

Council

HEALTH & WELLBEING PLAN 2026-2030

Draft Health & Wellbeing Plan 2026-2030

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DRAFT

Health & Wellbeing Plan

2026 - 2030

Acknowledgement of Country

The Shire of Plantagenet acknowledges the traditional custodians of our area and their continuing connection to the land and community. We pay our respects to all members of the Menang Noongar community and their culture; and to Elders past and present.

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Introduction

Our community's health and wellbeing is everyone's responsibility.

The Shire of Plantagenet has developed this Health & Wellbeing Plan to meet the legislative requirements of a Public Health Plan as required by the Public Health Act 2016. This plan is integrated with the Shire's Strategic Community Plan and Corporate Business Plan to allow for the Shire to assess and ensure our resources are used most appropriately and efficiently to address the public health needs of the community. This plan is a five-year strategic document that aims to identify public health priorities and future planning to work toward a healthier community.

To plan for the future health and well-being of the community, the plan has undergone a series of stages to establish the community's needs. The action plan at the end of this document aims to address the community's health needs and identify any underlying public health risks demonstrated through data compared with regional WA data averages. The Shire has also conducted numerous community surveys in conjunction with the preparation of other strategic documents and these responses have informed this Health & Wellbeing Plan.

The Shire aims to coordinate with public health partners and community groups to strengthen health and wellbeing within the community, utilising the objectives set within this plan.

Our Vision:

Plantagenet, building a sustainable and respectful community, where the environment is preserved and natural beauty and diversity provide opportunities for all.

Our Mission:

To enhance the quality of life for the people of Plantagenet and the region, through the provision of leadership, services and infrastructure

Our Values:

- Integrity through honesty, ethical behaviour and trustworthiness.
- Professionalism through understanding our roles and responsibility, the need to work efficiently and strive for excellence.
- Supportiveness by being patient, caring and friendly.
- Responsibility by taking ownership.
- Customer focus by understanding needs, being proactive and responsive.

What is Public Health?

The State's *Public Health Act 2016* defines public health as:

- The wider health and wellbeing of the community
- The combination of safeguards, policies and programs designed to protect, maintain, promote and improve the health of individuals and their communities and to prevent and reduce the incidence of illness and disability

Examples of what public health includes:

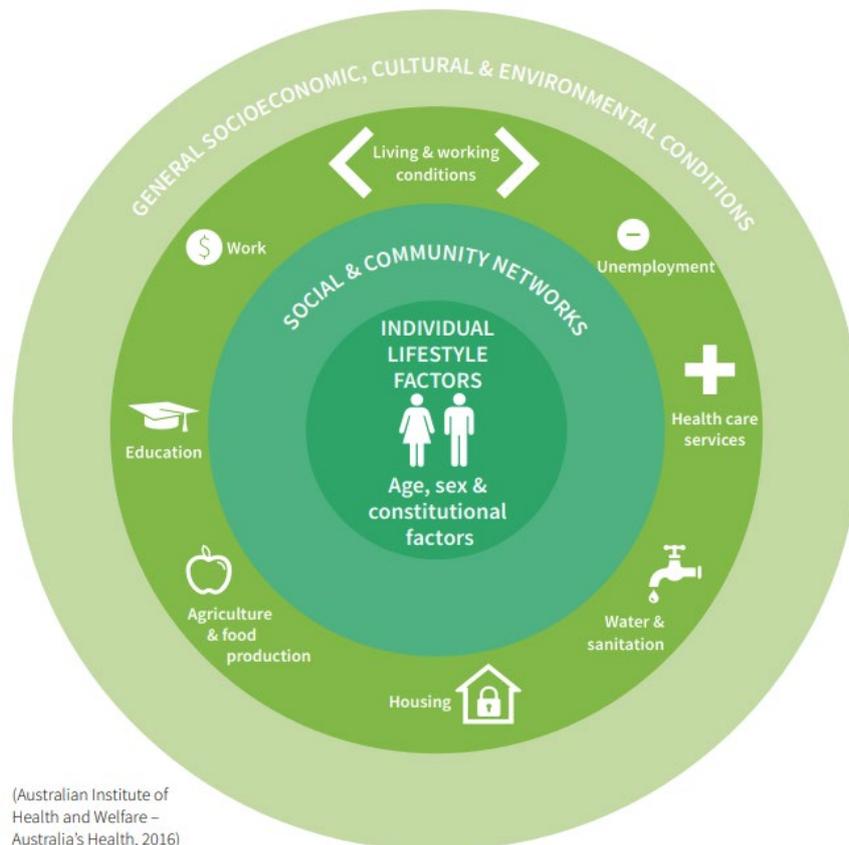
| | | | |
|---|--------------------------------------|---|---|
|  | Safe and nutritious food |  | Recreational facilities, sports grounds and parks |
|  | The way our communities are designed |  | Events, places and activities that bring the community together |
|  | Safe drinking water |  | Health information and education programs |
|  | Walking trails and cycle routes |  | Safe housing |
|  | Smoke and alcohol free environments |  | Maintaining high levels of immunisation |
|  | Waste management |  | Optimal mental health and wellbeing |

The sustainable health review undertaken in 2017 by the Government of Western Australia commits to eight enduring strategies and recommendations for the future direction of public health. The first enduring strategy is a commitment to collaborate and address major public health issues. These issues were identified as:

- halting the rise in obesity in WA;
- reducing harmful alcohol use;
- reducing inequity in health outcomes; and
- access to care for vulnerable groups such as Aboriginal people, culturally and linguistically diverse people and people living in low socioeconomic conditions.

The Shire recognises that the social determinants of health contribute to a person's health and wellbeing. The World Health Organisation defines social determinants as **"the conditions in which a person is born, grows up, lives, works and ages and in turn influences their opportunity to be healthy, their risk of illness and life expectancy"** (World Health Organisation, 2017). The Shire acknowledges that health outcomes are complex and are determined by a number of factors including social, economic, cultural and environmental factors which must be taken into account when considering planning for public health and wellbeing.

