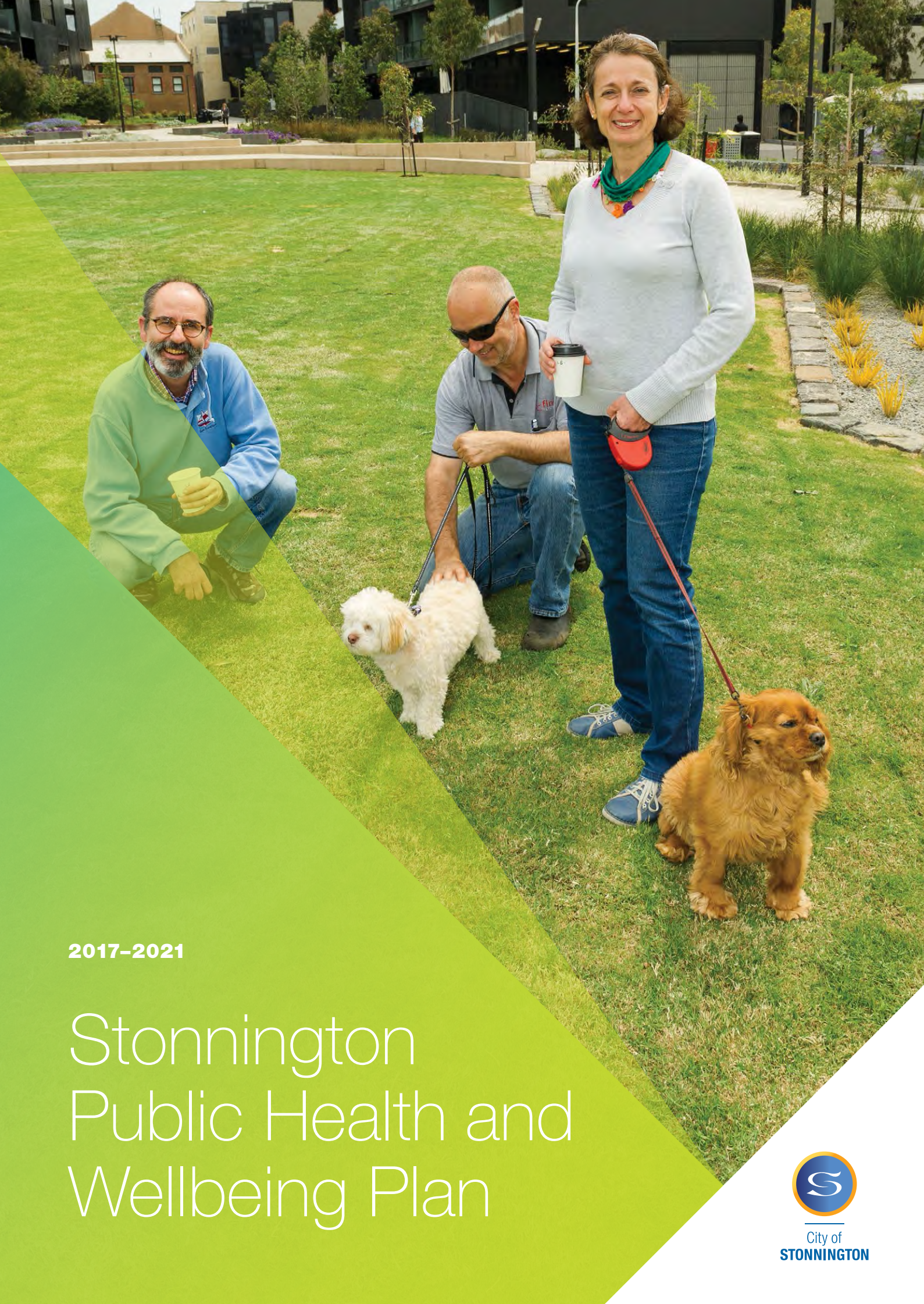


2017–2021

Stonnington Public Health and Wellbeing Plan

City of STONNINGTON

Healthy and active communities are stronger and better places to live and provide the foundation for good health and wellbeing.

