

Manningham Council Healthy City Strategy 2017-2021 Evaluation Report

Evaluation Report



Interpreter service

9840 9355

普通话 | 廣東話 | Ελληνικά

Italiano | عربي | فارسی



MANNINGHAM

TABLE OF CONTENTS

1. EXECUTIVE SUMMARY	3
2. BACKGROUND AND INTRODUCTION	5
2.1 Background	5
The Evaluation	6
<hr/>	
3. EVALUATION METHODOLOGY	8
4. PARTNERSHIPS	10
5. MOST SIGNIFICANT CHANGE	14
6. PROCESS MEASURES: PROGRESS AGAINST ACTIONS	15
6.1 Key Achievements 2017-2021	17
<hr/>	
7. IMPACT MEASURES - CASE STUDY PRACTICE EXAMPLES	24
7.1. Case study 1: Unite for Safety and Respect	24
7.2 Case study 2: Ruffey Lake Park Draft Landscape Masterplan	28
7.3. Case study 3: Reconciliation Action Plan	31
<hr/>	
8. OUTCOME MEASURES	34
9. REFLECTIONS AND LEARNINGS FOR FUTURE HEALTH PLANNING	36
10. APPENDICES	38

LIST OF TABLES

Table 1: Healthy City Committee membership	3
Table 2: Healthy City Action Plans 2017-2021	5
Table 3: Healthy City Strategy 2017-2021 Key Achievements	6

1.Executive Summary

Manningham Council's Municipal Public Health and Wellbeing Plan (MPHWP), the Health City Strategy 2017-2021 (HCS) (Strategy), is a key strategic document that focuses on improving the health and wellbeing in communities. A MPHWP is a legislative requirement under the Victorian State Government's *Public Health and Wellbeing Act (2008) (the Act)*. The Act stipulates that each Council must prepare a MPHWP within twelve months of each Council election, and that the plan be developed by:

- Considering data of health determinants in the community;
- Specify how Council will work with partners
- Have regard to the Victorian Public Health State Public Health and Wellbeing Plan

The Strategy sets the broad mission, goals and priorities to enable people living in the municipality to achieve maximum health and wellbeing outcomes. Action plans are developed and reviewed on an annual basis, which operationalises the Strategy.

State Government advice suggests it's not a legislative requirement to evaluate the Strategy. However, to report on the Strategy's achievements and identify areas that could be strengthened, Manningham Council harnessed a suite of evaluation methods, complimented with two HCAC partnership reviews. The lessons learned from this process has provided information on key evaluation measures relating to planning, process and impact, as well as opportunities learnings that will inform the development of the next iteration of the HCS.

In summary, it was identified that:

- It is important to have regard to the Victorian Public Health and Wellbeing Plan and to integrate the priority health issues that are impacting on the Manningham community into the next iteration of the HCS. Further, due consideration of local health data is necessary to support decision making.
- The HCS is a strategic framework that supports collaborative planning and implementation. This coordinated and integrated approach enables Council and partners to collectively improve the systemic health issues affecting the Manningham community.
- Key partners such as HCAC, AEAC and working group members have been integral to the success of the Strategy but there is an opportunity to leverage these partnerships more effectively through provision of expertise and advice on
- The consolidation of priority areas and actions mid-way throughout the delivery of the Strategy was deemed to strengthen an integrated approach to the delivery of the strategy and avoided duplication of initiatives. In hindsight, the initial action plan was overly ambitious and it is recommended that future Action Plans ensure they are realistic and achievable.
- A range of data sets were not available at the time when evaluating the HCS 2017-2021. Applying an evaluation framework with reliable data sources and methods is recommended as this will enable Council to identify if we are on track to achieving improved health and wellbeing outcomes over time.

- Adopting a ages and stages and priority cohort focus to inform the next iteration of the HCS 2021-2025 could support our efforts to meet whole of community needs as well as identify inequalities experienced by priority cohorts who are marginalised.

2. Background and Introduction

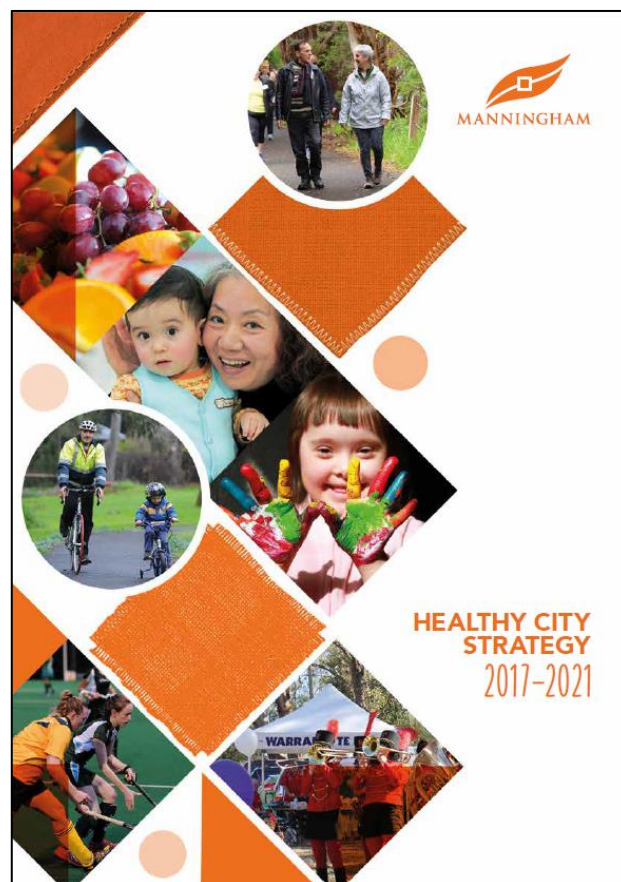
2.1 Background

Manningham Council's Municipal Public Health and Wellbeing Plan (MPHWP), the Healthy City Strategy 2017-2021 (HCS), is a key strategic document that focuses on improving public health and wellbeing at a local level. A MPHWP is a legislative requirement under the Victorian State Government's **Public Health and Wellbeing Act (2008)** (the Act). The Act stipulates that each Council must prepare a MPHWP within twelve months of each Council election, and that the plan be developed by:

- Identifying the public health and wellbeing needs of the municipality by assessing the social determinants of health and the evidence-based data;
- Consider local data and polices to determine goals and objectives for creating a healthy community;
- Partnering with community members, government and local service providers and aligning to Council polices to plan, implement and evaluate actions;
- Considering the Victorian Public Health and Wellbeing Plan and its priorities;
- Reviewing the Municipal Public Health and Wellbeing Plan annually.

To fulfil these requirements and set policy and partnership priorities, the HCS was developed in 2017, focusing on the factors that had the greatest impact on Manningham communities. The HCS provides a broad framework of health and wellbeing priorities, and has been used by local organisations to inform strategic planning and local priorities. Manningham Council undertook an extensive process to support the development of the Strategy, which involved:

- Having regard to the Victorian Public Health and Wellbeing Plan;
- Considering the data on health determinants (social, environmental, psychological, economic and cultural) that impact on resident's health and wellbeing to optimally live, work, play and study in Manningham;
- Extensive consultation with the Manningham community;
- Partnering with local community organisations, Councillors and specify how Council will work together with stakeholders;
- A review and evaluation of the HCS 2013-2017; *and*
- The development of annual Healthy City Action Plans (HCAP) to guide the implementation of the Strategy.



Both the Strategy, and its evaluation, have been developed in partnership with Council's Healthy City Advisory Committee (HCAC), which is chaired by Manningham Council's Mayor, and representatives from State Government, community, and up to sixteen community organisations.

To support implementation of the Strategy, two-yearly Action Plans were developed and reviewed on an annual basis. Through annual revision, the HCAP allow for consideration of the latest data trends, engagement and consultation with officers and partners for the identification of emerging community needs and partnership opportunities.

The first HCAP 2017-2019 was a comprehensive and ambitious document, incorporating 133 actions across the two year period. However, due to the detailed nature of this Action Plan and over-commitment in terms of priority areas and actions, the HCAP 2019-2021 adopted a more strategic approach. This resulted in a reduction of actions to 51, enabling a stronger strategic alignment with internal and external stakeholders to:

- Collaborate and identify shared priorities areas and actions, thus avoiding duplication of initiatives
- Provide closer alignment with Council's strategic planning framework.

