



CITY OF
Port Adelaide Enfield



Public Health and Community Wellbeing Plan 2015 -2020



ACKNOWLEDGEMENTS

This Plan has been prepared by Council staff with valued input from the business and residential community, local service providers and NGOs, Elected Members, and State government agencies.

The research and consultation phases were assisted by consultants Healthy Environs Pty Ltd., URS (Aust) Pty Ltd, and Urban and Regional Planning Solutions (URPS).

The City of Port Adelaide Enfield acknowledges that we are in the traditional country of the Kaurna people of the Adelaide Plains. We recognise and respect their cultural heritage, beliefs and relationship with the land. We acknowledge they are of continuing importance to the Kaurna people living today.

“Everyone should pull themselves up by their own bootstraps ... but first we must make sure everyone has boots ”

Jessye Norman

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MAYOR'S MESSAGE

We face fast growing changes and challenges to the continued health and wellbeing of our community - challenges that should be tackled together by all levels of government, and the wider community.

This Plan sets out how the City of Port Adelaide Enfield and the elected members of Council are determined to ensure our City continues to be a highly valued place to live, work and prosper.

It reflects the care and concern that we have for both the individual and collective health of our community, especially the young and the elderly, and how we can do all we can to ensure best practice and the best possible outcomes for all.

Believe me, it's no easy task. Port Adelaide Enfield, more than most other cities, has a growing and highly diversified population, including a major proportion of indigenous and new arrival communities. All have special needs and issues, which makes it vitally important that Council sets in place strong and effective strategies that will promote and sustain the wellbeing of our community.

Mayor Gary Johanson



EXECUTIVE SUMMARY

Why the Plan ?

Port Adelaide Enfield Council has understood the importance of evidence-based planning for health and wellbeing since 1992 when the first environmental health-related studies were developed with the local community. Since then Environmental Health Management Plans, Social Development Plans, and a wide range of other planning instruments have been prepared on a regular basis, to ensure that Council's and its partners' resources are prioritised to address emerging issues and opportunities, and with a particular focus on locations or communities most in need.

The SA State Government, via the SA Public Health Act 2011, now requires all Councils (individually or as regional groupings) to prepare Public Health Plans to support health and wellbeing outcomes for their communities, via programs developed and delivered in co-ordination with State agencies and community organisations. The Public Health and Community Wellbeing Plan 2015-2020 ('the Plan') has been prepared to provide a sound basis for ongoing collaboration between the three levels of government, public and private sector agencies in the region, and the wider Council community – with the aim of improving health and wellbeing outcomes across the City.

Regional health and wellbeing priorities – research outcomes

It is important that sound research and evidence informs the prioritisation of efforts and investments in the Council area and across the region. Sections 6 and 7 of the Plan summarises the key population, health, and environmental attributes of the Council area, in order to understand the particular elements that may pose a risk to health and wellbeing - and also to identify particular groups whose circumstances may put them at greater risk.

Consultation with the Council community, non-government service providers, and government agencies, has added valuable input to the research and the Plan.

An overview of the demography, health profile, and risk issues in the Council area is available in the Stage 1 Research Report (Healthy Environs 2013) which is available on Council's website. In summary, the research has identified a wide range of **key issues and priorities, including**

- The population of the Council area is increasingly culturally diverse – an indicator of that diversity being that approximately 30% of residents do not speak English at home as their first language. There is a need to ensure migrants and 'new arrivals' in particular are able to access social and health resources equally - but this **rich diversity** also presents great opportunities to build on the positive strengths that these vital cultures, perspectives, and enterprises bring to our society
- The wider population across the area are seeing statistical improvements in income, employment, and educational qualifications over time, but this is starkly contrasted with some **pockets of poverty and disadvantage** – which is reflected in poor health and developmental outcomes in those areas, particularly for children. (Note :The principle of health equity is key to the determination of priorities in this Plan) ¹
- **Aboriginal and Torres Strait Islander communities** play a vital role in the life and culture of the Council area. While the data is showing a positive improvement across a range of health-related issues, there remains a need to ensure the ATSI community have equal access to health resources and programs - particularly those supporting family and cultural wellbeing, and employment and training
- Due to the high level of historic and ongoing industrial and related logistics activities in some parts of the Council area, there are neighbourhoods where adjacent **land use activities** present a risk of impacts on health and wellbeing outcomes, particularly in relation to residents' proximity to major transport corridors and heavy industry

¹ The SA Public Health Act 2011 includes a set of key Principles to guide the planning and implementation of health and wellbeing legislation and activities (See Appendix B).

- The critical need to enable and promote **physically active lives and improved nutrition** is highlighted by the health profile of the population. The Plan supports this key priority via the co-ordinated and collaborative delivery of health and wellbeing programs to support communities and schools, and via the application of optimal urban design and planning to improve opportunities for physical activity, mobility, and accessibility. The State Government will also continue to play a key collaborative role in delivering these important primary health aims, in order to minimise the burden to the State of costly medical interventions that result from inadequate investment in preventive health programs
- The general **ageing of the population and increased numbers of 'frail aged'** in our community (while not unique to the Port Adelaide Enfield Council area) will bring significant challenges in relation to the greater level and range of specific Council and other services required to support older citizens into the future. Council will need to plan for recreational services and urban design that allows older people to remain active and healthy in their neighbourhoods. Mental health services, family support, and social services are also important for those at risk of isolation
- Social connection, lifelong learning, and 'places and spaces' to access **community support and interaction** are consistently shown to be important factors in peoples' sense of wellbeing. The Plan aims to put effective long term planning in place, to ensure that Council's community facilities (including Library hubs) and programs support the changing needs and aspirations of our community into the future
- Port Adelaide Enfield is a unique area of strategic importance to the State due to the presence of critical economic assets such as major rail and road freight routes to the Port of Adelaide, four power generation stations and associated electricity and gas distribution infrastructure, Adelaide's fuel imports storage and distribution facilities (including those designated as Major Hazardous Facilities), a significant proportion of the State's manufacturing industry, and the downstream destination of a large proportion of the metropolitan north west's stormwater flows. Planning for the prevention and **management of emergency incidents** is therefore a key public health and safety priority for both Council and the State Government
- In an area where some groups are already experiencing, and are vulnerable to, economic or environmental stressors, the challenges of projected **climate change** will add further pressure to both the population and its supporting social and physical infrastructure – particularly during extreme weather events such as heatwaves or increased inundation in flood-prone areas. Adaptation planning for climate change is therefore a key element in this Plan
- **Employment and training** continue to be key indicators of wellbeing in the region, underpinning access to health resources and opportunities. Unemployment, and under-employment (particularly of women) is a significant issue in some parts of the Council area, and has inter-generational consequences for families
- **The regulation of environmental health and communicable disease** control continues to be a major requirement in the region, particularly with regard to food safety, legionella control, accommodation and wellbeing standards for vulnerable groups, management of hazardous and putrescible waste, and control of preventable diseases through immunisation and education. The number of Supported Residential Facilities in the area (the highest of any Council area in the State) requires particular focus for both program provision, and oversight of standards.



Strategies and actions to improve health and wellbeing

The Plan outlines a range of priorities for the region's focus over the next 5 years. The Plan will be implemented by a range of responsible agencies and partners, including Council.

The Strategic Activities within the Plan (at Section 8) are categorised under the four themes of the SA State Health Plan 2013. They are -

- Stronger, Healthier Communities for all generations
- Increasing Opportunities for Healthy Living, Eating and Being Active
- Preparing for Climate Change
- Sustaining and Improving Public and Environmental Health

The research and consultation has identified the key issues to be addressed by this Plan, and the Plan's Strategies reflect and respond to these priorities, including the need for Council to ensure focused and updated strategic planning and programs are in place to address the key gaps and risks where Council has a leading role.

This includes focused and informed planning in regard to –

- The rapidly evolving function and opportunities with respect to Council's Libraries and community facilities, to ensure they actively support and benefit Council's diverse community needs and aspirations into the future. A **Libraries and Community Facilities Strategy** is to be developed to ensure this longer term planning is in place
- Undertaking a review and major update of Council's **Sport and Recreation Plan**, to both reflect the changing nature of the population (for example, the recreational needs of an ageing population), and also to enable and promote the social and leadership connections that recreational and sporting activities provide
- Developing a targeted **Healthy Living Program** to implement Council's responsibilities in enabling increased options and access to healthy living, healthy eating, and physical activity - focusing particularly on locations and groups which the research shows are at higher risk of poor health outcomes
- Developing a **Transport, Mobility, and Access Strategy** - to consolidate a range of current Council plans and functions under an integrated umbrella ; to identify the emerging needs of the population with regard to access and mobility ; to respond to new urban planning trends that raise issues for street design and traffic management ; to support improved public transport options and pedestrian activity; and to be the platform for improved co-ordination with State agencies in regard to transport infrastructure and services planning in the Council area
- Developing a **New Arrivals Strategy**, to ensure Council's and related agencies' investments and services are well informed, and targeted most effectively to the emerging needs (and opportunities) of a culturally diverse population
- Preparation of a Council **Waste Management Strategy** to ensure an efficient and effective long term framework is in place to address significant waste management challenges, including for hazardous materials
- Undertaking the preparation of Council's **Emergency Management Plan**, following the completion of the State's regional Zone Emergency Management Plans in 2015. This will link with Council's adaptation planning for climate change.



Governance and Evaluation

The Public Health and Community Wellbeing Plan 2015-2020 will form part of Council's Strategic Management Plan framework, as per Section 122 of the Local Government Act 1999.

Processes are in place to ensure monitoring, evaluation, and review of the implementation and effectiveness of the Plan, in collaboration with Council's Public Health Partner Authorities. A range of reporting systems will ensure accountability, and inform the community of the progress of the Plan (See Section 9).

The South Australian Department for Health and Ageing (referred to as 'SA Dept Health' in this Plan), in conjunction with Councils and other State agencies, are developing a set of indicators (data sets) which will become a standard and consistent core set for the ongoing evaluation of Public Health Plans.

Commonwealth funding bodies also have requirements regarding evaluation processes for health and wellbeing programs.

A range of projects are underway to improve the evaluation and measurement of health and wellbeing outcomes. For example, Council's Home and Community Care Team (HACC) have joined with SAMHRI and seven other Councils to develop a prototype that supports and measures wellbeing within the 'frail aged' community.

The Public Health and Community Wellbeing Plan will incorporate a suite of key information ('indicators') that are considered to reflect and track important factors over the 5 year span of the Plan, including –

1. the changing nature of the population and its social and economic circumstances ('social determinants')
2. the changing nature of the urban living environment ('environmental determinants')
3. key aspects of the population's health profile and trends, and
4. the implementation and effectiveness of the Plan itself, via tracking of activities and outcomes.



1.0 INTRODUCTION

A snapshot of the Council

The City of Port Adelaide Enfield is a large and highly diverse metropolitan Adelaide Council.

The council area is located in the north-western suburbs of Adelaide, about eight kilometres from the Adelaide CBD and is bounded in the west by the coastline of Gulf St Vincent, and in the east by the River Torrens and the foothills of the Mt Lofty Ranges - covering an area of 97 kms². The City accommodates some of the State's finest historical buildings and landmarks, together with a wealth of unique natural ecosystems, and cultural and recreational facilities. The City also includes a significant proportion of the State's manufacturing sector, major industrial and power facilities, the main shipping port of Adelaide, and associated logistics and distribution infrastructure.

The traditional owners of the land are the Kaurna Meyunna people of the Adelaide Plains - and their cultural heritage, beliefs and relationship with the land are of continuing importance to the cultural and community life of the area.

Council develops, manages, and maintains a huge range of facilities used for recreation and sport by people of all ages – including 40 ovals, 78 tennis and netball courts, three golf courses, 50 playgrounds, over 170ha of reserves and 5.8km of the Torrens Linear Park recreation space – along with the City's 6.2km of coastline and foreshore.

The City accommodates 112,508 people and 8,127 businesses (as at Census 2011). The City of Port Adelaide Enfield is the third largest population of any local government area in South Australia. The City's population has been steadily growing during the last decade. The number of people living within the Council area has increased by almost 17,000 (17%) from 2001, and is projected to grow by a further 6.9% by 2016.

The population density in residential areas is increasing in those neighbourhoods that have been designated by the State Government via its 30 Year Strategy for Greater Adelaide as future higher density areas, and also via 'infill' residential developments across the middle ring suburbs. The highest population densities are found along the coast, in the suburbs of Woodville Gardens, Mansfield Park and Ferryden Park which have recently undergone regeneration programs, and in the newly developed suburbs of Northgate, Oakden and New Port where higher density housing has been promoted.

At the 2011 Census of Population and Housing, the median age of residents in the City of Port Adelaide Enfield was 37 years, a slight lowering from 38 years of age at the 2006 Census. In comparison, the median age of Greater Adelaide increased in the same period of time from 38 to 39 years of age.

Port Adelaide Enfield has experienced a large increase in overseas born residents, increasing from 24.9% of its population in 2001 to 30.4% in 2011. This has been due to ongoing migration to the area, and focused humanitarian refugee settlement programs. A culturally and linguistically diverse region, Western Adelaide has high numbers of speakers of a range of languages when compared with Greater metropolitan Adelaide. The top ten languages spoken in the region - Greek, Italian, Vietnamese, Chinese, Serbian, Arabic, Polish, Punjabi, Tagalog and Croatian – are spoken by a higher proportion of the population in Western Adelaide than across Greater Adelaide. Within the region, Port Adelaide Enfield has a particularly high number of Vietnamese and Chinese speakers. Between the 2006 and 2011 Census there was also significant growth of 2,732 and 1,707 persons respectively nominating their ancestry as from India and China.



The Aboriginal and Torres Strait Islander population of 2.4% in the City of Port Adelaide Enfield is significant in comparison to Greater Adelaide (1.3%) and South Australia (1.9%). As at the 2011 Census the Aboriginal and Torres Strait Islander population in the City of Port Adelaide Enfield represents 17.5% of the total Aboriginal and Torres Strait Islander population of Greater Adelaide.

Compared to Greater Adelaide, at the 2011 Census the City of Port Adelaide Enfield had a lower proportion of people holding formal qualifications (Bachelor or higher degree; Advanced Diploma or Diploma; or Vocational qualifications), and a higher proportion of people with no formal qualifications. The 2006 to 2011 Census shows that there was an increase of 9,209 persons in the City of Port Adelaide Enfield holding a formal qualification. Overall, 39.7% of the population aged 15 and over had educational qualifications, and 48.6% had no qualifications, compared with 44.1% and 46.3% respectively for Greater Adelaide.

Between 2006 and 2011 the number of people employed in the City of Port Adelaide Enfield increased by 6,805 persons, whilst the number unemployed increased by 403 persons in the same period. When compared to Greater Adelaide, the City of Port Adelaide Enfield has a lower proportion in employment (93.2% of the labour force compared to 94.2% for Greater Adelaide), and a higher proportion unemployed (6.8% compared to 5.8%).

At the 2011 Census the occupation groups showing the greatest growth were Professionals (+2,358 persons), Community and Personal Service Workers (+1,284 persons), Clerical and Administrative Workers (+681 persons) and Technicians and Trades Workers (+676 persons).

This aligns with the growth in the number of persons with tertiary qualifications.

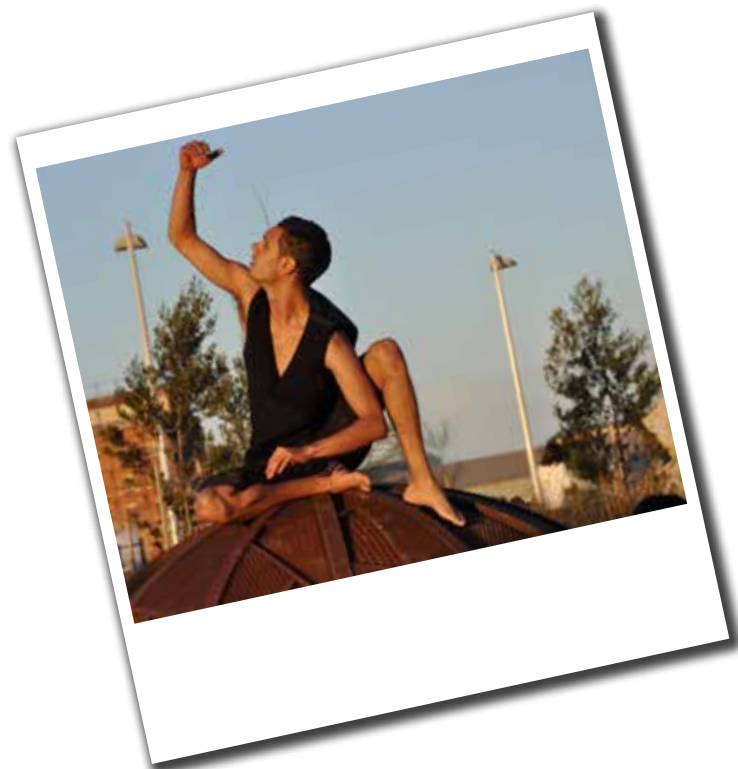
2011 Census results show that there was a smaller proportion (9.4%) of high income households (those earning \$2,500 per week or more) and a higher proportion of low income households (28.7% earning less than \$600 per week) compared with Greater Adelaide's 13.5% and 23.7% respectively.

An analysis of the household/family types in the City of Port Adelaide Enfield in 2011 compared to Greater Adelaide shows that there was a lower proportion of couple families with child(ren) (24.7% compared to 28.5%) and a higher proportion of one-parent families (12.6% compared to 11.0%). There was also a higher proportion of lone person households (30.6% compared to 26.7% in Greater Adelaide) and a lower proportion of couples without children (22.3% compared to 25.5% in Greater Adelaide).

A higher proportion of households in the City of Port Adelaide Enfield (30.2%) had either no internet connection or a dial up connection, and a lower proportion of households (58.8%) had broadband connectivity compared to Greater Adelaide with 24.5% and 65.6% respectively.

In terms of motor vehicle ownership, 80.5% of the households in the City of Port Adelaide Enfield owned at least one car, while 13.0% did not own a vehicle, compared with 85.6% and 9.2% respectively in Greater Adelaide.

Analysis of the housing tenure of the population of the City of Port Adelaide Enfield in 2011 compared to Greater Adelaide shows that there was a smaller proportion of households who owned their dwelling or were purchasing their dwelling, and a larger proportion who were renters.



Data scale and applicability

It is important to note that all of the above Council-wide data are averages across a large population and nearly 100 km² geographic area - this can result in a loss of detail or understanding regarding specific issues, characteristics, or needs that may occur at a lower suburban scale within the Council area, or within a particular community grouping. It is important therefore to also 'drill down' further and identify issues and risks that may be relevant at a more local scale. This can be done via analysing the data at Ward or Statistical Local Area (SLA) level, which is the scale at which data is collected and presented by the ABS and PHIDU² regarding socio-demographics and health (see map of SLAs at page 25). When this is undertaken, it becomes clear that there are very significant differences in health and socio-economic status in suburbs and populations within the Council area – inequalities which in turn have implications for the targeting of State and Council programs to achieve outcomes across a range of key measures, and to improve community wellbeing in the most at-risk populations.

Priorities can be determined on the basis of where the risk is highest (or where there are multiple risks) and therefore where a positive outcome is most desirable - and resources and activities can be targeted accordingly.

Given the limited resources available to Council, a key aspect of planning for health and wellbeing is to use the research and consultation to determine priorities for action in the Public Health and Community Wellbeing Plan.



Council's opportunities and role

The improvement of health and wellbeing outcomes in the area is the responsibility of a range of agencies - including all levels of government, non-government organisations and interest groups, and the community itself. Council can play a range of valuable roles – the prioritisation for allocating and appropriately resourcing these roles is determined through assessment of the issues and risks.

Within the Public Health and Community Wellbeing Plan, Council's activities take a variety of forms –

- As a service provider; in which Council may provide programs, services, physical and social infrastructure, development activities, and facilities
- As a regulator; providing regulatory services and administering legislation on an authorised basis, including urban planning and environmental health
- As a funding provider; by funding programs and activities provided by other community or health service agencies and community groups
- As a funding channel, to win Commonwealth or State funds to target to local priorities and projects via funding submissions
- As an information source providing the community and other service providers with information relating to the area, and changes that may impact on the population
- As a partner in working with other service and infrastructure providers, agencies, community groups and individuals (Formal agreements with Partner Authorities for joint research activities or delivery of services can also be established under the SA Public Health Act 2011)
- As a promoter; acknowledging and highlighting the many and varied positive aspects of our population and social environment, and in encouraging the community and others to build on those strengths
- As an influencer; as a level of government with the opportunity to have considerable 'buy-in' to the development of State or regional programs
- As an advocate on behalf of community for the provision, maintenance and development of services and infrastructure to meet identified priorities
- As a significant employer within the region, combined with a large volunteer program
- As a purchaser; using Council's significant procurement capacity to pro-actively support local and sustainable employment and business development opportunities



2.0 WHAT DETERMINES HEALTH AND WELLBEING ?

The traditional public health approach in Australia arose from the need to address major sanitation problems and control of infectious diseases in the nineteenth century, and was achieved through wide ranging social and urban infrastructure programs that resulted in better building and living conditions, safe water supplies, improved sewerage and waste disposal systems, and environmental and health regulation. While these health issues continue to require focused ongoing monitoring and management, the contemporary public health philosophy also recognises the health impacts of the physical, social, and economic environments in which we live - and adopts a preventive or primary health care approach.

The new South Australian Public Health Act 2011 and the State's Public Health Plan 2013 ("South Australia – A Better Place to Live") focus strongly on the importance of the main 'social' determinants of health (e.g. employment, income, education level, community support) in influencing health outcomes for individuals and communities. 'Environmental' determinants such as a neighbourhood's transport options, air quality, food quality, urban design, and access to recreation spaces, are also considered key elements in supporting health and wellbeing outcomes.

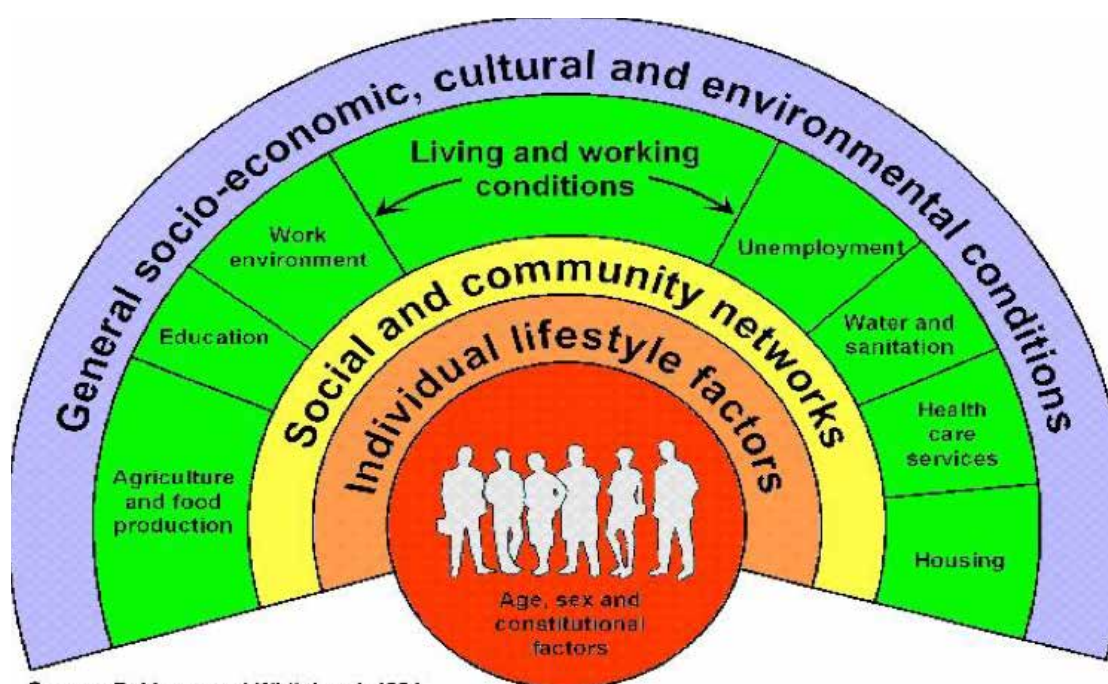
SA Health released the Chief Public Health Officer's Report - The State of Public Health for South Australia 2012, which provides an overview of current public health trends, activities and indicators.

