social resources.

These inequities are likely to affect more people as the population in Nillumbik ages.

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<sup>1</sup> The Socio-Economic Indexes for Areas score is a value derived from selected census characteristics related to disadvantage.

## Health burden in Nillumbik

The Burden of Disease data (2001) provides a comprehensive assessment of the amount of ill health in Nillumbik arising from most diseases and injuries. Although these statistics are quite old, as contributors to the health burden, they are still relevant today.

### What contributes most to burden of disease in Nillumbik?

- Non-communicable (largely chronic) diseases accounted for about 88% of the total burden of disease in Nillumbik in 2001 (the latest available data), while injuries accounted for 7.5%. Communicable, maternal, neonatal and nutritional disorders accounted for 4.5%.
- The largest contributors to the total burden were cancer (22%), mental and behavioural disorders<sup>2</sup> (21%), cardiovascular diseases<sup>3</sup> (16%), and neurological/sense disorders<sup>4</sup> (12%).
- Cancer contributed 36% and cardiovascular diseases 25% of the fatal burden in 2001.
- Mental and behavioural disorders contributed 30% and neurological/sense disorders 14% of the non-fatal burden in 2001.
- Across Victoria intimate partner violence contributes to more death, disability and illness in women aged 15-44 years than any other preventable risk factor (VicHealth, 2004).

### What are the biggest risk factors for Nillumbik?

The top risk factors for ill health are obtained from the health burden statistics by region only. In the Melbourne Northern metropolitan region the top risk factors are:

- For males of all ages: tobacco, high blood pressure, obesity, high blood cholesterol, alcohol, and low fruit and vegetable intake.
- For females of all ages: obesity, tobacco, high blood pressure, high blood cholesterol, physical inactivity, and intimate partner violence.

## Progress over Year Three: the story so far

The aim of evidenced-based public health is to ensure that any intervention can be supported with evidence to show that it is likely to be effective and successful, and not just because it has always been done that way. The Nillumbik Health and Wellbeing Plan identified three strategic directions for 2013-17. Teams across Council have contributed to this responsibility for public health. This review describes progress in each priority area.

**Strategic Direction One: Health Planning** - to strengthen and integrate health planning and processes across the life stages.

Health continues to feature in planning across Council. Examples include health considerations in the review of the Municipal Strategic Statement; the Integrating Child, Youth and Family Services Strategy 2016 – 2021; Leisure Facilities contracts, and the forthcoming Climate Adaptation Toolkit and Housing Strategy.

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<sup>2</sup> Includes depression, generalised anxiety disorder, borderline personality disorder, schizophrenia, social phobia, bipolar disorder, alcohol abuse/dependence, heroin abuse/dependence

<sup>3</sup> Includes ischaemic heart disease and stroke

<sup>4</sup> Includes dementia, hearing loss, Parkinsons, vision loss, epilepsy, other nervous system and sense organ disorders

A Community Profile is almost complete that will further inform Council's health planning across all plans and strategies, and will underpin the next Municipal Public Health and Wellbeing Plan 2017 – 2021.

**Strategic Direction Two: Health Protection** – to continue to protect the community through our effort in delivering services, programs, facilities and infrastructure.

Emergency Management arrangements continue to be a priority focus for Council with information on the Heat Wave Plan and Climate Change adaptation being distributed to the community. Reticulated sewerage services are gradually replacing septic tanks, improving impacts on both human health and the environment. A community nursing service has also been established at the Hurstbridge Hub, providing access to early intervention on a range of health needs, including mental health issues.

Council is continuing to meet the accreditation requirements of the Communication Access symbol, involving signage upgrades, community boards, and staff training. Assisted Listening Systems have been installed in a number of facilities, supporting residents with hearing impairment to participate in Council meeting and community events.