Contents

Executive Summary

Healthy and active communities are stronger and better places to live and provide the foundation for good health and wellbeing.

The Stonnington Public Health and Wellbeing Plan (the Plan) is an evidence-based, strategic document to guide Council's planning, policy and strategic direction in response to community health and wellbeing priorities.

The evidence shows that across many areas, Stonnington residents continue to enjoy higher levels of health and wellbeing than the rest of Victoria, yet there are still some concerning trends. This plan has been developed in response to a series of identified key health indicators and issues.

The City of Stonnington plays a key role to enhance and support the public health and wellbeing of Stonnington residents throughout all life stages. The health of individuals and the community are influenced by the social determinants of health; the conditions in which we live and work, including our built, social, natural and economic environments.

While local governments are not responsible for the provision of hospitals and other medical services traditionally associated with the health sector, Council has a key role in influencing the built and social environment and providing services to improve physical and mental health within the community. Providing spaces, places, services and activities that support good health and wellbeing as part of everyday life will continue to be a key function of Council, in addition to advocacy, policy and strategy development and partnerships with health service providers.

We also acknowledge that individuals, families, communities, the private sector, the education system and all levels of government share responsibility for improving health and wellbeing.

The Plan articulates five overarching priority areas (or pillars) that Council and its partners will prioritise to deliver improved health and wellbeing outcomes for the community.

01 Pillar One
Active and Healthy Lifestyle

02 Pillar Two
Community Safety

03 Pillar Three
Vulnerable Communities

04 Pillar Four
Harmful Alcohol and Other Drug Use

05 Pillar Five
Violence and Injury

Through the implementation of the Plan 2017–2021, Council aims to maintain and improve public health and wellbeing at a local community level. A focus on prevention and early intervention activities to promote the achievement of health and wellbeing goals is central to the effectiveness of the Plan implementation. Over the course of the Plan, Council and service providers may also need to take a flexible and adaptable approach to respond to emerging health priorities.

This plan is consistent with the Victorian Public Health and Wellbeing Plan (2015–2019) that sets out a long term agenda for improving health and social outcomes in Victoria.

Strategic Priorities 2017–2021

An analysis of Stonnington's health status, in conjunction with community consultation, has identified five overarching priority areas or pillars that Council will aim to address over the next four years. These strategies focus on the areas in which the City can be most effective in improving the health and wellbeing of the community.

01 / Pillar One
Active and Healthy Lifestyle

- Promote and provide opportunities for active transport
- Promote the importance of and provide opportunities for healthy nutritional choices
- Increase physical activity across all life stages
- Ensure the built environment supports residents to lead active and healthy lives
- Encourage local health services to deliver targeted programs to address community health needs

02 / Pillar Two
Community Safety

- Provide public spaces and places where people can feel safe and enjoy
- Recognise Council's statutory role and its contribution to community safety
- Provide a leadership role in integrated community safety
- Strengthen community resilience

03 / Pillar Three
Vulnerable Communities

- Support the community to age well
- Minimise health inequalities across groups within the community
- Support marginalised residents and vulnerable communities
- Support communities from culturally diverse backgrounds
- Improve social and emotional wellbeing of young people

04 / Pillar Four
Harmful Alcohol and Other Drug Use

- Minimise harm from alcohol
- Promote smoke free environments
- Develop partnerships related to minimising harm from pharmaceutical and illicit substances