The final annual HCAP, will mark the completion of the Strategy in June 2021. At the time of preparing this report, planning for the next iteration of the MPHWP is currently underway.

At the time of preparing this report, planning for the next iteration of the HCS is currently underway. The information gathered through the HCS evaluation process has informed our approach including the development of a revised HCS framework and Healthy City Advisory Committee.

The proposed strategy aligns with our integrated strategic planning framework, whilst also simplifying and streamlining our efforts through adoption of an ages and stages and priority cohort approach. This method focuses on the key life stages and priority cohorts through an inequities lens, by providing direction for Council's response and setting out a framework to assist Council to determine its role and service response to the health and wellbeing of Manningham. This can also be complimented with diverse organisational membership who represent various cohorts in the community to guide the HCS new priority health areas issues and the inequalities linked to poor health outcomes.

The Evaluation

Whilst the development and implementation of a MPHWP is a legislative requirement, the Victorian Department of Health and Human Services (DHHS) have stipulated that Councils are not legislated to evaluate the plan. However, in order to report on the Strategy's achievements and ensure continued best practice, Manningham Council has developed a mixed methods approach to evaluating the progress of actions and outcomes. This evaluation of the Strategy, in its entirety, complements annual HCS Progress Reports which provide an overview of key achievements relating to the implementation of the HCAP.

The HCS 2017-2021 Evaluation Report provides an overview of achievements across the four year strategy, showcasing key projects, reporting on progress updates, and identifying key learnings and reflections to enhance future outcomes. The evaluation comprises:

- An overview of partnerships, in particular those relating to the Healthy City Advisory Committee (HCAC);

- Project outcomes identified through the Most Significant Change approach as applied to ten selected projects;
- Detailed case studies providing an overview of partnerships, outcomes and key learnings across three selected projects;
- Detailed overview of all actions and key achievements from across the strategy;
- An overview of available data relating to planned outcome indicators; and
- A summary of reflections and learnings.

3. Evaluation Methodology

Evaluation is an essential process to assess the impact of public health interventions and enhance future planning and outcomes. As per Figure 1, a multi-layered evaluation framework was applied to the Strategy. Throughout the four years of the Strategy, the framework has been streamlined to align with its strategic progress and ensure the evaluation could be conducted within resourcing and availability of data. Nonetheless, a multi-layered approach was maintained, with evaluation methods aiming to capture both the breadth and detail of the Strategy. Methods included:

- A partnerships evaluation of the HCAC, using VicHealth’s *Partnerships Analysis Tool* and NSW Health’s *A Framework for Building Capacity to Improve Health*;
- Process evaluation including an overview of actions completed;
- Impact evaluation of twelve selected projects, captured through the ‘Most Significant Change’ approach (via video and written communique) and three detailed case studies; and
- Outcome evaluation of planned outcome indicators, through review and analysis of available data.



Figure 1: Healthy City Strategy 2017-2021 Evaluation Framework

A baseline was developed in 2017 to measure the liveability indicators and the Manningham population targets and outcomes. In terms of the HCAP, each collaborative action/s required the development of impact measures for each project to determine if we are having the influence we expect. In addition, each action within the plan had identified process measures

which will ascertain the outputs to monitor and report on by the responsible council officer or partner organisation every six months. To attain this, Manninngham Council applied the CAMMS reporting tool to capture the process measure updates from project leads.

FORMS OF EVALUATION	WHATS BEING EVALUATED	METHODOLOGIES	APPLICATION
Overall Evaluation	Have we made our community more liveable?	Liveability indicators measured over 8 years	Data Sources: ABS Data State Government of Victoria – Education Department Victorian Population Survey Vic Health Indicators Vic Police Crime Statistics REMPAN Australian Early Development Index
Outcome Evaluation	Have we achieved the long term benefits we sought?	Manningham indicators – targets and outcome measures for each priority level	Community Panel Survey Analysis of indicators from available data sources
Impact Evaluation	Are we having the influence we expected?	Measuring the impact on the community across 5 projects	3 case studies – Safety and Respect; Ruffey Lake Park Landscape; Reconciliation Action Plan. Most Significant Change – a review of 11 Key Project Achievement
Process Evaluation	How does the way we plan compare with good practice?	Annual reporting on the actions of the Healthy City Community Strategy Action Plan	Council’s CAMMS Strategy Reporting System

Figure 2: Healthy City Strategy Evaluation Framework Application

4. Partnerships

Manningham Council considers partnerships an important mechanism to build and sustain capacity to plan, implement, monitor and evaluate initiatives to promote health and wellbeing. In 2017, the HCAC was established to strategically inform and develop the HCS 2017-2021 and HCAP, and has continued to provide advice and input on the Strategy's implementation. The HCAC met quarterly to provide advice on Council strategic policies, plans, research and initiatives, discuss and share relevant information on:

- Current and emerging health priorities impacting community groups;
- Explore partnership and collaborative opportunities on key project; and
- Monitor the effectiveness of the HCS 2017-2021 and HCAP's utilising an agreed evaluation framework.

HCAC members were required to provide progress reports to Council every six months on their committed actions and share with committee members their key successes reflected in the annual HCAP.

The Manningham Healthy City Collaborative Working Groups were also established to develop, deliver and evaluate key initiatives for agreed priority health areas including: Youth Mental Wellbeing, Gender Equity and Community Connectedness in Place.

Both the HCAC and the Collaborative Working Groups were an integral mechanism to the success of the Strategy. These governance structures have provided knowledge, expertise and resources to support implementation of the Strategy and to drive change for improved health and wellbeing outcomes.

HCAC membership includes:

ORGANISATIONS	PARTICIPATING MEMBERS AND ROLES
Department of Health and Human Services	Rotating: Christine Farnan, Senior Program Advisor/Population Health and Community Engagement (past member) Catriona Ross, Population Health and Community Wellbeing (past member) Kylie Hughes, Senior Advisor Population Health and Community Wellbeing (current member)
Access Health and Community	David Towl, General Manager Health Promotion (past member) Fiona Read, General Manager Health Promotion (current member)
Inner East Primary Care Partnership	Tracey Blythe, Executive Officer (current member)

Haven Home Safe	Trudi Ray, Chief Operations Officer (current member)
Women's Health East	Kristine Olaris, Chief Executive Officer (current member)
EDVOS	Jo Van Dort, Program Manager (past member) Brianna Myers (current member) Program Manager - Primary Prevention/Education & Training Innovation & Development/Primary Prevention
Manningham Learns	Pauline Fyffe, Manager Park Orchards (current member)
Victoria Police	Andrew Marcus, Senior Sergeant (past member)
Community Representatives	Mhisti Rele (current member) Shilpa Smith (past member)
Doncare	Helen MacKenzie, Manager (current member)
Eastern Melbourne Primary Health Network	David Johnstone, Epidemiology Officer (past member) Naveen Yadav, Manager Systems Intelligence and Analytics (current member)
Department of Education and Training	Theminy Carydias, Manager Service Support Branch (current member)
Manningham YMCA	Michelle Rowse, Chief Executive Officer (past member) Brendan Hibbert, Area Manager (current member)
Belgravia	Aylie Spence, Centre Manager (current member)
Onemda	Simon Lewis, Chief Executive Officer (current member)
Whitehorse Manningham Library	Christina Davidson, Coordinator Partnerships and Programs (current member)

Table 1: Healthy City Committee membership

Manningham City Councils, City Planning and Community Directorate Representatives on the HCAC include:

The Social Planning and Community Development Services, Aged and Disability Services, Engineering and Technical Services, People, Cultural and Risk, Health and Laws, Parks and Recreation, Economic and Environmental Planning, Cultural Programs, and Communications and Marketing contributed to the strategic delivery of the Healthy City Strategy 2017-2021.

HCAC members and Council representatives were required to meet on a quarterly basis to monitor and review the progress of the HCAC and provide strategic advice to Council on health matters impacting the community.

As part of an Evaluation Framework, best practice is to ensure that the HCAC partnership is evaluated. Evaluating the HCAC partnership provides opportunities to:

- Develop and review clear understanding of the purpose of the committee;
- Assess if the outputs and objectives of the Terms of Reference were achieved;
- Identify ways to enhance and strengthen new and existing partnerships through vision planning, identifying emerging community needs and issues; and
- Identify how the HCAC strategically can accelerate.