This Health & Wellbeing Plan is a broad community-wide plan which endeavours to work towards better health outcomes for the Shire, however it is acknowledged that a number of risk factors can contribute to poorer health outcomes. Low financial security, unemployment and homelessness can lead to decreased health status. Similarly those living with a disability and minority groups may also encounter barriers to achieving good health. The Shire engages in a number of ways to address some of these factors, such as service delivery through our Recreation Centre and library, engagement through the Disability Advisory Group and in partnership with local groups and clubs.



The Role of the Shire

In Health & Wellbeing Planning, the Shire's role will vary depending on the initiative proposed or the issue being addressed. There are three main roles that we will undertake:



In the Action Plan section of this plan, the role of the Shire is classified as Lead, Partner or Advocate for each action identified, depending on the degree of involvement.

Methodology

In line with the requirements under the Act for an evidence-based approach, this plan was developed through:

- the examination of local health data including health behaviours, health status, risk factors, injuries, vaccination rates, safety and crime and environmental health measures;
- the determination and grouping of priority areas in consultation with staff, Council, community and external stakeholders;
- the identification of areas not requiring immediate action, but marked for maintenance or future action;
- the identification of strategies to underpin the entire plan
- the alignment of priority areas with the State Public Health Plan for Western Australia 2025-2030 and Shire of Plantagenet Strategic Community Plan 2025-2035;
- the consolidation of existing public health activities and projects within the Shire;
- the development of an action plan;
- the identification of gaps and opportunities for improvement; and
- the development of performance measurement tools and processes for feeding back.

Our Priority Groups:

Some members of the community are more vulnerable to poor health and wellbeing. This might be the result of gender, age, ethnicity, illness and injury, lack of mobility or isolation. Vulnerability may also result from lack of income or education, poor mental health, inadequate housing or socio-economic disadvantage more generally.

The Shire acknowledges the role that it plays in supporting vulnerable people to feel protected and cared for through advocating for the removal of physical, economic or cultural barriers that prevent the sharing in opportunities and community prosperity such as:

- Seniors are a priority area for the Shire in relation to future planning. The Disability Access and Inclusion Plan provides strategic guidance on providing, amongst other things, an age friendly community;
- People who are experiencing socio-economic disadvantage have more risk factors and higher rates of illness and disability; and
- Aboriginal children and their families continue to be among the most socially and economically disadvantaged in Western Australia and consequently are over-represented in many negative health indicators. The Shire will continue to support the local Aboriginal population through existing collaborative arrangements, policies and plans

Addressing disadvantage and developing outcomes that enable social inclusion is central to the Shire's planning activities and is incorporated into all portfolios. The Shire's various informing documents, master plans, place plans and strategic plans provide guidance and action to improve health outcomes of people who may be experiencing socio-economic disadvantage.

Shire of Plantagenet Health and Wellbeing Profile

Lifestyle behaviours

 13% of people aged 18 and over currently smoke.

 49% of people aged 2 and over eat recommended serves of fruit per day.

 30% of males aged 16 years and over drink alcohol at high risk levels for long term harm.

 11% of people aged 2 and over eat the recommended serves of vegetables per day.

 11% of females aged 16 years and over, drink alcohol at high risk levels for long term harm.

 43% of people of all ages spend more time than recommended doing sedentary activities.

 14% of males aged 16 years and over drink alcohol at high risk levels for short term harm.

 55% of people of all ages meet the recommended amount of physical activity per week.

 3% of females aged 16 years and over drink alcohol at high risk levels for short term harm.

 33% of people aged over 5 years are overweight.

 15% of people aged over 1 eat fast food at least weekly.

 40% of people aged over 5 years are obese.

Biomedical risk factors

Mental health

7.3% of people aged 16 and over have depression.

8.1% of people aged 16 and over have anxiety.

7% of people aged 16 and over have high or very high psychological distress.

Females have higher rates of mental health conditions than males.

Male intentional self harm is higher than the WA prevalence.

Immunisation

 Rates of Great Southern children who are fully immunised 1 July 2024 - 30 June 2025 is below the WA average across all age groups

- 89% of 1-year olds
- 86% of 2-year-olds
- 88% of 5-year-olds

[WA childhood immunisation coverage data by SA3](#)

Injury

Leading cause of injury related deaths:

1. Transport accidents (higher than WA age standardised rate [ASR])
2. Intentional self harm (higher than WA ASR)
3. Accidental falls (similar to WA ASR)

Leading cause of injury related hospitalisations:

1. Accidental falls (lower than WA ASR)
2. Transport accidents (higher than WA)
3. Intentional self harm (higher than WA ASR)

Top causes of potentially preventable hospitalisations:

1. Alcohol (higher in males than females)
 2. Tobacco (higher in males than females)
- Both higher than the WA age standardised rate*

Colour key

-  Higher than WA prevalence
-  Lower than WA prevalence
-  Similar to WA prevalence

Reference:
Health and Wellbeing Profile: Shire of Plantagenet 2011-2020., Oct 2024: Epidemiology Directorate, Public and Aboriginal Health Division, Department of Health

Health & Wellbeing Profile

Shire Demographics:

The Shire of Plantagenet is located 359km from Perth and 51km from the regional city of Albany. Covering a large area of 4,792 square kilometres, it contains the five settlements of:

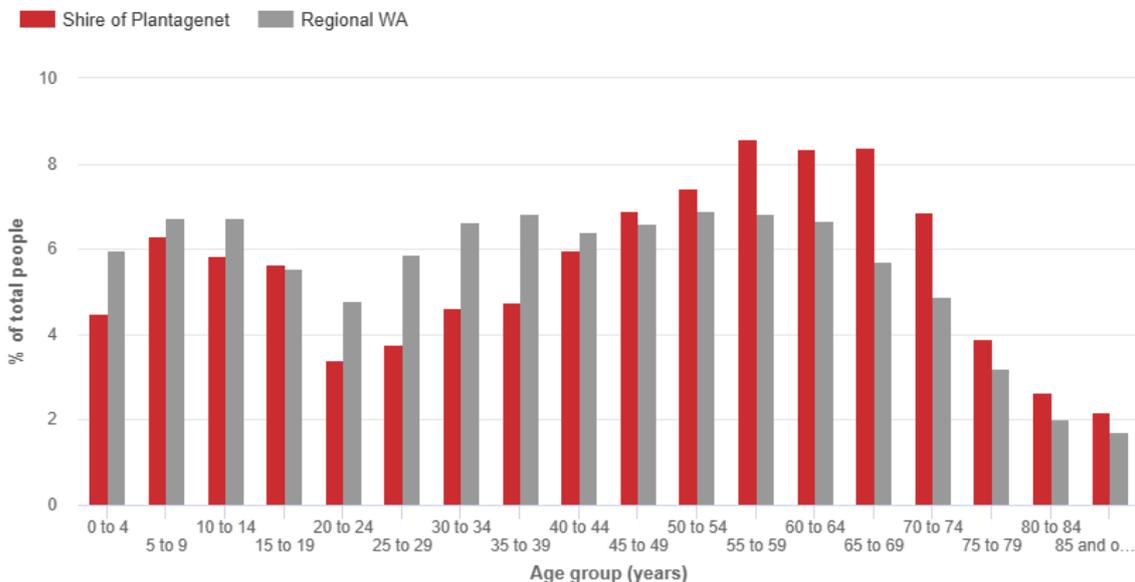
- Mount Barker;
- Kendenup;
- Narrikup;
- Porongurup; and
- Rocky Gully

The Shire has an estimated resident population at 30 June 2024 of 5,734 as is growing at between 1% and 2%. The age structure of the Shire varies significantly from the Regional WA average, as shown in the graph below, as follows:

- Lower proportion in the 20 – 30 year age groups (and by extension, lower also in the 0 – 4 year age group); and
- Higher proportions in the 55 – 74 year age groups.

Age structure - five year age groups, 2021

Total persons



Source: Australian Bureau of Statistics, [Census of Population and Housing, 2021](#) (Usual residence data). Compiled and presented in profile.id by [id](#) (informed decisions).

Socio-Economic Status:

The Socio-economic Indexes for Areas (SEIFA) score measures the relative level of socio-economic disadvantages based on a range of Census characteristics and data. SEIFA scores are based on a national average of 1001.2.

Areas with the lowest scores are the most disadvantaged.

The following table presents the 2021 census data for the Shire of Plantagenet local government area and compares it to the national, state and regional average.

| Index of Relative Socio-economic Disadvantage | | |
|---|-------------------|-------------------|
| Shire of Plantagenet's small areas and benchmark areas | | |
| Area | 2021 index | Percentile |
| Australia | 1,001.2 | 42 |
| Western Australia | 1,011.0 | 48 |
| Regional WA | 973.0 | 28 |
| Shire of Plantagenet | 948.6 | 19 |
| Shire of Plantagenet rural districts | 975.8 | 29 |
| Mount Barker | 924.5 | 13 |

Source: Australian Bureau of Statistics, [Census of Population and Housing](#) 2021.

In 2021, it was identified by the Australian Bureau of Statistics that the Shire of Plantagenet SEIFA Index of relative socioeconomic disadvantage score was 948.6. Overall, the SEIFA will assist with comparing the national averages to the local SEIFA level of disadvantage and identify the community's vulnerable population. Variations in disease rates, deaths, hospitalisations, and health risk factor prevalence may be attributed to the socio-economic factors.

Lifestyle Risk Factors:

The Health & Wellbeing Plan is informed by local health and social data collected from a wide range of databases such as the Australian Bureau of Statistics and the Department of Health WA. It is important to note that due to limited data specific to the Plantagenet Local Government area, some data in this section is modelled. It does not represent raw values but are smoothed estimates. Due to rounding and the modelling approaches used, the sum of male and female values may not add up to the total.

Health profiling involves assessing a wide range of lifestyle factors such as disease, death, hospitalisations, etc. Health is also influenced by the choices we make, for example, whether we smoke, drink alcohol, are immunised, eat a healthy diet, or undertake regular physical activity. Individuals can limit their risk factors to certain chronic diseases and illnesses based on their lifestyle.

The **Shire of Plantagenet Health Profile 2011-2020** (see Appendix A) has been prepared by the Epidemiology Directorate, Department of Health, Western Australia, in collaboration with the Public Health Advisory Group, to inform the development of this Health & Wellbeing Plan. This health profile aims to provide an overview of the health status and health determinants of people living in the Shire of Plantagenet

using the latest available data from multiple sources and covers the following key areas:

- Population;
- Lifestyle-related risk factors (nutrition, physical activity, tobacco use and alcohol use);
- Physiological risk factors (overweight and obesity);
- Alcohol, tobacco and illicit drug-attributable hospitalisations and deaths;
- Injury-related hospitalisations and deaths;
- Mental health; and
- Notifiable infectious diseases.

It is important to emphasise that the data reported in Appendix A has been modelled. It does not represent raw values, rather are smoothed estimates. Due to rounding and the modelling approaches by the Department of Health, the sum of male and female values may not add up to the total. Further details are available in Appendix A.

A summary of the key finding of Appendix A, with an added traffic light scoring system and Shire comment, is as follows:

| Category □ | SoP prevalence (%) | WA prevalence (%) | Comparison to WA | Shire Comment |
|--|--------------------|-------------------|------------------|---|
| Nutrition | | | | |
| Eats fast food at least weekly | | | | |
| Females | 11.5 | 22.6 | lower | |
| Males | 18.0 | 25.4 | lower | |
| Persons | 14.8 | 23.9 | lower | |
| Eats recommended serves of fruit daily | | | | |
| Females | 52.0 | 52.0 | similar | Minor difference – not included in Plan recommendations |
| Males | 45.3 | 47.6 | lower | |
| Persons | 48.6 | 49.9 | similar | |
| Eats recommended serves of vegetables daily | | | | |
| Females | 13.4 | 10.6 | higher | |
| Males | 8.0 | 6.0 | higher | |
| Persons | 10.7 | 8.4 | higher | |
| Physical activity and sedentary behaviour | | | | |
| Does recommended amount of physical activity per week | | | | |
| Females | 58.2 | 49.2 | higher | |
| Males | 52.4 | 46.9 | higher | |
| Persons | 55.3 | 48.1 | higher | |
| Spends more than recommended time in screen- based sedentary leisure activities | | | | |
| Females | 42.8 | 46.0 | lower | |
| Males | 43.4 | 44.0 | similar | |
| Persons | 43.1 | 45.1 | similar | |
| Overweight and obesity | | | | |
| Obesity | | | | |
| Females | 40.8 | 32.2 | higher | Plan Priority |