05 / Pillar Five
Violence and Injury

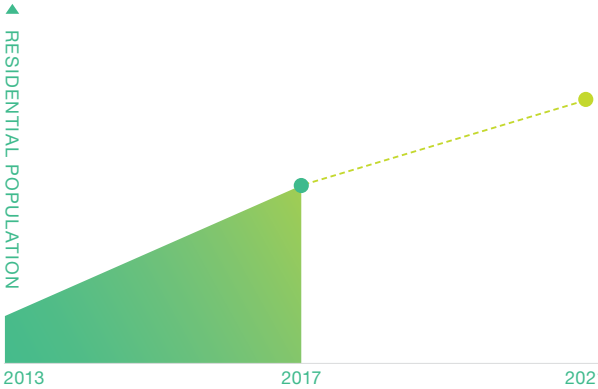
- Support community initiatives related to the prevention of violence
- Provide supportive work practices across Council business related to gender equity and preventing violence
- Promote initiatives and campaigns designed to reduce injury

Our City

The Stonnington Local Government Area (LGA) incorporates residential and commercial areas in the inner south-east of Melbourne. Located 10km east of Melbourne, it covers 26km² including the major activity centres of Prahran, Malvern, Armadale and Chadstone.

Stonnington is one of the most advantaged LGAs in Victoria, alongside Bayside, Boroondara, Nillumbik and Manningham. However, the City has pockets of significant disadvantage. The distribution of household earnings shows great disparity between high and low income households. We have a unique demographic make-up, with many people living at the very lowest end of the socio-economic scale and many at the highest end of the scale. This brings specific challenges for health, wellbeing, inclusion and community connectedness.

Stonnington is comprised of two Statistical Local Areas (SLAs); Malvern and Prahran SLAs. The Malvern SLA encompasses the suburbs of Malvern and Malvern East, part of the suburb of Glen Iris and the eastern parts of the suburbs of Armadale and Toorak. The Prahran SLA includes the suburbs Prahran, South Yarra and Windsor, and the western parts of Armadale and Toorak.



114,991
2017 residential population

124,420
2021 projected residential population

10%
2013 to 2017

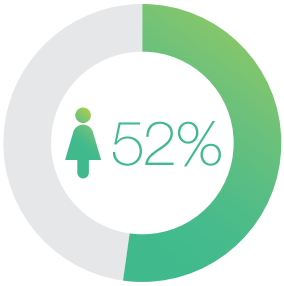
8.2%
2017 to 2021

» Suburbs with **highest projected** population increases

15.4%
South Yarra

15%
Armadale

6.9%
Malvern East



The age structure of the City of Stonnington provides key insights into the demand for services and facilities into the future. Compared to Greater Melbourne, the City of Stonnington has larger percentages of those aged 25 to 29 and 30 to 34, yet has smaller percentages of people aged 0 to 4 and 5 to 9.

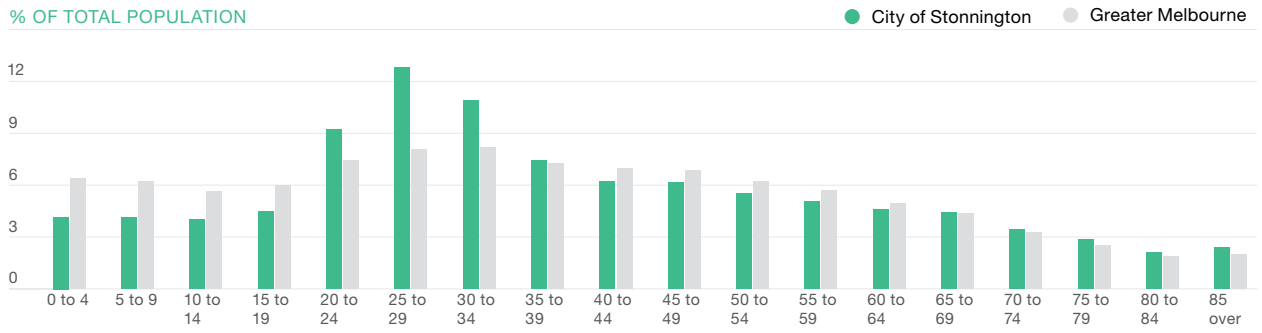
The projected largest increase in persons within the City of Stonnington between 2017 and 2021 is forecast to be in the ages 35 to 39, while the largest age group in 2021 will be those aged 25 to 29 years.