Sections 6 and 7 of this Plan provide further information regarding the social and environmental determinants that have been identified by the research as being of particular relevance to the Port Adelaide Enfield Council area, and information regarding the health profile of the community.

"The new State Public Health Plan ... recognises that public health concerns have expanded beyond simply protecting the public from health risks through clean water, sanitation, hygiene and safe environments to prevent sickness and disease. While these areas remain an essential part of public health, increasing rates of chronic disease, associated with how we live today, have meant that public health must now include providing opportunities for South Australians to lead healthier lives.

Local councils play a significant role by making sure the environments we live, work and socialise in encourage regular exercise, healthy eating habits and community engagement."

(SA Department of Health and Ageing website
5 December 2013)



Source: Dahlgren and Whitehead, 1991

There are several ways to assess the causes or 'determinants' of community wellbeing and health. A simple cause and effect link can be made in relation to some health issues - for example an individual's inactivity and poor diet can directly result in a higher risk of obesity and diabetes – but an individual's likelihood of maintaining health is also affected by wider environmental and social 'determinants' such as access to nutritious foods, access to recreational opportunities, socio-economic status, employment status, community and family support, education, and a health-supporting built environment. These social and environmental determinants are known to be very significant factors in an individual's wellbeing and her or his capacity to maintain good health practices.³

To gain maximum benefit, best practice public health programs aim to address both influences – for example, the OPAL program 2015, supported by the State Government and Council, is working directly with school children in Kilburn, Blair Athol and surrounding suburbs to educate and assist children (and their parents) regarding healthy activity and diet regimes. The program also researches and advocates in regard to improving access to local parks and recreational opportunities, and highlighting important urban planning and design issues that may be limiting choice and opportunity. OPAL is a strong example of how a range of risks can be addressed in an integrated way in program design – that is, focusing not just on the individual but also on the social and urban environment in which the individual lives.

Community wellbeing, therefore, is improved not only by intervention via health-specific projects, but also by wider support programs and resources such as community and cultural engagement programs, access to community 'spaces and places' where people can meet and learn, precinct or 'place-making' projects, or targeted employment and local economic development programs. Programs should be prioritised to the neighbourhoods or groups where needs are greatest and the most beneficial outcomes can be achieved – so as to improve equality of opportunity across the Council.

“ Public health in the 21st century has a lot to do with the way our community is organised and how our society shares its benefits and advantages It reflects how resilient we are, how we recover from hardships and breakdowns, and how we can together rebuild and restore our sense of wellbeing and community. Therefore, public health is about all of us – preventing the causes that make us sick and building on those things that protect us and improve our health and wellbeing.”

SA Public Health Plan 2013
(referencing the World Health Organisation)



³ See for example, how urban densities and design can positively or negatively affect health in 'Transit-oriented developments – Through a Health Lens' SA Health 2011

3.0 LEGISLATIVE CONTEXT

Councils play a range of roles in the legal context of community wellbeing and health

- (a) Council directly administers a range of statutory legislation (Acts) on behalf of the community, under delegation (the key Acts are discussed below)
- (b) Councils have a wide range of specific roles and responsibilities under several pieces of State legislation ; and
- (c) Council must comply with a wide range of State and Commonwealth legislation and civil law standards, as any person or entity is required to do.

South Australian Public Health Act 2011

The South Australian Public Health Act 2011 sets out the legal framework for the management of a wide range of public health issues, including the control of communicable disease.

The duty of local Councils in the provision of general environmental health surveillance functions is outlined in the Act. Councils are designated as the Public Health Authorities for their area. There is a clear role for Local Government in identifying and managing emerging public health issues, and developing coordinated strategic activities. There is also a requirement for systematic information gathering and reporting under the Public Health Act's schedules.

The specific regulatory elements of the SA Public Health Act 2011 will be administered in large part by Council's Community and Environmental Health Section (Community Development Directorate), under delegation from the State Government. Many of the regulations from the previous Public and Environmental Health Act 1987 have been transferred to the new Act. For example, guidelines for the ongoing inspection and regulation of public swimming pools and cooling towers in order to control water-borne diseases. Other regulations (or Public Health Policies) have been produced in relation to the permitting of septic waste systems , skin penetration businesses (including tattooists), and where 'squalor' conditions may occur in homes.

The SA Public Health Act 2011 requires a professional risk management approach to identifying, preventing, and investigating public health incidents, and includes a "General Duty" requirement – similar to the Environment Protection Act 1993. The new Act gives greater powers to Council's Environmental Health Officers (EHOs) to respond to risks and educate and enforce where appropriate, which in turn places greater responsibility on EHOs to ensure public health risks are identified and responded to – beyond the prescribed limited issues outlined in the previous legislation.

Other closely aligned legislation administered by Council to ensure proper standards of environmental health and wellbeing are met include the Food Act 2001, the Local Government Act 1999 and By-laws, the Development Act 1993, the Supported Residential Facilities Act 1992, the Dog and Cat Management Act 1995, the Environment Protection Act 1993, the Fire and Emergency Services Act 2005, the Housing Improvement Act 1940 and the State and national Building Codes. The majority of Council's regulatory functions relating to public health and wellbeing are undertaken under delegation by Environmental Health Officers, General Inspectors, and Building and Development Assessment Officers.

Councils are required by legislation to provide certain health-related services or functions within their Council areas, for example, emergency management (in collaboration with State Govt agencies), immunisation services , and the provision of a weekly waste collection service to domestic premises.

Councils are also bound to undertake particular functions due to entering into formal agreements (individually or via the Local Government Association) with other levels of government. Sometimes these agreements include funding support from the other parties, to enable Council to provide those services.

Council is also required to comply (as any citizen does) with a wide range of statutory legislation, Australian Standards, Codes of Practice, and related regulatory frameworks – including occupational health and safety, provision of safe public infrastructure in accordance with Australian Standards, mandatory reporting in relation to child abuse, and the management of environmental or health risks that may result from Council's own works programs.



Local Government Act 1999

The Local Government Act 1999 (Chapter 2 s.6) describes the principal role of a council, and includes the following health and wellbeing related roles;

- to provide and co-ordinate various public services and facilities and to develop its community and resources in a socially just and ecologically sustainable manner; and
- to encourage and develop initiatives within its community for improving the quality of life of the community.

Under the Act, the core functions of a Council (s.7) include -

- to provide services and facilities including health, welfare or community services or facilities, and cultural or recreational services or facilities;
- to provide for the welfare, well-being and interests of individuals and groups within its community;
- to take measures to protect its area from natural and other hazards and to mitigate the effects of such hazards;
- to manage, develop, protect, restore, enhance and conserve the environment in an ecologically sustainable manner; and to improve amenity

Councils also have an obligation to advocate for local communities, to work regionally where appropriate, and prepare strategic management plans in consultation with their communities. In doing so they must have regard to State and National policies, plans and objectives.

Under the Local Government Act, Councils can create Council-specific By-laws ('supplementary legislation'), which allow Councils to put in place policies or requirements regarding the use of Council owned land, and some other limited matters.

Development Act 1993 and Building regulations

A core piece of legislation relevant to the ongoing maintenance and improvement of health and wellbeing in the Council area is the Development Act 1993, and the Minister's Development Plans which the State and local planning authorities use to assess new development proposals. The Development Plan requires a range of standards or good practice to be met in new developments, many of which are particularly relevant to the new Public Health Act's aims and approach – including a focus on the role of the urban environment in promoting and enabling wellbeing and the health of communities (An 'environmental determinant'). This philosophy has always been core to modern urban planning, and harks back to the 'Garden City' approach adopted in the early period of Adelaide's development.

Another key element of regulation that supports a safe built environment and public health standards is the Building Code and related regulations. Some of the earliest (19th century) public health legislation in Australia was in relation to the safe and healthy design and construction of residential buildings and associated infrastructure for sanitation, sewerage, and water supply. While sound standards are now in place in SA, these issues are still very important and require ongoing monitoring to ensure new policies in urban planning do not reverse previous gains, or create new potential wellbeing issues.



4.0 POLICY CONTEXT

The SA State Public Health Plan

The Public Health Act 2011 mandates the preparation of a State-level Public Health Plan, to guide the preparation of Council or regional Public Health Plans.

The State Public Health Plan (South Australia – A Better Place to Live) was released in November 2013 and includes the following priorities -

The tasks in establishing and building a system of public health planning require the:

- *strengthening of collaborative efforts*
- *reinforcing of coordinating processes*
- *development of opportunities to improve communication and common understanding across spheres of government and other sectors*
- *identification of opportunities for integration of public health issues within other policy priorities*
- *development and strengthening of capacity within and between State and Local Governments embedding of community participation processes in the identification of public health issues and the formulation of responses, and;*
- *building of basic mechanisms to support more sustainable public health planning and action.*

These 'basic mechanisms' include the:-

- *development of consistent planning and reporting processes*
- *development and refinement of comprehensive data sets to inform planning*
- *continuous gathering and synthesising of research and evidence on effective public health policies and interventions to inform state-wide and local action, and;*
- *development of monitoring, evaluation and accountability measures that are meaningful to the ongoing improvement of the public health effort.*

(SA Public Health Plan 2013 p6-7)

The State Public Health Plan places a strong emphasis on the newly emerging chronic diseases or health risks in Australia such as poor nutrition, inactivity, obesity, diabetes, alcohol over-use, and tobacco consumption - and highlights the importance of further focusing public health programs on prevention of chronic problems which are putting a significant burden on the health care system, and on the wellbeing of individuals and communities.

Council's Public Health and Community Wellbeing Plan reflects the four priority areas within the SA State Public Health Plan, which are –

- **Stronger and Healthier Communities and Neighbourhoods for All Generations**
- **Increasing Opportunities for Healthy Living, Healthy Eating and Being Active**
- **Preparing for Climate Change**
- **Sustaining and Improving Public and Environmental Health Protection**

Key State-wide public health trends highlighted in the State Plan's research show:

- Cancer and cardiovascular disease continue to account for the highest numbers of deaths caused by disease, at 19 per cent and 17.5 per cent respectively
- Infectious diseases, which were once the biggest cause of death, now represent only 1.6 per cent of the total South Australian disease burden
- Smoking rates are declining
- Children's asthma rates are declining
- The prevalence of diabetes is expected to double, if not triple, over the next 25 years due to increasing rates of obesity and other demographic changes

Climate Change – an additional risk and challenge

A required new focus area, which is additional for all levels of government, is the response to the projected impacts of climate change on communities, infrastructure, and the environment. The Commonwealth and State have produced Adaptation Frameworks to facilitate and support the effective and collaborative development of appropriate risk management strategies to address this emerging issue. SA Councils are also in the process of preparing regional Climate Change Adaptation Plans which will link directly into Public Health Plans and related programs.

Wider policy and funding challenges

There are a range of factors causing major policy and program shifts in the way that public and community health is approached, and which will have an impact on public health planning and implementation into the future. The key agents for change include:-

- The reduction in revenue at all levels of government due to a range of policy decisions and global economic events
- A reduction in investment of resources in preventive health and other key programs
- The trend to centralise public and community health services, resulting in a loss of local needs-focused community centres and services
- Evolution of the roles and responsibilities of Local Government relative to the State Government (potential for 'cost-shifting')
- Changing health services funding models and policies at Commonwealth level which affects resourcing for primary health and local community services
- The increasing outsourcing of some services and activities, risking loss of policy direction and 'economies of scope' benefits
- Third-parties undertaking compliance activities in increasing areas of environmental health surveillance, with resulting impacts on the environmental health profession
- A raft of new legislation and State strategies related to wellbeing and health, specifying additional Local Government roles and responsibilities⁴
- Greater requirement for evaluation and measurement systems to support funding allocation in an increasingly competitive funding environment
- Climate change adaptation frameworks in place at State and national level, including the preparation of Council-based regional adaptation plans to address health implications.
- Aged care and funding reforms at national level have significantly affected models and levels of service delivery to key community groups – particularly via the introduction of the National Disability Insurance Scheme (NDIS). Council plays a collaborative and co-resourcing role in the new scheme, where it relates to Supported Residential Facilities and related aged care programs.

The State and Commonwealth funding context

The State Public Health Plan 2013 has been released at a time of financial constraint at all levels of government - and within the not-for-profit services sector, which is seeing a reduced donation and general revenue base at the same time that government funding is being reduced or withdrawn in many cases. In that context, the State Public Health Plan aims to improve co-ordination and efficiencies across the three levels of government in general, particularly in relation to delivering primary and preventive health and wellbeing services to the community.

While the risk of cost shifting is ever-present⁵, the City of Port Adelaide Enfield sees the preparation of its Public Health and Community Wellbeing Plan 2015-2020 as a timely and valuable opportunity to strategically investigate the needs of the community (as also required in Council's Corporate Plan), and identify the best use and prioritisation of Council's community and health resources over the next planning period.

The emphasis in the State Plan is to ensure that resources are being targeted appropriately to the most at-risk areas and communities, and activities are being undertaken in an integrated and co-ordinated manner – recognising the inter-links between the influence that urban planning, recreational and open space planning, regulatory enforcement, emergency preparedness, local economic development, cultural activities, and community development programs can all have on health and wellbeing outcomes. Council's Public Health and Community Wellbeing Plan 2015-2020 therefore aims to achieve that integration effectively, and ensure a needs-based strategic approach to targeting, resourcing and implementing community wellbeing and health-focused programs.

The previous Commonwealth Government re-structured its health sector funding model to establish Medicare Locals (MLs) in South Australia to co-ordinate the Commonwealth's funding streams – the delivery of funds to be determined via a needs-based approach. Port Adelaide Enfield Council sits across two Medicare Local regions (Northern, and Central Adelaide Hills). In 2014, the new Commonwealth Government has proposed to restructure again, replacing Medicare Locals with two Primary Health Networks - at this point a final funding framework is unclear. Council's Public Health and Community Wellbeing Plan will include a range of actions and programs that could best be undertaken in liaison with the Commonwealth's regional organisations - via potential 'Partnership Authority' arrangements under the Public Health Act which provide an opportunity to work with the funding bodies directly, where assessed to be in the community's interest.

⁴Including Childhood Development and Wellbeing Bill 2013; SA Public Health Act 2011; Safe Drinking Water Act 2011; new Policies under the Environment Protection Act 1993 inc.waste management; SA Suicide Prevention Strategy 2012-2016; new Development Regulations 2008 re swimming pool safety effective from Jan 2014; Radiation Protection and Control Bill 2013; Environmental Nuisance Bill (pending 2015)

⁵ Ref. the McCann Review of non-hospital based services 2012 www.sahealth.sa.gov.au

Local Government’s specific roles as described in the SA Public Health Plan 2013 are -

<p>Improving the wider determinants of health and wellbeing <i>Local Government (combining public health role with responsibilities under the Local Government Act 1999 and related legislation)</i></p>	<ul style="list-style-type: none"> • Maintains and improves the physical and social infrastructure of communities that protects and promotes health and wellbeing (e.g. waste control, open-space parks and gardens, support for cultural and recreational activities, footpaths, cycleways, street lighting, local economic development, community resilience and support, climate change mitigation planning, urban planning development and approval processes) • Locally administers relevant legislation (e.g. Development Act 1993, Dog and Cat Management Act 1995, Food Act 2001)
<p>Healthier choices are made easier</p>	<ul style="list-style-type: none"> • Provides specific information to its community including information from a wide range of State & Commonwealth Government programs and services, as well as non-government organisations • Acts as a broker and advocate for its community • Provides certain support programs and community participation opportunities, which build communities • Hosts other agencies’ outreach programs and services • Provides information and referral services • Provides specific community infrastructure and support (e.g. parks and gardens, recreational facilities) • Locally leads in public health regulation (e.g. food regulation)
<p>Enhancing health protection and recovery strategies</p>	<ul style="list-style-type: none"> • Provides or supports the provision of immunisation in their area • Administers local public health regulation (e.g. food safety, cooling tower monitoring of specific businesses, waste control, mosquito control); assists in the provision of emergency management and disaster response

National Health Priorities

The 2010 report of the National Preventative Health Taskforce targets obesity, tobacco and the excessive consumption of alcohol as the key ‘modifiable’ risk factors driving around 30 per cent of the burden of disease in Australia. The report recommends that strategies be in place by 2020, to:-

- halt and reverse the rise in overweight and obesity
- reduce the prevalence of daily smoking from 16.6 per cent to 10 per cent or less
- reduce the proportion of Australians who drink at levels which place them at short term harm from 20 per cent to 14 per cent, and the proportion at longer term harm from 10 per cent to 7 per cent; and
- contribute to the ‘Close the Gap’ targets for Indigenous Australians.

Recent Federal funding changes

In November 2013, the new Federal Government announced significant reductions in, or removal of, funding to local community groups and their on-ground activities. This loss of funding has affected the activities of a large number of community groups which play a critical role in supporting community wellbeing in the Council area. Council will liaise with the relevant Government agencies to assess the nature and extent of the impacts of the funding withdrawal, and potentially develop an approach that allows the continuation of valued or priority activities undertaken by these groups – while also advocating for a re-instatement of adequate funding levels to these vital community wellbeing programs.

Council’s Corporate and Strategic Planning context

The Public Health and Community Wellbeing Plan will become part of Council’s Strategic Planning Framework as per Section 122 of the Local Government Act 1999. This approach serves to ensure that the reporting and consultation requirements associated with the preparation and ongoing review of the Public Health Plan are integrated into Council’s core planning and evaluation framework.

The suite of Plans that currently make up Council’s Strategic Management framework also include –

- The City Plan 2010-2016 - Council’s outward looking strategic document that represents community needs , opportunities, and expectations
- The Corporate Plan 2011-2016 - the internally focussed document that establishes how Council will respond to and implement the goals and objectives of the City Plan
- The Annual Business Plan and Budget - a requirement of the Local Government (Financial Management and Rating) Amendment Act 2005.
- The Long Term Financial Plan (10 year)
- Infrastructure and Asset Management Plans

In considering the scope and scale of the Public Health and Community Wellbeing Plan within the existing suite of Council Plans, and to ensure that it complements existing plans and strategies, a desktop review was undertaken of Council plans and strategies that contain topics, issues and actions relevant to the Public Health and Community Wellbeing Plan’s required focus. (See Appendix A)

The new Plan is an ‘umbrella’ strategy under which a range of existing community, social, and health-focused management plans can be clustered, so as to consolidate the overall effectiveness and efficiency of the various plans, and enable greater co-ordination and interactive support of related programs across the organisation.

Council’s key community-focused tool which guides Council’s planning and investments is the City Plan 2010-2016, which contains a range of strategies and indicators directly relevant to the preparation of the Public Health and Community Wellbeing Plan.

City Plan 2010-201 (extracts)

Theme - A strong and diverse economy

Objective 2. Strong and effective linkages exist between the community, education and training providers, and local employers.

Theme - A vibrant and resilient community

“There are a number of pockets of relatively high social disadvantage in the Council area characterised by comparatively low individual and household income, high proportions of public housing, lower educational attainment, higher unemployment and low vehicle ownership without adequate access to public transport. The needs of these communities require particular attention ”

Goal : A healthy and connected community that supports and values people, culture and place.

Objective 1. An engaged community with residents enjoying a high level of participation in community life

Objective 2. An active and health community that has access to positive lifestyle choices

Indicators

- Opportunities for physical activity and incidental exercise are accessible through the provision of a network of quality open spaces, bicycle and pedestrian routes
- Multi-purpose recreation and sporting facilities are provided by Council in conjunction with sporting clubs and community organisations
- Council formally advocates for and provides improved and targeted health services and programs that facilitate practical and positive health and lifestyle changes for individuals

Targets

- City of Port Adelaide Enfield's health status is in line with the metropolitan average
- Increase in young people participating in recreation and sport and other community activities.

Objective 3. A community that is recognised as being safe, welcoming and inclusive

Theme - A unique, healthy and sustainable environment

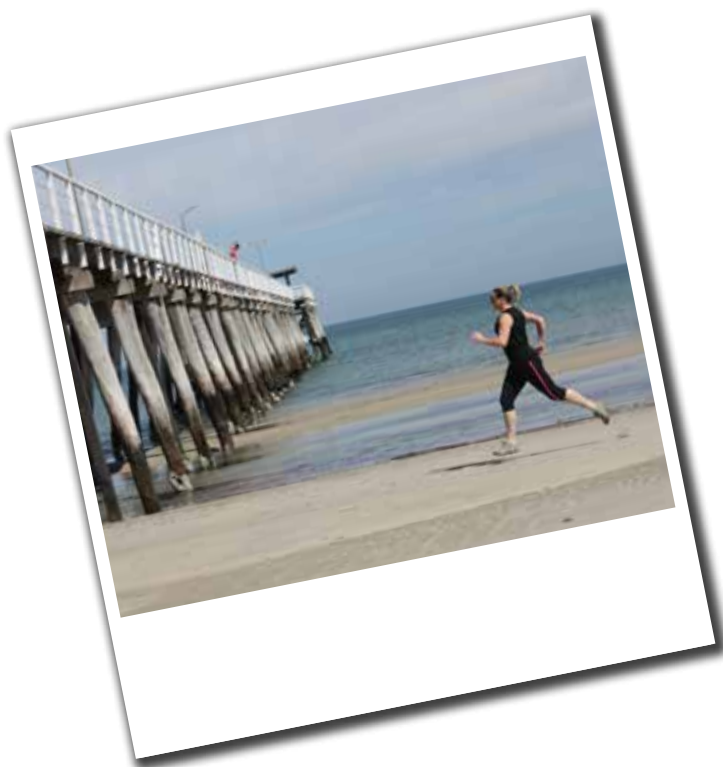
Goal : Natural and urban environments characterised by clean air, soil, water and biodiversity that are cared for and respected by businesses and the community

Objective 2. The impacts of climate change on the local community, the natural environment and Council's infrastructure are identified and addressed

Objective 5. Urban and industrial development does not have an impact on the quality of the environment

Objective 6. A state of preparedness for environmental disasters in collaboration with the community and key stakeholders

Objective 7. Improved waste management through community education and collaboration with key stakeholders



5.0 PREPARING THE PUBLIC HEALTH AND COMMUNITY WELLBEING PLAN

Regional discussions held

At the earliest stage of preparation of the Plan, discussions were held with adjacent Councils to investigate the potential value of preparing a wider regional-scale Plan. It was concluded that, in Port Adelaide Enfield's case, this was not the most feasible approach due to a range of factors – including that Council straddles two State planning regions (Western and Northern), and that the size, diversity, and complexity of the Port Adelaide Enfield Council area warranted specific research, and a locally-focused consultation and planning process.

