



Shire of
Plantagenet

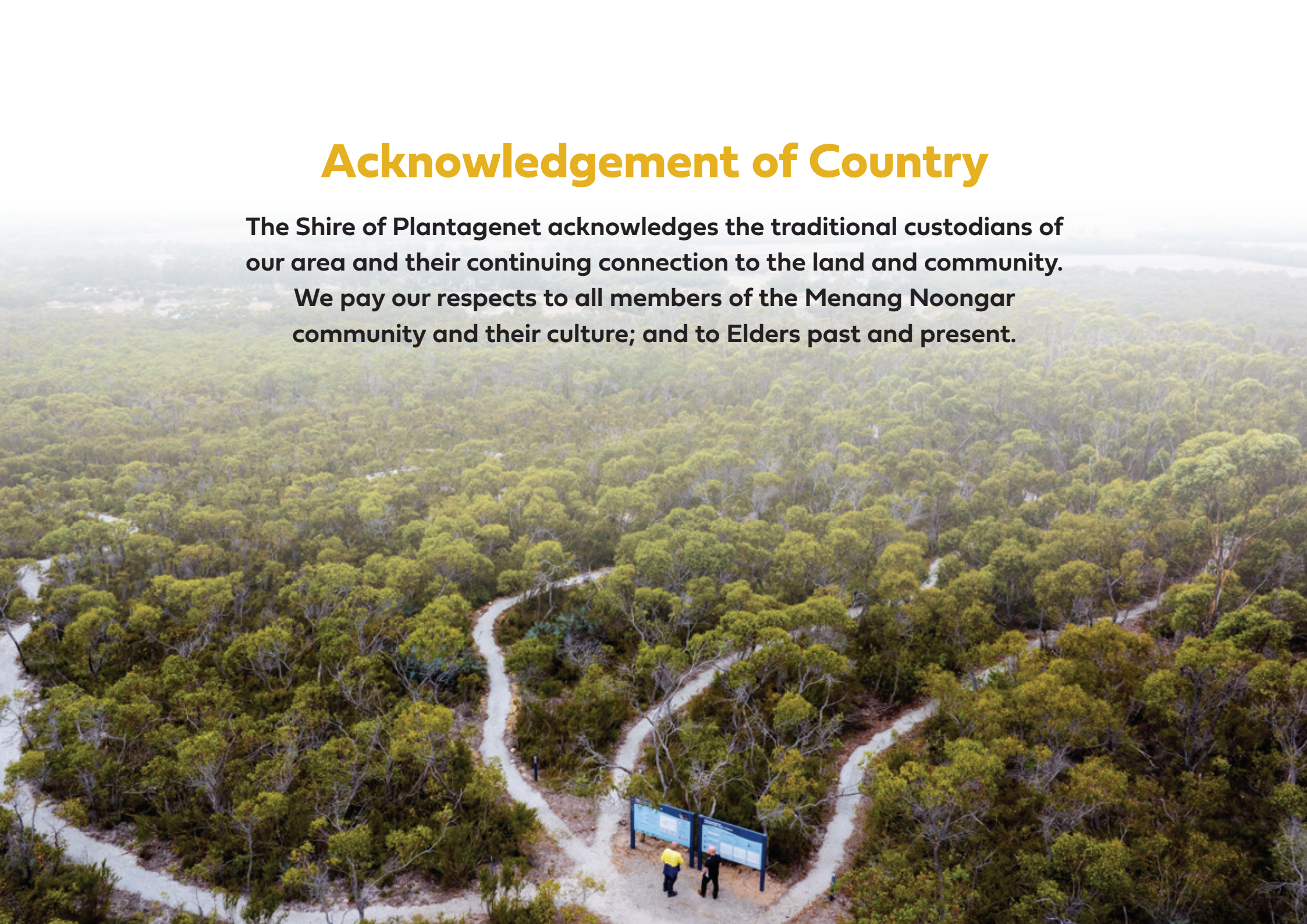
Health & Wellbeing Plan

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.