| Category □ | SoP prevalence (%) | WA prevalence (%) | Comparison to WA | Shire Comment |
|--|--------------------------|-------------------------|---------------------|------------------|
| Males | 38.6 | 31.6 | higher | Plan Priority |
| Persons | 39.7 | 31.9 | higher | Plan Priority |
| Overweight | | | | |
| Females | 28.2 | 31.4 | lower | |
| Males | 37.9 | 38.7 | similar | |
| Persons | 33.2 | 35.0 | lower | |
| Tobacco smoking prevalence | | | | |
| Current smoking | | | | |
| Females | 11.3 | 9.7 | higher | Plan Priority |
| Males | 14.4 | 11.9 | higher | Plan Priority |
| Persons | 12.9 | 10.7 | higher | Plan Priority |
| Alcohol use prevalence | | | | |
| High risk alcohol use for long- term harm | | | | |
| Females | 10.5 | 16.4 | lower | |
| Males | 30.3 | 32.7 | similar | |
| Persons | 20.6 | 24.0 | lower | |
| High risk alcohol use for short-term harm | | | | |
| Females | 2.9 | 4.2 | lower | |
| Males | 14.2 | 12.2 | similar | |
| Persons | 8.6 | 7.9 | similar | |
| Mental health conditions | | | | |
| Anxiety | | | | |
| Females | 10.2 | 11.2 | similar | |
| Males | 6.0 | 7.2 | lower | |
| Persons | 8.1 | 9.3 | lower | |
| Any mental health condition | | | | |
| Females | 15.4 | 18.7 | lower | |
| Males | 10.1 | 11.9 | lower | |
| Persons | 12.7 | 15.5 | lower | |
| Depression | | | | |
| Females | 8.3 | 9.2 | similar | |
| Males | 6.2 | 7.1 | lower | |
| Persons | 7.3 | 8.2 | lower | |
| Stress | | | | |
| Females | 9.8 | 11.3 | lower | |
| Males | 5.8 | 7.4 | lower | |
| Persons | 7.8 | 9.5 | lower | |
| High or very high psychological distress | | | | |
| Females | 7.7 | 10.2 | lower | |
| Males | 6.3 | 6.9 | similar | |
| Persons | 7.0 | 8.6 | lower | |

| ASR = Age-standardised rate <input type="checkbox"/> | SoP ASR per 100,000 | WA ASR per 100,000 | Comparison to WA | Comment |
|--|---------------------------|--------------------------|---------------------|---|
| Tobacco-attributable hospitalisations | | | | |
| Females | 558.0 | 399.6 | higher | Plan Priority |
| Males | 728.6 | 516.8 | higher | Plan Priority |
| Persons | 651.9 | 455.6 | higher | Plan Priority |
| Tobacco-attributable deaths | | | | |
| Females | 72.6 | 49.4 | higher | Plan Priority |
| Males | 108.0 | 74.9 | higher | Plan Priority |
| Persons | 90.6 | 61.6 | higher | Plan Priority |
| Alcohol-attributable hospitalisations | | | | |
| Females | 793.1 | 747.4 | similar | |
| Males | 1,549.4 | 1,144.9 | higher | Plan Priority |
| Persons | 1,185.3 | 944.2 | higher | |
| Alcohol-attributable deaths | | | | |
| Females | 33.7 | 18.0 | higher | Very low actual number (3) – hard to extrapolate out – not included in Plan recommendations |
| Males | 83.1 | 50.3 | higher | |
| Persons | 58.9 | 33.7 | higher | |
| Illicit drug-attributable hospitalisations | | | | |
| Females | 274.6 | 282.0 | similar | |
| Males | 264.8 | 252.2 | similar | |
| Persons | 270.1 | 266.7 | similar | |
| Illicit drug-attributable deaths | | | | |
| Females | 24.5 | 7.3 | higher | Very low actual number (1) – hard to extrapolate out – not included in Plan recommendations |
| Males | 33.3 | 15.9 | higher | |
| Persons | 29.5 | 11.6 | higher | |
| Injury-related hospitalisations | | | | |
| Intentional self-harm | | | | |
| Females | 245.3 | 221.6 | higher | Plan Priority |
| Males | 134.9 | 105.6 | higher | Plan Priority |
| Persons | 187.1 | 162.6 | higher | Plan Priority |
| Transport accidents | | | | |
| Females | 332.4 | 174.0 | higher | Plan Priority |
| Males | 624.8 | 386.1 | higher | Plan Priority |
| Persons | 484.6 | 280.4 | higher | Plan Priority |
| Accidental drowning, submersion, threats to breathing | | | | |
| Females | 10.4 | 19.0 | lower | |
| Males | 14.4 | 27.1 | lower | |
| Persons | 12.5 | 23.0 | lower | |
| Accidental falls | | | | |
| Females | 991.4 | 1,164.3 | lower | |
| Males | 925.3 | 1,021.6 | lower | |
| Persons | 960.4 | 1,099.2 | lower | |
| Accidental poisoning | | | | |
| Females | 44.0 | 55.3 | lower | |

