

Summary of submissions to draft Nillumbik Health and Wellbeing Plan 2017-2021

No.	Submitter (representing)	Summary	Council officer response and recommendation
1.	22/9/17 Betty Russell community member	<p>Concerned that although Council has a variety of consultation tools, the most vulnerable are unlikely to involve themselves.</p> <p>More prevention work targeting the most vulnerable people, especially children and adolescents.</p> <ul style="list-style-type: none"> • Partner with DHS to find out extent of families on 'watch list', also what services are most helpful and problems accessing • Council to support, foster, lobby for such services • Seek data annually on number of children on DHS 'watch list' and under active help, including area of residence • Discussion groups/community workshop involving these families, DHS and Council to ask what kind of support would have helped earlier • Include this input as part of community engagement 	<ul style="list-style-type: none"> • Council officers were able to engage with vulnerable people. (see Community Engagement Report on Council's website). • Council already works in partnership with DHS and other agencies to identify, monitor and offer services for families and youth at risk. • The plan addresses inequities in the social and economic determinants of health throughout, but particularly in <i>Objective 8. Support equitable access to economic resources.</i> <p>Recommendation: No change</p>
2.	26/9/17 Pamela Johnson member of MPHWP Reference Group and Positive Ageing Reference Group	<p>Suggests a separate section on Health in the plan</p> <p>Purpose: assist older people to remain at home by</p> <ul style="list-style-type: none"> • Managing disease and disability • Maintaining optimal physical and cognitive ability • Maintaining social and productive activities <p>Goals:</p> <p>To initiate an integrated Specialist Centre for older people in Nillumbik that provides Primary Health Care through referral</p>	<ul style="list-style-type: none"> • Primary Health Care (e.g. managing disease) is outside the scope of municipal public health and wellbeing plans, unless there is a service gap • Physical, cognitive, social health are determinants addressed throughout the plan through physical activity, mental wellbeing and social inclusion actions • A medical precinct can be explored as a part of the Eltham Precincts 3&4 project. <p>Recommendation: No change, but a section on health including a human service needs analysis could be appropriate in the future Positive Ageing Strategy.</p>

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3.	27/9/17 Anita Guyett General Manager of Bereavement Care at Sands Australia and Nillumbik resident <ul style="list-style-type: none"> • Sands Australia supports people bereaved by miscarriage, stillborn and newborn death 	Applauds Nillumbik for looking closely at mental health and its importance in the community. Sands Australia are reviewing the guidelines for bereavement care for perinatal loss and are looking to partner with councils to raise awareness of miscarriage, stillbirth and neonatal/newborn loss through active engagement with current support services and generally highlighting the issue. <ul style="list-style-type: none"> • E.g. is there an opportunity to partner with the community nurse • Looking to set a new benchmark as how to support bereaved parents • Would you consider having bereavement care for perinatal loss as a particular part of your plan 	<ul style="list-style-type: none"> • Maternal and Child Health (MCH) team are notified of stillbirth and neonatal loss, and can provide support, but rarely see bereaved parents • Community nurse only sees patients with long-term chronic mental illness. • Having a partnership between Council Maternal and Child Health team (MCH) and Sands would improve staff competence in working with these families. <p>Recommendation: Change action 8.8. <i>Seek community partnerships to provide Mental Health First Aid training to Council staff, contractors, community groups, and volunteers.</i></p> <p>To <i>Seek community partnerships to provide <u>mental health training</u> to Council staff, contractors, community groups, and volunteers.</i></p> <p>This action (6.1 in the action plan) will allow for Sands and MCH to work together on a project to improve support to bereaved parents. This will be detailed in the Year 1 action plan.</p>
4.	28/9/17 Annie Douglass WHIN and MPHWP Reference Group member	Congratulates Nillumbik on a well-researched, well-written plan. WHIN are pleased to see the incorporation of the strategies from ' <i>Building a respectful community strategy 2017-2021</i> '. Suggestion to add a partnership focused strategy to the <i>Improving the sexual and reproductive health outcomes for people living in Nillumbik</i> , similar to those included in the Gender Equality and Preventing Harm from AOD strategies, e.g.	<ul style="list-style-type: none"> • This suggestion improves the plan with a second objective to partner with WHIN and other agencies to meet the goal of improved sexual and reproductive health outcomes. <p>Recommendation: Add an objective to the <i>Improve sexual and reproductive health</i> section: <i>'Engage with partners, e.g. Women's Health in the North, Northern Centre Against Sexual Assault, to deliver projects to improve the sexual and</i></p>