Contents

Introduction	4	Alignment to the State Public Health Plan	16
Our Vision	4	Community Engagement	17
Our Mission	4	Our Priorities	18
Our Values	4	Priority Goals	18
What is Public Health?	5	Key Health Risks	18
The Role of the Shire	7	Action Plan	19
Methodology	7	Monitoring & Reporting	23
Our Priority Groups	8	Appendix A	23
Health & Wellbeing Profile	9		
Shire Demographics	9		
Socio-Economic Status	10		
Lifestyle Risk Factors	10		
Long-Term Health Conditions	15		

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:

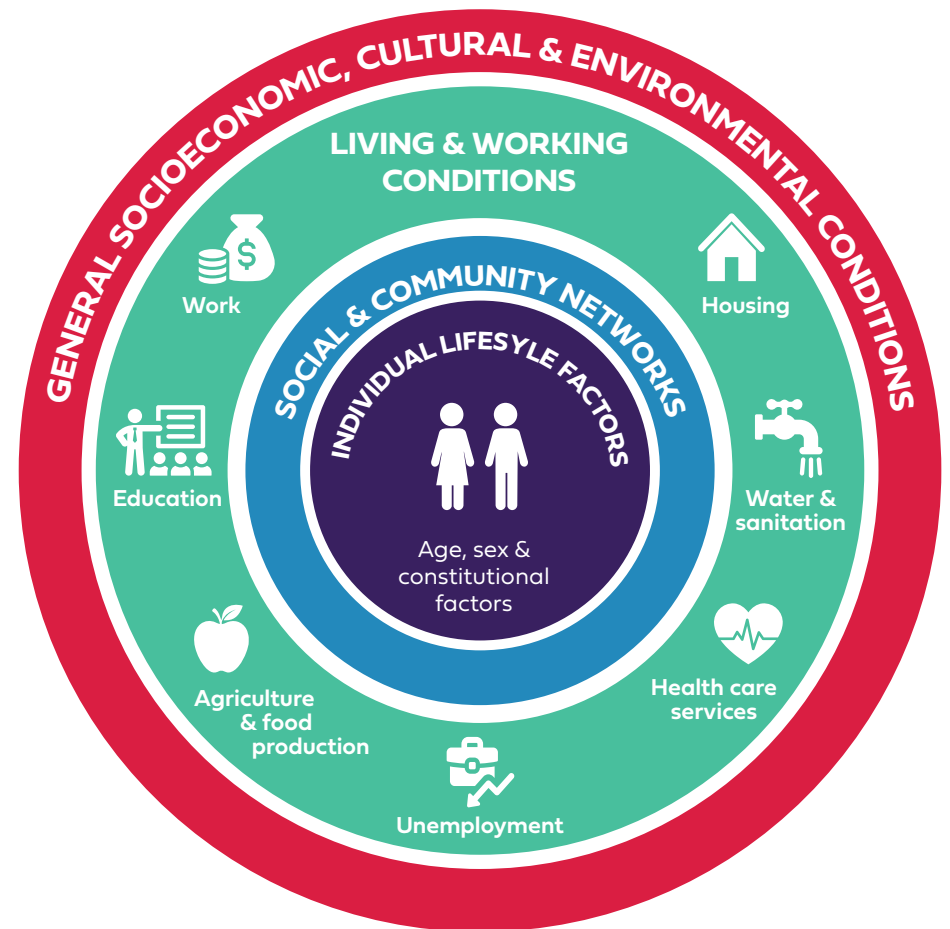
 Safe and nutritious food	 Recreational facilities, sports grounds and parks
 The way our communities are designed	 Events, places and activities that bring the community together
 Safe drinking water	 Health information and education programs
 Walking trails and cycle routes	 Safe housing
 Smoke and alcohol free environments	 Maintain 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.



Source: Australian Institute of Health and Welfare - Australia's Health 2016

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.