**Strategic Direction Three: Health Promotion** – to promote health and wellbeing throughout the municipality.

Physical activity continues to be encouraged in a multitude of ways throughout the municipality. Movement and activity is facilitated with active transport for the young and the old, progress with trails, and activities such as BMX, skateboarding, and dance offered by our youth programs. All grounds are at or just below capacity for organised sport. Further expansion of the footpath network facilitates more walking for transport and recreation.

Mental health is promoted in numerous ways, through parenting programs, Living and Learning programs, peer support programs, Men's Shed program, and volunteering in all areas. In particular, Mental Health First Aid programs had an excellent uptake and were well received.

Healthy eating and food growing is promoted through numerous Council and community programs, such as the Home Harvest program and the Tomato Festival. Council's major leisure facilities are required to provide mainly healthy food offerings, with water as the preferred beverage as part of their contracts. Meals on Wheels provide nutritionally balanced and culturally appropriate meals. Across the municipality, there are community gardens, public planter boxes, food swaps, and cooking classes that focus on fresh food.

Emergency Management exercises, courses and projects have been offered to all staff and delivered to assist residents to prepare for extreme weather events. Council delivers community education on improving the thermal performance of homes and impact of harmful chemicals as well.

Council's gender equity work and participation in White Ribbon and 16 Days of Activism Against Gender-Based Violence campaign is contributing to the prevention of violence against women in Nillumbik. The internal Gender Equity Working Group has developed partnerships and programs including 'Keep Our Pets Safe' which trained Council's rangers on how to respond to family violence situations involving pets; and a project together with

HealthAbility which supports Good Samaritan Inn, a housing program for women and children leaving violent homes.

The community bus service continues to fill gaps in the public transport network, as well as supporting independence for many people at risk of isolation.

### **Communicating our activities**

A community-wide approach is being adopted for the implementation of the current plan. This will be achieved through the development of further strengthened partnerships e.g. with the NEPCP, HealthAbility and other agencies, local police, internal collaboration, and with neighbouring councils. Efforts have been made to engage with these stakeholders to implement the final year of the current plan and collaborate on the development of the next plan. Celebrating progress and achievements, highlighting case studies, and encouraging community education will be done via a forthcoming Health and Wellbeing page on the Nillumbik website, Nillumbik News and other newsletters, media releases and social media.

### **Managing the plan**

The Health and Wellbeing Plan has been implemented through a range of issue-specific working groups and partnerships.

The proposed new governance structure for community Health and Wellbeing which includes a community reference group and internal working group will support implementation of the final year of the current plan and development of the new plan. The Plan will be evaluated during its final year.

### **Looking forward: our priorities for 2017**

Alcohol is an increasing concern in the community, and further work on this is planned for the forthcoming year. An audit of Council's policies on alcohol will lead to a more cohesive leadership position on alcohol. Council will partner with local police and liquor licensees to hold a forum on the safe service and consumption of alcohol in our hotels and clubs.

Work on preventing violence against women will see a gender equity analysis tool for Council to use internally.

Smoking will also see renewed attention in the coming year with the introduction of changes to outdoor smoking legislation. Community education will be provided on the forthcoming ban of smoking in outdoor dining areas.

A project combining food security and healthy eating will involve Council in encouraging the community to make healthier food and beverage choices.

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# **Community Engagement and Communication Plan**

## **Nillumbik Municipal Public Health and Wellbeing Plan 2017-2021**

## Document Acceptance and Release Notice

This document is Version 0.01 date: 11 January 2017 of the *Nillumbik Municipal Public Health and Wellbeing Plan 2017-2021* Project Charter.

This document is authorised for release once all signatures have been obtained.

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## Document Version History

### Build Status:

Version	Date	Author	Reason/Description	Change Auth #
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## **Contents**

Project Background.....	1
Communication and Engagement Governance.....	1
Rationale for Community Engagement.....	2
Scope.....	2
Identifying Stakeholders.....	3
Methodology.....	3
Community Engagement Action Plan.....	5
Communication Objectives.....	6
Key Messages.....	6
Communication Action Plan.....	6
Engagement and Communication key dates.....	7

## Project Background

The 4-year Municipal Public Health and Wellbeing Plan (MPHWP) is a legislative requirement of all Councils under the Public Health and Wellbeing Act 2008 (the Act).