Methodology:

The tools used to evaluate the HCAC partnership were:

- The Partnerships analysis tool – Vic Health (2018 review)
A resource for establishing and maintaining partnerships for health promotion organisations. The HCAC members were requested to complete a comprehensive survey reflecting to identify how effective the HCAC partnerships were in areas of planning, implementation and evaluation of collaborative actions as well as Identifying barriers to partnerships, enablers, gaps and opportunities.
- A Framework for Building Capacity to Improve Health - NSW Health (2019 review)
This resource provides an overview of capacity building or organisations and the some of the principles that underpin its practice (Organisational Development, Leadership, Resource Allocation and Partnerships). Components of the framework were applied to monitor and assess, coupled with the application of a SWOT (strengths, weaknesses, opportunities and treats) the effectiveness of the partnership.

Outcomes:

The survey data from the partnership evaluation shows that in both 2018 and 2019 members identified that the committee:

- Established strong partnerships and collaboration with other agencies;
- Provide an opportunity to share expertise and resources, and build capacity to undertake evaluation of agreed program; and
- Through the development of working groups, enabled opportunities for members to work together on key priority health issues.

Some barriers that were recognised from the partnership evaluation process include:

- The size of the HCAC was considered too large;
- Confirmation of member's roles required further clarity including consumer representative's and ongoing support to enable their full participation; and

- Consideration needs to encompass inviting peak bodies like Universities to join the HCAC to provide guidance and experience to assist in planning, implementing and evaluating key projects reflected in the HCAP.

Based on the findings, it is recommended workforce development training opportunities for consumer representatives on advisory committees and working group members be considered. Further, clarity of the consumer role and their skills and expertise, will strengthen their ability to guide planning and implementation of programs as well as advocacy for health and wellbeing matters. In addition, employing a cross representation of members to include an intersectional focus with diverse perspectives and expertise to drive the next iteration of the HCS 2021-2025 is suggested.

Council also conducted consultation with officers and committee members regarding the HCAC structure. Feedback suggest that members are comfortable with the current committee structure but are for improvement include:

- The opportunity to utilise member expertise more actively and strategically;
- More regular feedback to close the loop about how their input has been integrated into Council policy.

Benchmarking was conducted with Councils across the Eastern Metropolitan Region with findings include:

- Our current model is consistent with other government structures
- The HCAC is fit for purpose under the Public Health and Wellbeing Act – which emphasis that the MPHWP be delivered in partnership with state government and community.
- Planning is currently underway for the next iteration of the Healthy City Strategy (HCS). This provides an opportunity to review both committees to consider how they best service our community and inform Council decision making.

Planning is currently underway for the next iteration of the HCS, which will provide an opportunity to review the HCAC committee to consider how it can best service our community and inform Council decision making.

5. Most Significant Change

The Most Significant Change (MSC) is an approach to assess the change and impacts that have occurred as a result of a project being delivered, and takes into account the project leader or participant's experiences. The process is not limited to focusing on collecting stories; it also promotes ongoing dialogue and provides learnings about the projects and how they can be improved to better meet their aims in the future. A collection of quotes, feedback, statistics and photos can be used to showcase achievements.

The technique Manningham Council applied included identifying a range of projects that were delivered by project leads against the priority health focus areas across the *Healthy City Strategy 2017-2021*. Priority health focus areas included:

- Safe and Resilient
- Connected and Vibrant
- Inclusive and Harmonious
- Healthy and Well

To assist with identifying key project achievements, project leads were asked to identify those that presented significant success. They were asked a suite of questions:

1. What was the **most significant thing** that you or your project participants took away from the initiative? This could be a significant achievement or an unexpected outcome.
2. Do you have any **feedback, comments or quotes** from the evaluation of your project that you could share; highlighting any achievements or celebrations?
3. Are there any **statistics** that could be used to showcase the success of your project? For example, number of events held, number of participants engaged etc.
4. Do you have any **photos** relating to your project that you could share?

The Most Significant Change approach was applied to 11 project areas that fall under the four HCS 2017-2021 four key focus areas. The HCS 2017-2021 projects consist of workshops, consultations and events and attracted a diverse range of community members to participate. Common reflections and synergies across the project areas are:

- Offering an online platform to consult and engage with the community widened the scope, number of people participating, data collection and feedback on Council matters.
- Increased personal skills and knowledge was obtained from participants due to thorough planning and implementation of programs and events. Participants expressed the competencies gained from participation can be applied to future situations or experiences.
- Council's ability to provide a supportive environments to deliver activities and programs enabled participants increased opportunities strengthen social connections and make new friendships with other residents in their municipality.
- Partnerships were integral in the development and delivery of community projects.

To view the 'Most Significant Change' HCS 2017-2021 four key focus areas please click on the link to access-

<https://vimeo.com/487965622/be08560634>

To view additional information on the 'Most Significant Change' applied to 11 project areas under the HCS 2017-2021 please refer to Appendices 2 of the HCS 2017-2021 Evaluation Report.

6. Process Measures: Progress Against Actions

A total of 133 actions were endorsed by Council for inclusion in the Strategy at the time of its commencement. The number of actions and priorities included in annual actions plans across the life of the strategy was revised and reduced over time due to align with Council's Strategic Framework and business plans, as well as requests from the HCAC for a more concise and strategic document. This realignment also involved the consolidation of actions from other Council strategies, such as the draft *Inclusive Manningham Strategy*, *Ageing Well in Manningham Strategy* and *Prevention of Violence against Women Strategy*.

The breakdown of actions across each of the four focus areas for the life of the strategy can be found in the table below.

Healthy City Action Plan 2017-2019

FOCUS AREA	PRIORITIES
Inclusive and Harmonious	<ul style="list-style-type: none"> Social and economic inclusion Rights and equity Embracing reconciliation Valuing diversity Strong early foundations Resilient youth Age friendly
Healthy and Well	<ul style="list-style-type: none"> Youth mental wellbeing Dementia friendly Lifelong learning Healthy eating Active living Safe sexual health Accessible and affordable services Service Innovation
Safe and Resilient	<ul style="list-style-type: none"> Feeling safe Reducing the harms of drugs, alcohol and gambling Prevention of violence Responsive in emergencies Disaster resilience
Connected and Vibrant	<ul style="list-style-type: none"> Embracing arts and culture Growing tourism Strengthening creative industries Liveable mix use neighbourhoods Dynamic places and spaces Feeling connected Affordable housing Community participation Community Leadership Strong partnerships and collaboration

HEALTHY CITY ACTION PLAN 2019-2021

FOCUS AREA	PRIORITIES
Inclusive and	<ul style="list-style-type: none"> Social and economic participation of people with a disability Inclusion and equity at Manningham Council

Harmonious	
Healthy and Well	<ul style="list-style-type: none"> • Positive ageing • Youth wellbeing • Access to health and community services • Healthy lifestyles
Safe and Resilient	<ul style="list-style-type: none"> • Prevention of family violence • Affordable housing • Climate change adaptation
Connected and Vibrant	<ul style="list-style-type: none"> • Addressing loneliness

Table 2: Healthy City Action Plans 2017-2021

The progress of each of the actions were monitored through Council's CAMMS Strategy reporting system. Both internal and external stakeholders who were responsible for the delivery of the Strategy actions were asked to report on their progress every six months. They were also asked to regularly review their actions for ongoing relevance and identify any new initiatives commencing in the following 12 months to support Council's priority health areas.

Actions that were not completed were either deferred or discontinued if they were no longer relevant or appropriate to business unit operations. The impact of COVID-19 resulted twenty one actions being deferred or discontinued in the 2019-2020 reporting period.

6.1 Key Achievements 2017-2021

The *Healthy City Strategy 2017-2021* was operationalised through a series of *Healthy City Action Plans*, with actions grouped under the four focus areas as outlined above. Below is a snapshot of some of the key projects delivered across the life of the Strategy. The list below presents key achievements that have assisted Council in its progress towards achieving improved health and wellbeing outcomes for the community.