| ASR = Age-standardised rate <input type="checkbox"/> | SoP ASR per 100,000 | WA ASR per 100,000 | Comparison to WA | Comment |
|--|---------------------------|--------------------------|---------------------|---|
| Males | 63.3 | 69.8 | similar | |
| Persons | 54.2 | 62.5 | similar | |
| Assault & neglect | | | | |
| Females | 80.1 | 135.3 | lower | |
| Males | 132.8 | 164.9 | lower | |
| Persons | 108.2 | 150.1 | lower | |
| Injury Related Deaths | | | | |
| Accidental drowning, submersion, threats to breathing | | | | |
| Females | 0.7 | 0.9 | similar | |
| Males | 3.2 | 2.4 | similar | |
| Persons | 1.9 | 1.7 | similar | |
| Accidental falls | | | | |
| Females | 13.0 | 12.7 | similar | |
| Males | 17.7 | 20.0 | similar | |
| Persons | 15.4 | 15.9 | similar | |
| Accidental poisoning | | | | |
| Females | 4.7 | 5.7 | similar | |
| Males | 13.9 | 13.6 | similar | |
| Persons | 9.6 | 9.6 | similar | |
| Assault & neglect | | | | |
| Females | 0.5 | 0.8 | similar | |
| Males | 1.3 | 1.6 | similar | |
| Persons | 1.0 | 1.2 | similar | |
| Intentional self-harm | | | | |
| Females | 7.0 | 6.9 | similar | |
| Males | 31.7 | 22.2 | higher | Very low actual number – hard to extrapolate out – not included in Plan recommendations |
| Persons | 19.6 | 14.5 | higher | |
| Transport accidents | | | | |
| Females | 15.7 | 3.3 | higher | Very low actual number (1) – hard to extrapolate out – not included in Plan recommendations |
| Males | 30.7 | 10.5 | higher | |
| Persons | 23.8 | 6.9 | higher | |
| Notifiable infectious diseases | | | | |
| Blood-borne disease | | | | |
| Females | 40.3 | 44.0 | similar | |
| Males | 42.7 | 64.9 | lower | |
| Persons | 42.0 | 54.5 | lower | |
| Enteric disease | | | | |
| Females | 150.9 | 206.9 | lower | |
| Males | 148.9 | 220.2 | lower | |
| Persons | 150.8 | 213.6 | lower | |
| Sexually transmitted infections | | | | |
| Females | 269.3 | 648.7 | lower | |
| Males | 231.6 | 578.8 | lower | |
| Persons | 247.8 | 611.6 | lower | |
| Vaccine preventable disease | | | | |
| Females | 230.2 | 240.7 | similar | |

| ASR = Age-standardised rate <input type="checkbox"/> | SoP ASR per 100,000 | WA ASR per 100,000 | Comparison to WA | Comment |
|--|---------------------------|--------------------------|---------------------|---------|
| Males | 174.3 | 223.3 | lower | |
| Persons | 202.5 | 232.1 | lower | |
| Vector-borne disease | | | | |
| Females | 22.8 | 23.3 | similar | |
| Males | 25.5 | 24.6 | similar | |
| Persons | 24.5 | 24.0 | similar | |

The major issues highlighted from the statistics above for the Shire of Plantagenet are as follows:

1. Obesity;
2. Tobacco smoking prevalence;
3. Tobacco hospitalisations / deaths;
4. Alcohol-attributable hospitalisations (males);
5. Intentional self-harm (hospitalisations); and
6. Transport accidents (hospitalisations).

Long-Term Health Conditions:

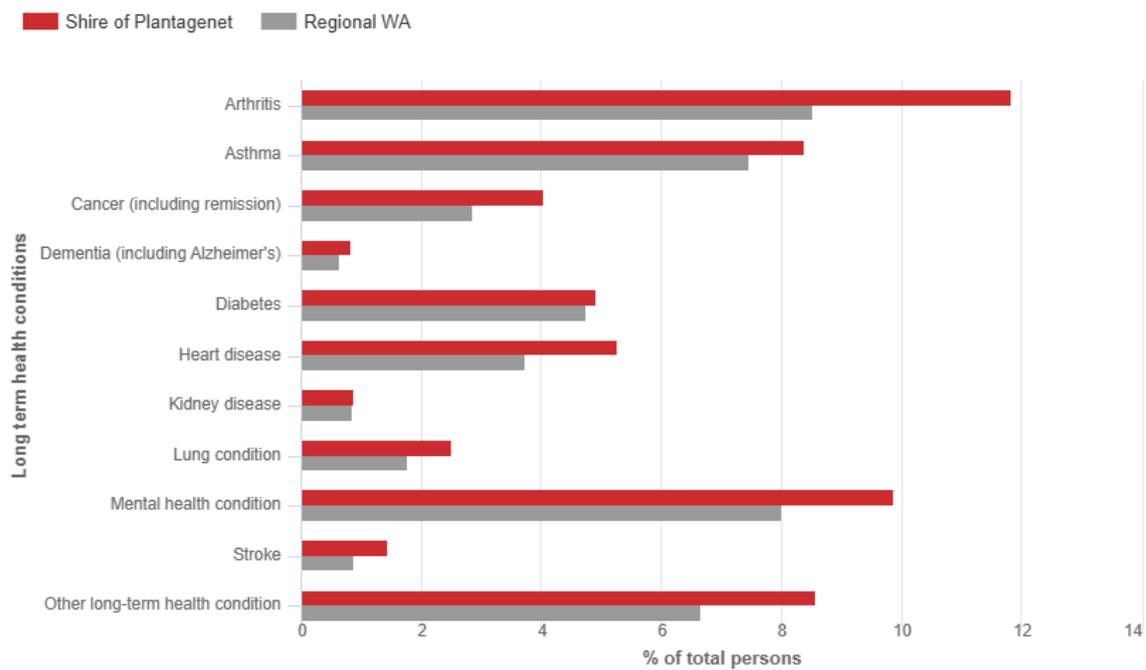
The Australian Bureau of Statistics, Census of Population and Housing 2021 identifies the most common long-term health conditions in the Shire of Plantagenet. 35.7% of the Shire's population reported one or more long-term health condition, unfortunately a higher rate than that experienced in Regional WA (29.9%).

| Long term health conditions - Summary | | | |
|---|---------------|--------------|----------------------|
| Shire of Plantagenet - 2021 | | | |
| Persons (Usual residence) | | | |
| Long-term health conditions - Summary | Number | % | Regional WA % |
| Population with at least one long-term health condition | 1,923 | 35.7 | 29.9 |
| No long-term health conditions | 2,759 | 51.2 | 56.9 |
| Not stated | 704 | 13.1 | 13.2 |
| Total persons | 5,386 | 100.0 | 100.0 |

Source: Australian Bureau of Statistics, [Census of Population and Housing 2021](#).