Health & Wellbeing Profile

Shire Demographics

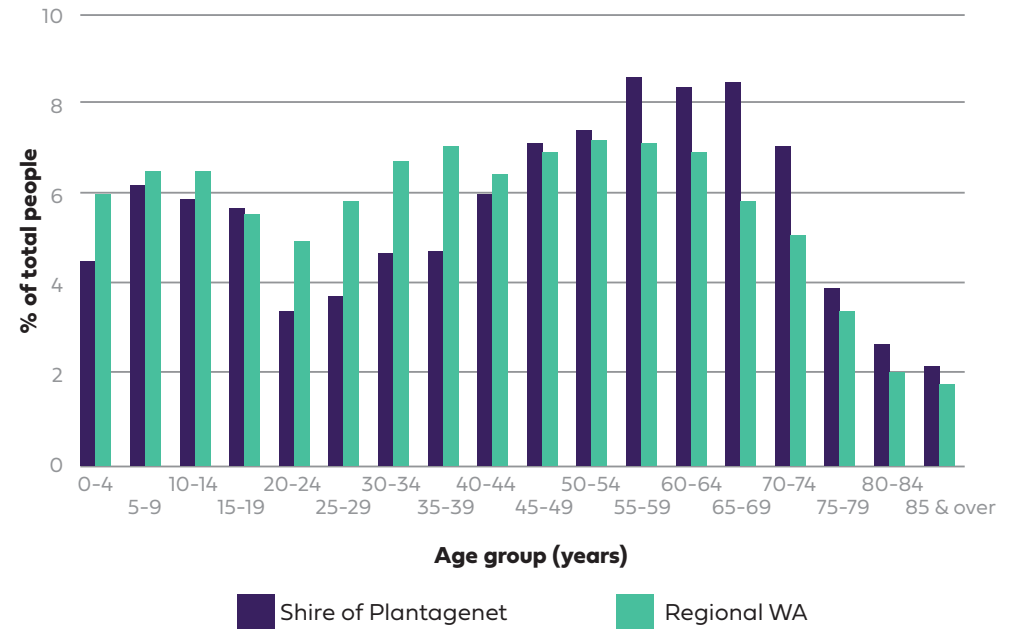
The Shire of Plantagenet is located 359km from Perth and 51km from the regional city of Albany. Covering a large area of 4,792 square kilometres, it contains the five settlements of:

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

The Shire has an estimated resident population at 30 June 2024 of 5,734 and 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



Source: Australian Bureau of Statistics, Census of Population and Housing, 2021

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	

Category	SoP prevalence (%)	WA prevalence (%)	Comparison to WA	Shire Comment
Overweight and obesity				
Obesity				
Females	40.8	32.2	higher	Plan Priority
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	

Category	SoP prevalence (%)	WA prevalence (%)	Comparison to WA	Shire Comment
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

Category	SoP ASR per 100,000	WA ASR per 100,000	Comparison to WA	Shire Comment
Tobacco smoking prevalence				
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 use prevalence				
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 prevalence				
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	

Category	SoP ASR per 100,000	WA ASR per 100,000	Comparison to WA	Shire Comment
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	
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	

Category	SoP ASR per 100,000	WA ASR per 100,000	Comparison to WA	Shire Comment
Injury-related deaths				
Intentional self-harm				
Females	7.0	6.9	similar	Very low actual number – hard to extrapolate out – not included in Plan recommendations
Males	31.7	22.2	higher	
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	
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	

Category	SoP ASR per 100,000	WA ASR per 100,000	Comparison to WA	Shire Comment
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	
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).