FOCUS AREA: INCLUSIVE AND HARMONIOUS	
Strategies and Policies	
Review Manningham's Reconciliation Action Plan (RAP) undertaken and draft RAP 2021-2023 prepared	Youth Services Review undertaken
Community consultation and submission to State Disability Plan 2021-2024	Accessibility audits conducted on Council-owned buildings and individual building reports developed
Development of Age Friendly City and Dementia Friendly City Action Plans 2020-2022	
Community Events	
Inclusion@Work Breakfast held	Delivery of annual events to promote Reconciliation Week and NAIDOC Week
Delivery of 30 NDIS Community Information Sessions	Midsumma Festival and expo events held
Youth Summit event held	Victorian Seniors Festival events delivered
Modern Ageing Forum delivered	Delivered International Women's Day and Women Inspiring Business Lunch events
Accessibility and inclusion tools applied to Carols by Candlelight event	
Partnerships and Committees	
Establishment of Reconciliation Action Plan Working Group	Establishment of Access and Equity Advisory Committee
Youth Advisory Council established	Establishment of Manningham Positive Ageing Alliance
Disability Advisory Committee endorsed and to be established 2021	Relaunch of and support provided for the Building Equitable Employment Network in partnership with Knox Council
Establishment of internal Diversity and Inclusion Working Group	

Capacity Building	
Inclusion and Diversity Training delivered for community organisations and staff	Our Watch social inclusion and gender equity training provided to Council staff
Parenting Seminar Series developed, ongoing delivery	Delivered Early Years Sector training sessions, including Cultural Understanding and Safety training
Careers X program delivered to VCAL and Secondary students with local businesses	Launch of Customer Service Charter acknowledging diversity
Inclusion at work training was conducted to employers promoting employment of people with disabilities	
Partner Initiatives	
Inclusive Communities Program delivered (Onemda)	Cultural Understanding and Safety Training delivered (DET)
Delivered individual counselling, and children's groups including Cool Kids, Climb to Cool, Stress Less for Teens (Doncare)	Delivery of early literacy programs (Whitehorse Manningham Libraries)
Community Projects	
Digital Stories of Inclusion produced	Upgrade of three sports pavilions to create family friendly change rooms
Powerful Stories Project delivered	Intergenerational activities delivered including Intergenerational Chess Group, Christmas Carols and Garden Group in partnership with schools
Engagement of sporting clubs through Inclusive Clubs project (AccessHC)	Delivery of intergenerational migrant stories project Far Flung
Delivery of Sky After Rain community arts project	Delivery of pilot supported closed playgroup for vulnerable families

FOCUS AREA: HEALTHY AND WELL

Strategies and Policies	
Developed and endorsed Dementia Friendly Action Plan 2017-2019	Developed Healthy Eating Progress Indicators
Developed Active Living Progress Indicators	Draft Active for Life Recreation Strategy in progress with framework endorsed by Council
Review of Manningham Matters to incorporate more promotion of community initiatives and activities	Development of Council's Community Service Needs Assessment

Development of the Youth Action Plan 2019-2024	Review of Manningham Council Food Security Plan 2016-2021 completed
Community Events	
Delivered "Worried About Your Memory" Community Session	Participation in VicHealth Walk to School month
Events delivered for Active April and This Girl Can	Delivered the Bike It! Event
Young Adult Literature Festival held	Liveability in Practice Forum held focussing on improving food availability and accessibility
Sexuality and Respectful Relationships forum delivered	Environment and Sustainability Education sessions delivered
Partnerships and Committees	
Established Youth Resilience Collaborative Working Group	Established Manningham Dementia Alliance Group
Established Food Security Network	Participated in Regional Sexual and Reproductive Health Strategic Working Group
Capacity Building	
Delivered "Thoughtful Business" Seminar to Traders	\$287,514 funding delivered to neighbourhood houses to deliver education and learning opportunities to residents
Delivered seven community training programs via the Grants Training Program to build capacity of community sector in Manningham	Manningham Dementia Information Card developed
Skills 4 the Future careers expo delivered	Victorian Healthy Eating Advisory Service engaged and briefed on the benefits to MCC staff
Partner Initiatives	
Headspace Outreach Service established	Commenced delivery of Suicide Post and Prevention project including development of a Youth Suicide Response Communication Protocol (Victoria Police)
Delivered free and low cost classes to financially disadvantaged members of community (Manningham Learns)	Council and partner organisation staff training in responding to disclosures of family violence (EDVOS)
Needs assessment survey undertaken to increase understanding of supports for LGBTQIA+ people in Manningham (AccessHC)	Youth Take Charge program initiated, including staff training in Mental Health First Aid (Belgravia)
Practices and processes developed to increase referrals from AccessHC to Aquarena (AccessHC and Aquarena)	
Community Projects	
Tall Ship Mentoring program delivered through	Good Life Farm program delivered through

School Focused Youth Services	School Focused Youth Services
Delivered Breastfeeding Support Program	Expansion of new free immunisation services to disadvantaged groups
Facilitated Active Travel plans for schools	Upgraded activity centres to improve walkability
Funded 50 applications to a sum of \$277,595 as part of the Community Grants Program	Delivered Crisis Support Student Wellbeing Program
Lawford Reserve playspace developed and launched	Delivery of female friendly facility upgrades at 11 parks and reserves across Manningham
Consultation of older adults and people with disability informed design outcomes of Ruffey Lake Landscape Master Plan and Hepburn Open Space	Dedicated youth engagement strategies to integrate youth voices into the Imagine Manningham 2040 project
Online arts and culture tutorials offered for young people	

FOCUS AREA: SAFE AND RESILIENT

Strategies and Policies

Review of Community Resilience Framework for Emergency Management Action Plan 2017-2020	Review of Manningham Affordable Housing Policy and Action Plan
Development of the Manningham Council Environment Strategy	Commence development of an evidence based loneliness plan
Development and implementation of an Arts and Culture Action Plan	

Community Events

Delivered initiatives in partnership for Community Safety Month (MCC and partners)	Delivered 16 Days of Activism campaign
Delivered event for World Elder Abuse Awareness Day	Delivery of Warrandyte Bushfire Insurance Forum
Delivery of community events in partnership with the Community Connectedness Working Group	

Partnerships and Committees

Established Gender Equity Collaborative Working Group	Developed EMR Action on Alcohol Plan and ongoing participation on Eastern Metropolitan Region Action on Alcohol Flagship Group (Access Health Community and partners)
Facilitated Community Resilience	Participation in the Eastern Metropolitan Councils Emergency Management Group

Capacity Building	
Prevention of family violence training delivered to early childhood education and care students at Neighbourhood Houses across Manningham	
Partner Initiatives	
Planned and delivered regional Together for Equality and Respect Action Plan (WHE)	Delivered specialist training on how to recognise, respond and refer to family violence (EDVOS)
Delivered "I Matter, you Matter, we Matter" Program (Doncare)	Funded the Chinese Health Foundation to deliver Problem Gambling Program
Faith Communities Unite for Safety and Respect project delivered	Early Years centres engaged in the Free To Be Me project (AccessHC)
Research undertaken for a pilot Social Prescribing project (AccessHC)	
Community Projects	
Delivered free Garden Waste Vouchers for residents living in bushfire prone areas	Fire Wise Garden display installed in Warrandyte
Delivery of Emergency Aware program	Findings from the Stable Housing Pilot Project disseminated
Doncaster Hill Occupancy survey administered to six apartment buildings in the Doncaster Hill precinct	

FOCUS AREA: CONNECTED AND VIBRANT

Strategies and Policies	
Updated Economic Development Strategy 2017	Established Healthy City Advisory Committee
Community Events	
Delivered exhibitions promoting Chinese, Persian and Greek communities	Delivered Community Events including Food Truck Carnival, Christmas Carols, Australia Day, Warrandyte Festival, Finns Festival, Pop Up Heide, Bulleen Pop Up Park
Public art exhibitions held through Manningham Art Gallery	Tunstall Square community art project implemented
Partnerships and Committees	
Established Community Connectedness Collaborative Working Group	Member of Boroondara and Manningham Housing and Homelessness Network
Launch of Manningham Learns alliance of	

neighbourhood houses and learning centres	
Capacity Building	
Better Approvals project commenced	
Partner Initiatives	
Establishment of the Community Garden at Ted Ajani Reserve (Manningham Learns)	Contributed to the Eastern Region Advocacy Campaign to increase supply of Social Housing
Volunteer Support Services in the East established (IEPCP)	Manningham Youth Alliance established (Doncare, Headspace, YMCA Manningham, Onemda)
Community Projects	
Delivered Community Mural in Templestowe	Upgraded 10 playgrounds to promote increased usage
Improvements delivered in linear parks to Mullum Mullum Trail and 42km off road loop and boundaries connecting walkers and cyclists to Frankston and Southbank.	Improvements completed to Tunstall Square and Yarra Street Warrandyte to create more liveable and inviting spaces for community
Delivered pop up Story Pod for ANZAC day	Delivered local Play and Stay supported playgroup
Construction of Mullum Mullum Stadium	Established Story Circle Volunteers initiative
Ongoing management of North East Link, including community information sessions and submissions	