The graph below demonstrates that specifically, **arthritis, cancer, heart disease and a mental health condition** were all substantially higher than the Regional WA average:

Long term health conditions, all persons, 2021

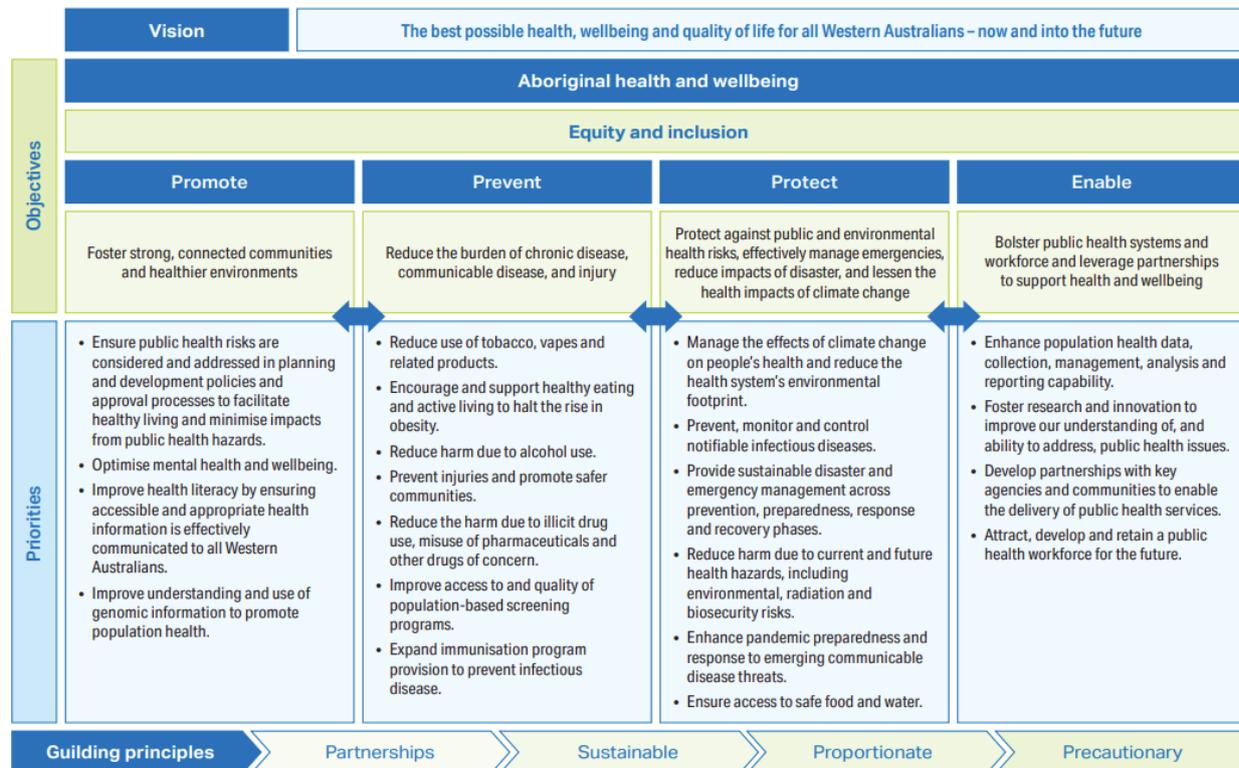


Source: Australian Bureau of Statistics, Census of Population and Housing, 2021 (Usual residence data). Compiled and presented in profile.id by id (informed decisions).

These four (4) long term health conditions (arthritis, cancer, heart disease and a mental health condition) together with the six (6) major issues highlighted above from the 'Lifestyle Risk Factors' section, are the ten (10) key health risks that this Health & Wellbeing Plan will seek to address.

Alignment to the State Public Health Plan

This plan is required to be consistent with the State Public Health Plan 2025-2030. The vision, objectives, priorities and guiding principles of the State Public Health Plan are as follows:



Community Engagement

This plan has been developed and informed by data from the Department of Health and feedback gathered from the community during the MARKYT Community Scorecard processes undertaken in 2021 and 2023. The community was invited to give their feedback on the following areas to determine perceived areas of concern:

- a) Youth services and facilities
- b) Family and children services
- c) Seniors' services, facilities and care
- d) Disability access and inclusion
- e) Respect for First Nations peoples
- f) Volunteer recognition and support
- g) Health and community services
- h) Public health and wellbeing programs
- i) Sport and recreation facilities
- j) Festivals, events, art and culture
- k) Community safety and crime prevention
- l) Lighting of streets and public places

From the responses gathered the community rated the following:

Priorities

- Local roads
- Health and community services
- Youth services and facilities

Top 3 performers

- Library services
- Sport and recreation facilities and services
- Volunteer recognition and support

Most improved

- Tourism attractions and destination marketing
- Footpaths, trails and cycleways
- Sport and recreation facilities and services

Strongest compared to other councils

- Telecommunications and internet services
- Sport and recreation facilities and services
- Tourism attractions and destination marketing
- Seniors' services, facilities and care
- Community safety and crime prevention

Other informing consultation processes and documents include the:

- Disability Access and Inclusion Plan 2024 – 2029;
- Trails Masterplan (regional and local);
- Great Southern Sport and Recreation Plan; and
- Lower Great Southern Alcohol and Other Drugs – Great Southern Survey / Plan.

Our Priorities:

Priority Goals:

To improve and enhance the health and wellbeing of the community, via this plan, the Shire has adopted four (4) priority goals. These goals are a reflection of the health data from our community, issues raised during the community engagement process and the State Public Health Plan. The goals are as follows

1. Foster strong, active, connected communities and healthier environments;
2. Reduce the prevalence of chronic disease, communicable disease, and injury;
3. Manage emergencies and environmental health risks and minimise their impacts; and
4. Develop partnerships to support health and wellbeing

Key Health Risks:

The findings from the collation and analysis of local data and other research in the *Lifestyle Risk Factors* and the *Long-Term Health Conditions* sections of this Health & Wellbeing Plan has highlighted the following ten (10) key health risks:

1. Obesity;
2. Tobacco smoking prevalence;
3. Tobacco hospitalisations / deaths;
4. Alcohol-attributable hospitalisations (males);
5. Intentional self-harm (hospitalisations);
6. Transport accidents (hospitalisations);
7. Arthritis;
8. Cancer;
9. Heart disease; and
10. A mental health condition.