Knowing when and where to deliver age-based services is an essential part of public health planning within the City of Stonnington. Mapping the distribution of life stages across the municipality provides key information for efficiently targeting and delivering key services and informing policy and strategy direction.

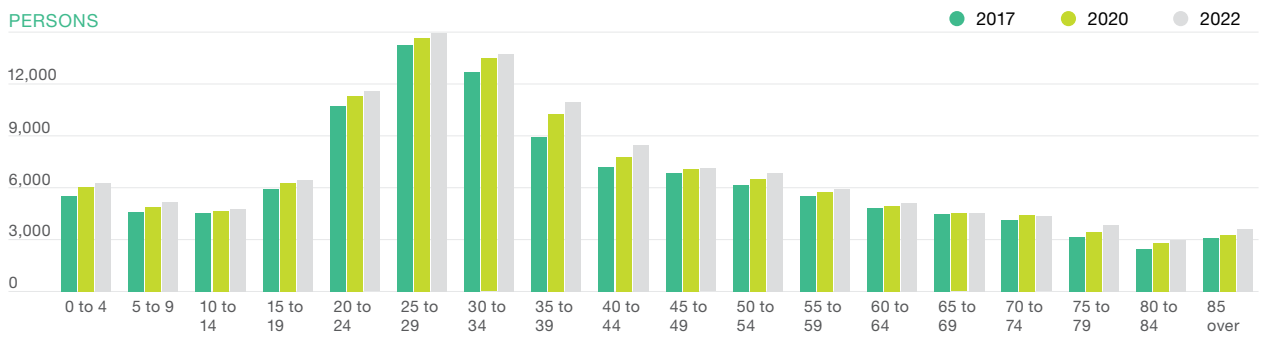
Areas across the municipality forecast for the highest growth in those aged 0 to 4 will influence the planning for and delivery of maternal and child health care services. Population growth in those aged 75 years and over has implications for Council decision making on the role it will play in strategic policy development and service delivery for older people across the municipality.

Anticipated need for Council health-related service delivery for people aged 35 to 64 remains relatively low, as 96% of people are in employment and generally do not rely on Council assistance. Quality and diverse activities provided by arts, libraries and aquatic facilities are important for this age group to remain active and connected to the community. In terms of individual health, health screening is an important proactive initiative that contributes significantly to the early detection of potential chronic disease later in life.