Table 3: Healthy City Strategy 2017-2021 Key Achievements



Tunstall Square Community Art Project



Emergency Aware program

7. Impact Measures - Case Study Practice Examples

As demonstrated above, the *Healthy City Strategy 2017-2021* encompassed a broad range of projects with varying scope. Projects were led and supported by units across Council, and undertaken in partnership with a wide range of internal and external stakeholders. The following case studies provide insight into a selection of three projects from the Strategy, highlighting various implementation processes, impacts and outcomes, enablers, challenges, and key learnings. The case studies highlight some key themes from across the Strategy, and important learnings relating to the importance of:

- Continued engagement and momentum to sustain project outcomes;
- Allowing trust and partnerships to build over time; and
- Strength that community empowerment and ownership can add to projects.

7.1. Case study 1: Unite for Safety and Respect

Project Description

Unite for Safety and Respect engaged four Inner East Interfaith Networks, which are a forum for different faith communities to come together and promote mutual understanding and respect. In doing so, the project aimed to:

- Build capacity of faith communities to prevent violence against women;
- Understand drivers around gender inequity and the important role faith leaders and representatives play in building respectful relationships; and
- Enable a call to action.

The *Unite for Safety and Respect* project was led by Monash Council and delivered in partnership with Manningham, Whitehorse and Boroondara Councils, and the Whitehorse Interfaith Network. It was funded by Women's Health East.

This project was informed by the Our Watch *Change the Story* Framework which identifies faith environments as having a powerful influence on social norms and beliefs, and their leaders as having a key role in building respectful relationships. The project also aligns with recommendations of the Royal Commission into Family Violence (2016).

Process

The project team held an initial Project Consultation Forum (September 2018) with four Inner East Interfaith Networks, taking a co-design approach to gain a better understanding of their needs.

This led to the delivery of three capacity building workshops (April-June 2019): Recognise, Respond and Refer; Creating a Shared Understanding; and Bystander Intervention. The workshops aimed to strengthen existing partnerships, and provide a platform for building knowledge and sharing experiences in responding to family violence.

Finally, a Call to Action forum (November 2019) aimed to further engage attendees and provide an opportunity to learn about lived experiences of family violence, including presentations by

Speaking Out advocates Terang Chawla and Anissa Gracie.

Impact / Outcomes

In total, 123 participants took part in the initial forums and workshops, representing four interfaith networks, eleven organisations, and thirteen faith communities. The project is likely to have increased capacity of faith leaders and communities in the Inner East to undertake primary prevention activities, as indicated by participants' increased knowledge of gender inequality and family violence, and increased confidence to communicate about family violence.

Project activities enabled many respectful conversations and learnings about faith and culture. The final call to Action forum also resulted in a number of ideas for future action, such as making Women's Safety Cards available; discussing family violence in work meetings; setting up a meeting with the pastor; or applying for funds to set up a support group.

Enablers

Partnerships were an important feature of *Unite for Safety and Respect*. A partnership tool completed by representatives of each Council indicated a strong project partnership, particularly in the areas of flexibility for change, mutual respect, understanding, and trust. The pre-existing partnership between Manningham Council and Manningham Interfaith Network also supported the project; Council officers reported that the Interfaith Network representative's contribution to the co-design and implementation of the project was invaluable. The project also helped to further strengthen this partnership.

The wider momentum of work in the area of prevention of violence against women was also a key enabler of the project. This includes the Royal Commission into Family Violence (2016), particularly recommendations to address faith settings; pre-existing work occurring within some faith settings; support from Faith Communities Victoria; and the *Together for Equality and Respect Strategy 2017-2021* involving partners across the Eastern Metropolitan Region.

At a local level, Manningham Council has a strong commitment to preventing violence and fostering a safe, respectful and inclusive community as demonstrated by key focus areas within the Council Plan 2017- 2021 and Healthy City Strategy 2017- 2021. Manningham Council also conducted a White Ribbon event in 2014, aimed at faith, cultural and community leaders.

A Manningham *Declaration against Family Violence* was signed by faith, cultural and community leaders, demonstrating commitment to working together to prevent family violence.

Challenges

Project partners noted that whilst many people from all faiths have a universal and shared ideal to respect others, there is much more work to be done in engaging faith settings around prevention of violence against women, why it happens, and removing stigma, barriers and resistance. For some faith settings, it is challenging to accept that there is a family violence issue within their communities. Likewise for individuals, talking about family violence can be overwhelming, hence there is a need for a gentle approach to engagement, communications and messaging.

It was also challenging, but important, for project partners to understand the complexities of sacred scripts and teachings in regards to gender equality and how this relates to traditional patriarchal systems.

Take away messages

There is a clear need to build on this foundational work and develop ideas into action across Inner East Interfaith Networks, through continued engagement and momentum. Whilst it is important to celebrate the outcomes of a successful project, it is equally important to consider

how outcomes will be sustained.

There is a requirement to consider resistance, barriers and successes when talking to various faiths, ensure all people are treated with respect, and acknowledge that family violence is not an easy topic. It is also important to empower others to lead, and connect them with resources, while continuing to provide support and advice.

It is clear that trust and partnerships take time to develop, and major change cannot be expected within a 12 month period. It helps to thoroughly research the setting before planning training, especially to find a particular 'hook' for engaging them. Ensuring at least 2-3 representatives attend from each faith setting supports individuals to feel comfortable in group discussions.

It is important to acknowledge the significant impact of Covid-19 and associated restrictions. Whilst there are many ideas to progress prevention of violence against women within faith settings, capacity and other emerging issues need to be considered.



Unite for Safety and Respect

7.2 Case study 2: Ruffey Lake Park Draft Landscape Masterplan

Project Description

The Ruffey Lake Park Draft Landscape Masterplan was developed to revitalise Ruffey Lake Park, resolve existing functional issues, and propose new facilities and improvements. It sets a long term shared vision to preserve, enhance and encourage greater use and enjoyment of the park's diverse natural, environmental and historic qualities.

In addition to strategic and functional objectives, the project is deeply interwoven with health and wellbeing outcomes, through identifying and responding to community values relating to the park; protecting the natural environment; and providing a freely accessible social and recreational space for the community. Hence, consultation with the community that loves, values, and uses Ruffey Lake Park was an integral component of the Draft Masterplan's development.

Process

The project was led by Manningham Council's Integrated Planning team and involved a comprehensive review of background documents, extensive engagement with community, and consultation with internal and external stakeholders. A Community Reference Group of organisational representatives and community members was established to provide an advisory role and represent community views.

Council arranged, along with the external landscape architects, to undertake place-based pop-up community consultations, key stakeholder workshops and 'Have Your Say' online engagement. Manningham Council also received submissions via phone, mail and email. The four place-based pop-up consultations, held across the park, were designed to ensure a diverse range of community members were engaged. Workshops were also held with key community groups and clubs, key agencies, and Council staff; these included a Seniors Forum, Seniors Walking Groups, Planned Activity Group, and Manningham Council's Healthy City Advisory Committee and Access and Equity Advisory Committee. Consultation meetings were held with members of the Wurundjeri Woi Wurrung Cultural Heritage Aboriginal Corporation, including a walk-through of the site.

Further community consultation on the Draft Masterplan is scheduled to follow 2020 Council elections, and will involve a minimum four week period of online, on site, social media and stakeholder engagement. While the initial consultation informed the development of the Draft Masterplan, this second round provides opportunity to comment on the Draft Masterplan itself.