This plan sets out strategy's and actions to address these ten risk areas by achieving the four adopted priority goals, as follows:

| Priority Goal HWP 1 Promote | Priority Goal HWP 2 Prevent | Priority Goal HWP 3 Protect | Priority Goal HWP 4 Enable |
|---|--|--|---|
| Foster strong, active, connected communities and healthier environments | Reduce the prevalence of chronic disease, communicable disease, and injury | Manage emergencies and environmental health risks and minimise their impacts | Develop partnerships to support health and wellbeing |
| Strategy HWP 1.1 - Support festivals, events and activities that strengthen our sense of identity and celebrate our history and heritage | Strategy HWP 2.1 - Improve Safety on roads and in public open spaces | Strategy HWP 3.1 - Support the community in emergency and fire management planning, preparedness, response and recovery | Strategy HWP 4.1 - Advocate for improved family support services |
| Strategy HWP 1.2 - Improve the health and activity levels of our community | Strategy HWP 2.2 - An accessible community suitable for current and a future ageing community | Strategy HWP 3.2 - Protection of our natural environment for the enjoyment of future generations | Strategy HWP 4.2 - Advocate the provision & promotion of services, home care and facilities that meet the needs of the community |
| Strategy HWP 1.3 – Improve and increase access to mental health & wellbeing services | Strategy HWP 2.3 – Develop strategies to reduce harm due to alcohol and tobacco use | Strategy HWP 3.3 - Develop an awareness of, and response to, the effects of climate variation | Strategy HWP 4.3 - Advocate for medical and hospital services |

The Action Plan details the actions planned to be undertaken to address each of these strategies.

Action Plan

| Actions | | Responsible Area | Shire Role | 2026 - 2027 | 2027 - 2028 | 2028 - 2029 | 2029 - 2030 | 2030 - 2031 |
|---|---|------------------|--------------------|-------------|-------------|-------------|-------------|-------------|
| Priority 1 – Promote - Foster strong, active, connected communities and healthier environments | | | | | | | | |
| Strategy 1.1 – Support festivals, events and activities that strengthen our sense of identity and celebrate our history and heritage | | | | | | | | |
| 1.1.1 | Develop four (4) marque annual events located in the community | CCS | Lead | ✓ | ✓ | ✓ | ✓ | |
| 1.1.2 | Partner with the Mount Barker Returned and Services League to improve the facilities in Centenary Park and the 'We Will Remember Them' walk trail | CCS | Partner | ✓ | | | | |
| 1.1.3 | Develop a series of oral histories and stories detailing Plantagenet's history and development and the experiences of community icons | CCS | Lead | ✓ | ✓ | | | |
| Strategy 1.2 – Improve the health and activity levels of our community | | | | | | | | |
| 1.2.1 | Mount Barker Swimming Pool Redevelopment | CCS | Lead | ✓ | ✓ | ✓ | ✓ | |
| 1.2.2 | Update the Shire's Trails Master Plan to provide a network of hiking and cycling trails to encourage recreation and tourism in the Shire | CCS | Lead | | ✓ | ✓ | | |
| 1.2.3 | Implement the highest priority elements of the Sounness and Frost Park facility Masterplan | CCS | Lead | ✓ | ✓ | ✓ | | |
| 1.2.4 | Review the provision of gymnasium equipment at the Mount Barker Rec Centre to ensure equipment is safe, targets a range of user needs and supports users with appropriate technology Implement a program to update gymnasium equipment | CCS | Lead | ✓ | | | | |
| Strategy 1.3 – Improve and increase access to mental health & wellbeing services | | | | | | | | |
| 1.3.1 | Support access to mental health services | CCS | Partner & Advocate | ✓ | ✓ | ✓ | ✓ | ✓ |
| 1.3.2 | Develop a professional office space for the delivery of mental health and wellbeing services by existing providers | CCS | Partner | ✓ | ✓ | ✓ | | |
| 1.3.3 | Widely promote the list of Great Southern mental health service providers on offer in the Shire. | CCS | Partner | ✓ | ✓ | ✓ | ✓ | ✓ |

| Actions | | Responsible Area | Shire Role | 2026 - 2027 | 2027 - 2028 | 2028 - 2029 | 2029 - 2030 | 2030 - 2031 |
|--|---|------------------|------------|-------------|-------------|-------------|-------------|-------------|
| Priority 2 – Prevent - Reduce the prevalence of chronic disease, communicable disease, and injury | | | | | | | | |
| Strategy 2.1 – Improve Safety on roads and in public open spaces | | | | | | | | |
| 2.1.1 | Support the priorities identified in the Road Safety Strategy for WA 2020-2030. Actively complete Road Safety Audits for areas of known risk and seek Black Spot funding to remedy these issues | IA | Lead | ✓ | ✓ | ✓ | ✓ | ✓ |
| 2.1.2 | Undertake an audit of tactile paving on all footpath crossing points including suitability of pram ramp locations. Ensure all existing crossings in all townsites have tactile paving and a suitable pram ramp | IA | Lead | ✓ | ✓ | ✓ | ✓ | ✓ |
| 2.1.3 | Undertake an audit of footpaths and paving along the central business area (Lowood and Langton Roads) to ensure paths are accessible and safe for users | IA | Lead | ✓ | ✓ | | | |
| Strategy 2.2 – An accessible community suitable for current and a future aging community | | | | | | | | |
| 2.2.1 | Provide seniors physical activity programs in the Mount Barker Recreation Centre and as outreach programs (including improve and adopt a collaborative approach to Rec Centre programming) | CCS | Lead | ✓ | ✓ | ✓ | | |
| 2.2.2 | Audit public buildings and infrastructure to make them accessible to all members of the community | CCS | Lead | ✓ | | | | |
| 2.2.3 | Develop Seniors Support programs from the Community Resource Centre to encourage seniors to be active and engaged in the community by: <ul style="list-style-type: none"> providing places to meet and socialise with a range of activities technology and digital support programs and lifestyle workshops to encourage participation | CCS | Lead | ✓ | ✓ | ✓ | | |
| 2.2.4 | Map the provision of services that support Plantagenet Seniors and lobby service providers to meet gaps in service provision | CCS | Partner | ✓ | ✓ | | | |
| Strategy 2.3 – Develop strategies to reduce harm due to alcohol and tobacco use | | | | | | | | |