In accordance with section 26 of the Act, the MPHWP must:

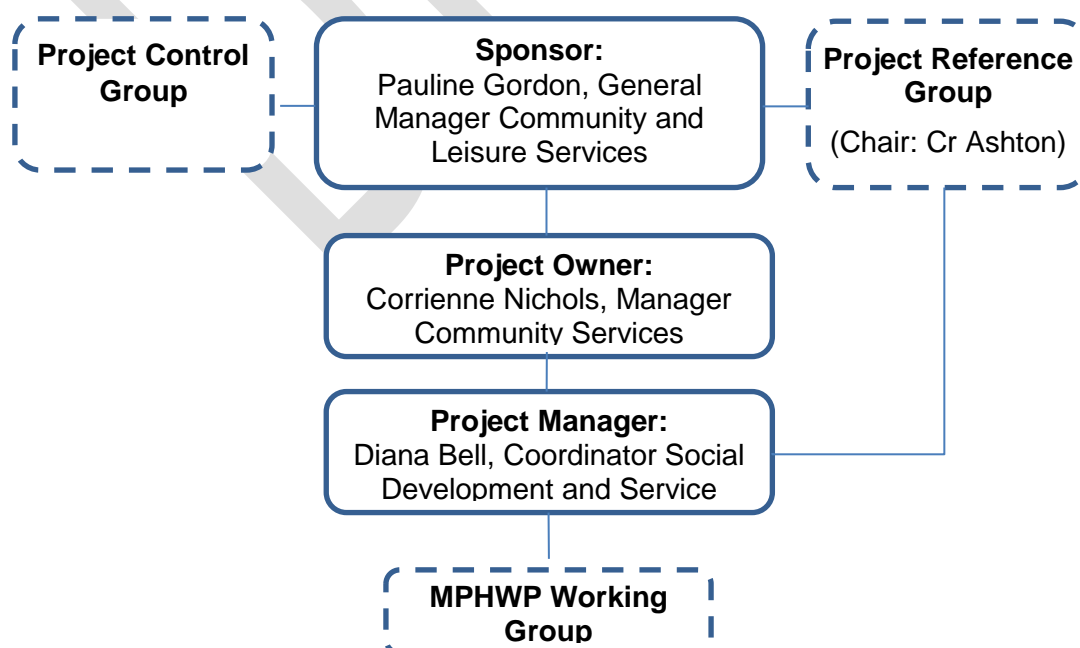
- Include an examination of the data about health status and health determinants in the municipality
- Identify goals and strategies based on available evidence for creating a local community in which people can achieve maximum health and wellbeing
- Provide for the involvement of people in the local community in the development, implementation and evaluation of the public health and wellbeing plan
- Specify how Council will work in partnership with the Department of Health and other agencies undertaking public health initiatives, projects and programs to accomplish the goals and strategies identified in the plan
- Be consistent with the Council Plan and Municipal Strategic Statement

This means the MPHWP 2017-21 will be informed by both the health and wellbeing statistics provided from various sources as well as the information provided through community consultation.

As this project must provide for the involvement of people in the local community, this Communication and Engagement Plan has been produced. Due to the timeframes around this project this, Plan will need to be reviewed at key times and amended as applicable.

## Communication and Engagement Governance

The Project Reference Group is made up of members of the community who are able to both represent the interests of a wide cross-section of community sub-groups, and provide expert knowledge and advice on health and wellbeing matters. The Council staff working group is also able to represent the interests of, and provide access to particular community groups including the more vulnerable groups. Both groups are able to tap into their existing networks to give all stakeholders the opportunity to engage with the health and wellbeing planning process which will lead to better outcomes.