There is great opportunity within the Plan, however, to include projects that can be planned and delivered in collaboration with other Councils within the two relevant regions, and with the broader local government sector per the SA Local Government Association, so as to maximise a range of program planning and project delivery outcomes - these opportunities have been explored as part of the Plan's preparation. Consultation will continue with adjoining Councils to explore opportunities and establish ongoing networks in this regard.

Research (evidence base)

The first stage in developing Council's Plan was to undertake comprehensive research into the health and wellbeing status of the community, to identify changes and trends, to assess current service provision, and to identify the environmental and social 'determinants' that are affecting health outcomes or that pose a potential risk to community wellbeing. This was achieved via a detailed research stage and report which brought together key data regarding Council's population profile and health status – using a range of sources including Census 2011 data, the Public Health Information Development Unit's databases, other local research undertaken by SA Health and related research institutions, and Council's own research and surveys.

An Issues and Opportunities Paper was then prepared, which summarised the key issues, gaps, and discussion points, for Council staff to use to identify priorities, and as a resource for developing strategic responses for incorporation into the Plan.

Initial Consultation with key agencies

One-to-one discussions and group consultations were held (2014) with key government and non-government agencies and organisations who undertake public health-related roles within the Council area, in order to raise any further issues, gaps, or options for consideration. Discussions with agencies included exploring the opportunity for agencies to become Public Health Partner Authorities under the SA Public Health Act 2011.

Initial Consultation with the community

An initial program of consultation and information-gathering with the wider community was undertaken, to highlight further issues, experiences, or options for consideration. Consultation was conducted via a web-based survey, interactive displays at Council's community centres and libraries, and invitation through the public media.

A further program of community consultation was undertaken in early 2015 following the Final Draft Plan being endorsed by Council for community review.



Councils Elected Members have participated in dedicated discussion workshops regarding the Plan, and have provided comments and feedback to the process.

Government agencies, community groups, and Non-government organisations (NGOs)

Key agencies will be invited to become formal Public Health Partners in the preparation and implementation of Council's Public Health Plan. It is well recognised that successful community development and health management is achieved through a coordinated multi-sectoral approach involving a wide range of agencies and local NGOs. A list of key stakeholders and partners with whom Council can establish relationships have been identified as part of the consultation phase of this project.

These include –

- Adjacent Councils – opportunities to use a regional approach to plan for and implement a range of service or project activities
- Professional associations e.g. Australian Institute of Environmental Health; Planning Institute of Australia
- Migrant and refugee services and community support groups
- Department of Health and Ageing (SA Health)
- Department for Communities and Social Inclusion (DCSI)
- Department for Education and Child Development (DECD)
- SA Environment Protection Authority (EPA)
- Department for Planning, Transport and Infrastructure (DPTI)
- Office for Recreation and Sport (ORS)
- Department for Environment, Water and Natural Resources (DEWNR)
- Local Government Association (LGA)
- Housing SA
- Police, State Emergency Service, SA Metro Fire Service
- Central Northern Adelaide Health Service (North West Adelaide Health Study)
- Adelaide and Mount Lofty Ranges Natural Resource Management Board (AMLR NRM)
- SA Water
- The Public Health Information Development Unit (PHIDU)
- South Australian Community Health Research Unit (SACHRU)
- SA Medical Health and Research Institute (SAMHRI)
- Enfield Community Health Service
- Port Adelaide Community Health Service
- Aboriginal Health Council of SA
- Dale Street Women's Health Centre – Port Adelaide
- Aboriginal Drug and Alcohol Council (ADAC)
- United Care Wesley
- Cancer Foundation
- Heart Foundation
- Diabetes South Australia
- YMCA and YWCA
- Port Power (Community Inc)



6.0 PORT ADELAIDE ENFIELD - THE PEOPLE AND THE PLACE

6.1 The population of Port Adelaide Enfield

Cultural and ethnic diversity

The City of Port Adelaide Enfield has a culturally diverse population. 36% of the City's residents were born overseas – of these 5.3% identify themselves as having 'poor proficiency in English', which is 50% higher than the metropolitan average. The Census 2011 shows that 28% of residents speak a language other than English at home. Non-English languages predominant in the City include Vietnamese, Italian, Greek, Mandarin, Cantonese, Persian/Dari, Filipino/Tagalog, Arabic, Polish and Punjabi.

The City has a significant number of migrants accepted into Australia on humanitarian grounds. Recent migration is predominantly from Sudan, Central and West Africa, Vietnam and Afghanistan. The number of skilled migrants that make up new arrivals has been significantly less than the national average, with many of the current new arrivals being in the humanitarian or family reunion categories.

2011 Census data indicates that 2.4% of residents identify themselves as Aboriginal or Torres Strait Islander (ATSI). A significant additional number of Aboriginal people from the Anungu Pitjantjatjara Yankuntjatjara (APY) Lands in far northern SA and the Northern Territory come at various times of the year to reside temporarily in Port Adelaide Enfield, often for family, cultural or health reasons. The actual ATSI population in the City is estimated between 2-3 times greater than the Census figures at any given time.

The above data regarding refugees, migrants, and Aboriginal people should not be seen as a 'disadvantage' factor, but as demographic information to use both to focus services appropriately to ensure these groups have the resources required to achieve the health and wellbeing standards that we all expect, but also to identify skills and resources that these population groups may have which can be utilised to assist others in the community in a range of ways, and give vitality to community life – e.g. diversity of approaches to problem-solving, networks for community consultation and projects, new local business development and entrepreneurship, experience and skills in building resilience, and cultural and arts programs.

The Census 2011 data shows that, while there is an increased number of people stating that they have no religious affiliation, there has also been a broadening of the range of religions represented in Port Adelaide Enfield. Significant inter-faith relationship building and exchanges are occurring to establish the common values and mutual respect that will underpin community harmony into the future.

Faith-based communities also provide a significant range of services and programs for the wider community, particularly the disadvantaged or isolated, on a mostly volunteer basis.

Age profile

The City of Port Adelaide Enfield has a similar age structure to that in Metropolitan Adelaide overall, although with slightly larger proportions at ages 25-39, for both males and females. At the 2011 Census of Population and Housing, the median age of residents in the City of Port Adelaide Enfield was 37 years, a slight lowering from 38 years of age at the 2006 Census. In comparison the median age of Greater Adelaide increased in the same period of time from 38 to 39 years of age.

The general population across the State is ageing – this fact needs to be considered in a range of areas including the types of open space and recreational options that should be provided for a community that is living longer, so as to maintain their health and independence. This fact also should influence Council's advocacy for a built environment (including residential new dwelling designs) that allow for 'ageing in place' and independent home living for as long as possible.

ABS statistics indicate that deaths due to dementia and Alzheimer's Disease have more than doubled in the past ten years across Australia (6.3% in 2010 compared to 2.9% in 2001). Dementia is also a driver of increased demand on aged care and SRF beds and services, where shortages already exist. (Access Economics 2011)



Zhu Lin Buddhist Temple, Ottoway



Uniting Church, Commercial Rd Port Adelaide

Socio-economic profile

The Index of Relative Social Disadvantage (IRSD) measures the relative level of socio-economic disadvantage based on a range of Census characteristics. The Index is derived from data that reflect disadvantage such as low income, low educational attainment, high unemployment, and jobs in relatively unskilled occupations.

The Table below (PHIDU data) highlights that overall the City of Port Adelaide Enfield experiences a higher degree of social disadvantage than the Adelaide metropolitan average – and to a particularly significant degree in the Inner, Park, and Port SLAs. (SLAs – Statistical Local Areas - are the data collection districts or regions used by the ABS for Census analysis - Map on page 25 shows the SLA areas within the Council).

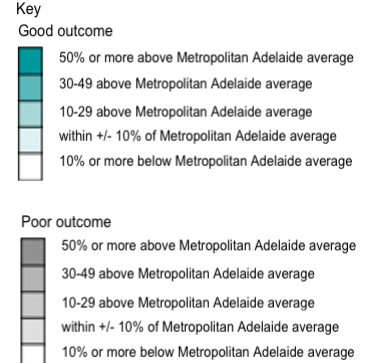
Some key data from the table –

- 28% of children in the central portion of the Council area are living in households where no-one is in employment
- Housing stress (ability to pay as a proportion of weekly income) among mortgage holders in the Park SLA is 3 times the metropolitan Adelaide average
- Dwellings in the Inner and Park SLAs without cars is almost twice the metropolitan average
- Disability support pensioners in the Park SLA are twice the metropolitan average
- Welfare dependent families in the Inner, Port and Park SLAs are almost twice the metro average, and more than a third of children in the Inner, Park and Port SLAs are living in welfare dependent families.
- 30-33% of homes in the Inner, Port and Park SLAs do not have internet access (metro average is 22%)
- High unemployment rates occur in all SLAs except Coast
- Port Adelaide Enfield has a higher percentage of Housing SA dwellings than the metro average, and most SLAs have a higher level of rental housing stress

Table: Social factors that are a risk to health and wellbeing

(Source : PHIDU 2014)

Indicators	Port Adelaide Enfield						Metro Adelaide
	Coast	East	Inner	Park	Port	Total	
Families with children under 15 years, Per cent, 2011							
Single parent families	28.2	24.0	28.6	28.2	35.1	27.6	23.6
Jobless families	15.0	15.4	25.7	26.1	24.5	19.9	14.6
Children in jobless families	15.7	16.6	28.7	28.0	24.8	21.3	15.2
Homelessness, Rate per 10,000 population, 2006							
Homeless people	10.5	9.0	13.5	13.6	6.8	10.7	9.7
Housing and Transport, Per cent							
Rent assistance from Centrelink, 2009	13.3	18.2	19.4	17.7	16.1	16.9	14.6
Dwellings rented from Housing SA, 2011	8.4	9.9	15.1	20.2	11.5	12.1	6.4
Housing stress - mortgage holders, 2011	7.0	8.6	10.5	14.8	11.5	9.6	8.4
Housing stress - renters, 2011	25.0	26.1	26.9	26.9	27.5	26.3	26.9
Dwellings with no motor vehicle, 2011	10.8	11.0	16.7	17.0	15.9	13.4	9.6
Income support, Per cent, 2009							
Age pensioners	86.7	87.3	76.1	85.7	91.2	85.1	76.5
Disability support pensioners	8.7	8.4	10.7	11.7	12.0	9.8	6.9
Female sole parent beneficiaries	6.7	5.2	6.8	7.5	7.9	6.5	5.2
Unemployment beneficiaries	5.4	5.1	7.9	7.9	6.9	6.3	4.7
Long-term unemployment beneficiaries	4.1	3.9	6.1	6.4	5.6	4.9	3.6
Youth unemployment beneficiaries	8.3	8.0	10.9	8.3	10.0	8.9	6.4
Welfare-dependent families with children	10.4	10.8	15.9	17.3	14.7	12.9	9.2
Children in welfare-dependent families	26.7	27.6	36.8	39.5	37.4	32.0	23.0
Health Care Card holders	8.0	9.1	12.3	13.0	10.9	10.2	8.5
Pensioner Concession Card holders	26.5	25.7	26.7	30.2	30.8	27.3	22.9
Total Concession Card holders	29.0	29.1	32.4	35.9	35.2	31.3	26.2
Internet access at home, Per cent, 2011							
No Internet connection	25.4	23.4	31.4	33.3	32.5	27.8	22.0
Broadband Internet connection	63.4	65.4	56.6	54.1	55.4	60.6	67.2
Total Internet connection	71.2	73.3	64.2	60.9	63.7	68.3	74.7
Labour force, Per cent, 2011							
Unemployment	4.6	7.2	11.5	9.2	7.3	7.4	5.5
Labour force participation	64.5	55.9	49.7	43.4	59.8	55.4	64.1
Female labour force participation	56.8	54.4	46.2	44.0	51.9	51.7	55.5
Summary measure of disadvantage, Index score, 2011							
IRSD	975	974	880	847	898	930	991
Child care, Per cent, 2011							
Total unpaid child care	26.8	26.7	24.4	22.7	24.4	25.5	27.6



Employment Vulnerability

Employment is a key social indicator (determinant) of wellbeing and health potential. The Employment Vulnerability Index (EVI) is prepared nationally to indicate where future employment pressures are likely to be felt given economic trends and contractions in various employment and industry sectors. The 2013 EVI shows that the Parks SLA is assessed at the highest level of risk in relation to employment vulnerability, and many other areas within the Council are in the 'at risk' category. In relation to Port Adelaide, for example, the EVI assessment states – 'In terms of post secondary qualifications, Port Adelaide has education levels which are below the SA average. This increases the likelihood that the suburb will experience job losses in a national contraction ... and its labour market performance summarised by its overall unemployment rate relative to SA is poor'.⁶

A positive light in the research is with regard to Port Adelaide Enfield's higher than average participation rates in tertiary (non-university) education, such as TAFE and vocational training in all SLAs. This is a very valuable piece of data as it flags that a generational change in employment and income levels may be seen over time – and these are key determinants of future health and wellbeing outcomes. Council and its State Government partners should investigate all opportunities to support this trend, including continuing to work with local high schools to support work experience placements and traineeships. The private sector in the Council area can also be encouraged to foster local youth in accessing tertiary training, through providing incentives and opportunities to local school leavers.

Council's volunteer programs also play a vital role in residents gaining experience and confidence in a working environment, which can be a stepping stone to work placement or more formal training.

Socio-economic data in areas that have undergone 'regeneration' projects

A clear result from the research is that it appears that the 'renewal' and 'regeneration' programs that have occurred in the Park and Inner SLAs (particularly Westwood), are not fully reflected (at this stage) in a significant equalisation in the socio-economic disadvantage profile or health status of the local population – which still shows a significantly lower status for key indicators than the metropolitan average. The URPS Project Evaluation Report for Westwood (2010) indicated that the major renewal program has resulted in some improvement in socio-economic status in the project area, which indicates that a degree of 'upward mobility' has occurred following the redevelopment. However, while the redevelopments have had benefits across a range of measures, the research demonstrates clearly that it is premature to reduce or remove key health and community services from the Westwood area, under the assumption that the redevelopment projects have negated their need (as is stated in the State Government's 2013 Parks Redevelopment Project materials). The recent de-commissioning of the Parks Community Health Centre and related primary health care services appears to be premature, based on the current data. These areas (due to the ongoing significant risk profile) continue to require a higher level of targeted services – and Council has advocated for the State Government to ensure these services continue to be available or accessible alternatives provided.

This evidence test (i.e. what is the most recent data showing) should be applied by the State government and relevant agencies (including Council) to other areas which have undergone similar urban renewal programs, prior to amending or reducing health or related social support services in those areas, until an equalisation and general improvement of the population's SEIFA and health profile is clearly demonstrated.

The development of the new Parks library facility by Council (2015/17) will take into account the socio-economic profile and needs of the area when designing programs and services that can be located at the library. The social context in which the library will be developed is a critical element to be considered in the design and capability of the new facility, to ensure it serves the particular needs of the local community. Analysis and consultation with the local community will be undertaken to identify the current and future community needs and opportunities in the area, to ensure the purpose, design, capabilities, and functions of the new library hub will reflect and respond to those aspirations.

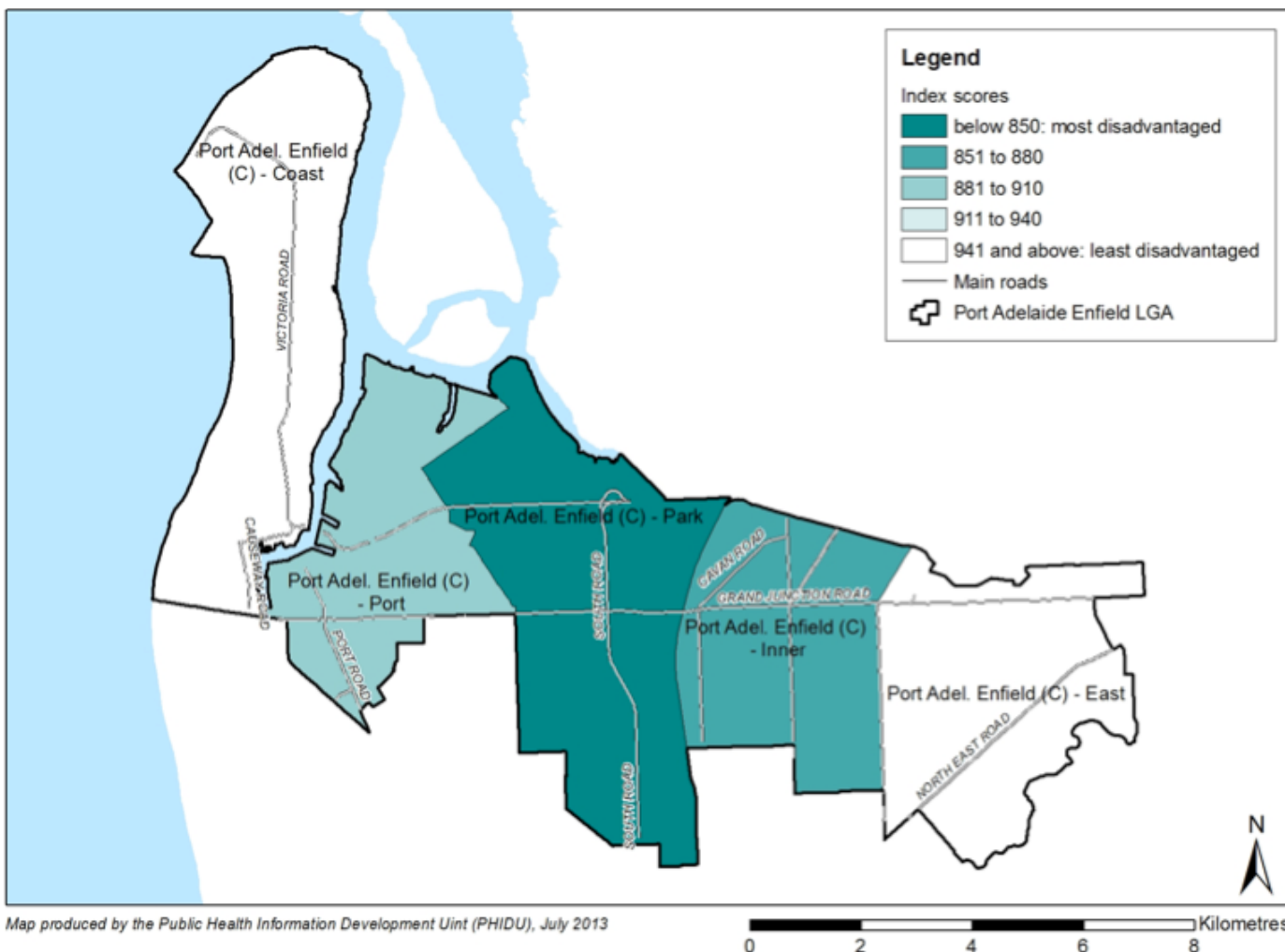


Addressing the social determinants of health

Areas within the City of Port Adelaide Enfield are more vulnerable to public health risks due to higher levels of community disadvantage i.e. lower income, higher levels of housing stress, greater dependence on welfare, higher occupancy in social housing and higher levels of homelessness. To improve the health of the population in the long-term, these core social determinants must be a priority. Council's Public Health and Community Wellbeing Plan recognises Council's role in addressing social determinants at local level. There are opportunities to support strategies which aim to improve the socio-economic conditions, educational status and employment levels within the community, as well as build on community strengths.

These opportunities include -

- Local economic development
- Maximising the role of libraries in educational support, child development, and internet access
- Life-long learning initiatives
- Community engagement and volunteering, and
- Arts and cultural programs to encourage community connectedness and participation



Statistical Local Areas (Census SLAs) in the City of Port Adelaide Enfield, showing the Index of Relative Socioeconomic Disadvantage 2011

6.2 THE ENVIRONMENT OF PORT ADELAIDE ENFIELD ('PLACE')

Urban planning - 'Healthy by Design'

There is a direct relationship between the design of the built environment and people's ability to be active, access healthy nutritious food, and be part of a connected and strong community – which jointly address the 3 major risk factors for chronic disease, that is, physical inactivity, obesity, and social isolation. The State government and Councils can play a significant role in promoting and, where appropriate, mandating urban planning and design requirements that support preventive health and wellbeing outcomes.

The 'Healthy by Design' guidelines support the overall SA 'Health in All' Policy, which requires agencies to consider how all plans and projects can contribute to the health outcomes of the community, and remove barriers to active living and healthy food choices.

“The built environment is a powerful predictor of physical activity and dietary patterns and it can be shaped to support or inhibit physical activity and healthy eating.”⁷

'Healthy by Design' recommends the following seven key objectives be incorporated into the State Government's and Council's broader planning frameworks -

1. Walking, cycling and public transport – Provide an integrated, accessible network of walking and cycling routes and footpaths for safe, convenient and pleasant connection to open space, public transport, shops, local destinations and points of interest.
2. Streets – Create functional and attractive street networks that prioritise safe and convenient travel for pedestrians and cyclists, and maximise opportunities to engage in planned and incidental activities.
3. Local destinations – Provide local destinations to support lively, walkable and cycle friendly neighbourhoods.
4. Open space – Provide a range of quality public open spaces within walking and cycling distance from dwellings. Open spaces should be accessible to a wide range of people with diverse needs and should foster community spirit.
5. Supporting infrastructure – Install supporting infrastructure that provides for comfort, amenity, social interaction, safety and convenience.
6. Urban food – Plan and design cities, towns and suburbs to ensure a more secure, resilient, healthy and sustainable food supply.
7. Density – Encourage well designed residential areas with higher density and mixed uses.

Open space and public domain planning

A key element for Council is the planning, management, and maintenance of public open spaces for community use – from small neighbourhood parks to major sporting facilities. Council's Open Space Plan 2013 was prepared to guide Council's management and advocacy regarding the provision and function of public open spaces in the Council area. There are increasing opportunities to work regionally (with adjacent Councils) to ensure an effective and efficient understanding and planning for the future needs of the population and the environment in relation to open space design and management.

Open space in urban areas plays a critical role in health and wellbeing, both in relation to its traditional recreational use, but also via its role in the 'greening' of neighbourhoods (particularly in higher density areas) ; providing buffers between residential and industrial activities ; providing opportunities for biodiversity enhancement ; and potentially as areas for urban food production and community gardens.

Council also plays a key role in planning and designing streetscapes and public domain areas to be attractive meeting 'spaces and places' for local communities. Council has recently worked on place-making projects including Prospect Road, Commercial Road, and Semaphore Road – in consultation with the local business and residential communities.