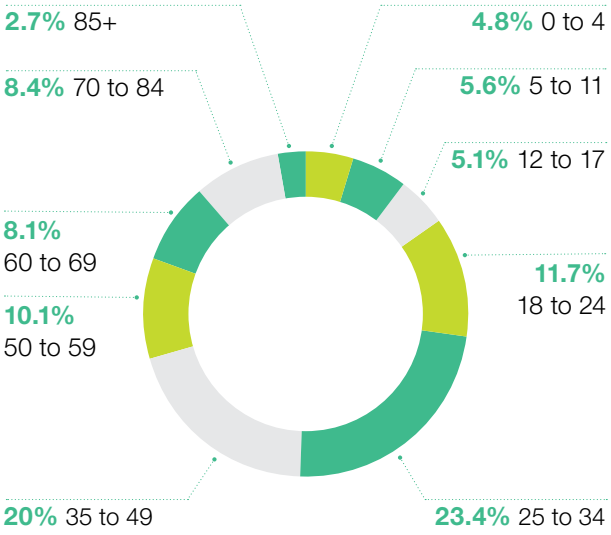
AGE STRUCTURE, 2016



FORECAST AGE STRUCTURE



Age



» Suburbs with highest increases for those age 0 to 4

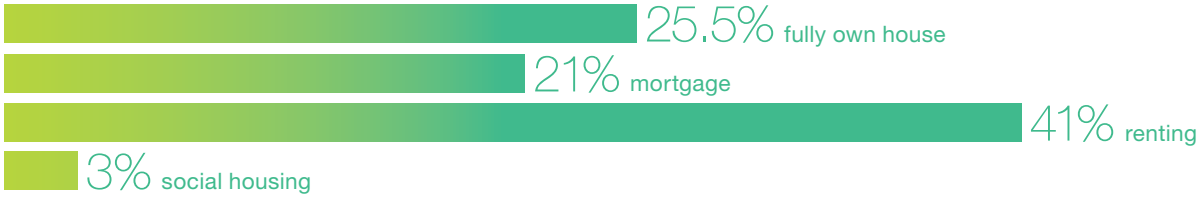
19.6%	17%	14.1%
TOORAK	SOUTH YARRA	GLEN IRIS

» Suburbs with highest increases for those aged 75+

27.1%	23%	13.4%
ARMADALE	SOUTH YARRA	MALVERN (SOUTH)

Households

HOME OWNERSHIP



The current high proportion of lone person households and continued growth in those living alone, particularly among older residents, reinforces the need for continued delivery of community events and transport, the facilitation of diverse activities, including committees and groups and the provision of recreation and leisure programs.

The continued growth in cultural diversity of the City of Stonnington is supported by Council's commitment to creating communities that foster the hopes, wellbeing and aspirations of all people and recognises that all persons have equal rights in the provision of and access to services and facilities. Council will ensure that all residents feel included, have access to services and can access relevant information through translated materials, committees and groups and the delivery of culturally diverse activities and programs.

High and medium density living is a significant component of the housing market within Stonnington and likely to attract young adults and couples to the area, living in smaller households, increasing the need for public transport and access to open space. With the average household size expected to decline over the next four years and high proportion of residents renting, Council has an active role to play in ensuring high standards of neighbourhood character, amenity and access are maintained.

Balancing the needs of those renting and home owners in relation to community engagement and events and activities will also be a continued focus of Council.

Cultural Diversity

31%
born overseas

22%
non-english speaking background

4%
were born in China
(Most popular country of overseas birth)

0.2%
are Indigenous

Top 5 languages other than English

1 Mandarin
2 Greek
3 Cantonese
4 Italian
5 Spanish

Economy

Gross Regional Product
$8.34b

Jobs within Stonnington
44,896

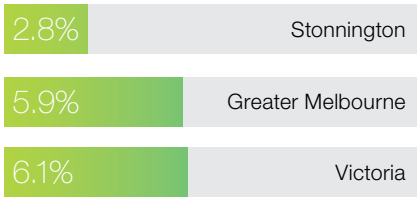
Weekly income
$1,042
median per week

Family income
$2,680
median per week

Mortgage
$2,200
median per month

Rent
$1,733
median per month

UNEMPLOYMENT



Community Health and Wellbeing Profile

General Health

53% rate their health as **excellent or very good**

8.4% rate their health as **fair or poor**

Health Care Card holders (low income earners) generally have more health issues compared to the rest of the Stonnington population

Wellbeing

Residents score an average **resilience score** of 6.4/8

Residents rate their general **satisfaction with life** at 7.8/10

51% of residents feel they live in a **close knit neighbourhood**

Health Conditions

1,812
residents have **Alzheimer's**

2.8%
projected annual growth rate

52%
of residents have at least one **chronic disease** (Heart disease, stroke, cancer, high blood pressure, diabetes), slightly higher than the Victorian average

Diabetes

- **2,433** ▸ Type 2
- **444** ▸ Type 1
- **83** ▸ Gestational
- **33** ▸ Other

Behaviours

4%
of residents are **daily smokers**

77%
of residents drinking habits expose them to a higher risk of **lifetime alcohol related harm**