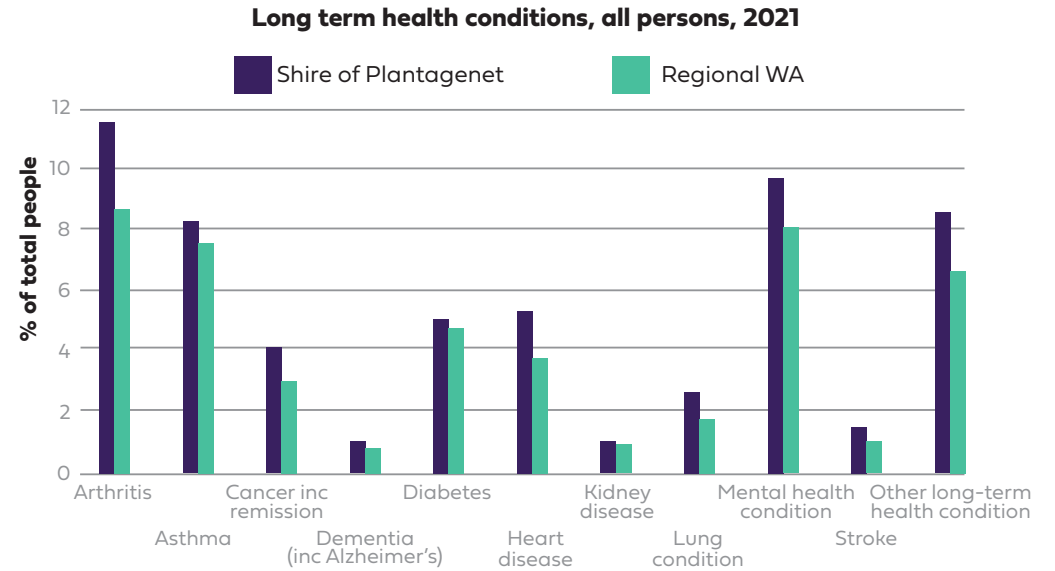
Long-Term Health Conditions

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, 2021			
Area	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	100