The State government's urban planning policies promote higher density land divisions, in order to minimise Adelaide's 'urban sprawl' and its social and economic costs. (See the State's 30 Year Plan for Greater Adelaide). This move has required an increased focus on the use and value of public open spaces, due to the loss of private yard space in new dwellings. This creates an increasing challenge for Councils financially – however, the greater use of public spaces in these newer areas also creates greater opportunity for people to meet and participate in events and interests, supporting physical and social activities.



⁷ Healthy by Design SA (Heart Foundation 2012)

<http://www.heartfoundation.org.au/SiteCollectionDocuments/Healthy-by-Design-SA.pdf>

Walking and cycling

The City of Port Adelaide Enfield recognises the personal health and environmental benefits of cycling and walking as valuable means of transportation and recreation. Council aims to provide an environment conducive to these activities, which link through a range of planning focuses – including recreation programs, open space planning, neighbourhood design, and roads and footpaths infrastructure management.

Port Adelaide Enfield's Local Area Bicycle Plan, includes the following objectives :-

- To enhance the safety of cycling for existing cyclists
- To enhance the attractiveness of cycling for potential cyclists
- To encourage cycling as a desirable alternative to motor vehicle travel.
- To continue to develop a local bicycle network cognisant of established networks (Bike Direct ; linkages to adjoining Council areas).
- To support community education initiatives

The Plan includes a five year plan for the planning, provision and promotion of the cycling network within the City.

Walking is the most popular physical and recreational activity undertaken in the Council area. Walking can be supported through maintaining good pedestrian pathways, neighbourhood routes that link to open spaces, walkable access to local services, community walking programs (including walk to school projects), and green corridors that promote safe walking. Walking is a particularly good option for older members of the community to stay active and healthy in their local neighbourhoods. 'Walkability' planning also includes the increasing use of 'gophers', wheelchairs, scooters, and other forms of non-motorised travel.

Council can consider becoming a signatory to the International Charter for Walking, to promote and prioritise walking and its multiple benefits.



Traffic and transport planning

A feature of the Port Adelaide Enfield area is the significant presence of industry and associated transport and logistics infrastructure. The transport network within the City of Port Adelaide Enfield is comprised of a comprehensive network of arterial and main roads connecting Port Adelaide with the Adelaide CBD, and inter-regional northern and southern areas. The City of Port Adelaide Enfield is bounded and crossed by several main roads, which are under the care and control of the SA Department of Planning, Transport and Infrastructure (DPTI). The Stage 1 Research Report (available on Council's website) contains maps of the main rail and road infrastructure, and includes data regarding daily volumes of traffic and heavy vehicles on major roads.

The public transport system consists of bus and train services to and from the Adelaide CBD. Bus services run along most main roads, and there are also two passenger rail lines from Adelaide to Port Adelaide/Outer Harbour, and Adelaide to Gawler.

The Council area also has major freight road and rail networks, the use of which has increased significantly in recent years - and is projected to increase further in the next decade in order to link the mining activities in the northern region of the State with the export facilities at Outer Harbour. The State's Infrastructure Discussion Paper (2010) estimated a 500% increase in freight rail movements along the Lefevre Peninsula in the next decade. This places increasing pressure on the living conditions of residents living adjacent to these freight corridors, including potential noise impacts in some areas.

Major commercial and industrial development is occurring in Gillman, Wingfield, and on the Lefevre Peninsula, with an accompanying increase in commercial and heavy vehicle traffic. Upgrades to major northern and southern rail and road connectors will continue in order to link the commodities and logistics systems in northern regional areas of the State to the port of Adelaide at Outer Harbor. Council has advocated for the State Government to invest in alternative port infrastructure in regional South Australia to service the mining industry in particular, in order to mitigate the increasing transport burden on the Lefevre Peninsula.

The State Government's policy to shift from roads to a greater use of the rail system to transport freight is positive, as it potentially removes heavy vehicles from the main roads - however given the increased total volume of freight being transported to and from Outer Harbour, there has been a significant increase in road vehicle volumes as well. The Lefevre Peninsula Master Plan developed in 2009 by Defence SA (now Renewal SA) attempted to provide a structure to support the overall economic, social and environmental activities of the area by appropriate planning and mitigation strategies. Since then however, there has been significantly increased transport activities in the area following the Northern and Southern Connector projects now underway, and increased commercial development in the area.

New residential development and re-development in Port Adelaide Enfield also continues to be significant, and places further pressure on our transport network. New residential subdivisions over the last decade include Windsor Gardens, Gilles Plains, Northgate, Walkley Heights, Westwood (Mansfield Park, Ferryden Park), Osborne, and the Port Waterfront.

The new residential suburb of Bayriver on the Lefevre Peninsula has recently been developed by the State government, alongside a major 24 hour freight rail line.

The State Government's Integrated Transport and Land Use Plan 2013 reinforces the importance of protecting the State's strategic freight rail and road routes, but doesn't strategise as to how this will work alongside the parallel increase in residential development - on the Lefevre Peninsula in particular. Other middle-ring suburbs and areas which are experiencing increased noise and air quality impacts due to the increased use of main road corridors as the population grows, include Gilles Plains and surrounding suburbs along North East Road, and the suburbs adjacent to Churchill and South Roads. This increasing pressure is an issue requiring ongoing assessment and planning by DPTI and Council.

The SA Integrated Transport and Land Use Plan 2013 notes :-

" ... Initiatives to increase infill and urban renewal of key sites along transit corridors will contribute to a significant shift in the pattern of suburban growth. Major centres within this region - Port Adelaide, West Lakes, Modbury and Marion - have been earmarked for concentrated development of residential, business and service activities to capitalise on existing infrastructure investment at these locations. Other sites along transit corridors traversing the region will be developed to encourage greater public transport use and stimulate medium density, mixed use development to support a more compact Greater Adelaide.

A revitalised Port Adelaide and redeveloped West Lakes and Woodville West will generate a significant population increase in the north-west. A new tram service will service these areas along with Outer Harbor, Grange and Semaphore and provide efficient access to jobs and services in the inner city and along the route (including the Queen Elizabeth Hospital) stimulating further development opportunities at these sites. "

A proposal to adapt the existing passenger rail line along Port Road to become a light rail (tram) system between the Adelaide CBD and Port Adelaide, with potential extension to Semaphore Road, was developed initially by Council and supported by the State government – this proposal has been re-committed to by the State Government as part of the Transport Plan (2013), but scheduling of the work is still under discussion. As a matter of priority, additional public transport needs to be provided in conjunction with the development in key population growth areas, to ensure the community (and their neighbourhoods) are not constrained by increasing reliance on car use.

Ensuring an adequate and well-distributed public transport network is a particularly important resource in areas of low socio-economic status, so as to ensure equitable access to services, employment opportunities, and social connectedness.

Local Area Traffic Management (LATM) Schemes

LATMs are a process whereby a traffic plan is developed in conjunction with a local resident committee over 6-12 months. LATMs are a valuable way of enabling community involvement in preparing a plan that also meets appropriate technical criteria, and conforms to the relevant standards and traffic rules. LATMs are often undertaken where an issue is identified that requires a consultative and strategic approach to developing optimal road 'treatments' for a neighbourhood or site e.g. a school or a new major development.

LATMs are sometimes used post facto to alleviate a local problem created or exacerbated by a major development or infrastructure program, where appropriate traffic management of the surrounding area is not adequately considered as part of the development process.

While development provides economic benefits to the Council area, the sustainable management of the future operations and impacts on surrounding residents is not always well addressed within the current planning system. This conundrum exists in many areas throughout the Council where older residential areas are nearby to intensifying industrial and commercial development – and is an ongoing challenge.

It is common that communities in areas of low socio-economic status are less likely to be fully acknowledged and 'heard' in the development of impacting new facilities or transport corridor changes. The cumulative impacts (including health impacts) are also not able to be fully considered in the development assessment process – this has been an ongoing point of advocacy within the Council area for many years with regard to air and noise impacts in increasingly intensely developed areas.

There is an opportunity to integrate and strategically connect the wide range of Council's transport and movement related plans and projects under a single Council Transport, Mobility and Access Plan that includes and integrates public transport planning and advocacy, pedestrian access and walkability, community transport, corridor and greenway planning, cycling, Disability Access planning, Local Area Traffic Management Plans, and related Asset Management planning. (Section 8 below).

The Plan will be prepared in the context of future growth and development in the Council area, as outlined in the SA 30 Year Plan for Greater Adelaide, and the SA Housing Employment and Lands Supply Program 2010.



Transport and air quality

Emissions from motor vehicles are the largest single source of air pollution in the City (National Pollution Inventory). Despite the State Government's recent investment in public transport, the motor vehicle is likely to remain the dominating choice for commuter transport in the foreseeable future. The projected increased volumes of heavy transport and freight vehicles on the area's roads will also result in further increased transport-related air emissions along the current and proposed freight transport routes.

Air pollution from road traffic consists of a range of health-affecting contaminants including fine particle matter, carbon monoxide, sulphur dioxide, nitrogen oxides, ozone, lead, and benzene. Emissions from motor vehicles are associated with many mild health effects such as headaches, and irritation of the eyes, nose, and throat - but can also contribute to asthma and other more severe respiratory illnesses. Premature mortality from respiratory and cardiovascular related illnesses is also indicated by the research literature, in populations living adjacent to major transport routes.

Of particular concern from a health perspective is air pollution from diesel (heavy vehicles), which includes fine particle pollution (PM 2.5), and benzene and toluene which are known carcinogens. Diesel trucks contribute to the vast majority of fine particle pollution which, due to its size is capable of being inhaled deep within the lungs. When compared to a car, a diesel truck produces 50-100 times more fine and ultra-fine particles per km travelled. A new standard for the regulation and monitoring of fine particle pollution is in the process of being introduced in South Australia by the EPA (2014/15), based on a new National Environment Protection Measure.

The location of childcare centres and schools in particular requires consideration. Where these facilities are located on major freight routes, they are potentially exposed to significant transport emissions on a daily basis.

SA Rail Noise assessment guidelines have been put in place by the EPA in 2012/13 – this is valuable to ensure a set of consistent standards can be applied to new developments along rail corridors, or in relation to proposed expansion of rail networks. The increased volume or intensity of use of existing lines however is not considered 'development' under the relevant legislation, so a significantly increased impact can occur without triggering an impact assessment or mitigation response to accompany that change.

The increased road traffic also has an impact on people's mobility and access to services or social networks across very high volume major roads.

Ensuring adequate separation and buffering of incompatible land uses, and the reduction of pollutants from industrial and commercial sites, motor vehicles, and domestic activities, is integral to improving local air quality, minimising air pollution and providing a sustainable healthy environment for Port Adelaide Enfield residents and the business workforce.

(See Council's State of Environment Report 2012 for further information regarding air quality and other environmental issues in the Council area)

Other environmental issues with links to health risk

The built urban and natural environment provides the setting in which we live our lives, and is an influencing factor on our health, our participation in physical activity and community life, our sense of community, and our general wellbeing.

Some features of the urban environment may also have a direct link to health – e.g. the Premature Mortality data (see Table at page 41) indicates that the Council area has a higher rate of premature mortality from respiratory illness, which may be attributable in part to the greater intensity of heavy transport and industrial land uses in the Lefevre Peninsula area. The higher rate may also be the result of a combination of environmental and other health and behavioural factors that can directly influence respiratory and circulatory health, including smoking, occupational exposure, and lack of exercise. The link between environmental air quality and respiratory health (including asthma) has been noted in the results of the North West Adelaide Health studies, and is widely acknowledged in the national research literature.⁸ It is important that further research is undertaken to investigate the multiple risks that are influencing the data, and identify potential actions to improve the health outcomes in this area.

A discussion of the health risks relevant to the local built environment are outlined below. There are two often competing sides to this coin – the presence of economic development in the form of industrial activity and related transport provides a very positive economic and employment base for the community - however, these environmental factors can also influence the population's health in some cases, and create challenges for health management and community wellbeing.



Land Use Interface

The City of Port Adelaide Enfield area has a diverse mix of land uses. There are significant areas of residential, commercial and industrial development throughout the Council area.

7,000 of South Australia's businesses are located in the City, including 5,200 industrial and commercial enterprises. Around 30% of Adelaide's industrial land is located within the City with the activity producing approximately 20% of Adelaide's overall industrial output. Much of the State's industrial and logistics sector are accommodated in the Council area.

There are approximately 215 Environment Protection Authority (EPA) licensed activities in the City of Port Adelaide Enfield, which are licensed due to their generation, storage or transport of listed wastes under the Environment Protection Act 1993.

The development of the industrial sector within the Council area is considered important for local employment opportunities and South Australia's economic prosperity – but as highlighted in Council's State of the Environment Report (2012), increasing or intensifying industrial development poses potential health risks in areas close to more 'sensitive' land uses (e.g. residential). Emergency and hazard management risks, generation of waste, and pollutant emissions, need to be effectively managed to prevent impacts to the community.

The nearness of housing to general industry and high volume freight corridors in some parts of the Council is best reflected in the data - the Council area has 6,646 residential allotments within 300 metres of an Industry Zone and 1,437 allotments within 100 metres of an Industry Zone. There are 577 residential allotments within 180m of the Outer Harbor and Islington Freight Rail Lines.

Pro-active and longer term focused strategic land use planning by the State Government and Council, and optimal industry performance is needed to manage potential impacts to community health and safety, from:-

- Ongoing expansion of industrial development in the City and likely increase in cumulative pollutant emissions
- Ongoing location of new Hazardous Facilities on the Lefevre Peninsula
- The proposed creation of a major logistics and fuel / energy storage precinct at Gillman
- Increases in heavy vehicle traffic and freight rail volumes
- Increased general traffic volumes along main arterial roads in the City

Strategic and co-ordinated actions by lead agencies including the Department for Planning, Transport, and Infrastructure, are needed to support improved strategic land use planning - with a focus on mitigating the longer term local impacts of the increasing development of industrial precincts and accompanying logistics infrastructure in the Council area. Council has highlighted these issues in its Strategic Directions Report 2013 to the State Government (required by the Development Act 1993).

The SA Environment Protection Authority has initiated a project to develop a comprehensive South Australian Air Quality Plan to provide management programs for air quality over the next two decades. The first stage of this program has been to establish a pilot project, initially focusing on Lefevre Peninsula. Council will partner with the EPA on the project from 2015.



Groundwater quality

Pollution from a range of sources can affect groundwater quality – sources can include effluent from poorly managed septic tanks, soil contamination infiltrating into the watertable, or wastes being pumped directly into bores or aquifers.

Where groundwater is contaminated, it may in some circumstances cause health effects if the water is used for drinking or other domestic uses, or via the release of vapour to the air. The sound management of groundwater by both government, and the residential and business communities, is an important element in public health protection.

Historically, the Port Adelaide Enfield community has had a very high use of bore water for garden maintenance or other domestic uses. There are currently 495 drill holes in operation in the Council area, which have a range of purposes including investigation, monitoring, exploration and recharge. 390 holes are registered domestic bores or wells extracting groundwater for domestic purposes such as garden irrigation. This does not include bores or wells installed prior to 1960 or unregistered bores - the total domestic number of bores is therefore likely to be significantly greater than 495 (Department for Water 2010).

The extraction of groundwater is regulated under the Natural Resources Management Act 2004. When areas are 'prescribed', the access to water can only be via water allocation licences. This regime aims to improve the management of groundwater resources, however some property owners may continue to dig bores and extract water without the required assessments and sound operation and maintenance regime in place, and can risk their own health, or others'.

Currently, groundwater in the Wingfield and Dry Creek area is prescribed within the Northern Adelaide Plains Prescribed Wells Area. The remainder of the Council area is within the Central Adelaide Plains Area, and is under a notice of intent from the State Government to declare the prescription of water resources. The NRM Boards manage the process, and have released a Water Allocation Plan Concept Statement for the Central Adelaide Plains Area (2013).

Council operates several aquifer storage and recharge (ASR) projects, which inject treated stormwater into the aquifer at various sites in the Council area. Stringent water quality testing is required prior to the stormwater being injected into the aquifer – and all projects are regulated under an EPA licencing regime. Council is very diligent in ensuring water is treated to the required high standards prior to discharge to the groundwater system.

Acid sulphate soils

In many coastal areas around the world where the pre-development land included low lying marsh or mangrove areas, the underlying organic material can, over many thousands of years, become highly sulphidic in nature. Exposure to the air via groundworks or excavations can produce conditions that result in acidic runoff which can be dangerous to health. Council has in place via the Development Plan and its own procedures, the means to ensure the identification of Potential Acid Sulphate Soils (PASS), and the appropriate management of underground works to ensure the health and safety of the public and the workforce is protected. (See Council's State of Environment Report 2012 for further information, and ASS maps). The SA Coast Protection Board has published guidelines for the management of development or other works in PASS affected areas.

Surface water quality

The availability of safe drinking water is a cornerstone of public health for any population. The SA Water Industry Act 2012 has allowed for the greater participation by commercial entities in the supply of water to residents and businesses, beyond the previous monopoly role of SA Water. A range of regulation and oversight is in place in the new market environment to ensure ongoing management of safe standards for the use of water, recycled water, and wastewater - for drinking or for other purposes such as irrigation of public areas - based on SA Dept Health and EPA requirements.

An additional new piece of legislation (the Safe Drinking Water Act 2011) was enacted to control the provision or sale of safe drinking water by any entity, with links to the Food Act 2001. Councils are required under the new Act to report to the State Government annually regarding any supplier of drinking water in the area other than SA Water.

The safety of water supply can be affected by a range of environmental issues including algal blooms, contamination from air pollutants, or cross-contamination with sewerage or wastewater infrastructure leakages.



Adelaide has a high use of rainwater tanks for both drinking and garden use. Council's EHOs provide information to the community regarding the safe use and maintenance of rainwater tanks, and also regarding the regulated use of 'greywater' systems – that is, the re-use of laundry or kitchen water for garden use or toilet flushing.

Some newer land divisions in the Council area are now supplied via reticulation with recycled stormwater for non-potable use – e.g. Lightsview. This supports Adelaide's water conservation aims, but needs to fully comply with the required safety standards to ensure appropriate quality and use of the water.

Soil quality

Port Adelaide Enfield Council is a highly urbanised area with much of the land form having been significantly altered and engineered during the past 150 years of development. The history of the City as an area specifically developed for heavy and hazardous industrial and commercial activities has left a legacy of soil and groundwater contamination in parts of the City. The historically industrial areas of Gepps Cross, Kilburn, Wingfield, Port Adelaide, Birkenhead, Taperoo, Outer Harbor and others have been home to many polluting industries in the past, such as tanneries, foundries, gas works, oil refineries and abattoirs.

Given the long history of industrial and urban development in the area, it will be an ongoing challenge into the future to ensure that the quality of the soil is not posing a threat to valuable groundwater resources, waterways, ecosystems, or human health.

Soil contamination in an urban area is usually associated with past land uses involving the on-site disposal or burial of general waste chemicals, building materials, or fuels. It can also occur via accidental spillage, leakage, inadequately managed storage or transportation of materials, atmospheric fallout, the spreading of sewage sludge, the use of contaminated materials for filling and raising of land, use of pesticides, or movement of contamination to a site from a neighbouring site, usually through the movement of surface or groundwater.

The activities or land uses that are deemed by the EPA and DPTI as having the potential to cause land or groundwater contamination if not adequately managed, include dry cleaning premises, power stations, galvanisers, chemical manufacturers, railway yards, service stations, landfill sites, farming, smelting and refining, and foundries.

The remediation (clean-up) of legacy soil contamination has occurred at many sites around the City of Port Adelaide Enfield, and will continue to be an important focus for many years to come. Significant legislation and regulatory controls are now in place to ensure sites are identified and remediated where required, to ensure new development is safe for its intended future use.

Un-sewered areas

The current lack of mains sewerage and associated 'Trade Waste' disposal options (via SA Water) in a large section of the City's most industrialised precincts at Wingfield, Gillman and sections of Port Adelaide, poses a risk of further soil and groundwater contamination. The Map below shows the main area where mains sewerage systems are not currently available to businesses or households. Without the option of disposing of types of regulated wastes to the sewer, industries must maintain solid or liquid waste lagoons or tanks on site, and organise intermittent removal of the waste via road transport liquid waste trucks – a management regime that presents higher risk and on-site management requirements than direct regulated disposal to the sewer system.

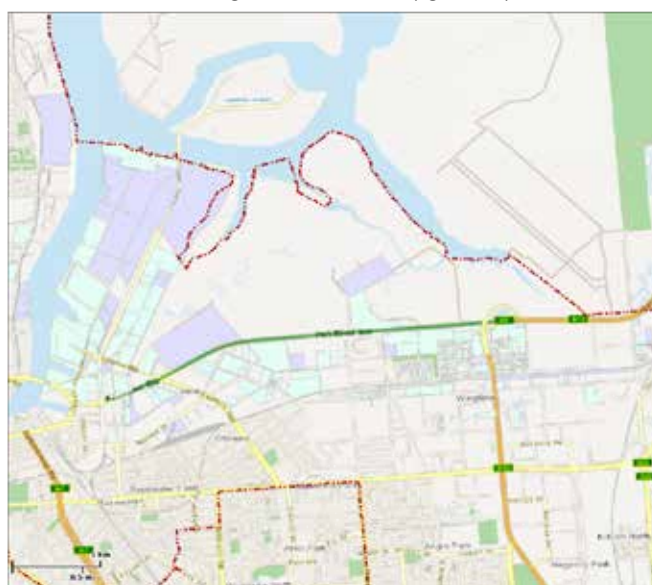
The extent of old septic tanks in the City generally (many installed without Council approval) and poor maintenance of these systems is creating a significant risk of leakage and contamination of surrounding soil, ground water and water bodies.

In 2002/03 the Torrens Catchment Water Management Board commissioned a septic tank and waste systems survey in Wingfield and Gillman. The survey found that the largely unplanned and uncoordinated waste management of these un-sewered areas was in need of an overhaul. A key issue was that most industrial businesses had an on-site waste control system, but few of the systems were well maintained.

The study recommended further investigation to determine if the mostly out-dated and poorly maintained systems are contaminating groundwater or polluting the Port River:

It is important to the sustainable development of these commercial precincts that the State Government schedule the provision of mains sewer and sustainable trade waste disposal options into these areas as soon as possible, to mitigate and reduce the environmental health risk.

Un-sewered areas Wingfield and Gillman (light blue)



Hazardous materials

The new Public Health Act 2011 requires a greater focus on the risk assessment and management of hazardous materials in the public realm, including asbestos. The management of hazardous materials is primarily the role of the State Government via SafeWork SA, who administer the relevant legislation and implement the permit and licencing requirements for safe storage and transport of dangerous or hazardous materials in the commercial or industrial environment.⁹ There are some hazardous materials however which can be present in a domestic setting, and these are becoming increasingly problematic to control and manage in terms of their safe management and disposal. Councils and the EPA provide regular hazardous waste disposal days, where householders can dispose of materials which should not be included in standard domestic waste collection, and which may pose a health risk. This includes a wide range of toxic products including pesticides, paints or turpentine, motor oils or coolants, and strong cleaning agents.

There is also an increasing amount of asbestos-containing materials being generated locally as older homes or institutional buildings are demolished to build new housing, or when homes are renovated. The management of asbestos is regulated by State laws and guidelines, and in many cases the removal and disposal should be undertaken only by accredited professionals.