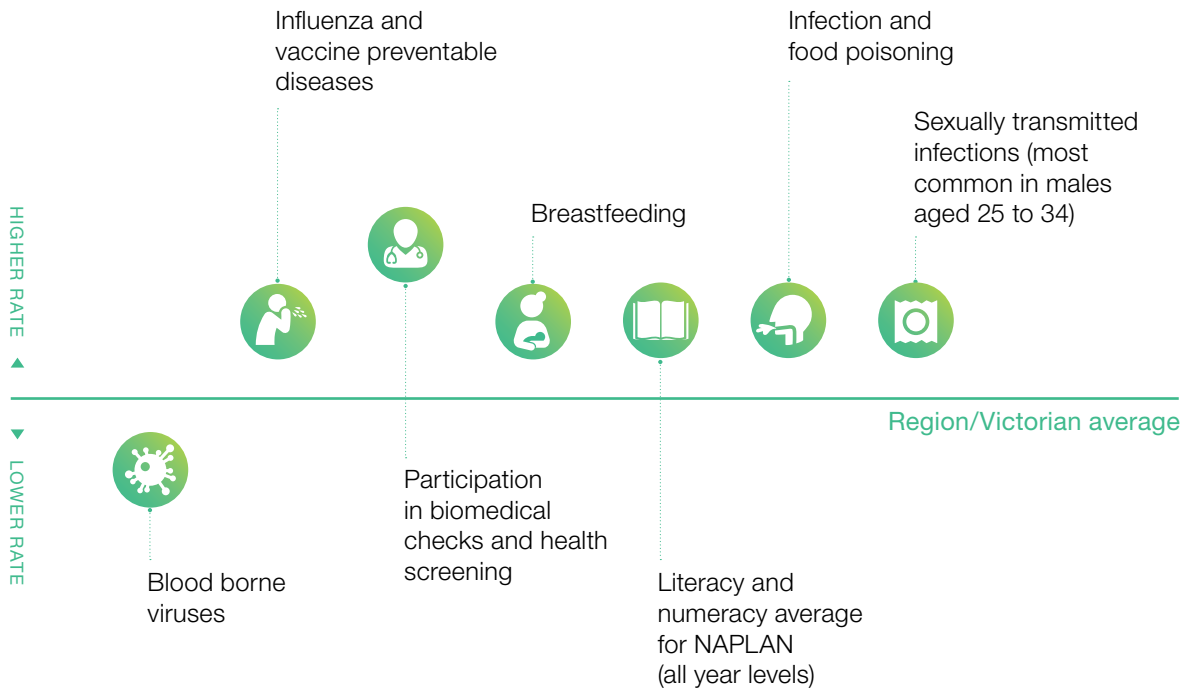
31%
of residents **sit for up to eight hours per day**, a risk factor for many health conditions

Community Health and Wellbeing Profile

Rates / Averages

Life expectancy:

	Male	Female
	81.9	85.8
Victorian average:	80.3	84.4



Service Usage

1.7 GPs

0.7 Dental services

1.6 Allied health services

per 1,000 members of the population

61% private hospitals

Single site injuries (22%)

Digestive illness (17%)

Circulatory system illness (13%)

*People aged 20 to 29 present most frequently at Alfred Emergency Department

Significant Community Health Profile Changes

Findings from the 2014 Victorian Population Health Survey show that Stonnington continues to perform better than the Southern Metropolitan Region (SMR) and the State overall across a number of health areas, yet there are still some concerning trends, such as increased rates of some chronic disease and high levels of alcohol related harm.

Furthermore, rates of many sexually transmitted infections, vaccine preventable diseases and food borne illnesses remain higher than SMR and Victorian rates.