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

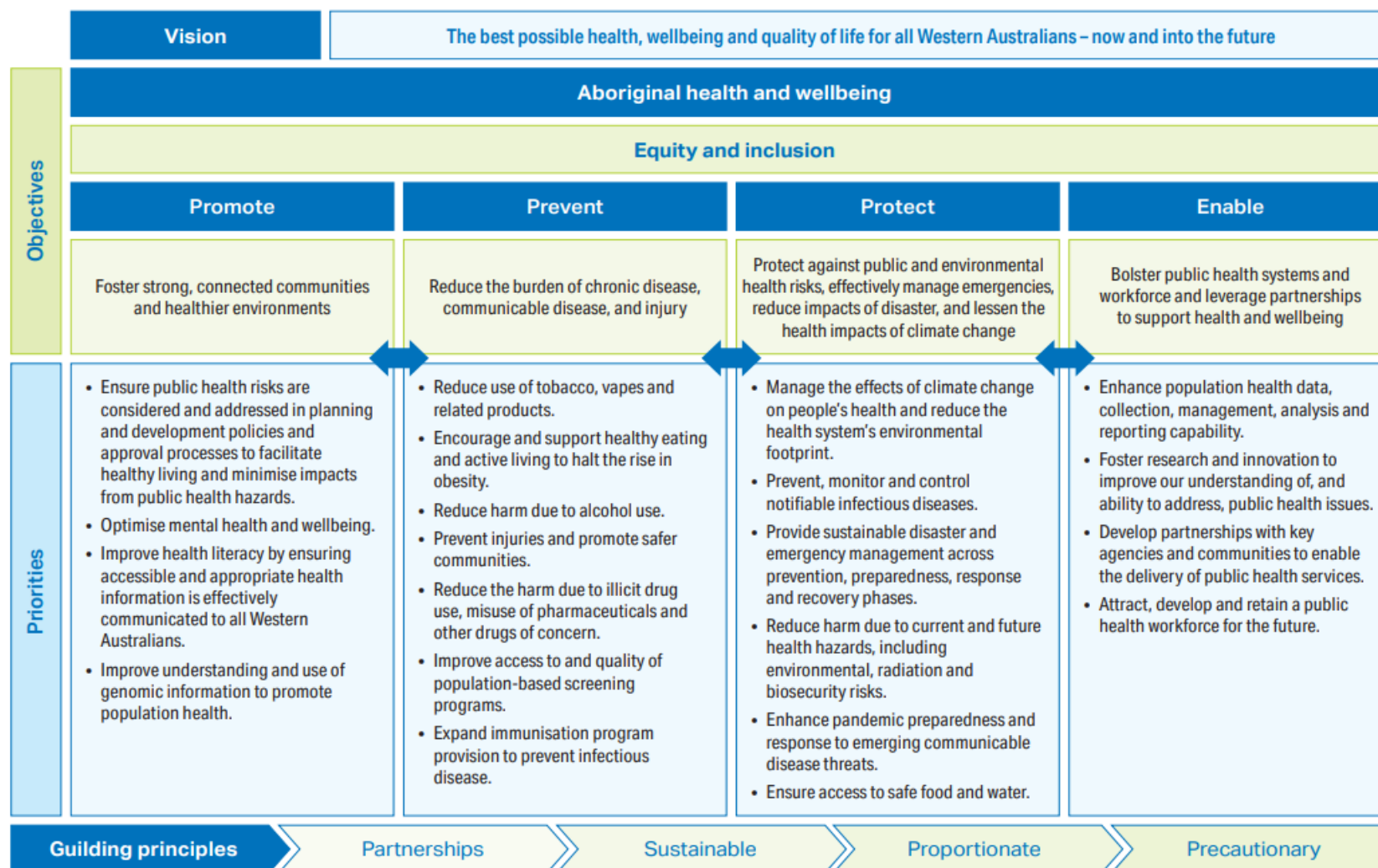


Source: Australian Bureau of Statistics, Census of Population and Housing, 2021

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:



Source: Government of Western Australia, Department of Health, Public Health Division (2025). State Public Health Plan for Western Australia, 2025-2030.

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:

Action Plan



Priority Goal 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

Strategy 1.2 - Improve the health and activity levels of our community

Strategy 1.3 - Improve and increase access to mental health and wellbeing services



Priority Goal 2

Prevent

Reduce the prevalence of chronic disease, communicable disease, and injury

Strategy 2.1 - Improve safety on roads and in public open spaces

Strategy 2.2 - An accessible community suitable for current and a future ageing community

Strategy 2.3 - Develop strategies to reduce harm due to alcohol and tobacco use



Priority Goal 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

Strategy 3.2 - Protection of our natural environment for the enjoyment of future generations

Strategy 3.3 - Develop an awareness of, and response to, the effects of climate variation



Priority Goal 4

Enable

Develop partnerships to support health and wellbeing

Strategy 4.1 - Advocate for improved family support services

Strategy 4.2 - Advocate the provision and promotion of services, home care and facilities that meet the needs of the community

Strategy 4.3 - Advocate for medical and hospital services

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

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	✓	✓	✓	✓	✓
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	✓	✓			

Actions		Responsible Area	Shire Role	2026 - 2027	2027 - 2028	2028 - 2029	2029 - 2030	2030 - 2031
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								
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, NRM, catchment and Friends of Reserve groups	IA	Partner	✓	✓	✓	✓	✓
3.2.2	Develop a priority list of degraded areas to be revegetated	IA	Lead	✓				

Actions		Responsible Area	Shire Role	2026 - 2027	2027 - 2028	2028 - 2029	2029 - 2030	2030 - 2031
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	✓	✓	✓	✓	✓
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: • GPs; • Specialists; • Mental health services; • Dentists; and • 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)

[View the document](#)





22-24 Lowood Road Mount Barker WA 6324

PO Box 48 Mount Barker WA 6324

Telephone: (08) 9892 1111

Email: info@sop.wa.gov.au

Website: www.plantagenet.wa.gov.au

Facebook: @shireofplantagenet