A concern for Council is the increasing amount of asbestos and other hazardous waste that is being illegally disposed of on public land (reserves or roadways) by individuals or construction companies – creating both a real public health risk, and a significant waste management challenge and cost burden to Council.



Climate Change

The SA Public Health Plan includes “Preparing for Climate Change” as one of the four key priorities and themes for public health planning under the new legislation.

During 2014/15 Port Adelaide Enfield Council, in conjunction with our partner Western Adelaide Region Councils of Charles Sturt and West Torrens and supporting funding agencies at Commonwealth and State level, are preparing the Western Adelaide Region Climate Change Adaptation Plan (WARCCAP). The initial stage of that project was to establish climate projections for the region, and assess the predicted social, health, economic, infrastructure, and environmental impacts in the future – with view to ensuring sound adaptation measures are in place to cope with the likely risks. (The Research Report can be viewed on Council’s website)

Projections

The WARCCAP Research Report (SKM/URPS 2013) developed projections for the western Adelaide metropolitan area’s climate, using a range of scenarios that reflected expected climate change conditions to 2030, 2050 and 2070. The key findings were :-

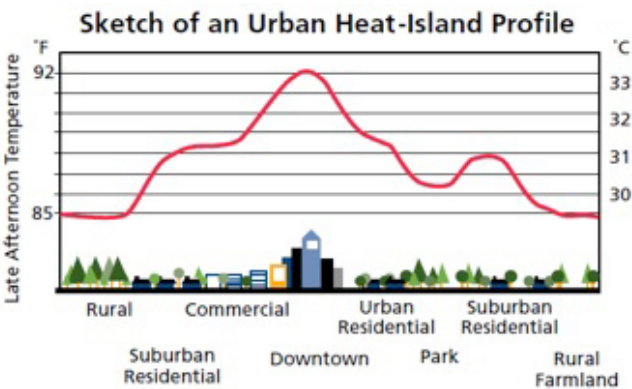
- The Study Area is projected to become warmer and drier over time. Drying of the climate is projected to be accompanied by a slight change in the seasonality of rainfall.
- Temperatures in the Study Area are projected to increase by between about 1.5° and 4°C by 2070, with smaller changes projected for 2030 and 2050.
- Heatwaves are projected to worsen, particularly by 2070. Their frequency, duration and intensity are all projected to increase.
- Rainfall is projected to decline by 2-5% in 2030 and by as much as 20-40% by 2070 across the Adelaide region. Extreme rainfall events are projected to become more intense during spring and summer.
- Projected changes in wind speed and relative humidity are generally small. Annual average wind speeds is not projected to be affected by climate change to 2070. Over the longer term, humidity is projected to decrease during winter and summer 2.5% and 3.5% respectively.

The urban heat island (UHI) effect can exacerbate the intensity of heatwave weather conditions and their impacts on vulnerable members of the community. The UHI effect can be reduced by ensuring green streetscapes and significant areas of open space. Council’s recent experience shows that this is becoming more difficult to achieve in higher density land divisions, without specific State-wide development provisions available to require an approach that mitigates heat affects.

Heatwaves (see also section on Emergency Management)

Heatwaves have the capacity to affect physical infrastructure and the services they provide, as well as the health and well-being of community members. The level of impact depends on how often they occur; their duration and intensity (i.e. how hot it gets), as well as the exposure and sensitivity of people and infrastructure to such conditions.

There is no definitive measure of a heatwave, but it is typically described as a prolonged period of “excessive heat”, relative to the normal conditions experienced in a particular region. The SA Bureau of Meteorology is currently reviewing the ‘heatwave’ definition for applicability in Australia. In South Australia, the trigger point for Extreme Heat Plans (to manage risks to vulnerable members of the community) is three or more consecutive days where the average of daily maximum and minimum temperatures is greater than 32°C.



Source: <http://eetd.lbl.gov/HeatIsland/HighTemps/>

Other health effects

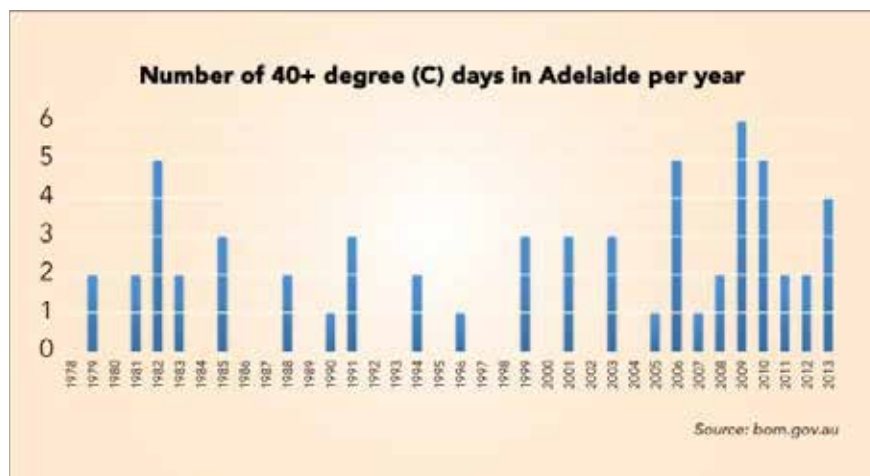
The impacts of predicted climate change are anticipated to include increases in extreme weather events including storm surges, increases in temperature, decreases in rainfall, and increases in sea-level in the longer term. (SKM/URPS 2013)

These effects can lead to further potential risks to the community, including-

- Increased deaths and injury resulting from heatwaves, fires and droughts
- Increased risk of water-borne infectious diseases from poor water quality
- Increased risk of vector-borne diseases caused by altered spatial distribution of some vectors
- Increased risk of asthma and respiratory illnesses due to reduced air quality
- Increase in food-borne infectious diseases, through exposure to higher temperatures
- Increases in asthma and allergic diseases from increased production of aero-allergens (spores, pollens) in some areas.
- Populations exposed to extreme weather events or disasters experience social, physical and material conditions that adversely affect mental health.

In regard to the Port Adelaide Enfield area, there is likely to be an increase in the volume of people requiring medical and support services, as well as a change in the patient demography and types of health issues. There are already a higher proportion of people in Western Adelaide living with chronic diseases and psychological distress, which may be further exacerbated by conditions associated with climate change.

The region also has a socio-economic profile that includes many already ‘vulnerable’ groups who tend to be less financially resourced and socially able to cope with emergencies or extreme conditions.



Source: bom.gov.au

The recent trend in heatwave incidents (to 2013) demonstrates the increased risk. It should be noted that in early 2014 Adelaide experienced 13 days of 40+ degrees. (BoM 2014)

“People experiencing poverty and inequality will be affected first and worst by the impacts of climate change to infrastructure and human settlements, including those caused by increasingly frequent and intense extreme weather events and natural disasters. They have the least capacity to cope, to adapt, to move and to recover. Community service organisations (CSOs) play a critical role in supporting individuals, families and communities experiencing poverty and inequality to build resilience and respond to adverse changes in circumstances. As such, the services they provide comprise a critical component of social infrastructure in human settlements. However, very little is understood about CSOs own vulnerability to – or their role in managing and mitigating risks to their clients and the community from – climate change impacts to physical infrastructure.”

NCCARF Research Report 'Adapting the Community Sector for Climate Change Extremes' 2013

“ Heatwaves kill more Australians than any other natural disaster and that is likely to get far worse ... says the report produced by PricewaterhouseCoopers in collaboration with government and meteorology experts. The effect of extreme heat is likely to increase the death toll, particularly among elderly people, but also hit infrastructure, draining water and power supplies. Climate projections showed extreme heat events were expected to be more frequent and more intense. While 173 died in the 2009 Victorian bushfires, 374 people died as a result of extreme heat in the same week. But the issue was not only deaths.....The economic and social costs of extreme heat events are significant and potentially avoidable”

Sydney Morning Herald 11 Nov 2011

Research was recently conducted by the University of Adelaide (in conjunction with Monash University, University of Sydney and the SA Department of Health) to investigate the effects of very hot weather on the wellbeing of migrants and refugees. The study was funded by the National Climate Change Adaptation Research Facility and the final report is available at <http://www.nccarf.edu.au/publications/extreme-heat-adaptation-cald>. Identified in the study was the need for better access for people of culturally and linguistically diverse backgrounds, to information regarding keeping safe during periods of extreme heat.

Emergency management

Emergency management is a core element of public health planning. The governance and focus of emergency management has changed significantly in recent years – and all agencies' roles (including Councils') have accordingly evolved from being structured to simply respond to incidents, toward a 'prevention, preparedness, response and recovery' approach. This is reflected in the Council's City Plan Objective 6 - "A state of preparedness for environmental disasters in collaboration with the community and key stakeholders".

The Local Government Act 1999 also designates that core functions of Councils include :-

- to take measures to protect its area from natural and other hazards and to mitigate the effects of such hazards, and
- to provide infrastructure for its community and for development within its area (including infrastructure that helps to protect any part of the local or broader community from any hazard or other event, or that assists in the management of any area)

The Emergency Management Act 2004 notes :-

“ emergency” means an event (whether occurring in the State, outside the State or in and outside the State) that causes, or threatens to cause—

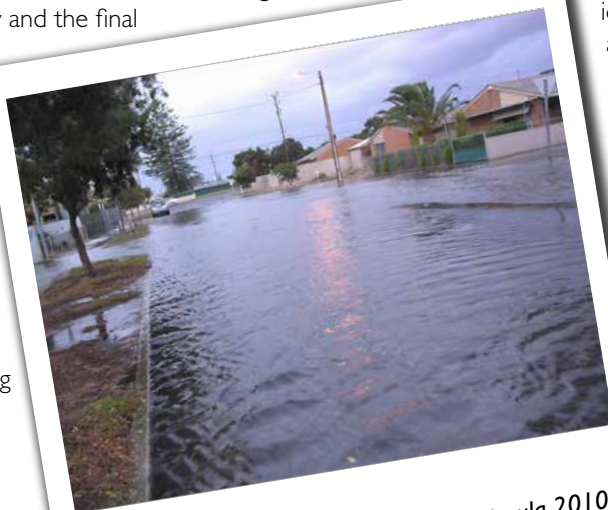
- (a) the death of, or injury or other damage to the health of, any person; or
- (b) the destruction of, or damage to, any property; or
- (c) a disruption to essential services or to services usually enjoyed by the community; or
- (d) harm to the environment, or to flora or fauna;

Note — This is not limited to naturally occurring events (such as earthquakes, floods or storms) but would, for example, include fires, explosions, accidents, epidemics, pandemics, emissions of poisons, radiation or other hazardous agents, hijacks, sieges, riots, acts of terrorism and hostilities directed by an enemy against Australia. ”

An amendment to the Act was made in order to link it to the new Public Health Act 2011 :-

S.24a “ Public health incidents and emergencies

An emergency may be declared to be an identified major incident, a major emergency or a disaster whether or not the emergency has previously been declared to be a public health incident or a public health emergency under the South Australian Public Health Act 2011 ”



Port River flooding Lefevre Peninsula 2010

State Emergency Management Plan

(last revised June 2013)

The State is divided into Emergency Management Zones, overseen by a Zone Emergency Management Committee (ZEMC), which includes Council membership. Port Adelaide Enfield Council sits within two Zones – Western Adelaide and Northern Adelaide. Zone-specific Emergency Management Plans are currently being finalised for each Zone (2015), following a comprehensive program of risk assessment, which Council has directly participated in via staff involvement from a range of professional backgrounds. Council will prepare a new Emergency Management Plan in 2015/16 to consider and incorporate the outcomes of the new Zone Plans.

Responsibilities of the ZEMCs include –

- building emergency management knowledge and capability across the Zone;
- using an 'all hazards' approach and methodology to ensure that emergency risks to a Zone are identified, analysed and evaluated, community vulnerabilities are considered, treatment options are identified, and residual risk is managed through a Zone Emergency Management Plan (ZEMP);
- ensure when developing the ZEMP that relevant plans are considered e.g. the State Emergency Management Plan, Hazard Plans, Functional Service Plans, ZEMPs of adjacent Zones and any Zone hazard or special plans (e.g. Council EM Plans, Bushfire Management Area Plans, Climate Change Integrated Vulnerability Assessments (IVA), Natural Resources Management Plans and Development Plan Amendments);
- regularly monitor, review and improve processes across all elements of the Zone emergency risk management process.

Councils are designated in the State Emergency Management Plan to play an active role in a range of emergency management functions – including -

- planning as part of the ZEMCs evacuations
- traffic management in evacuations or response activities
- provision of functional transport when required
- provision of environmental health services and response actions
- assisting with management and recovery in the case of major urban fires and release of hazardous materials
- protection and restoration of essential infrastructure such as roads and bridges
- co-ordination in the management and removal of waste materials in the recovery phase

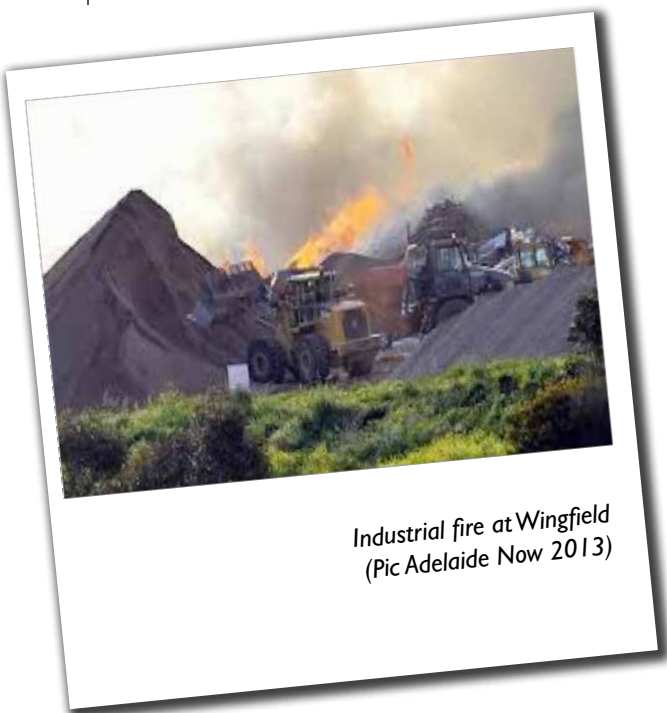
Councils are not directly required to establish Emergency Relief Centres or Recovery Centres – this is primarily the role of community agencies such as the Red Cross, Housing SA and Centrelink. Councils however would liaise with these agencies to identify potential accommodation centres or 'refuges' in their local areas. Councils also play a voluntary role in assisting communications and networking in emergency situations, such as assisting the Red Cross with contacting known vulnerable groups in a heatwave.

A focus of the State Emergency Management Plan is the identification and protection of the State's 'critical infrastructure' – this is of particular relevance to Port Adelaide Enfield Council given the presence of several power generation stations and distribution networks, interstate gas supply infrastructure, the State's export and commercial port facilities, road and rail freight infrastructure, the bulk of the State's petroleum fuel supply points and storage facilities, and the Techport defence precinct.

Four key priorities have been established for the two Zones. The priority hazards are -

1. Extreme weather events, including heatwaves
2. Flooding from seawater or stormwater (including sea level rise)
3. Urban fires and hazardous spills in the Western Zone ; Bushfire in the Northern Zone
4. Earthquake

Council also has a Business Continuity Plan, which focuses specifically on how Council would manage its own operations and service delivery ... "in the event of a loss of business functionality" - including loss of communications systems, or unavailability of staff due to a pandemic. The Business Continuity Plan does not relate to emergency planning for the broader community, but is important in ensuring that Council can maintain its core functions – including in the circumstances of a broader emergency situation. This includes the management of emergencies in relation to potential disease outbreaks or epidemics.



Industrial fire at Wingfield
(Pic Adelaide Now 2013)

Physical activity and healthy eating

The health profile of the Port Adelaide Enfield community reflects the increasing chronic disease risk that results from a general lack of physical activity in our modern urban lives – which, when added to the risks of an unbalanced diet, results in high rates of disorders including obesity, diabetes, and heart disease. It is often noted that our society is 'overfed but undernourished'. Poor nutrition can also be a contributing factor in health problems such as asthma, some types of cancer, and depressive illnesses.

A focus in the future is to build on Council's healthy living-related projects, and design an integrated program (the Healthy Living Program at Section 8) to succeed and build on the successful OPAL model, which has engaged the community and Council in a wide range of valuable projects in the last two years. The program to date has tailored activities based on the needs, issues and strengths in the target local community, and also based on the community's readiness and capacity. The aims are to make healthy choices easy through improved neighbourhood design, and via supporting families to increase their capacity to make healthy choices through information, improved health literacy, and social engagement programs. The basic goals are to increase the consumption of nutritious food in the home ; increase the accessibility of nutritious food outside of the home ; produce and distribute nutritious food locally ; increase active recreation and travel for all ages; and promote the active use of Council's public parks and places.

Food, culture, and community connectedness

As well as addressing the diet itself, it is important to note that the growing, marketing, cooking, eating, and sharing of food is also a very important element of building family and social wellbeing. The emergence of growers' markets, food festivals, community gardens, school kitchen gardens, cooking classes for men, and the wide range of food cultures now accessible and commercially thriving in the Council area, demonstrates the value that is inherent in the social and community context of food.

This interest is also reflected in the emergence of food sharing programs such as OzHarvest, Foodbank and other valuable projects which ensure produce is not wasted, but is used to provide meals for those in needy circumstances.

The volunteer-run Meals on Wheels services across the Council also play an extremely valuable role in providing meals to vulnerable households, while also providing social contact and monitoring of often isolated individuals.



Alcohol

While smoking rates are reducing, the consumption of alcohol at dangerous levels is still a considerable issue. The consumption of alcohol beyond safe levels can not only increase medical problems for the individual - including heart disease, kidney disease, and obesity – but can also have significant social and community impacts by increasing the risk of violence or abuse (domestic or public), and the risk of injury or death from motor vehicle, occupational, and other accidents. Compared to the metropolitan average, the Council area has a significantly higher incidence of reported child abuse and neglect – which may often be exacerbated by alcohol and drug abuse (See Table page 42). The health and wellbeing of young children should be of tantamount importance to all levels of government and the wider community – and will be a key indicator of the success or failure of society-wide efforts to improve community wellbeing generally.



7.0 The state of the community's Health and Wellbeing

The current burden of disease, health status, and trends

A wide range of information and data regarding public health is collected and analysed by agencies including the Public Health Information and Development Unit (PHIDU) - the State Government's health research and analysis arm.

For each Council area, the information is broken down into the five Census 'Statistical Local Areas' (SLAs) of Council (see Map at page 25), and also shows the SLA data in comparison with the Metropolitan Adelaide area.

The below Table shows the key measures of health status in the Port Adelaide Enfield Council area.

Chronic disease and risk factors Source: PHIDU, 2013

Indicators	Port Adelaide Enfield					Total	Metro Adelaide
	Coast	East	Inner	Park	Port		
National Health Survey (modelled estimates) - Chronic conditions, Rate per 100, 2007-08							
Type 2 diabetes	3.7	3.8	4.0	4.3	4.1	3.9	3.5
High cholesterol	7.5	7.8	8.0	8.2	7.8	7.8	7.4
Males with mental & behavioural problems	11.5	11.5	12.0	12.3	12.7	11.8	10.7
- Males with mood (affective) problems	6.8	7.1	7.7	8.1	7.8	7.3	6.3
Females with mental & behavioural problems	12.9	12.5	13.5	13.7	13.8	13.1	12.1
- Females with mood (affective) problems	10.1	9.8	10.7	11.0	10.8	10.3	8.8
Circulatory system diseases	19.4	19.5	19.7	20.2	19.5	19.6	18.5
Hypertensive disease	11.3	11.2	12.1	11.6	11.3	11.5	10.9
Respiratory system diseases	31.7	31.2	31.0	30.2	31.2	31.1	30.3
- Asthma	10.2	9.6	9.3	8.8	9.9	9.6	9.6
- Chronic obstructive pulmonary disease	2.6	2.5	2.6	2.6	2.8	2.6	2.4
Musculoskeletal system diseases	33.5	33.3	33.7	33.5	33.5	33.5	32.6
- Arthritis	15.5	16.8	17.2	17.5	17.2	16.7	15.2
- Rheumatoid arthritis	2.3	2.3	2.5	2.7	2.6	2.4	1.9
- Osteoarthritis	9.0	9.0	9.3	9.4	9.1	9.1	8.7
- Females with osteoporosis	5.2	5.3	4.4	4.6	4.1	4.9	4.8
National Health Survey (modelled estimates) - General wellbeing, Rate per 100, 2007-08							
Fair or poor self-assessed health, 15+ yrs	17.2	18.3	19.7	22.1	20.6	19.0	15.3
Current long-term condition & reporting very good or excellent health, 15+ yrs	67.9	66.0	63.1	59.8	62.4	64.7	69.2
High or very high psychological distress levels (K-10), 18+ yrs	13.1	13.9	15.3	17.2	15.7	14.6	12.3
National Health Survey (modelled estimates) cont. - Health Risk factors, Rate per 100, 2007-08							
Male current smokers, 18 yrs & over	24.4	24.5	25.9	27.1	27.2	25.4	21.9
Female current smokers, 18 yrs & over	18.0	17.5	18.3	18.3	19.7	18.1	16.0
Current smokers, persons, 18 yrs & over	21.0	21.0	22.2	22.7	23.5	21.7	18.9
Alcohol consumption at levels considered to be a high risk to health, persons aged 18 yrs & over	4.9	4.4	4.1	3.3	4.7	4.3	4.4
Physical inactivity, persons aged 15 yrs & over	34.8	40.2	42.8	47.0	42.5	40.5	35.1
Overweight (not obese) males, 18 yrs & over	36.6	35.5	33.1	31.6	33.1	34.5	36.4
Obese males, 18 yrs & over	19.5	19.3	16.0	15.5	16.3	17.9	17.3
Overweight (not obese) females, 18 yrs & over	23.0	22.9	22.3	21.1	22.4	22.5	23.0
Obese females, 18 yrs & over	19.1	18.9	19.1	18.3	19.1	18.9	16.7
Overweight (not obese) persons, 18 yrs & over	29.5	29.1	27.7	26.3	27.8	28.4	29.5
Obese persons, 18 yrs & over	19.3	19.1	17.6	17.0	17.7	18.4	17.0
Normal weight range, males aged 18 yrs & over	28.4	29.4	31.0	31.2	29.3	29.7	31.4
Normal weight range, females aged 18 yrs & over	32.5	33.9	33.2	34.1	32.9	33.3	34.7
Usual daily intake of two or more serves of fruit, persons aged 5 to 17 yrs	53.3	52.3	53.4	55.1	54.2	53.4	57.8
Usual daily intake of two or more serves of fruit, persons aged 18 yrs & over	49.6	50.4	49.9	49.6	48.3	49.8	50.9
People with at least one of four of the following health risk factors - smoking, harmful use of alcohol, physical inactivity, obesity, 18 yrs & over	58.6	62.9	65.1	68.1	65.6	63.2	56.1
National Health Survey (modelled estimates) - Composite indicators, Rate per 100, 2007-08							
People who had type 2 diabetes & were overweight/obese	3.4	3.4	3.6	4.0	3.7	3.5	3.2
People who had asthma and were smokers	2.6	2.7	2.9	2.9	3.0	2.8	2.3

Key

Good outcome

	50% or more above Metropolitan Adelaide average
	30-49 above Metropolitan Adelaide average
	10-29 above Metropolitan Adelaide average
	within +/- 10% of Metropolitan Adelaide average
	10% or more below Metropolitan Adelaide average

Poor outcome

	50% or more above Metropolitan Adelaide average
	30-49 above Metropolitan Adelaide average
	10-29 above Metropolitan Adelaide average
	within +/- 10% of Metropolitan Adelaide average
	10% or more below Metropolitan Adelaide average

The below table shows levels of 'premature mortality' in the Council area – which indicates the presence of a range of risks (social and environmental) which are leading to a lower life expectancy in some areas.