## Rationale for Community Engagement

- Protection and promotion of health and wellbeing are priorities in Victoria.
- Public health is determined by factors arising from the natural, economic, social and built environments.
- Ensures all stakeholders have the opportunity to participate and contribute their knowledge and aspirations on health and wellbeing issues.
- Involving the community ensures it identifies the ways to create an environment in which people can achieve maximum health and wellbeing.
- As the plan will reflect community priorities, it will promote ongoing community engagement with health and wellbeing matters.
- Collaboration with Council departments, external service providers, peak bodies, community groups and other interested parties creates partnerships and commitment to strategies that maximise health and wellbeing in the community.

## Scope

This communication and engagement plan identifies the stakeholders and establishes the level of engagement within the IAP2 community engagement framework and in accordance with the Nillumbik Community Engagement Policy.

The IAP2 Framework for reference is shown below. Although the levels of Inform and Consult will be used in some instances, it is intended to work mostly within the Involve and Collaborate levels of the framework.

Inform	Consult	Involve	Collaborate	Empower
Public Participation Goal:				
To provide the public with balanced and objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions.	To obtain public feedback on analysis, alternatives and/or decisions.	To work directly with the public throughout the process to ensure that public concerns and aspirations are consistently understood and considered.	To partner with the public in each aspect of the decision including the development of alternatives and the identification of the preferred solution.	To place the final decision in the hands of the public.
Promise to the Public:				
We will keep you informed.	We will keep you informed, listen to and acknowledge concerns and aspirations, and provide feedback on how public input influenced the decision.	We will work with you to ensure that your concerns and aspirations are directly reflected in the alternatives developed and provide feedback on how public input influenced the decision.	We will look to you for direct advice and innovation in formulating solutions and incorporate your advice and recommendations into the decision to the maximum extent possible.	We will implement what you decide.

## Identifying Stakeholders

Because health and wellbeing is socially determined, it is critical to try to identify and understand all stakeholder groups, particularly those experiencing inequities in health. As part of this project, we will ensure we will seek out and consult with stakeholders who are often harder to reach:

- Children
- Youth
- Older people
- People with disabilities
- People with chronic illnesses
- People with mental health problems
- Aboriginal and Torres Strait Islander people
- Unemployed people
- Women's groups
- Men's groups
- Migrants

In addition, we will consult with government and nongovernment organisations, agencies, and peak bodies, volunteer groups and special interest groups. These include:

- Department of Health and Human Services
- Eastern Metropolitan Public Health Network (ENPHN)
- healthAbility
- headspace
- North East Primary Care Partnership (NEPCP)
- Womens' Health in the North (WHIN)
- Nillumbik Positive Ageing Reference Group
- Nillumbik Inclusion Advisory Committee
- U3A
- Members of Neighbourhood Houses
- Community groups, traders associations, friends groups

## Methodology

Engaging with the community will be leveraged as much as possible by Council staff or partner organisations as part of their normal work with the community. Engagement with groups and organisations will be via partnership meetings and through a facilitated workshop. There will be two opportunities to make formal submissions. The advantage of submissions is that the points that a person or individual want to make are retained and cannot be misinterpreted or lost and the issues addressed can be contained to a smaller selection. Online engagement will provide information and facilitate ongoing discussions within the community. An online survey will provide the opportunity for all people to have a say and provide us with opinion data on particular issues.

### Face to face engagement:

1. Community Survey. This survey is administered face to face by Metropolis Research interviewers to 500 respondents. Several questions on health and wellbeing have been included.
2. Deliberative consultations with community groups. When engaging with individuals and groups, a single question conversation starter has been developed:

*What would encourage people in Nillumbik to live healthier lives?*

This question is also included in the Community Survey, which is already underway, and will be used to open conversations with groups at meetings or in the field. It allows for MPHWP Community Engagement and Communication Plan

discussion of the issues that affect health and wellbeing and the potential solutions. This method relies on the collaboration of staff who work directly with the community to make time with their groups to hold the consultation. There will be a number of prompts provided to cater for the particular interests of the groups involved, including fact sheets. The question can be modified for the particular group being consulted, for example early childhood educators will be able to convert the meaning of the question to a set of easier questions for preschool children. Council staff will be provided with scribe sheets to capture the details of the stakeholder group and scribe the discussion.