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		<ul style="list-style-type: none"> Outline how Council will collaborate or partner with organisations and the SRH sector (in addition to strategy 19 <i>Engage with community to facilitate, influence and support positive sexual and reproductive health and wellbeing</i>) 	<i>reproductive outcomes for people living in Nillumbik</i> . Existing key actions can be re-distributed under this strategy.
5.	29/9/17 Nillumbik Greens Betty Russell, secretary Nillumbik branch	<p>The plan looks good but some aspects need to be more effective in reaching the more vulnerable people in the community.</p> <p><i>Strategy 6 Increase active living and transport</i></p> <ul style="list-style-type: none"> Add 'outdoor exercise equipment in parks' <p><i>Strategy 7 Increase participation in active recreation and sporting activities.</i></p> <ul style="list-style-type: none"> Evaluate the extent to which the service provided involves people from the identified vulnerable groups and take a long-term concept of economic value for money spent. Provide occasional childcare to enable young mums to participate in other activities. Develop creative ways to make known the services available. Seek to publicise services through high-use venues. <p><i>Strategy 9 Increase social connections through community participation</i></p> <ul style="list-style-type: none"> 'key life stages' in 9.1 could be broadened to include relationship breakdown, bereavement, unemployment, forced transient living 9.2 and 9.3 – link to childcare and community bus 	<p>The partnership approach and project planning will improve reach and engagement with more vulnerable people in the community.</p> <p>Fitness circuits and age-friendly play equipment will be considered under '<i>Objective 20. Public spaces and building are designed to be age friendly</i>'</p> <p>Recommendation: No change</p> <ul style="list-style-type: none"> The plan will be evaluated as recommended. Casual childcare is provided at major leisure centres and living and learning centres, enabling participation of young parents. Community Engagement and Communications are planned for each project operationalising this plan. <p>Recommendation: No change</p> <ul style="list-style-type: none"> The life stage approach helps target population sectors which better addresses the issues described, e.g youth unemployment The community bus is an important local asset enabling community participation <p>Recommendation: Add community bus to the organisations listed in Objective 9.3</p>

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		<p><i>Strategy 10 Support equitable access to economic resources</i></p> <ul style="list-style-type: none"> • Include emergency housing in 10.5 ‘<i>support emergency food relief, financial counselling, business mentoring</i>’ • Add ‘<i>develop create ways to and partnerships to promote the programs available to help our community members to be financially stable and independent</i>’ 	<ul style="list-style-type: none"> • Emergency housing was not included in the list at 10.5 as this is provided by regional, not local agencies. • Financial stability will be operationalised through <i>economic capability training for women, young people and older people..</i> <p>Recommendation: No change</p>
		<p><i>Strategy 11. Improve gender equity, safety and respectful relationships in the workplace</i></p> <ul style="list-style-type: none"> • Add ‘<i>make council resources available online as a kit to businesses (e.g. gender analysis tool) and encourage workplaces to contribute to the kit</i>’ 	<ul style="list-style-type: none"> • Sharing gender equity resources may be actioned through <i>Objective 15. ‘Collaborate with other organisations and community groups to collectively work towards preventing violence against women’.</i> <p>Recommendation: No change</p>
		<p><i>Strategy 15. Collaborate with other organisations and community groups to collectively work towards preventing violence against women.</i></p> <ul style="list-style-type: none"> • Add ‘<i>promote anger management courses and support services for women through flyers available to pubs, sporting clubs, schools, doctors’ surgeries, ESL classes</i>’ 	<ul style="list-style-type: none"> • Resources may be provided via social media as part of a communications plan. <p>Recommendation: No change</p>
		<p><i>Strategy 18 build local partnerships that reduce alcohol, drug and gambling related harm</i></p> <ul style="list-style-type: none"> • Add ‘<i>support and promote community organisations which support addicts and those who are worried they are trending toward addiction, e.g. AA, Alanon</i>’ 	<ul style="list-style-type: none"> • The focus of the plan is on prevention and reducing harm. Living and Learning Centres and primary care agencies support these organisations as part of their core business. <p>Recommendation: No change</p>

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		<p><i>Strategy 19 engage with the community to facilitate, influence and support positive sexual and reproductive health and wellbeing</i></p> <ul style="list-style-type: none"> • Add to 19.3 'identify the community groups they (SRH services) can be promoted through' <p><i>Strategy 20 Public spaces and buildings are designed to be age friendly</i></p> <ul style="list-style-type: none"> • Add to 20.3 'Give consideration to the disabled parking needs of the community' ensuring they do not have to step up onto a pavement from the disabled parking space' 	<ul style="list-style-type: none"> • This will be part of the more detailed community engagement plan <p>Recommendation: No change</p> <ul style="list-style-type: none"> • The new standards for accessible parking including adjacent kerb ramps were adopted into the Australian Building Code in 2011. Retrofitting earlier works is outside the scope of this plan <p>Recommendation: No change</p>
6.	2/10/17 Deanna Finn Positive Ageing Ref Group	Supports Pamela Johnson's suggestion for a separate section on Health	See explanation and recommendation at submission 2.
7.	1 respondent to Q&A	<ul style="list-style-type: none"> • Strategies to enable older people to remain in the family home with adequate care • Promote strategies for older people to engage with younger and vice versa. 	<ul style="list-style-type: none"> • Strategy 22 '<i>Plan suitable housing for changing community needs</i>' includes Council's work that assists eligible residents with home modifications. • Strategy 23 '<i>Ensure the effective participation of older people in social and civic activities</i>' will provide for intergenerational projects. <p>Recommendation: No change, but it is suggested that assistance with navigating the 'My Aged Care' system, which is designed to provide care to enable older people to remain at home be included in the next <i>Positive Ageing Strategy</i>.</p>