Impact / Outcomes

Parks and green spaces are a significant Council and community asset, offering a range of opportunities to support health and wellbeing, and an essential connection to the natural environment. Ensuring community are engaged with decisions and upkeep of Ruffey Lake Park maximises these opportunities, strengthening both individual and collective wellbeing.

Community consultation activities were successful in engaging with a wide range of people: over 800 responses were received, from diverse respondents including children, young people, parents and carers, retirees, and culturally diverse communities. This was in addition to Council staff, and stakeholders and service providers from Council's advisory committees.

The consultation reaffirmed that the natural and passive qualities of Ruffey Lake Park are highly valued. The park is a popular venue for a wide range of casual and organised recreational

activities, and the resulting Ruffey Lake Draft Landscape Masterplan builds on the social and cultural heritage of the park to ensure it continues to provide for the whole community.

Recommendations to enhance health are holistic, considering:

- **Physical wellbeing** (e.g. provision of fitness stations; increased shade cover);
- **Mental and social wellbeing** (e.g. opportunities for Bush Kinder programs; developing an arts plan for the site; formation of a 'Friends of Ruffey Lake Park' community group);
- **Spiritual and cultural wellbeing** (e.g. working with the Wurundjeri Woi wurrung Cultural Heritage Aboriginal Corporation to include appropriate information about history, culture and connections to Country)
- **Environmental health** (e.g. considering environmental impacts of tree planting; facility upgrades to be underpinned by Ecologically Sustainable Design principles)
- **Accessibility** (e.g. ensuring compliance with Disability Access (DDA) standards; ensuring elements such as shelters or pavilions provide for varied age groups, genders and abilities)

Enablers

Council's consultation for the Draft Masterplan was enabled by both new and existing structures. The existing Healthy City Advisory Committee and Access and Equity Advisory Committee, facilitated by the Social Planning and Community Development team, provided an opportunity to reach a wide range of highly relevant stakeholders which was useful given the large scale of the project.

The establishment of the Community Reference Group provided good guidance, though engagement levels varied. Community ownership, connection to the space, and high numbers of daily visitors to the park were important enablers of high levels of engagement in the consultation. Employing a Mandarin-speaking translator at pop-up consultations also assisted with engagement numbers.

Internally, a large Working Group was established, ensuring units from across Council were able to provide insights and feedback throughout the process. Teams represented included: Environment; Parks; Recreation; Emergency Management; Waste; Infrastructure services; Aged and Disability Support Services; Economic and Community Wellbeing; Social Planning and Community Development; and others.

An unexpected enabler was the use of online presentations using Zoom. Online presentations were unplanned, but became necessary due to the Covid-19 pandemic. They were found to be helpful in conveying a large amount of information and seeking comments. This approach will be replicated for the next stage of consultations.

Challenges

The sheer size of the plan, including number of actions, interrelated projects, and disciplinary fields involved, represented logistical challenges. Whilst the internal Working Group allowed staff to come together, the size of the group proved difficult to manage. Hence, a smaller, more focussed group was established to work through the detail, while the larger group were consulted at key stages. Whilst online presentations were helpful, there were challenges associated with not being able to come together physically (due to Covid-19) when conducting detailed reviews of the Draft Masterplan. The Covid-19 pandemic also influenced timelines and the planned Stage Two consultations, which will require additional considerations to ensure Council is engaging the whole community and receiving enough evidence to support the Masterplan.

The size and diversity of the park and its users meant that community members often had competing interests. Alongside numerous suggestions and recommendations, an interesting counter trend of the consultation was the request for no change, suggesting that the balance of activities and peacefulness in the park is appropriate. However, Council recognises that not changing anything will mean that facilities and amenity will gradually decline, simply from community use. In such instances, the project referred to existing Council positions or policies, and ensured clear communication that there is a need to keep up with a changing community and maintain public assets.

Take away messages

The consultation was found to be highly effective, demonstrating a high level of interest and ownership across both community and Council. This will be maintained through actions within the Masterplan sitting across a range of Council units.

Future projects of this scale engaging consultants should ensure clarity from the outset of the project regarding the number of permissible changes to the plan, and having one central point of contact within Council.



Ruffey Lake Park
Landscape
Masterplan

7.3. Case study 3: Reconciliation Action Plan

Project Description

The project involves the development of a Reconciliation Action Plan (RAP), a strategic document to drive Manningham Council's role and contribution to reconciliation throughout both the organisation, and the municipality.

Guided by Aboriginal and Torres Strait Islander perspectives, this action plan will focus on developing and nurturing meaningful relationships and opportunities built on respect between the Aboriginal and Torres Strait Islander communities, Council, and the wider community.

The *Manningham Reconciliation Action Plan 2021-23* will articulate Council's commitment to the reconciliation process and guide a plan of action over the two year period.

Process

Manningham's *Reconciliation Action Plan 2015-17* lapsed in 2017, and a review was conducted in 2018-19 to identify achievements and improvement opportunities.

The 2018-19 review found that barriers to implementation included resource limitations and changes in personnel; the level of integrated commitment to reconciliation; and limitations in the monitoring and reporting processes. This informed a number of measures to strengthen reconciliation outcomes, including building relationships with Aboriginal and Torres Strait Islander groups, communities and residents. Particularly, the commitment to strengthen relationships with the Traditional Custodians, the Wurundjeri Woi wurrung Cultural Heritage Aboriginal Corporation, and the formation of a Reconciliation Action Plan Working Group in August 2019 to oversee the development and implementation of the RAP.

The *Draft Manningham Reconciliation Action Plan 2021-23* has been developed through a collaborative process:

- Consultations with the Wurundjeri Woi wurrung Cultural Heritage Aboriginal Corporation;
- Quarterly meetings with RAP Working Group members, including workshops to identify priority areas;
- Workshops with Council officers;
- Consultation with Reconciliation Australia;
- Benchmarking against other Councils;
- Consideration of local data and emerging community needs; and
- Incorporation of key findings and learnings from the 2018-19 review process.

With Council support, the *Draft Manningham Reconciliation Action Plan 2021-23* was submitted to Reconciliation Australia for review. Consultations with Aboriginal and Torres Strait Islander community members were postponed due to Covid-19 restrictions. Endorsement for the RAP will be sought from the Wurundjeri Woi wurrung Cultural Heritage Aboriginal Corporation. There will be an opportunity for community comment, with a final version submitted to Council for endorsement in mid-2021.

Impact / Outcomes

The RAP development and implementation delivers on the Healthy City Strategy Action Area 'embracing reconciliation' by respecting, supporting and celebrating Aboriginal peoples, cultures and heritages. The development of a RAP can have a number of benefits, including:

- Demonstrating Council's commitment to Aboriginal and Torres Strait Islander people;

- Supporting integrated planning of for Manningham;
- Systemically building community capacity and influencing community change; and
- Building partnerships and collaboration with key stakeholders.

Enablers

The Reconciliation Action Plan Working Group comprises Aboriginal and/or Torres Strait Islander community members, representatives from a range of agencies, and Manningham Council officers. Most importantly, the group is guided by strong Aboriginal and Torres Strait Islander leadership. Each member of the working group brings with them extensive experience, knowledge and skills to support Council's Reconciliation efforts.

The focus on a whole-of-council approach to reconciliation has the support of senior leadership with the inclusion of two members of the Executive Management Team and officers from a range of units on the Working Group. The Working Group is chaired by Manningham Council's Director City Planning and Community.

Throughout the development of the Draft RAP, workshops were held with different units across Council to identify key action owners as well as embed reconciliation within our core business. Staff have expressed goodwill in learning more and building skills, the desire to anchor reconciliation in 'Our Values' and to develop understanding of what Reconciliation means to Aboriginal and Torres Strait Islander peoples to reflect their aspirations.

Challenges

Recommendations from the 2017 review are being addressed in the development of the *Draft Manningham Reconciliation Action Plan 2021-23*, and include:

- The establishment of a new RAP Working Group;
- Ensuring the RAP is realistic and achievable;
- Strengthening corporate ownership, commitment, accountability and resources to reconciliation;
- Embedding the RAP within the corporate reporting framework; and
- Investing in relationship building and partnerships.

It is important to recognise that forging strong relationships built on trust takes time and involves a different way of engaging. A stronger relationship with Manningham's Aboriginal and Torres Strait Islander community will ensure Council is better placed to respond to community need and comply with legislative requirements.