Indicators	Port Adelaide Enfield						Metro Adelaide
	Coast	East	Inner	Park	Port	Total	
Median age at death, years, 2003 to 2007							
Males	77.0	77.0	78.0	76.0	73.0	77.0	78.0
Females	83.0	82.0	83.0	81.0	83.0	82.0	83.0
Persons	80.0	80.0	81.0	79.0	79.0	80.0	81.0
Premature mortality, deaths at ages 15 to 64 years, Standardised Death Ratio, 2003 to 2007							
Deaths of males	172	127	169	156	156	154	107
Deaths of females	136	133	165	149	134	141	102
Deaths of persons	158	128	169	153	149	149	105
Deaths from cancers	146	125	137	125	141	135	104
Deaths from circulatory system diseases	150	133	175	160	158	151	107
Deaths from respiratory system diseases	228	144	263	266	..	201	114
Deaths from external causes	173	115	182	149	179	154	106
Premature mortality, deaths at ages 0 to 74 years, Standardised Death Ratio, 2006 to 2010							
Deaths of males	156	124	142	149	146	142	100
Deaths of females	130	121	148	145	135	133	101
Deaths of persons	144	121	144	146	141	137	100
Deaths from cancers	137	109	136	121	144	127	102
- colorectal cancer	143	75	195	169	97	130	106
- lung cancer	141	103	141	166	174	136	100
Deaths from circulatory system diseases	138	114	128	186	120	134	98
- ischaemic heart disease	144	117	147	180	104	137	96
- cerebrovascular disease	133	86	60	207	..	111	97
Deaths from respiratory system diseases	221	126	142	166	152	163	103
- chronic obstructive pulmonary disease	157	98	89	129	..	118	84
Deaths from external causes	135	110	189	122	155	137	100
- road traffic injuries	83	48	143	167	153	103	84
- suicide and self-inflicted injuries	154	111	188	110	187	144	105



The key data identifies some significant issues for the Council area, including that the prevalence rates for cancer, circulatory and respiratory diseases are generally higher than the metropolitan average. Rates for premature mortality from respiratory diseases are very significantly higher for all SLAs - and are double the metropolitan average in the Coast SLA.

The City of Port Adelaide Enfield has a higher proportion of the community reporting health risk behaviours including smoking, excess alcohol consumption and physical inactivity. The Council area also has higher levels of obesity than the metropolitan average.

Road traffic injuries are significantly higher than the metropolitan average in the Inner, Park and Port SLAs.

The Port Adelaide Enfield community has a higher rate of mental illness and associated behavioural conditions compared to the metropolitan Adelaide average. Council acknowledges mental health as a key issue which needs to be considered in the planning and delivery of adequate community services. Council has also noted that mental health and wellbeing is a key consideration in regulating safe and suitable housing conditions.

Deaths from suicide are significantly higher than the metropolitan average in the Inner and Port SLAs. Council is partnering with State agencies and local service providers to support the SA Suicide Prevention Strategy 2012-2016 (Every life is worth living).

In 2008/09 rates of notification of child abuse and neglect or repeat cases of child abuse or neglect were significantly higher than the metropolitan average. This is a serious concern in relation to impacts on early childhood and further development, as well as purely medical outcomes such as physical injury and trauma.

Domestic and family violence is an increasing issue of concern. The significant reduction in funding in 2015 for response and support services for the victims of domestic violence (predominantly women) will place greater pressure on State and Local Government services - and most importantly, on family and community safety and wellbeing in general.

Table – Child and infant health data

Source: PHIDU, 2013

Indicators	Port Adelaide Enfield						Metro Adelaide
	Coast	East	Inner	Park	Port	Total	
Mothers and babies, Per cent, 2006 to 2008							
Low birth weight babies	6.5	8.0	8.1	7.7	7.2	7.6	6.9
Fewer than seven antenatal visits	6.5	6.1	11.1	13.5	10.4	8.8	7.4
Mothers smoking during pregnancy	19.7	12.4	15.6	16.5	20.5	16.1	14.7
Child health							
Immunisation ^P , Per cent, 2011/12	92.3	93.1	92.3	92.2	88.5	92.2	92.2
Child mortality (< five years), ASR per 100,000, 2003 to 2007	107.4	95.8	85.5	153.8	..	109.0	92.1
Child abuse or neglect, ASR per 1,000, 2008/09							
Notifications of child abuse	46.2	44.9	58.1	57.0	61.7	51.1	37.7
Repeat cases of child abuse	28.0	28.9	41.6	35.2	41.6	33.2	23.5
Substantiations of child abuse or neglect	2.4	2.2	5.5	2.7	6.2	3.3	3.3

Indigenous health

The South Australian Aboriginal Health Survey provides overall analysis of the chronic disease prevalence, risk factors, and some protective factors, that impact upon Aboriginal people. The survey involved 399 face-to-face interviews with Aboriginal participants across metropolitan, rural and remote South Australia. Whilst data cannot be broken down to Council level, the survey provides the best available overall health information for Aboriginal South Australians.

Of the survey respondents in the metropolitan area :-

- 13.4% reported diagnosed diabetes
- 5.5% reported diagnosed kidney disease
- 17.6% reported diagnosed high blood pressure
- 80.3 % had seen a GP or doctor in the past year
- 46.3% of the population were current smokers
- Respondents with a diagnosed mental health problem were statistically significantly more likely to be living in metropolitan Adelaide (at 15.5%).

The Aboriginal and Torres Strait Islander Health Performance Framework 2012 Report: South Australia provides the most authoritative and up to date statistics on Aboriginal health and wellbeing. The report finds areas of improvement in the health of Aboriginal and Torres Strait Islander people in South Australia including :-

- An 18% decline in total mortality and a 22% decline in avoidable mortality from 1991-2010
- A 27% decline in deaths due to circulatory disease, the leading cause of death for Indigenous Australians from 1997-2010
- A 62% decline in infant mortality rates from 1991-2010, and a significant narrowing of the gap between Indigenous and non-Indigenous Australians
- A lower perinatal mortality rate for Indigenous babies than non-Indigenous babies for the period 2006-2010 (4.7 compared with 6.2 per 1,000 births)
- A significant increase in adult health assessments recorded through Medicare since the introduction of the National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes in July 2009
- Immunisation coverage for Indigenous children is similar to non-Indigenous children by age 2
- An increase in the proportion of pregnant women attending antenatal care
- A 29% decline in the rate of low birthweight between 2000 and 2009
- Some improvements in literacy for Indigenous students in Year 7 and 9 between 2008 and 2011.

Continuing areas of concern include :-

- High rates of smoking during pregnancy (58%).
- Lower rates of access to antenatal care in the first trimester of pregnancy.
- Almost two-thirds (63%) of those aged 18 years and over in non-remote areas of South Australia have a disability or long-term health condition.
- Incidence of treated end-stage renal disease is currently 12 times the rate for non-Indigenous Australians
- High rates of hospitalisation and deaths due to injury (particularly assault, suicide and transport accidents)
- Barriers to accessing appropriate health care, such as cultural competency
- Lower access to procedures in hospitals
- A large unmet need for dental care for Indigenous children.

During the consultations for this Plan, men within the local Aboriginal community highlighted the need for projects and services such as 'Mens Sheds' as a means for Aboriginal men to come together to talk about, seek and give assistance, and show leadership on key health issues of concern to them - including alcohol abuse and family violence, which they have recognised as critical issues to be addressed within the Aboriginal community, with agency assistance through targeted projects.



Communicable Disease data

The SA Public Health Act 2011 includes the listing of 'notifiable disease' types which are required to be reported to the State authorities by GPs or other diagnostic medical services. This is to allow the SA Dept Health to track trends in diseases that are highly communicable (via human or other contact) and therefore of a 'public health' nature where intervention is required.

Council's Environmental Health Section reviews these data sets ongoing, so as to be able to work effectively with the SA Communicable Disease Control Branch (CDCB) if required, in response to an epidemic or upturn in some disease types where Council may play a partnership or liaison role – particularly with regard to food or water borne diseases. The data can also provide some broad insight into the effectiveness of the State's immunisation and mosquito management programs.

Important groups of communicable diseases include:

- Food-borne diseases (illnesses caused by eating food contaminated by bacteria, viruses or toxins such as salmonella or botulism)
- Vaccine-preventable diseases
- Vector-borne diseases (transmitted to humans by an organism, such as a mosquito or tick, that carries disease-causing micro-organisms from one host to another)
- Zoonotic infections (diseases of animals, such as rabies or psittacosis, that can be transmitted to humans)
- HIV/AIDS and related blood-borne diseases
- Quarantinable diseases (diseases that require isolation or restriction of free movement of an infected person to prevent the disease from spreading).

Notifiable diseases are tracked closely by SA Dept Health and published on a weekly basis.

Some diseases occur at a concerning rate across the State, including Port Adelaide Enfield. A disease category which is often preventable and has very significant health effects and costs to the community are sexually transmitted infections (STIs). HIV/AIDS is currently undergoing an upward trend, which is being responded to at national and State levels, but a significantly increasing STI being reported across the State is chlamydia. (<http://www.health.sa.gov.au/pehs/notifiable-diseases-summary/STI%20Web23.pdf>) Chlamydia is an easily prevented and treated STI if diagnosed at an early stage, but untreated can have significant long term consequences for women in particular – including infertility, the treatment of which puts a significant social and cost burden on the individuals and the health care system. Council can consider playing a more collaborative role in promoting screening and prevention in relation to STIs in the community, using its existing programs and projects – particularly with schools.

Port Adelaide Enfield does not show any unusual incidence of key communicable diseases in the period 2009-2013, compared to the metropolitan average.

Immunisation

The major risk management tool to combat the spread of communicable disease is immunisation – and along with waste management, is still the most important and effective tool that governments use to prevent or minimise communicable disease outbreaks. Councils have provided immunisation programs for decades, based on an ongoing funding agreement negotiated with the State Government via the LGA. The SA Public Health Act 2011 now mandates Councils to provide immunisation programs, as part of their core role as a Public Health Authority. Funding of the program via agreement with the State Government will continue – and Council will be involved (via the LGA) in future negotiations regarding this program, so as to ensure optimal funding and related support is received from the State and Federal Governments ongoing.

The immunisation program is also a valuable vehicle to access key at-risk groups in the population (primarily women and young children), and is an opportunity to provide a range of promotional and related information and referrals to this risk group – maximising their access to other community networks, health services, and information.

Councils also provide specific and subsidised immunisation services to refugees and new migrants, which is also a unique and cost-effective opportunity to access this key group, and engage them in a range of related community programs, education resources, or language services that are available in many areas – for example, the English language classes conducted in Kilburn for new arrivals, or projects to involve Muslim women in a range of activities to facilitate their engagement and confidence in the wider community. Immunisation clinics held in appropriate sites provide an invaluable and cost-efficient platform to engage with these important sections of the population. Immunisation programs also directly support overall wellbeing aims, the Closing the Gap initiatives, and education in schools.

The importance of community immunisation clinics has increased due to a range of pressures –

- State wide shortage of GPs (some Port Adelaide Enfield suburbs have none)
- Increased number of New Arrivals to the area
- A large influx of new families in areas of residential re-development, including Westwood, Oakden, and Northgate
- The proposed additional co-payment for GP visits
- Inability of some families to afford the GP Medicare gap

There is an ongoing need to ensure the community is well informed about the purpose and benefits of full immunisation for children in particular – and to counter public misinformation from a range of unauthorised sources.

Institutional settings

The majority of one-off incidents or outbreaks of communicable diseases that occur in SA are related to water or foodborne illnesses in institutional settings – particularly aged care facilities and childcare centres, which serve already vulnerable individuals. This is generally due to the centralised preparation of food and meals, whereby a single staff member or product service provider might infect many people due to poor hygiene or poor food storage and preparation practices. There are a wide range of services and information available to improve practices in these settings (e.g. [http://www.health.sa.gov.au/pehs/PDF-files/Gastro-guidelines-residential-environments_revised%20\(Aug2012\).pdf](http://www.health.sa.gov.au/pehs/PDF-files/Gastro-guidelines-residential-environments_revised%20(Aug2012).pdf)), and Council's Environmental Health team are very active in monitoring food premises in general, as authorised under the Food Act 2001. Council's EHOs also have a role in the ongoing monitoring of aged care facilities, including licensed Supported Residential Facilities.

The Food regulation model is currently (2014/15) being re-structured to acknowledge these issues, via the establishment of a Priority 1, 2, and 3 system, whereby institutional settings that accommodate 'vulnerable' groups such as the elderly or children, and other activities where a large number of people may be affected (e.g. catering) are included as Priority 1 activities. These sites must have a major regime in place including an accredited Food Safety Plan, staff training, and ongoing risk management procedures.



8.0 STRATEGIES FOR HEALTH AND WELLBEING

Purpose

The central purpose of the Public Health and Community Wellbeing Plan 2015-2020 is to adopt a proactive and strategic approach to managing identified health and wellbeing issues within the City of Port Adelaide Enfield, and to provide clear direction to Council and other regional agencies contributing to the improvement of health and wellbeing in the area.

The overall aims of the Plan include :-

- Improved management of health and wellbeing issues
- A holistic, integrated approach to health and wellbeing
- The strengthening of community wellbeing and resilience
- Increased ability to recognise and address new and emerging issues
- More effective use of coordinated resources via collaboration between agencies and interest groups
- Alignment of Council's activities with the State Public Health Plan's priorities, and
- Compliance with the requirements of the SA Public Health Act 2011

The implementation of the Plan will be a significant contributing factor in achieving Council's vision of a 'vibrant and resilient community', a 'healthy and connected community that supports and values people, culture, and place', and a 'healthy and sustainable environment' (City Plan 2010-2016).

Four major Themes

The South Australian State Public Health Plan 2013 contains four key themes – these have been used as the basis for the structure of the Strategic Actions section.

1. **Stronger and Healthier communities and neighbourhoods for all generations**
2. **Increasing opportunities for Healthy Living, Healthy Eating and being Active**
3. **Preparing for Climate Change**
4. **Sustaining and improving Public and Environmental Health protection**

The Strategies Actions Table is broken into these 4 themes, each of which is expressed as a set of key 'Directions' which identify what the Council and its regional partners are seeking to achieve. 'Strategic actions' then detail how each Direction will be addressed.

A brief background to the Theme's relevance to Port Adelaide Enfield Council is provided at the start of each section of the Table, to give context to the strategic activities proposed.

Lead and Support Roles

In the Strategic Actions Tables below, the agency who is responsible for driving and ensuring the implementation of each Strategic Action is named in the 'Lead role' column, and other supporting agencies are identified in the Support role column. Where Council plays the lead role, the relevant Council Departments are identified.

In some cases, agencies or organisations other than Council will play a significant role, with Council liaising or partnering – these agencies are identified in the Table as 'Public Health Partners', and will participate in the development of Public Health Partner Agreements where appropriate.

An implementation Timeframe is included for each Strategic Action. Implementation of some Actions may be brought forward due to new funding opportunities, partnering opportunities arising, or emerging need.

The Timeframe is to assist with program planning and resourcing, and to ensure identified priorities are effectively addressed over the Plan's five year time frame. Where several agencies are collaborating on the delivery of an Action, it is important that timelines are agreed upon and resources aligned so as to ensure a co-ordinated partnership program can be implemented.

The Plan will undergo ongoing review and evaluation of the activities program, and be responsive to emerging issues and priorities.



The Directions and Strategic Actions Table

8.1-8.6 Theme - Stronger, Healthier Communities and neighbourhoods for all generations

Under this Theme are included a range of elements -

- Urban planning and design that supports healthy communities
- Recreation facilities and programs that support active lives and social connection
- Residential areas adjacent to transport and commercial activities that are able to achieve a healthy quality of life, through sound urban planning
- Strengthening the capacity of all sectors of the community to improve their health and wellbeing, including Aboriginal people and New Arrivals
- Cultural and religious diversity and related services that are supported as a valued resource
- Equity as a driving principle in a range of areas – including educational opportunities, jobs, social resources and services, and social inclusion

Urban planning and design that supports healthy communities

As outlined in Section 6, the evidence is clear on the correlation between many contemporary public health problems, such as obesity and depression, and aspects of our urban environment. It is acknowledged that modern urban life (and work) is increasingly sedentary, and suburban design can add a further barrier to physical activity. Opportunities for physical activity are an important contributor to health, including the location of local shops, bus stops, and recreation spaces within walking distance of homes. Beneficial activity can include a range of options from participation in organised sport through to the 'incidental' activity of walking to the local shops rather than driving, and children playing active games or exploring outdoors. The community's perceptions of safety can also influence decisions to be active in our public spaces.

The way neighbourhoods are designed and built affects the degree to which people are involved in their communities, and with each other. Pedestrian-oriented neighbourhoods that have schools, shops and other facilities within walking distance of housing are shown to have higher levels of 'social connectedness' – which in turn supports increased community cohesion, physical activity, and wellbeing.

The role of public open space is also central to health-focused urban planning, in supporting access to natural areas for recreational activities (particularly in increasingly higher density neighbourhoods), but also through ensuring a green and healthy local environment which improves the quality of life for residents and the working population. Council's Open Space Plan 2013 strongly supports this approach, and is complementary to this Plan.

Council is currently looking to link into DPTI's Community Passenger Network (CPN) to support the aged care and frail aged population, in improving access, mobility and social connection.

Sound urban planning is integral to building sustainable healthy communities. Applying urban planning principles such as 'Healthy by Design' and the 'Age-friendly Living Guidelines for Residential Development'" puts the needs of people and communities at the heart of the urban planning process, and encourages decision-making based on human health and wellbeing. Council will advocate to the State Government to enable the practical application of health-supportive principles in its State-wide strategic urban planning policies, Development Plans, and development assessments.

The City has significant sections of the population challenged by low incomes, lack of public transport, or physical incapacity due to age or disability. The Plan seeks to support and improve the community's ability to access services or places that provide social connection, recreation, or employment and training opportunities via improved planning for mobility and transport across the Council. An active partnering role from the SA Department of Planning, Transport, and Infrastructure is critical to achieving this Direction.

A key Strategic Action is to prepare a Transport, Access, and Mobility Plan which will consolidate Council's current roads and movement-related plans and strategies into an integrated and co-ordinated framework, in conjunction with key State agencies and the community. Emerging needs such as pedestrian pathways and programs to promote walking, improved major transport route and public transport planning, and addressing the challenges of higher density development on the management and function of streets - will be explored and addressed in the Transport, Mobility and Access Plan, in partnership with the State Government.

Recreation facilities and programs that support active living and social connection

The health profile of the population indicates a critical need within the City to increase overall exercise participation rates. Incorporating a strong element of planning for recreation and sport can assist Council and collaborating agencies to plan programs and services to enhance exercise, increase incidental physical activity, and effectively plan for the community's rapidly changing recreation and sporting needs into the future.

Council provides significant sporting and recreational programs and facilities for local communities, and works closely with a wide range of clubs and groups – from major sporting clubs that support organised programs, to arts and craft groups that meet in libraries or community centres.

The effective and sustainable resourcing and long term planning of Council's facilities and programs is critical to the community's opportunity to lead active lives, and enjoy social connections and networking.

The Actions include the preparation of a long-term Sports and Recreation Plan, to identify current and emerging community needs and trends, and opportunities in recreational and related activities, and to ensure Council's programs and resources are effectively focused to support active living in the coming decade.

The role of Council's Libraries, Community Centres, and related facilities, is pivotal to the provision of community-focused services and programs – including access to 'lifelong learning' opportunities, which are critical in providing a resource for people to up-skill or explore training and employment pathways. Library hubs, in particular, provide significant and vital programs and services for a wide range of groups and individuals who rely on such facilities to access information and technology, learn new skills, and enjoy activities that provide a social connection - including language classes for new arrivals, and programs for new parents. In modern suburbs, families and individuals can become isolated and at-risk, and Library and Centres-based programs strongly support health and wellbeing in general – particularly for disadvantaged communities or neighbourhoods where the availability of these public resources are vital to improving equity and opportunity.

The Plan's Actions include the preparation of a Council Libraries and Community Facilities Plan, in order to identify the design and vision for the 'community hubs' of the future, and ensure Council's facilities and programs are meeting the emerging needs of the community into the next decade.

The ageing of our community is also both a challenge and an opportunity. Council can facilitate improved neighbourhood and program planning to support 'active ageing' via working with the State Government in their Age-friendly Communities initiative, and through promotion of life-long accommodation in residential design and urban planning. 'Active ageing' is defined by four aims – security (dealing with vulnerability) ; activity and participation; health; and continuity of education.

Residential areas adjacent to transport and commercial activities are able to achieve a healthy quality of life

Due to the historic land uses in parts of the Council area, some residential areas abut major transport routes and/or industrial and commercial activities that can impact on the quality of life in nearby areas. Council will advocate and work with the State Government to identify available opportunities to improve land use planning policy so as to reduce impacts on health and amenity in those areas.

Council also supports the Environment Protection Authority's proposal to prepare an Air Quality Strategy for the area, in collaboration with the local community and businesses. (See Theme 4).

Council will continue to investigate and advocate to the State Government regarding the optimal use of urban development planning policies to reduce the impacts of transport and land use interface on the health and quality of life of residents.

Strengthening the capacity of all sectors of the community to improve their health and wellbeing, including Aboriginal people and New Arrivals

Port Adelaide Enfield Council is home to a significant range of population groups who can be at greater risk of poor health outcomes, due to a range of factors, including poor access to services or public health programs. Council has been working for several years in support of the 'Close the Gap' program, to improve the health and wellbeing status of Aboriginal people in the Council area, and is also implementing specific focused projects to work with Aboriginal households regarding public health issues. Council's *Plan for Working with and for the Aboriginal and Torres Strait Islander Community 2010-2015* provides a valuable platform to continue work closely with the local ATSI community, and Council's Aboriginal Advisory Panel.

The research shows Council as having a significantly increasing population of New Arrivals, which brings both rich and diverse cultural, economic, and social opportunities to our Council, but also poses challenges to the communities themselves, and to Council's activities to engage effectively with these communities.

Council is part of the 'Refugee Welcome Zone' program (<http://refugeecouncil.org.au/g/rwz.php>) and runs various projects for migrants, refugees, and New Arrivals through its libraries and community centres. However, there is an immediate need to plan collaboratively and more effectively for the future in this regard, via the preparation of a New Arrivals Strategy, to allow both a better understanding of the service requirements, challenges and opportunities, and also to provide a platform for close engagement and consultation with the increasingly diverse range of cultures, languages, and networks that make up our community.