KEY CHANGES IN THE HEALTH STATUS OF STONNINGTON RESIDENTS AS MEASURED BY THE 2011/12 AND 2014 VICTORIAN POPULATION HEALTH SURVEYS

+ Positive Change	~ Remained fairly stable	− Negative Change
Proportion of daily smokers decreased from 6.9% to 4.2%	The number of obese residents has increased by just 0.1% (9.7% to 9.8%)	Physical activity has reduced, with 49% of residents meeting guidelines as compared to 73.5% previously.[2]
Proportion of overweight residents reduced from 39.7% to 31.7%	Self-reported health status is similar, with 52.5% rating their health as excellent/very good, compared to 51.1% previously	Rates of cancer (7%) and arthritis (16.8%), have increased to 9.3% and 21.7% respectively
The number of residents with high/very high levels of psychological distress reduced from 12.6% to 8.4%	A high proportion of residents are continuing to drink in ways that expose them to both short and long term alcohol related harm[3]	Participation rates in pap smear testing reduced by 1.2%

2 Determining compliance in 2011/12 was based on 1999 Australian Guidelines (accruing 150 minutes or more of moderate-intensity physical activity on a regular basis over one week), while compliance for the 2014 survey referred to the updated 2014 Australian Guidelines (accruing 150 minutes or more of moderate-intensity physical activity or 75 or more minutes of vigorous physical activity and doing muscle-strengthening activities on at least two days on a regular basis over one week).

3 Determining the level of risk associated with alcohol-related harm changed between the 2011/12 and 2014 Population Health Surveys. In 2011/12, the level of risk was determined by referencing the 2001 National NHMRC Guidelines, which highlighted that 48.7% of residents were in risky or high risk categories related to short term risk of alcohol related harm and 6.6% were in risky or high risk categories related to long term risk of alcohol related harm. As part of the 2014 survey the assessment of risk was determined using the 2009 National NHMRC Guidelines, which highlighted that 54% of residents had an increased risk of short term alcohol related harm, and 76.7% had an increased risk of lifetime risk of alcohol related harm.

What is a Municipal Public Health and Wellbeing Plan?

Under the *Victorian Health and Wellbeing Act of 2008*, Council is required to prepare a Municipal Public Health and Wellbeing Plan (referred to as the Stonnington Public Health and Wellbeing Plan) within 12 months of Council's general election in order to fulfil its responsibility to protect, improve and promote public health and wellbeing in the municipality.

A Municipal Public Health and Wellbeing Plan must:

» **01** Include an examination of data about health status and health determinants in the municipal district.

» **02** Identify goals and strategies based on available evidence for creating a local community in which people can achieve maximum health and wellbeing.

» **03** Provide for the involvement of people in the local community in the development, implementation and evaluation of the public health and wellbeing plan.

» **04** Specify how the Council will work in partnership with the Victorian Department of Health and other agencies undertaking public health initiatives, projects and programs to accomplish the goals and strategies identified in the Municipal Public Health and Wellbeing Plan.

» **05** Ensure consistency with the Council Plan and Municipal Strategic Statement.

» **06** Consider climate change and potential implications for community members.

The Stonnington Public Health and Wellbeing Plan 2017–2021 is a high-level strategic document to guide Council's planning, policy and strategic direction in response to community health and wellbeing priorities. Like any plan, it is based on certain assumptions and if any assumptions are changed, then the Plan outcomes change. The intention of the Plan is to give general direction to the community and partners about the City of Stonnington's health and wellbeing priorities from an evidence-based perspective, as well as general direction to the organisation on future budget and advocacy process.

The plan is subject to review and may change as circumstances change. Council's financial support to the Plan will be subject to Annual Budget processes.

Local Government's Role in Health and Wellbeing

While local governments are not responsible for the provision of hospitals and other medical services traditionally associated with the health sector, Council has a key role in influencing the built and social environment to promote good health within the community.

Local government takes a population based approach to health and wellbeing by focusing on the underlying causes of ill health to improve the health of the community as a whole. While Council's health and wellbeing programs will support programs delivered by State and Federal Governments, Council will place emphasis on implementing programs that improve the lives of residents of the City of Stonnington.