A critical success factor is personal commitment to reconciliation actions and ownership, at both the individual staff level and the executive leadership level. An area of opportunity is to build the capacity and confidence to translate goodwill into actions that further reconciliation goals.

Take away messages

Effective engagement when working with Aboriginal and Torres Strait Islander communities requires time, presence and a commitment to providing opportunity for input into key decision making processes, programs and projects from the outset. Relationships need to be nurtured and sustained with a genuine commitment to share power and build trust.

Continuing to build support and capability within the organisation will be important to embed reconciliation efforts into everyday practice to benefit the community.



Parks Alive



Parenting Seminar

8. Outcome Measures

During the development of the Strategy, a set of health and wellbeing indicators were identified across the four priority areas to measure the long term impact of the strategy. Baseline data for each of these measures was collected in 2017, with an intent to review these again in 2021.

Note. A number of the targets set in 2017 extend beyond the life of the strategy to 2025, as addressing high level priorities such as mental wellbeing and active lifestyles require more than the four years of this strategy to achieve significant change. These measures will be factored into the planning process for development of the next HCS 2021-2025, and Council will continue to monitor the Census and other data sources as they are updated to allow for long term trend analysis.

A comparison of baseline and current data was undertaken in October 2020 to determine any progress and/or trends. This process identified a number of gaps in the availability of key outcomes data and the ability to compare like for like, including:

- release of data updates delayed due to the impacts of COVID-19, or data not available at the local government area level;
- data collection surveys no longer being conducted e.g. VicHealth Indicators Survey; and
- changes to the Manningham Community Panel membership and survey approach.

Updates to some of the data sources used were not available as the release dates for the data did not align to our evaluation timeline, and other surveys ceased due to funding. Data for a number of the outcomes measures was also taken from surveys completed by members of the Manningham Community Panel, a group established to participate in various community engagement activities to inform Council's planning for future service delivery. Some members who completed the 2017 baseline survey did not complete the survey again in 2020, which limits the reliability of trend analysis over time.

In addition, it was identified after the baseline survey was completed that the Community Panel membership was not representative of the diversity of the Manningham community. Membership was heavily skewed towards the older age groups (70 – 84 years), with limited representation from young people or those from diverse backgrounds. In other cases, the data source changed as updates to baseline data sources such as the Census and Victorian Population Health Survey were not available. This means that any changes or trends identified can only be spoken about in general terms.

Updates for each of the outcomes measures against our targets are available in Appendix 1. As outcome evaluation data is not readily available, progress towards each of the targets identified has also been informed by the other elements of evaluation outlined in this report, including the most significant change approach and action progress reporting. The gaps identified during this process will be addressed with guidance from the DHHS in planning for the next iteration of the Strategy.



Far Flung Intergenerational

9. Reflections and Learnings for Future Health Planning

Across the four year strategy, Council and partner agencies have invested significant resources to improve the health and wellbeing of the Manningham community residents, and should be commended for their efforts.

This has led to a review and development of a more concise and strategic document with old initiatives being nested and new initiatives introduced.

Reflecting on the delivery of the Strategy is a critical process to identify key learning opportunities to consider and inform the development of the next Healthy City Strategy 2021-2025.

The following reviews and considerations include:

- The HCAC members have played a significant role in vision planning, leading and actively participating in the delivery of the Strategy and should be commended for their efforts.
- Representation from the DHHS on the HCAC has been valuable as had the receipt of resources including the prevention planning and reporting advice to steer the strategic directions of the Strategy.
- Throughout the four years of the Strategy cycle, it has been identified that investing time in the early stages of projects is critical. This enables trust to be established and contributes to the success and sustainability of community programs.
- Mid way throughout the delivery of the Strategy, the number of actions in the plan was reviewed and consolidated to represent shared priority areas and actions across council and partner organisations. This approach deemed to strengthen an integrated approach to the delivery of the Strategy in addition to streamlining the HCAP to capture key health and wellbeing priorities.

The intention is to carry this approach forward into the next iteration of the Strategy embracing a stronger emphasis on integration, collaboration, cross sector efforts with agencies to address systemic issues with the whole of community in mind.

- A range of data sets were not available at the time when evaluating the HCS 2017-2021. Applying an evaluation framework with reliable data sources and methods is recommended.
- Undertaking a partnership review with the HCAC provided the opportunity to identify partnership successes and areas to strengthen.
- Stakeholders invested in the delivery of the HCS actions in late 2019 and throughout 2020 were redirected to respond to the onset and duration of the COVID-19 and its impacts on the community. This meant that some of the HCS 2019-2021 actions were

placed on hold, inhibiting the project timelines for provision, maintaining the momentum of partnerships with agencies on projects and evaluation.

- Manningham Council's willingness to apply the 'Most Significant Change' evaluation method to review key projects from the HCS 2017-2021 was invaluable. We adopted a more creative and inclusive approach to the evaluation process and sharing of information.
- Continue to identify strategic alignment and nuances amongst Council services and external agencies to collaboratively partner on identified priority health issues affecting common community groups to plan, implement and evaluate health prevention projects.
- There is consideration to also adopt a leaner lens to develop the overall next iteration of the HCS 2021-2025 framework. Reflections to reduce the strategy framework layers whilst still maintaining a line of sight to the Council Plan and the Victorian Public Health and Wellbeing priority health areas is recommended.

An ages and stages and priority cohort approach would be deliberated to be integrated in the proposed HCS 2021-2025 framework also. Council service units have identified common health priorities (from the state public health plan) and identified distinctions in an ages and stages and priority cohorts to address the health inequalities in the community. One of the outcomes of the HCS review process is the consideration to apply an ages and stages and priority cohort lens to the next iteration of the HCS 2021-2025. The approach will ensure that we meet the whole of community needs as well as focusing and identifying community groups who experience greater inequalities and remain vulnerable and disengaged in community.

- The State of the City Report and Council and Staff Data Packs detail a comprehensive overview of the current state of health and wellbeing in the municipality. In planning for the HCS 2021-2025, data from the resources suggests the health and wellbeing priority areas are trending upwards in the community. These tendencies places strong consideration for Council and partner agencies to invest further resources to plan, implement and evaluate phases of the next Strategy.
- Have regard to the Victorian Public Health and Wellbeing Plan to adopt the state priority health issues that are impacting mostly on the Manningham community. In addition to the Environments for Health Framework and the social model of health context.

10. Appendices

Appendix 1: Outcomes Measures

FOCUS AREA: INCLUSIVE AND HARMONIOUS						
Target	Measures	2017 Baseline Figure	2017 Data Source	2020 Progress Figure	2020 Data Source	Trends and Comments
5% Increase in the valuing and respecting of our diverse community by 2025	Proportion of people who value and are welcoming of our diverse community *DHHS measure	83.6% agreed or strongly agreed	MCC Community Panel 2017	85.7% agreed or strongly agreed that they value our diverse community	MCC Community Panel 2020	Question was separated into two parts in the 2020 survey.
				86.7% agreed or strongly agreed that they welcome our diverse community		
5% Increase in the proportion of adults connected to culture and country by 2025	Proportion of adults connected to culture and community *DHHS measure but is specific to ATSI	67.6% agreed or strongly agreed	MCC Community Panel 2017	47.6% agreed or strongly agreed that they feel connected to culture	MCC Community Panel 2020	Question was separated into two parts in the 2020 survey.
				66.7% agreed or strongly agreed that they feel		

				connected to country		
5% Increase in labour market participation for people with a disability by 2025	Proportion of people with a disability engaged in fulltime education and/or work	30.6% engaged in fulltime education or work	ABS 2017	No new data available	N/A	Next Census due 2021.
20% Increase in resilience in adolescents by 2025 from 2014 baseline	Proportion of adolescents with high levels of resilience *DHHS measure	63.8% of adolescents have positive psychological development	Adolescent Community Profile 2010	25.2% identify as having a mental health issue	Manningham Youth Summit Survey Data 2018	Original data source unavailable. Questions relating to mental health and resilience were taken from the Youth Summit Survey.
				72.3% had a trusted friend they could talk to		
				55.5% felt lonely in the previous 12 months		
				64.3% generally had good levels of energy		
5% Increase in adults over 65 feeling connected and involved in community life by 2025	Proportion of seniors who feel connected and involved in the community	40.8% agreed or strongly agreed	MCC Community Panel 2017	39.1% agreed or strongly agreed that they felt connected	MCC Community Panel 2020	Question was separated into two parts in the 2020 survey.
				35.3% agreed or strongly agreed that they felt involved		