The research shows that there are a range of particularly vulnerable groups and individuals with whom Council has a direct relationship via the delivery of services and programs. This allows Council to provide advocacy, and in some cases, direct support – this includes people with mental illness at risk from unsafe and unhealthy living conditions ; people affected by family violence and child neglect ; people with a disability and their carers who wish to remain living independently and to actively participate in community life; and residents in Supported Residential Facilities.

Children and youth are a critical focus for primary and preventive health programs, and Council will continue to collaborate with young people, families, schools, agencies and relevant stakeholders to identify gaps and implement solutions to the issues affecting the health and wellbeing of young people.

This includes ongoing support for the Reconnect Early Intervention Program to address risk factors that lead to youth homelessness. Council will also collaborate with relevant providers and agencies to develop strategies that address developmental vulnerability and improve outcomes in young children – and identify and adopt new approaches for improving the participation, engagement and leadership capacity of young people.

A thriving, engaged community with reduced barriers to active participation in community life

It is clear that an individual's sense of wellbeing is closely linked to social inclusion, active participation in community life, and support where needed.

Council will continue to encourage opportunities for volunteering and recognise the value and contribution of volunteers ; support the integration of the National Arts and Health Framework into arts and cultural policy, planning and program design ; and improve access and inclusion in the design and delivery of community events within the City.

Achieving all of the above aims requires Council's application and resourcing of genuine community engagement and consultation processes in its programs and projects. To that end, Council will prepare and implement a Community Engagement Framework, to improve community involvement in, and awareness of, Council decision making. This Framework and resource will enable the strengthening of networks and relationships across the Council, with the general community, community groups, and partnering agencies.

Disability Support

According to the 2011 Census the number of people living with a disability within the City of Port Adelaide Enfield area who identified as living with severe or profound disability was 7,353. It is vital that any person with a disability and their carers have the support and opportunities they need to fully contribute to, and benefit from, the social, economic, and cultural development of the City.

To assist in addressing access and inclusion needs of the Port Adelaide Enfield community, the Disability Discrimination Action Plan 2013-2017 has been prepared and builds on the work of Council's previous Disability Discrimination Act (DDA) Action Plan Disability Active. The Action Plan, developed through consultation with the community and Council Staff, sets out the City of Port Adelaide Enfield's intentions to strengthen inclusion and access for residents and visitors. While the Plan has a particular focus on creating an environment where people living with disability can actively participate in mainstream community, it also benefits those with other mobility restrictions.

Problem Gambling

*"Problem gambling is characterised by difficulties in limiting money and/or time spent on gambling which leads to adverse consequences for the gambler, others, or for the community"*¹⁰

Problem gambling can result in added social and financial pressures to already vulnerable households – and the commercial gaming industry has a strong market presence in disadvantaged suburbs.

The research indicates that the prevalence of gambling has reduced overall in the State, including a slight reduction in recent years in the use of Electronic Gaming Machines (EGMs - 'pokies'). However, as the June 2014 data shows, Port Adelaide Enfield is the highest of all SA Councils in relation to revenue generated by EGMs – equating to approximately \$800 spent per adult in the 14/15 financial year. (This does not include other forms of gambling.)¹¹

While Codes of Practice and other regulations are being expanded to control some aspects of gambling promotion (e.g. to children, and in the context of sporting broadcasts), problem gambling remains an added risk to the region's wellbeing – and requires further public education, and the maintenance of State Government services to support families affected.

¹⁰ Gambling Prevalence in South Australia 2012 (Social Research Centre July 2013)

¹¹ SA Centre for Economic Studies <http://www.adelaide.edu.au/saces/gambling/database/>

Direction	Strategic Actions	Lead Role	Support Role	Timeframe
8.1 Urban design planning and physical infrastructure that support health and wellbeing – including active ageing' principles, and the building of 'communities for life'	8.1.1 Prepare a Transport, Mobility, and Access Plan for the City, with regional partners.	Council: Corporate Services (Strategic Planning) Partner: DPTI (Transport)	Technical Services Community Devt	2016/17
	8.1.2 Advocate to the State Government regarding the application of Healthy by Design principles in urban planning policies, projects, and key developments	Council: Corporate Services (Strategic Planning) Partner: DPTI (Planning)	Community Devt	From 2015
	8.1.3 Enhance public open space provision, and maximise active and passive recreation opportunities via implementation of Council's Open Space Plan 2013	Council: Technical Services Corporate Services (Strategic Planning)	Community Devt	From 2015
	8.1.4 Identify opportunities for positive 'place-making' projects and schemes that support social connectedness and activity in priority areas - link to Council's asset renewal plans and schedules	Council: Corporate Services (Strategic Planning)	Technical Servs (Assets)	From 2015
	8.1.5 Advocate to the State Government to incorporate the use of the SA Government 'Age-friendly Living guidelines for Residential Development' into development planning policies for new homes and residential land divisions	Council: Corporate Services (Strategic Planning) Partners: DPTI (Planning)		From 2015
	8.1.6 Ensure Council considers age-friendly and disability-access in its programs, including implementation of the Disability Discrimination Action Plan, and consideration of the aged and disabled in the design of streetscapes, community facilities, and recreation reserves	Council: Community Devt (C&EH)	Community Devt Technical Services	Ongoing
8.2 The provision of community facilities and programs that support health and wellbeing	8.2.1 Prepare a Libraries and Community Facilities Plan to strategically plan for the changing role of Council's community assets, facilities, and services - and to ensure current and future programs are developed and prioritised to respond to community need and maximise benefit to the local communities they serve.	Council: Corporate Services (Strategic Planning)	Community Devt (Libraries & CD) Technical Services (Assets) Corp Servs (Property)	2015/16/17
	8.2.2 Ensure Council's Community Centres and Halls are improved and promoted to provide affordable and functional spaces for community programs and events	Council: Corporate Services (Property)	Technical Services (Assets) Community Devt	From 2015
	8.2.3 Participate in the Age Friendly Communities initiative to support age-friendly neighbourhoods	Council: Community Devt (C&EH) Partners: SA Dept Health (OFTA)		From 2015
	8.2.4 Prepare a Sport and Recreation Plan to support and ensure strategically targeted and prioritised planning for recreational facilities and programs to serve changing community needs	Council: Corporate Services (Strategic Planning)	Technical Services (Asset Management) Community Development (CD)	2015/16/17

Direction	Strategic Actions	Lead role	Support role	Time-frame
8.3 Planning and development policies support a positive quality of life and minimise risks to public health	8.3.1 Investigate the application of 'Noise and Air Emissions Overlay' buffers in the Development Plan for residential allotments along priority major transport routes, and abutting industrial zones - in partnership with DPTI and the EPA.	Council: Corporate Services (Strategic Planning) Partners: DPTI (Planning); EPA	Community Devt (C&EH) Community Devt (DA)	2015/16
	8.3.2 Advocate for amendments to planning policies, in regard to managing the risks of multiple hazardous activities on the Lefevre Peninsula and other significantly affected areas.	Council: Corporate Services (Strategic Planning) Partners: DPTI (Planning) ; EPA	SafeWorkSA	From 2015
	8.3.3 Assess risk and make submissions to the State Government regarding incompatible land uses which pose potential health risks.	Council: Corporate Services (Strategic Planning) Partners: DPTI (Planning) ; EPA		From 2015
	8.3.4 Advocate for, and support the State Government's development and implementation of guidelines and practices to manage higher density urban development - so as to mitigate risks including increased noise, air, or waste pollution, impacts on community safety, and the reduction in public open space provision.	Council: Corporate Services (Strategic Planning) Partners: DPTI (Planning) ; EPA	Community Devt (C&EH ; DA ; Waste Mgt) Tech Services (Design)	From 2015
8.4 Strengthened capacity of all sectors of the community to improve their health and wellbeing	8.4.1 Work with the ATSI community and other partners to implement initiatives to contribute to the Closing the Gap initiative – and ongoing implementation of Council's ATSI Plan	Council: Community Devt (CD ; C&EH) Partners: SA Dept Health ; DCSI	ATSI service providers	From 2015
	8.4.2 Prepare a New Arrivals Strategy that builds on the experience and skills of new arrival and refugee people, identifies gaps in service provision, and supports existing and new community networks and programs	Council: Community Development (CD) Partners: DCSI ; DSS ; State agencies	Corporate Servs (Council) Migrant and New Arrival groups and associations	2015/16
	8.4.3 Support people with mental illness and other vulnerable people at risk from unsafe and unhealthy living conditions, in partnership with other agencies	Council: Community Devt (CD and C&EH) Partners: DCSI SA Dept Health		From 2015
	8.4.4 Advocate to State and Commonwealth Governments to support services for people affected by family violence and child neglect	Council: Community Devt (C&EH) HACC (Comm.)	SA Dept Health Housing SA DCSI	From 2015
	8.4.5 Support older people and people with a disability and their carers to remain living in their own home independently for as long as possible and to actively participate in community life	Council: Community Devt (C&EH) Community Devt (CD) Partners: DCSI		From 2015
	8.4.6 Support improvement in the health and wellbeing of residents in Supported Residential Facilities	Council: Community Devt (C&EH) Community Devt (CD) Partners: DCSI	SRF service providers SA Dept Health	From 2015

Direction	Strategic Actions	Lead Role	Support Role	Time-frame
8.4 Strengthened capacity of all sectors of the community to improve their health and wellbeing	8.4.7 Support local employment programs that target disadvantaged areas or groups	Council: HR Tech Services Community Devt Partners: Renewal SA	SA Dept of State Development Local business Associations	From 2015
	8.4.8 Collaborate with young people, families, schools, agencies and relevant stakeholders to identify and implement solutions to the issues affecting the health and wellbeing of young people.	Council: Community Devt (CD and C&EH)	Local youth service providers DECD	From 2015
	8.4.9 Deliver the Reconnect Early Intervention Program and work with relevant stakeholders to address risk factors that lead to youth homelessness.	Council: Community Devt (CD) Partners: DSS (Comm)	Local youth service providers DECD	From 2015
	8.4.10 Advocate to Commonwealth and State Governments for funding and support for co-ordinated, locally accessible and focused delivery of community preventive health care programs	Council: Community Devt (CD and C&EH) Corporate Services (Strategic Planning)		From 2015
	8.4.11 Collaborate with relevant providers and agencies to develop strategies that address developmental vulnerability and improve outcomes in young children.	Council: Community Devt (CD) Partners: DECD	Local childrens' service providers	From 2015
	8.4.12 Identify and address barriers to participation in community events and cultural programs	Council: Community Devt (CD)	Corporate Services (Strategic Planning) Local events organisers	From 2015
	8.4.13 In partnership with SAMHRI and other research institutions develop projects to build and evaluate community resilience	Council: Community Devt (CD and C&EH) Partners: SAMHRI (DCSI)	Corporate Services (Strategic Planning) Research Institutions	From 2015
	8.4.14 Facilitate the provision of information to the community, to assist them to manage their health needs	Council: Community Devt (C&EH ; CD) Partners: Other information holders	Corporate Services (Communications and Integrity)	From 2015

Directions	Strategic Actions	Lead role	Support role	Time frame
8.5 A thriving, engaged community with reduced barriers to active participation in community life	8.5.1 Identify and adopt new approaches for improving the participation, engagement and leadership capacity of young people	Council: Community Devt (CD) Corporate Services (Strategic Planning)	Local youth service providers DECD	2015/16/17
	8.5.2 Encourage opportunities for volunteering and recognise the value and contribution of volunteers within the community	Council: Community Devt (CD)	All departments	From 2015
	8.5.3 Support the integration of the National Arts and Health Framework into arts and cultural policy, planning and program design.	Council: Community Devt (CD) Corporate Services (Strategic Planning)	Local Arts and cultural organisations	2016/17
	8.5.4 Ensure Arts and cultural programs are developed to deliver measurable health and wellbeing outcomes.	Council: Community Devt (CD)	Community Devt (C&EH)	From 2015
	8.5.5 Ensure Council's Festivals and Events Strategy supports neighbourhood events and celebrations which improves social inclusion and community connections	Council: Community Devt (CD)	Event Organisers	From 2015
	8.5.6 Provide information and advocate for improved access and inclusion in the design and delivery of community events within the City.	Council: Community Devt (CD)	Event Organisers	From 2015
	8.5.7 Prioritise Council's community grants programs to support outcomes relevant to this Plan	Council: Community Devt (CD)		From 2016
	8.5.8 Implement a Community Engagement Framework to improve community involvement in and awareness of Council decision making	Council: Community Devt (CD)	All Departments	2015/16
8.6 Active relationships and networks established to strengthen partnerships and collaboration	8.6.1. Advocate for effective sharing of public health information, data and knowledge to enhance the capacity of community and non-Government organisations working within the region to address identified needs	Council: Community Devt (C&EH ; CD) Partners SA Dept of Health	Health agencies Universities Research Institutions	2015/16
	8.6.2 Undertake proactive networking to actively enhance inter-agency and inter-Council communication and cooperation within the region.	Council: Community Development (CD ; C&EH)	All Council Departments	From 2015

8.7-8.8 Theme - Increasing Opportunities for Healthy Living, Eating, and Being Active

Promoting health and wellbeing, and providing preventive health programs is core business of Council – as per the functions outlined in the Local Government Act 1999. The SA Public Health Act 2011 also includes (S.37 'Functions of Councils') that Local Government must .."provide, or support the provision of, educational information about public health and to provide or support activities within its area to preserve, protect or promote public health"" and to take action to preserve, protect and promote public health within its area".

The Public Health Act 2011, and the State Public Health Plan 2013 emphasise this element as a key Theme for future public and environmental health planning and programs across all levels of government. Council's own City Plan and related strategic planning documents also strongly support the need for Council to plan effectively in this area, and develop strategically targeted and outcome-focused policies, projects, and partnerships (See Appendix A). This need is reinforced by the concerning recent health statistics for the Council area.

As outlined in Section 7, the health profile of Council's community demonstrates very clearly an immediate need to actively address the health issues caused (or exacerbated) by poor nutrition and lack of physical activity. There has been a significant increase in illnesses linked to these factors including diabetes, heart disease, obesity, and a range of illnesses that are predicted to effectively reduce the lifespan of the next generation. The cost to our community (and the impact on Council's services) due to a lack of locally relevant and targeted preventive health programs will also significantly increase over time, if appropriate action is not taken in partnership with the State and Commonwealth governments – and an informed community.

In 2014/15 Council co-resourced the implementation of the Obesity Prevention and Lifestyle Program (OPAL) in a small focus area of the Council, with very strong results for improved eating choices, and increased physical activity among the focus group. The project has also provided a platform to achieve excellent community engagement and wider social development benefits in a disadvantaged area. Council will use the OPAL framework and methodology as a valuable 'pilot' project on which to build and develop a targeted Council-based **Healthy Living Program** – in order to meet the requirements of the Public Health Act, and to meet the health needs of the local community. The Program will prioritise key communities and areas at high risk, as identified in the research – and will work with State agencies and the community themselves to design manageable targeted projects, and attract additional support funding where available.

In recent years, there has been enormous community interest in the development of local food production, food markets, sustainable gardening, education and promotion for accessing and providing healthy food, information and skills to maximise nutrition and affordability, and skills-building for home food preparation – the Healthy Living Program will also support these community interests at a local level.

The Program will also enable Council to work to support NGO food programs which provide food to the most disadvantaged in our community – such as OzHarvest, Food Bank, and others.



Directions	Strategic Actions	Lead role	Support role	Time frame
8.7 Residents have equitable access to healthy food and active living choices	8.7.1 Develop and implement a planned and targeted Healthy Living Program in conjunction with relevant Partners to inform and encourage positive food and active living choices for residents	Council: Community Devt (CD and C&EH) Partners: SA Dept Health	Technical Servs (Parks Gardens) Corporate Services (Strategic Planning)	From 2015 /16
	8.7.2 Ensure active living and healthy eating programs are prioritised towards areas and communities of highest need, via the Healthy Living Program	Council: Community Devt (CD and C&EH)	Corporate Services (Strategic Planning)	From 2015 /16
	8.7.3 Develop a Community Gardening Framework to provide clear policies and guidelines for developing and managing food and garden plantings on public land, via the Healthy Living Program	Council: Community Devt (CD and C&EH)	Community Devt (C&EH) Technical Servs (Parks Gardens)	From 2015 /16
8.8 Residents have access to a wide range of free and low cost ways to be physically active	8.8.1 Improve the safety and accessibility of open space -including dog parks, and cycle and pedestrian paths - to facilitate physical activity and social connection.	Council: Technical Servs Community Devt (C&EH)		From 2015
	8.8.2 Provide programs and opportunities to increase participation in physical exercise. (See also Sport and Recreation Plan at 8.2.4)	Council: Community Devt (CD)	Technical Servs	From 2015

8.9 Theme - Preparing for Climate Change

The SA Public Health Plan includes “Preparing for Climate Change” as one of the four key priorities for public health planning under the new legislation.

During 2014/15 Port Adelaide Enfield Council, in collaboration with our partner Western Adelaide Region Councils of Charles Sturt and West Torrens, are developing the Western Adelaide Region Climate Change Adaptation Plan (WARCCAP). The preparation of the Plan is also supported by government agencies at Commonwealth and State level. The initial stage of the project has been to establish climate projections for the region, and assess the predicted social, health, economic, infrastructure, and environmental risks in the future – with view to ensuring sound adaptation measures are in place to address the likely impacts and opportunities. (The Stage 1 Research Report is available on Council's website at <http://www.portenf.sa.gov.au/page.aspx?u=2164>)

Projections

The WARCCAP Research Report (SKM/URPS 2013) developed climate projections for the Western Adelaide metropolitan area, using a range of scenarios that reflected expected climate change conditions to 2030, 2050 and 2070. The key findings were :-

- The area is projected to become warmer and drier over time. Drying of the climate is projected to be accompanied by a slight change in the seasonality of rainfall
- Temperatures in the area are projected to increase by between about 1.5° and 4°C by 2070
- Heatwaves are projected to worsen, particularly by 2070. Their frequency, duration, and intensity are all projected to increase
- Rainfall is projected to decline by 2-5% by 2030 and by as much as 20-40% by 2070 across the Adelaide region. However, extreme rainfall events are projected to become more intense during spring and summer, which may have implications for flood management
- Projected changes in wind speed and relative humidity are generally small. Annual average wind speeds is not projected to be affected by climate change to 2070. Over the longer term, humidity is projected to decrease by 2.5% during winter and 3.5% in summer.

The urban heat island (UHI) effect may exacerbate the intensity of heatwave weather conditions and their impacts on vulnerable members of the community. The UHI effect can be reduced by ensuring green streetscapes and significant areas of open space. Council's recent experience shows that this is becoming more difficult to achieve in higher density land divisions, without specific development provisions available to require an approach that mitigates heat affects. Council's Open Space Plan 2014 includes significant policy aims to maximise the provision and development of public open space wherever opportunities are available – to support a range of wellbeing outcomes, including the ‘cooling’ of built urban areas.

Heatwaves

(see also section on Emergency Management).

Heatwaves have the capacity to affect physical infrastructure and the services they provide, as well as the health and well-being of community members. Their impact depends on how often they occur, their duration and intensity (i.e. how hot it gets), as well as the exposure and sensitivity of people and infrastructure to such conditions.

There is likely to be an increase in the volume of patients requiring medical and support services, as well as a change in the patient demography and health issues experienced. The statistics show that there are already a higher proportion of people in Western Adelaide living with chronic diseases and psychological distress, which may be exacerbated by conditions associated with climate change. The region also has a socio-economic profile that includes many ‘vulnerable’ groups who tend to be less financially resourced and socially able to cope with emergencies.

This work links to Safecom's Zone Emergency Management planning work being undertaken in 2013/14/15, which has nominated Extreme Weather Events such as heatwaves and inundation as major priorities for the two planning Zones which Port Adelaide Enfield straddles.

Directions	Strategic Actions	Lead role	Support role	Time frame
8.9 A region where the business and residential communities, government sectors, and the natural environment are able to adapt effectively to the projected impacts of climate change	8.9.1 Prepare a multi-agency Climate Change Adaptation Plan, in collaboration with other Western Adelaide Region Councils (West Torrens and Charles Sturt) and the State Government	Partners: PAE, WT and CS Councils DEWNR, SA Dept Health, SafeCom, NRM Board, and other State agencies Private and public sector parties to the Adaptation Plan – via regional Sector Agreement	Private sector LGA	2015
	8.9.2 Collaborate in the ongoing implementation of the Western Region Climate Change Adaptation Plan	Partners: As for 8.9.1		From 2015 ongoing
	8.9.3 Collaborate in the ongoing formal partnership, governance, and administrative arrangements to support the implementation and review of the Plan ongoing, including the Western Region Sector Agreement steering group	Council: Corporate Services (Strategic Planning)	All Departments	From 2015
	8.9.4 Use the best available scientific knowledge and practice to adapt and target Council's responses to the public health impacts of climate change.	Council: Community Development (C&EH ; CD)	Research institutions SA Dept Health	From 2015



8.10-8.14 Theme - Sustaining and Improving Public and Environmental Health

Environmental determinants

As described in Section 6, a community's public health and wellbeing are affected positively or negatively by the environments in which they live and work. 'Environmental determinants' of health can include the impacts of air or noise pollution, safe food quality and water supplies (including groundwater), soil quality, management of putrescible and hazardous wastes, or the transfer of communicable diseases between people or via insects or other sources.

Environmental Health Surveillance

Councils undertake a range of regulatory roles in relation to protecting public health and safety. These activities are primarily the role of Environmental Health Officers (EHOs) in each Council. The SA Public Health Act 2011 includes a range of Public Health Protection Policies (PHPs) that relate to specific risks that are monitored by EHOs. These include regulations with regard to activities that may pose a risk of transmission of communicable diseases such as Hepatitis or other blood borne infections – activities such as the management of personal service businesses that include skin penetration (e.g. tattooists, piercings), and the management of water or waste-borne infections (e.g. design and installation of septic tanks and other wastewater systems; the water quality of public swimming pools; and the management of cooling towers to prevent legionella).

The public safety risks relating to the rising number of Clandestine Drug Laboratories, and their remediation, is also to be addressed by a PHP under the SA Public Health Act 2011.

PHPs also cover the management of domestic premises that are identified as potentially 'squalor conditions'. These circumstances often include a link to extremely disadvantaged families, psychological distress or mental illness, or disability – and are usually addressed in partnership with Council's community services staff or other support agencies.

Other key legislation administered by Council to promote proper standards of environmental health include the Food Act 2001, the Local Government Act 1999 (By-laws), Environment Protection Act 1993 (part), the Development Act 1993, the Supported Residential Facilities Act 1992, and the Dog and Cat Management Act 1995.

Waste Management

The removal and disposal of waste is a core public health responsibility of South Australian Councils. Over the last decade, waste management services have evolved rapidly including influential changes in legislation, policies, improvements in processes, new services for hazardous waste, product bans to landfill, product stewardship schemes, recycling targets, significant new levies and taxes, and the emergence of 'waste to resources' operations.

The City of Port Adelaide Enfield has a dedicated land use and economic zone for waste management, at Wingfield.