3. Workshop. The workshop will be held towards the end of the engagement period. The purpose will be to collaborate with partners to examine the results of the consultations and refine them into priorities and strategies that all parties will commit to. The workshop may be split into separate sessions for internal Council departments and external organisations and groups.

#### **Submissions:**

1. Organisations, groups and individuals will be able to make submissions responding to a discussion paper on health and wellbeing issues and recommendations in Nillumbik.
2. Submissions will be invited again on the draft plan.

#### **Online engagement:**

1. The Council website will provide information on the Health and Wellbeing page
2. Social media will be used to open conversations on selected topics
3. An online survey will be open for any member of the community to provide anonymous responses.

#### **Tools for engagement:**

- Community Profile – scan of municipal data on health and wellbeing indicators
- Fact sheets
- Discussion paper and submission form – issues and options, including recommendations from various research and health promotion organisations
- Community Survey – face to face interviews with 500 people
- Social media discussion topics
- Online survey
- Round table discussions with existing groups or focus groups – to be facilitated by Council staff and partners who work directly with the community – scribe sheets
- Community engagement report
- Workshop facilitator and report
- Draft plan and submission form

## Community Engagement Action Plan

Stakeholder	Level of engagement (IAP2)	Tool	Timing
MPHWP Reference Group	Involve	Advertising for nomination process, meetings, presentations, review of working documents	Meetings approximately every six weeks during the planning process
Council staff	Collaborate	Workshop, attendance at team meetings	Workshop – April 2017 attendance at team meetings, subject matter meetings as needed
Nongovernment agencies	Collaborate	<ul style="list-style-type: none"> <li>• Planning meetings, representation on Reference Group</li> <li>• Invitation to make submission on discussion paper</li> <li>• Workshop</li> <li>• Invitation to make submissions on draft plan</li> </ul>	Individual meetings as needed Discussion paper – March 2017 Workshop – April 2017 Draft plan available for submission – July 2017
Nillumbik community	Involve	<ul style="list-style-type: none"> <li>• Health and Wellbeing Survey</li> <li>• Invitation to participate in online engagement</li> <li>• Social media discussion forums</li> <li>• Online survey</li> <li>• Roundtable discussions at committee meetings</li> <li>• Focus groups</li> <li>• Invitation to make submission on discussion paper</li> <li>• Invitation to make submissions on draft plan</li> </ul>	H&W Survey – January 2017 Social media discussion forums – February to April 2017 Roundtables/Focus groups - February to April 2017 Discussion paper – March 2017 Draft plan available for submission – July 2017



## Communication Objectives

- To inform the community about the health status and health issues in Nillumbik (Health and Wellbeing Report, fact sheets, discussion paper).
- To inform the community about opportunities to engage with Council on health and wellbeing issues (online discussions, online survey, submissions)
- To inform the community about the outcomes of the community engagement (engagement report)
- To inform the community of the strategic health and wellbeing plan that has resulted from the project (draft plan, launch of final plan, annual reviews)
- To promote health and wellbeing in the community.

## Key Messages

- World Health Organization Social Determinants of Health
- Key features of communities that contribute to health and wellbeing: e.g. green space, connected neighbourhoods; access to arts, sport, and lifelong learning; safety and access to transport
- Healthy behaviours are encouraged and enabled by policies, settings and environments that help making healthy choices the easiest choices.
- Community education or reinforcement of recommended guidelines for healthy eating, physical activity and alcohol. Other important health behaviours such as managing stress, and maintaining social connections