| Actions | | Responsible Area | Shire Role | 2026 - 2027 | 2027 - 2028 | 2028 - 2029 | 2029 - 2030 | 2030 - 2031 |
|--|---|------------------|------------|-------------|-------------|-------------|-------------|-------------|
| 2.3.1 | Consider implementing policies or strategies to make all Shire premises and facilities smoke free places. | CCS | Partner | ✓ | ✓ | ✓ | | |
| 2.3.2 | Partner with Healthways ('Alcohol Think Again' and 'Make Smoking History') to support programs that reduce supply, demand and the harm resulting from alcohol, tobacco, vaping and e-cigarettes. | CCS | Partner | ✓ | ✓ | ✓ | ✓ | ✓ |
| 2.3.3 | Promote the Good Sports program and assist to expand membership in excess of the current 3 member clubs in the Shire. | CCS | Lead | ✓ | ✓ | ✓ | ✓ | ✓ |
| Priority 3 – Protect - Manage emergencies and environmental health risks and minimise their impacts | | | | | | | | |
| Strategy 3.1 – Support the community in emergency and fire management planning, preparedness, response and recovery | | | | | | | | |
| 3.1.1 | Advocate for an emergency services precinct development | CEO | Advocate | ✓ | | | | |
| 3.1.2 | Investigate collaboration with the Disability Access in Emergencies program | DRS | Partner | ✓ | | | | |
| Strategy 3.2 – Protection of our natural environment for the enjoyment of future generations | | | | | | | | |
| 3.2.1 | Engagement with and support DBCA, NRMs, catchment and Friends of Reserve groups | IA | Partner | ✓ | ✓ | ✓ | ✓ | ✓ |
| 3.2.2 | Develop a priority list of degraded areas to be revegetated | IA | Lead | ✓ | | | | |
| Strategy 3.3 – Develop an awareness of, and response to, the effects of climate variation | | | | | | | | |
| 3.3.1 | Regular monitoring and reporting of energy consumption to minimise emissions | CCS | Lead | ✓ | ✓ | ✓ | ✓ | ✓ |
| 3.3.2 | Improve energy efficiency and increase renewable energy generation in Shire buildings and facilities through initiatives such as: a) Solar panel installations; b) Batteries; and c) Energy efficient products (e.g. lighting) | IA | Lead | ✓ | ✓ | ✓ | ✓ | ✓ |
| Priority 4 – Enable - Develop partnerships to support health and wellbeing | | | | | | | | |
| Strategy 4.1 – Advocate for improved family support services | | | | | | | | |
| 4.1.1 | Work in partnership with youth support agencies to deliver youth support services to the Plantagenet Community | CCS | Partner | ✓ | ✓ | ✓ | ✓ | ✓ |

| Actions | | Responsible Area | Shire Role | 2026 - 2027 | 2027 - 2028 | 2028 - 2029 | 2029 - 2030 | 2030 - 2031 |
|---|--|------------------|--------------------|-------------|-------------|-------------|-------------|-------------|
| 4.1.2 | Investigate and support options for after-school and vacation care | CCS | Partner & Advocate | ✓ | | | | |
| 4.1.3 | Provision of Service Australia services from the Community Resource Centre | CCS | Lead & Partner | ✓ | ✓ | ✓ | ✓ | ✓ |
| Strategy 4.2 – Advocate the provision & promotion of services, home care and facilities that meet the needs of the community | | | | | | | | |
| 4.2.1 | Advocate for programs and facilities that enable our community to stay in Plantagenet as they age, including the development of seniors' resources that provide information, support and access to programs | CCS | Advocate | ✓ | ✓ | ✓ | ✓ | ✓ |
| 4.2.2 | Lobby for more aged care facilities with graded accommodation and care levels | CEO | Advocate | ✓ | ✓ | | | |
| 4.2.3 | Assist organisations that help seniors living at home – e.g. medical and social home visits, home care and maintenance, meal services | CEO | Partner | ✓ | ✓ | ✓ | ✓ | ✓ |
| Strategy 4.3 – Advocate for medical and hospital services | | | | | | | | |
| 4.3.1 | Lobby State Government to expand and upgrade Plantagenet Hospital so that it is fully quipped and staffed to service the local population, with a 24-hour emergency department | CEO | Advocate | ✓ | ✓ | ✓ | ✓ | ✓ |
| 4.3.2 | Lobbying for improved regional health and mental health services in our region | CEO | Advocate | ✓ | ✓ | ✓ | ✓ | ✓ |
| 4.3.3 | Provide business and lifestyle options to attract a wide range of health professionals to the region, including: <ul style="list-style-type: none"> • GPs • Specialists • Mental health services • Dentists • Physiotherapists, podiatrists and other allied health professionals | CEO | Partner | ✓ | ✓ | ✓ | ✓ | ✓ |

Monitoring & Reporting:

Under the Act, local governments are to review their public health plans each year and replace them no later than five years after their implementation.

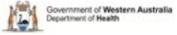
The annual review will monitor the implementation of the action plan and will include:

- A review of demographics and health data to ensure priorities remain current;
- Monitoring of the implementation in accordance with the schedule;
- A review of the strategies to ensure they remain relevant and are producing the desired outcomes;
- A review of State plans to ensure alignment of priorities; and
- Amendment and updating of the plan to reflect changes.

The progress of the plan will be reported to Council annually and also incorporated into the Shire's integrated planning framework.

Appendix A – Health & Wellbeing Profile (October 2024)

Insert hyperlink here



Health and Wellbeing Profile Shire of Plantagenet

2011-2020



October 2024

Epidemiology Directorate, Public and Aboriginal
Health Division, Department of Health WA

Back Cover Page (as per Corporate Business Plan)

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