2% Decrease in the percentage of children developmentally vulnerable on one or more domains by 2025	Percentage of children developmentally vulnerable on one or more domains	16.0%	Australian Early Development Census (AEDC) 2015	19.1%	Australian Early Development Census (AEDC) 2018	Increase of 3.1% over 3 years
--	--	-------	---	-------	---	-------------------------------

Focus Area: Healthy and Well

Target	Measures	2017 Baseline Figure	2017 Data Source	2020 Progress Figure	2020 Data Source	Trends and Comments
5% Increase in resilience of adolescents by 2025 from 2014 baseline	Proportion of adolescents with high levels of resilience					This measure is a duplicate. See above
3 New Settings supporting dementia-friendly principles by 2021	Number of settings engaging dementia-friendly principles in their practices	N/A	Manningham Dementia Alliance Group 2017	No new data available	N/A	N/A
5% Decrease in prevalence of overweight and obesity in adults by 2025 from 2011 baseline	Proportion of adults, adolescents and children who consume sufficient fruits and vegetables *DHHS measure	58.1% of survey respondents agreed or strongly agreed that they consume at least five vegetables	MCC Community Panel 2017	67.6% of survey respondents agreed or strongly agreed that they consume at least five vegetables and two fruits daily	MCC Community Panel 2020	9.5% increase

		and two fruits daily				
20% Increase in sufficient physical activity prevalence of adolescents by 2025 from 2014 baseline	Proportion of adults, adolescents and children who are sufficiently physically active *DHHS measure	62.9% of survey respondents agreed or strongly agreed that they do a minimum of thirty minutes of moderate exercise five times per week	MCC Community Panel 2017	77.1% of survey respondents agreed or strongly agreed that they do a minimum of thirty minutes of moderate exercise five times per week	MCC Community Panel 2020	14.2% increase
10% Increase in service access satisfaction from 2025 from a 2017 baseline measure	Proportion of population who report that Manningham has good facilities and services	66.9% agreed or strongly agreed	MCC Community Panel 2017	75.2% agreed or strongly agreed	MCC Community Panel 2020	8.3% increase

Focus Area: Safe and Resilient

Target	Measures	2017 Baseline Figure	2017 Data Source	2020 Progress Figure	2020 Data Source	Trends and Comments
10% Increase in the proportion of adults who feel safe by 2025 from 2011 baseline	Proportion of adults feeling safe walking in their street at night *DHHS measure	55.3% felt safe walking in their street at night	VicHealth Indicators Survey 2015	48.6% agreed or strongly agreed that they felt safe walking in their street at night	MCC Community Panel 2020	Data source changed as VicHealth Indicators Survey no longer being conducted.

						State of the City: This figure has decreased from 2011 (68.7%) to 2015 (55.3%) however this is the most recent data at LGA level. It is important to note that perceptions of safety differ significantly based on gender.
10% Decrease in excess alcohol consumption by adults by 2025 from 2014 baseline	Proportion of adults and adolescents who consume excess alcohol *DHHS measure	4.2% at very high risk of short-term harm from alcohol each month	VicHealth Indicators Survey 2015	9.5% agreed or strongly agreed that they consumed more than two standard alcoholic drinks daily	MCC Community Panel 2020	Data source changed as VicHealth Indicators Survey no longer being conducted. State of the City: In the period 2011/12 to 2017/18, Manningham had a consistently lower rate of hospital admissions due to alcohol than the EMR and Victoria (AODStats by Turning Point and Monash University). Of note is the inter-year variability – particularly for males, with the admission rate doubling in 12 months from 2015/16 to 2016/17.
5% Increase in Gender Equity in Relationships Score by 2025 from 2015 baseline	Proportion of adults who support equal relationships between men and women	41.9% had low levels of support for gender equality	VicHealth Indicators Survey 2015	38.3% voted “No” in Australian Marriage Law postal vote	VicHealth Indicators	Data source changed as VicHealth Indicators Survey no longer being conducted. National Community Attitudes

						<p>Survey (2017, next one due in 2021/22): Most Australians support gender equality and are more likely to support gender equality in 2017 than they were in 2013 and 2009. Australians have greater support for women's independence and decision-making in public life than private life.</p> <p>https://20ian81kynqg38bl3l3eh8bf-wpengine.netdna-ssl.com/wp-content/uploads/2019/12/ANROWS_NCAS_Summary_Report.pdf</p>
<p>5% Increase in reporting of incidents of family violence, reflecting confidence in the system and intolerance of family violence by 2025 from 2016 baseline</p>	<p>Rates of incidence of family violence recorded by Police *DHHS measure</p>	<p>580.2 (rate per 100,00 population)</p>	<p>Victoria Police Crime Statistics 2016-2017</p>	<p>593.7 (rate per 100,00 population)</p>	<p>Victoria Police Crime Statistics 2019-2020</p>	<p>Increase of 13.5 per 100,000 over 3 years (0.0135%).</p> <p>State of the City: In the 12-months to March 2020, Manningham had one of the lowest rates of family violence compared to other Victorian LGAs.</p>

5% Increase in being prepared to intervene in a situation of domestic violence by 2025 from 2011 baseline	Proportion of adults who are prepared to intervene in a situation of domestic violence	77% agreed or strongly agreed that they would be prepared to act, speak out or report an incident	MCC Community Panel 2020	64.7% agreed or strongly agreed that they would be prepared to help in a situation of domestic violence	MCC Community Panel 2020	In 2017 this question was broader and reflected speaking out and reporting issues rather than just intervening. In 2020 respondents were simply asked if they would intervene in a situation of family violence.
10% Increase in the number of Manningham households that have an emergency plan by 2025 from 2013 baseline	Proportion of households that have an emergency plan in place	14% of households in bush fire prone areas reported having a plan in place	Be Ready Warrandyte 2013	50% of households in bush fire prone areas reported having a plan in place	Internal Council <i>Emergency Aware</i> community survey 2018	36% increase over 5 years

Focus Area: Connected and Vibrant

Target	Measures	2017 Baseline Figure	2017 Data Source	2020 Progress Figure	2020 Data Source	Trends and Comments
5% Increase in Manningham residents having a positive experience in art and cultural activity by 2025	Percentage of Manningham residents having a positive experience in art and cultural activities *DHHS measure (attendance only)	33.1% agreed or strongly agreed that they enjoy the community arts and cultural events in Manningham	MCC Community Panel 2017	39% agreed or strongly agreed that they enjoy the community arts and cultural events in Manningham	MCC Community Panel 2020	5.9% increase
Output from local	Tourism output at a	5.9%	REMPAN	No new data	REMPAN	This data is taken from ABS.

tourism is at least 3% of total Manningham output	percentage of total Manningham output		2016	available		Next Census due 2021.
8% Increase in proportion of Manningham residents who feel part of their community by 2025 from 2008 baseline	Percentage of Manningham residents who feel part of their community	58.7% agreed or strongly agreed	MCC Community Panel 2017	66.7% agreed or strongly agreed	MCC Community Panel 2020	8% increase Covid-19 impacts survey: Direct impacts - Social connections (75% of total participants). Decrease in social connectedness compared to February 2020 (e.g. connected with friends and family, with the community, attending events (online) run by Council and community groups, volunteering).
5% Increase in proportion of adults who have someone they can rely on to care for them by 2025 from 2017 baseline	Percentage of people who have someone outside their household they can rely on to care for them or their children in an emergency *DHHS measure	59.1% agreed or strongly agreed	MCC Community Panel 2017	77.1% agreed or strongly agreed	MCC Community Panel 2020	18% increase

5% Increase in local residents belonging to a local group, club or organisation by 2025 from 2017 baseline	Proportion of local residents who belong to a local group, club or organisation *DHHS measure (organised group)	55.7% agreed or strongly agreed	MCC Community Panel 2017	64.7% agreed or strongly agreed	MCC Community Panel 2020	9% increase
---	---	---------------------------------	--------------------------	---------------------------------	--------------------------	-------------

Contact Details

Council's Social Planning and Community Development Team Ph: 9840 9379

www.manningham.vic.gov.au