The majority of the major organisations involved in waste and recycling within South Australia have operations in, or a based within Council's boundaries. The waste and recycling industry operations within the City of Port Adelaide Enfield can be reasonably expected to continue to expand in the future given its advantageous geographical and logistical location.

Whilst there are huge environmental, economic, and social benefits directly associated with recent improvements to waste and recycling, the ever increasing scale, scope, and costs presents significant ongoing challenges. The changing waste management legislation and institutional arrangements, and significant representation in Council's budget, requires the development of a focused **Waste Management Strategy**, that aims to continue to protect public health, achieve best practice waste diversion, and ensures sustainable expenditure of Council resources. The development of this Strategy would be undertaken in collaboration with the Local Government Association, relevant State Government agencies, the waste management industry, and regional Councils.



Emergency management

Emergency management is a core element of public health planning. The governance and focus of emergency management has changed in a significant way in recent years – and all agencies' roles (including Councils') have accordingly evolved from being structured to simply 'respond' to incidents, toward a 'prevention, preparedness, response and recovery' approach. This is reflected in the City Plan's Objective 6 - "A state of preparedness for environmental disasters in collaboration with the community and key stakeholders "

The State is divided into Emergency Management Zones, overseen by a Zone Emergency Management Committee (ZEMC). Port Adelaide Enfield Council is in two Zones – Western Adelaide and Northern Adelaide. Zone-specific Emergency Management Plans are currently (2015) being finalised for each Zone, following a comprehensive program of risk assessment, which Council has directly participated in via staff involvement from a range of professional backgrounds.

Local Government Authorities (Council) are designated in the State Emergency Management Plan to play an active role in a range of emergency management functions – including -

- planning as part of the ZEMCs,
- evacuations,
- traffic management in evacuations or response activities,
- provision of functional transport when required,
- provision of environmental health services and response actions,
- assisting with management and recovery in the case of major urban fires and release of hazardous materials,
- protection and restoration of essential infrastructure such as roads and bridges,
- co-ordination in the management and removal of waste materials in the recovery phase

Councils also play a voluntary role in assisting public communications in emergency situations, such as assisting the Red Cross with contacting known vulnerable groups in a heatwave.

A focus of the State EM Plan is the identification and protection of the State's 'critical infrastructure' – this is of particular relevance to Port Adelaide Enfield given the presence of several power generation stations and distribution networks, interstate gas supply infrastructure, the State's export and other port facilities, road and rail freight infrastructure, the bulk of the State's petroleum fuel supply points and storage facilities, and the Techport defence precinct.

The 4 priorities have been established for the two regions. The priority hazards are -

1. Extreme weather events including heatwaves
2. Flooding from seawater or stormwater (including sea level rise)
3. Urban fires and hazardous spills in the Western Zone and Bushfire in the Northern Zone
4. Earthquake

Directions	Strategic Actions	Lead role	Support role	Time frame
8.10 The incidence of communicable disease is minimised	8.10.1 Deliver services that meet Public Health Act 2011 regulatory requirements	Council: Community Devt (C&EH) Partners: SA Dept Health	Public health agencies	From 2015
	8.10.2 Deliver an effective immunisation program that considers the specific needs of the PAE population	Council: Community Devt (C&EH) Partners: SA Dept Health	LGA	From 2015
	8.10.3 Facilitate the provision of information, education and promotion regarding the benefits of full immunisation	Council: Community Devt. (C&EH) Partners: SA Dept Health	LGA	From 2015
8.11 Enhanced public health and safety	8.11.1 Delivery of services to meet other public health-related legislative requirements e.g the Food Act 2004	Council: Community Devt (C&EH)	SA Dept Health	From 2015
	8.11.2 Improve Council's capabilities in relation to regulatory public health risk management	Council: Community Devt (C&EH)	HR (Training) LGA	2015/16
	8.11.3 Prepare a Waste Management Strategy , to enable Council to provide effective, efficient and sustainable waste management services, investment and infrastructure into the future	Council: Community Devt (Waste Management Officer)	Corporate Services (Strategic Planning) State agencies Regional Councils LGA WRWMA	2015/16
8.12 Partnerships, education, and programs to minimise environmental risk	8.12.1 Advocate to minimise air and noise quality impacts for residents adjacent to transport corridors and heavy industry. (See also 8.3.1)	Council: Community Devt (C&EH) Corporate Services (Strategic Planning) Partners: EPA ; DPTI SA Dept Health		From 2015
	8.12.2 Support the EPA in the development and implementation of their proposed Air Quality Program for the Lefevre Peninsula	Council: Community Devt (C&EH) Partners: EPA ; DPTI SA Dept Health	Corporate Services (Strategic Planning)	2015/16/17
	8.12.3 Liaise with Dept Health SA, LGA, other Councils and public health networks to improve the efficiency and consistency in the interpretation and delivery of public health legislation	Council: Community Devt (C&EH) Partners: LGA SA Dept Health		From 2015
	8.12.4 Continue to effectively exercise Council's legal responsibilities as a planning and Public Health authority with respect to managing soil and groundwater contamination risk – review procedures and align with State Government policies	Council: Community Devt (DA; C&EH) Partners: EPA SA Dept Health		From 2015

Directions	Strategic Actions	Lead role	Support role	Time frame
8.13 Education and promotion to minimise risks and improve public health	8.13.1 Establish partnerships to develop and distribute public health information, using methods effective for the target audience	Council: Community Devt (C&EH ; CD)	Corporate Services (Communications and Integrity)	From 2015
8.14 The region is well prepared and able to respond effectively to a major emergency, disaster or a serious public health incident	8.14.1 Prepare Council's Emergency Management Plan , to align with the Western and Northern Zone Emergency Management Plans	Council: City Manager (Risk Management) Partners: ZEMCs Safecom	All Departments	2015/16
	8.14.2 Implement training of key staff on roles and responsibilities under the Emergency Management Plan	Council: City Manager (Risk Management ; HR)		From 2015
	8.14.3 Develop and maintain effective partnerships to implement the Emergency Management Plan, and review ongoing	Council: City Manager (Risk Management)		From 2015



9.0 Evaluation and Reporting

Measuring progress

The State Public Health Plan includes the following priority – ‘building of basic mechanisms to support more sustainable public health planning and action.’

These ‘basic mechanisms’ include the:

- development of consistent planning and reporting processes
- development and refinement of comprehensive data sets to inform planning
- continuous gathering and synthesising of research and evidence on effective public health
- policies and interventions to inform state-wide and local action, and;
- development of monitoring, evaluation and accountability measures that are meaningful to the ongoing improvement of the public health effort.

(SA Public Health Plan 2013 p6-7)

An important element of Council’s Plan is to ensure the activities and desired outcomes can be monitored and evaluated for their effectiveness ongoing. The SA Public Health Act 2011 requires Council to provide a two-yearly report to the Minister regarding the implementation and progress of the Plan – so a system of internal reporting and evaluation has been designed to ensure Council can meet its obligations, and also to monitor the Plan’s progress and the achievement of Council’s aims in playing its role in addressing the public health challenges and opportunities, in partnership with our community and key partners.

The SA State Government is working with Local Government (in 2014/15) to develop and design a set of key ‘indicators’ (data sets) of health and wellbeing that will be used in the review and evaluation of Public Health Plans, so as to ensure best practice tools are used, and to enable consistency across regions. In the interim, Council is developing a range of key datasets (‘indicators’) to assist in the monitoring of the Plan’s implementation and its effectiveness. The data will include key population, risk, and health indicators that reflect the key issues that have emerged from the research – these will be used to monitor ongoing trends and emerging issues, so that Council’s programs and resources can be focused accordingly.

The approach must align with Council’s corporate reporting and administrative systems – but most importantly, ensure a sound and meaningful evaluation framework is in place that has the capacity to systematically capture relevant data (via measurements or indicators) and genuinely monitor progress in achieving the key aims of the Plan.

Entities which become ‘Public Health Partners’ under the new Act, and which are nominated as the primary agent to implement certain strategies or activities within Council’s Public Health Plan, will be required to report to Council on the implementation of their commitments – this will then be included in Council’s reporting to the State Government.

Public Health Partner Authorities

The SA Public Health Act 2011 introduces a new and valuable element to public health planning across levels of government and with NGOs in each region - the concept of Public Health Partner Authorities (PHPA). These can be State agencies, NGOs, private sector entities, or other Councils – who can be incorporated into Council Public Health Plans as lead agencies in the implementation of actions or strategies, or as partners in the delivery of programs. Each Partner Authority would be required to report to Council on progress with actions that it has committed to in the Public Health and Community Wellbeing Plan.

The State Government (per SA Dept Health) are also developing PHPA agreements with key agencies, which can be linked to individual Council Public Health Plans.

In preparing the Plan, Council has had discussions and a positive commitment from Health SA, the Dept Planning Transport and Infrastructure, the Environment Protection Authority, Dept of Environment, Water and Natural Resources, the two Medicare Locals in the region who manage Commonwealth funds and programs in the Council area, and adjacent Councils with whom Port Adelaide Enfield Council can collaborate in the planning and delivery of services or research projects.

The Plan includes a range of commitments from these and other agencies in the Council area to support or initiate strategies and programs of benefit to the community.



Mapping (GIS)

Council has in-house resources available for spatial analysis, data management, and mapping – particularly the GIS system. Currently GIS is used to a limited extent in regard to health and community development analysis and planning. There is a significant opportunity to identify further use of the GIS system to integrate projects or analyse spatial connections or priorities, and to monitor change

Reporting requirements

There are a range of reporting requirements to be undertaken by Council, and its Public Health Authority Partners, as per the below Table.

Roles and responsibilities have been allocated within the Council administration to ensure reporting and review requirements can be met, to serve both the Public Health Act's compliance requirements, and Council's own internal reporting and performance management requirements.

Section 52 (Reporting on Regional Public Health Plans) of the SA Public Health Act 2011 outlines the formal reporting requirements.

Reporting requirement and period	Report	Responsibility
30 September 2014 (as per SA Health's Interim Guidelines for the provision of reporting on Regional Public Health Plans -2014)	Progress Report on the Public Health Plan provided to SA Chief Public Health Officer (CPHO)	Council (Corporate Services - Strategic Planning)
At date of Council endorsement of Plan (early 2015)	First Draft Plan provided to CPHO for review and endorsement	Council (Corporate Services - Strategic Planning)
" S.52(1) A Council responsible for a regional public health plan must, on a 2 yearly basis, prepare a report that contains a comprehensive assessment of the extent to which during the reporting period, the Council has succeeded in implementing its regional health plan" To be provided by September 30 in the reporting year.	1. Public Health Partners Authorities to report to Council, as per specific Agreements 2. Full report prepared every two years to CPHO	Public Health Partner Authorities Council (Corporate Services - Strategic Planning)
Annual ongoing (July to June FY) To be provided by September 30 each year	Annual Environmental Health Report (SA Public Health Act 2011) Report regarding the specific delegated regulatory functions under the Act, undertaken by Council's authorised officers.	Council (Community Development - C&EH)
Local Government Act 1999 S.122 Review - within 2 years of 2014 Council election	Review and report on progress of the Public Health and Community Wellbeing Plan, as part of the overall review of Council's Strategic Management Framework, as required under S.122 of the Local Government Act 1999.	Council (Corporate Services - Strategic Planning)

10.0 Appendices

Appendix A

Review of Council's current Plans and Strategies regarding health and wellbeing

To encompass the broad range of issues and topics which the new Plan will cover, the Public Health and Community Wellbeing Plan will be incorporated into Council's Strategic Planning Framework.

The suite of Plans that are currently included in Council's Strategic Planning (S.122) framework are -

- The City Plan - Council's outward looking strategic document that represents community expectations, was completed and adopted in February 2010
- The Corporate Plan - internally focussed document that establishes how Council will respond to and implement the goals and objectives of the City Plan
- The Business Plan and Budget - a requirement of the Local Government (Financial Management and Rating) Amendment Act 2005
- The Long Term Financial Plan (10 years)
- Infrastructure and Asset Management Plans

In considering the scope and scale of the proposed Public Health and Community Wellbeing Plan, and to ensure that it complements existing plans and strategies, a desktop review ('audit') was undertaken of existing plans and strategies that contain topics, issues and actions relevant to the Public Health Plan's required focus. This review has also allowed an identification of the gaps in Council's strategic plans and activities, in relation to community health and wellbeing.

Council Plans currently in place which are relevant to the Public Health Plan's focus, as described in both the Act and the State Public Health Plan 2013, are listed on pages 66-67. A review was also undertaken of State and Commonwealth-level policies and strategies, to ensure complementarity.

City Plan 2010-2016 (extracts)

Council's City Plan contains a range of strategies and indicators directly relevant to the preparation of the Public Health and Community Wellbeing Plan.

Theme - A strong and diverse economy

Obj 2 Strong and effective linkages exist between the community, education and training providers, and local employers.

Theme - A vibrant and resilient community

"There are a number of pockets of relatively high social disadvantage in the Council area characterised by comparatively low individual and household income, high proportions of public housing, lower educational attainment, higher unemployment and low vehicle ownership without adequate access to public transport. The needs of these communities require particular attention "

Goal : A healthy and connected community that supports and values people, culture and place.

Obj 1 An engaged community with residents enjoying a high level of participation in community life

Obj 2 An active and healthy community that has access to positive lifestyle choices

Indicators

- Opportunities for physical activity and incidental exercise are accessible through the provision of a network of quality open spaces, bicycle and pedestrian routes
- Multi-purpose recreation and sporting facilities are provided by Council in conjunction with sporting clubs and community organisations
- Council formally advocates for and provides improved and targeted health services and programs that facilitate practical and positive health and lifestyle changes for individuals

Targets

- City of Port Adelaide Enfield's health status is in line with the metropolitan average
- Increase in young people participating in recreation and sport and other community activities.

Obj 3 A community that is recognised as being safe, welcoming and inclusive

Theme - A unique, healthy and sustainable environment

Goal : Natural and urban environments characterised by clean air, soil, water and biodiversity that are cared for and respected by businesses and the community

Obj 2 The impacts of climate change on the local community, the natural environment and Council's infrastructure are identified and addressed

Obj 5 Urban and industrial development does not have an impact on the quality of the environment

Obj 6 A state of preparedness for environmental disasters in collaboration with the community and key stakeholders

Obj 7 Improved waste management through community education and collaboration with key stakeholders

Council's **Annual Report 2013** states Council's 'mission' as being

"The Council exists to improve quality of life by:

- planning, monitoring, regulating and administering the City's financial and community assets;
- providing services, facilities and opportunities;
- ensuring that resources are used in the best way possible; and
- providing vision, leadership and accountability "

Corporate Plan 2011-2016 (extracts)

Economic Growth

Objectives

1. Strong and effective linkages exist between the community, education and training providers and local employers.
2. Support for and recognition of business initiatives that employ local people.
3. Opportunities for economic diversification are encouraged.
4. Strategic land use and infrastructure planning supports economic development while balancing social and environmental outcomes.

Key challenges into the future -

- Increasing the levels of education and skills development for local residents.
- Maximising employment opportunities in the region for local residents.

A vibrant and resilient community

Objectives

1. An engaged community with residents enjoying a high level of participation in community life
2. An active and healthy community that has access to positive lifestyle choices
3. A community that is recognised as being safe, welcoming and inclusive
4. Volunteering opportunities that are responsive to the needs of the community

Key challenges into the future -

- Meeting the demands of a growing and diverse population.
- Pockets of significant socio-economic disadvantage characterised by:
 - Comparatively low individual and household income,
 - High proportions of public housing,
 - Lower educational attainment,
 - Higher unemployment and low vehicle ownership, but without adequate access to public transport

A great place to live, work and play

Objectives

1. A diverse range of socially and environmentally appropriate housing to meet community needs and expectations.
2. An integrated transport system that is safe, efficient, convenient and sustainable, and that encourages the use of alternative forms of transport.
3. Pedestrian and cycle networks and trails that provide connections within communities and link passive and active recreation areas.
4. Urban form shaped by appropriate policy and principles of development control expressed in the Port Adelaide Enfield (City) Development Plan.
5. Port Adelaide Enfield urban development issues represented in strategic land use planning at a State level.
6. Detrimental health impacts from industrial areas and transport corridors minimised through appropriate land use planning that balances the needs of industry and residents.
7. An urban environment characterised by attractive and sustainable landscaping and useable open space throughout residential and commercial areas.
8. Equitably distributed and accessible community assets and infrastructure provided and maintained in a fit-for-purpose condition.
9. Natural and built heritage that is widely appreciated and preserved.

Key challenges into the future -

- Narrower residential streets in new housing developments
- Interface between housing and industries at Birkenhead, Blair Athol, Kilburn, and Dry Creek [and other suburbs]

Other Plans	Purpose /content /scope	Timespan
<p>Plan for Young People in the City of Port Adelaide Enfield 2011</p>	<p>Key objectives –</p> <ul style="list-style-type: none"> - participation in community life - health and wellbeing - living, learning and earning - access to services and information - Council leadership in youth affairs <p>Provides overview of demographic and social status of youth in the Council area</p> <p>Prioritises focused actions and partnerships in the Council and wider region for promotion of service provision, improving employment and training opportunities, improving health literacy, participation in community life</p> <p>Links to Council's Child Safe Environment Policy</p>	<p>2011 - 2016</p>
<p>Environmental Health Management Plan</p>	<p>Covers environmental health regulatory roles (Food Act, SRF Act, Public Health Act, Environment Protection Act, immunisation, and other risk management activities)</p> <p>Also covers health promotion and education re tobacco, nutrition, physical activity, targeting disadvantaged communities.</p>	<p>2007 - 2012</p>
<p>Social Development Strategy (data from Council's State of Society Report)</p>	<p>Priorities –</p> <ul style="list-style-type: none"> - Adapting for population growth and change (diversity, ageing, youth, migrants, ATSI) - Reducing socio-economic disadvantage – employment and education, equitable transport, affordable and adequate housing - Enhancing health and wellbeing, active living, social connectedness, volunteers, safety, information and access, physical and mental health 	<p>2008 - 2012</p>
<p>Recreation Plan</p>	<p>“A healthy and active community engaged in a variety of enjoyable recreational pursuits”</p> <p>Objectives – equitable access, high quality facilities and open spaces, increased awareness of recreational opportunities, program and service provision, economic benefits.</p> <p>Structure includes Implementation Plan, roles and responsibilities, resources and success indicators</p> <p>Wide range of active and passive recreation programs, including for disabled and mentally ill – and SRFs</p>	<p>2006 - 2010</p> <p>Reviewed 2010</p>

<p>Plan for Working with and for the Aboriginal and Torres Strait Islander Community</p>	<p>Priorities -</p> <ul style="list-style-type: none"> - Continuation of current activities as appropriate - Cultural Awareness training for staff and Elected Members - Initiatives that promote Aboriginal culture and languages (particularly Kaurna) - Aboriginal input into decision-making relating to new development - Support for opportunities for Elders to pass on knowledge, particularly for men - Continued involvement in the ILUA negotiation process in Conjunction with the LGA and SA Government <p>Issues – accommodation, housing, transience, nutrition and food, smoking rates, low HACC usage, access to education and employment, violence, arts and recreation.</p> <p>Includes Action Plan - Roles and responsibilities and budget allocated</p>	<p>2010-2015</p>
<p>Arts and Cultural Plan</p>	<p>The Arts and Cultural Plan 2011-2015 provides a framework to nurture a vibrant cultural life through:-</p> <ul style="list-style-type: none"> · the ongoing expression of the community's cultural values and diversity (CALD, ATSI) · supporting people, either individually or as groups, to engage in arts and cultural activities · planning, designing and managing the physical infrastructure of the City to support and reflect local culture · acknowledgement of the value of arts and cultural activities to the vitality of the City <p>Issues Paper and Action Plan included.</p>	<p>2011-2015</p>
<p>OPAL - Port Adelaide Enfield Strategic Plan</p>	<p>Program via Service Agreement with SA Health (to July 2015)</p> <p>Kilburn / Blair Athol study area – nutrition, healthy eating, physical activity, urban planning ('health for all'), recreation, active travel, fresh food and gardens, schools, NGOs, community connectedness, obesity and related health risks (including diabetes)</p>	<p>2010-2015</p>
<p>Volunteer Plan</p>	<p>Developed in response to a review of Council's Community Services, provides a summary of Council's Volunteer program, and current and future issues facing the program. It presents a Vision, Principles, Objectives, and Actions to take the Volunteer program into the future.</p>	<p>2010</p>
<p>Disability Discrimination Action Plan</p>	<p>Developed through consultation with the community and staff, sets out the Council's intentions to strengthen the inclusion and access for residents and visitors. While the Plan has a particular focus on creating an environment where people living with disability can actively participate in mainstream community, it also benefits those with other mobility restrictions.</p>	<p>2013-2017</p>
<p>Open Space Plan 2014</p>	<p>Developed through comprehensive consultation with the community and staff, the Open Space Plan provides a sound foundation for strategically developing the extensive range of public parks and reserves in the Council area. A Matrix is also available to support the Plan, which is used to schedule annual work programs, based on the Plan's goals and priorities.</p>	<p>2014</p>

APPENDIX B

SOUTH AUSTRALIAN PUBLIC HEALTH ACT 2011

- SECTION 5

5 Principles to be recognised under Act

In the administration of this Act and in seeking to further the objects of this Act, regard should be given to the principles set out in the following sections (insofar as may be relevant in the circumstances).

6 Precautionary principle

(1) If there is a perceived material risk to public health, lack of full scientific certainty should not be used as a reason for postponing measures to prevent, control or abate that risk.

(2) In the application of this principle, decision-making and action should be proportionate to the degree of public health risk and should be guided by—

- (a) a careful evaluation of what steps need to be taken to avoid, where practicable, serious harm to public health; and
- (b) an assessment of the risk-weighted consequences of options; and
- (c) an aim to ensure minimum disruption to an individual's activities, a community's functioning and commercial activity consistent with providing any necessary protection from identified public health risks.

7 Proportionate regulation principle

Regulatory measures should take into account and, to the extent that is appropriate, minimise adverse impacts on business and members of the community while ensuring consistency with requirements to protect the community and to promote public health.

8 Sustainability principle

Public health, social, economic and environmental factors should be considered in decision-making with the objective of maintaining and improving community well-being and taking into account the interests of future generations.

9 Principle of prevention

Administrative decisions and actions should be taken after considering (insofar as is relevant) the means by which public health risks can be prevented and avoided.

10 Population focus principle

Administrative decisions and actions should focus on the health of populations and the actions necessary to protect and improve the health of the community and, in so doing, the protection and promotion of the health of individuals should be considered.

11 Participation principle

Individuals and communities should be encouraged to take responsibility for their own health and, to that end, to participate in decisions about how to protect and promote their own health and the health of their communities.

12 Partnership principle

(1) The protection and promotion of public health requires collaboration and, in many cases, joint action across various sectors and levels of government and the community.

(2) People acting in the administration of this Act should seek ways to develop and strengthen partnerships aimed at achieving identified public health goals consistent with the objects of this Act.

13 Equity principle

Decisions and actions should not, as far as is reasonably practicable, unduly or unfairly disadvantage individuals or communities and, as relevant, consideration should be given to health disparities between population groups and to strategies that can minimise or alleviate such disparities.





Public Health and Community Wellbeing Plan 2015 -2020



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