## Communication Action Plan

Communication Tool	Key Actions	Timeline/deadline	Responsibility
Media releases/ photo opportunity	Prepare and distribute media releases on: <ul style="list-style-type: none"> <li>• Nillumbik Health and Wellbeing Check-Up (profile)</li> <li>• Announcement of reference group</li> <li>• Workshop</li> <li>• Launch of the MPHWP</li> </ul>	February 2017 May 2017 October 2017	Comms/Project team
Advertising	<ul style="list-style-type: none"> <li>• MPHWP Reference group</li> <li>• Discussion paper for submissions</li> <li>• Online discussions</li> <li>• Draft plan for submissions</li> <li>• Launch of new plan</li> </ul>	December 2016 Feb 2017 July 2017 October 2017	Comms/Project team/Procurement
Photography	Throughout the project maintain photos for record keeping purposes and use in Nillumbik News, Council website, social media and other Council documents	Throughout	Comms

<b>Communication Tool</b>	<b>Key Actions</b>	<b>Timeline/deadline</b>	<b>Responsibility</b>
Video	Investigate the possibility of producing a video demonstrating healthy behaviours, communities, neighbourhoods		Comms
Nillumbik News	<ul style="list-style-type: none"> <li>• Consultation opportunities and feedback</li> <li>• Nillumbik Health and Wellbeing Check-Up (profile)</li> <li>• Discussion paper for submissions</li> <li>• Launch of the plan</li> </ul>	March, June, September, December 2017	Comms
Factsheets	Create dedicated factsheets on aspects of health and wellbeing	February-April	Comms/Project team
Social media	<ul style="list-style-type: none"> <li>• Social media posts launching fact sheets and opening related discussions on particular aspects of health and wellbeing</li> <li>• Monitor social media channels and respond to comments accordingly.</li> </ul>		Comms
Council briefings	Provide an update on the key stages throughout the project including engagement report	January May	Project team

### **Engagement and Communication key dates**

<b>Start date</b>	<b>Task</b>	<b>Stakeholders</b>
December 2016	Advertise for Reference Group nominations	Non-government agencies, community groups, individuals with an interest in public health
January 2017	<ul style="list-style-type: none"> <li>• Public Health and Wellbeing webpage developed: to inform the community of Municipal Public Health and Wellbeing planning function; provide data on health &amp; wellbeing via Nillumbik Health Scan and factsheets</li> <li>• Community Survey (interviews) including questions on Health and Wellbeing undertaken</li> <li>• Council to announce Reference Group</li> </ul>	Nillumbik community Media

<b>Start date</b>	<b>Task</b>	<b>Stakeholders</b>
	(photo op)	
January - March 2017	<ul style="list-style-type: none"> <li>Discussions with community groups commence</li> <li>Social media campaign commences – online discussions on selected topics</li> </ul>	Council staff Community groups and committees
February 2017	Online survey via Council website	Nillumbik community
April 2017	Community engagement report	Reference Group, Council, Nillumbik community
May 2017	Stakeholder workshops – strategy development	Council staff and community groups who will be involved in implementing the plan
July 2017	Public exhibition of draft plan	Nillumbik community, Community agencies and groups
October 2017	Launch of the MPHWP 2017-2021	Nillumbik community, Community agencies and groups

## Municipal Public Health and Wellbeing Plan 2017-2021 Project Reference Group

**List of Nominations**

	<b>Name</b>	<b>Title</b>	<b>Organisation</b>
1	Karen Knight	Coordinator Health Promotion	healthAbility
2	Nadine Kemp	Centre Manager	Eltham Leisure Centre
3	David Johnstone	Epidemiologist	Eastern Melbourne Primary Health Network (EMPHN)
4	Annie Douglass	Health Promotion Officer	Women's Health In the North
5	Petra Begnell	Executive Officer	North East Primary Care Partnership
6	Karen Coulston	Nillumbik president	U3A
7	Liz Chase	Sales Director	Interact E Learning
8	Pamela Johnson	Nillumbik resident	Positive Ageing Reference Group
9	Christine Denton	Service Manager	headspace Greensborough
10	Anthony Ryan	Inspector, Community and Road Safety	Victoria Police
11	Emel Ackay	Team Leader	Gamblers Help Services Banyule and Nillumbik