Local businesses, community groups, allied health services, schools and government departments and agencies will all be encouraged to play a part in the delivery of this plan.

Over the next four years, our key role will be:

- **Leadership:** On health related policy issues such as land use, housing and life stage planning.
- **Coordination:** Coordinate health and wellbeing initiatives in partnership with key stakeholders that deliver on priority health outcomes. Current partner agencies include the Southern Melbourne Primary Care Partnership, Star Health, Caulfield Community Health, Women's Health in the South East (WHISE) and Prahran Mission.
- **Advocate:** On behalf of our community on health and wellbeing issues.
- **Service Provider:** Deliver early childhood services, home and community care services, immunisation, libraries, food safety, environmental health, recreation and aquatic facilities, emergency management, transport, parks, waste management, recreation, cultural activities and creating safe public places.

How was the Plan Developed?

Development of the Stonnington Public Health and Wellbeing Plan included an analysis of the health status of the Stonnington community using recognised data sources including but not limited to:

- Hospital Admissions
- Victorian Population Health Survey
- Census of Population and Housing; and
- Department of Health and Human Services: Victorian Admitted Episodes Dataset, Health Information Surveillance System and Alcohol and Drug Information System.

The collection of this information from the community is a vital part of the development of the Plan. In developing the current plan, Council undertook several engagement strategies to collect information about the health and wellbeing priorities of the community. Community members were asked about their priorities for improving health and wellbeing. They were also asked to provide feedback on the Council services that are working well to promote good health, and if there were any areas for improvement.

Information was gathered via two community engagement surveys available online and in hard copy at several Council locations between December 2016 and March 2017. In addition to the community surveys, Council staff attended a range of community group meetings, including those from a variety of cultural backgrounds, a neighbourhood action group, youth leaders and Council's Access and Inclusion Committee. Council officers also attended the Pets in the Park event, offering the survey for completion and free health checks.

There were a total of 360 completed surveys and over 750 comments received. Males represented 41% of respondents and females 59%. The majority of respondents were aged between 45 to 54 (23%) and 55 to 64 (23%). Respondents were positive about their health, with 85% rating their health as good or very good.

Resident Health Priorities

Across all engagement methods 'promoting an active and healthy lifestyle' and 'community safety' were the most common health and wellbeing priority areas for Stonnington residents. Respondents also believed that crime, violence and injury, alcohol and other drug harm and low rates of physical activity, were the main factors contributing to the burden of ill health and disease within Stonnington.

Additionally, many survey respondents identified access to open space as an important factor to improving current health status, closely followed by access to health and support services, and while the community generally believes that provision of open space was an area that Council was doing well, it was also identified as an area to prioritise into the future.

Engagement through forums and surveys found older residents identified social isolation as a barrier to maintaining their good health. The importance of open space was a prominent theme through all methods of community engagement, particularly in relation to improving the rates of physical activity and in promoting a connection with nature.

RESIDENT HEALTH AND WELLBEING PRIORITIES

01 Promoting an active lifestyle

02 Improving community safety

03 Preventing violence and injury

04 Minimising health inequalities

05 Reducing harmful alcohol and other drug use

06 Reducing the impact of chronic disease

SUMMARY COMMENTS RECEIVED BY STONNINGTON RESIDENTS REGARDING COUNCIL OPERATIONS

Things working well	Things to improve	Biggest challenges faced by Council	Population groups to focus on
Parks and recreational facilities	Better promotion and awareness raising of Council services, programs and events offered	Increasing population growth and development	Elderly
Community events	More parks and open spaces	Continued provision of open spaces	People with a disability
Maternal and Child Health Services	Better bike paths and infrastructure for cyclists	Increasing traffic	People who are homeless or sleeping rough

These issues are addressed in the detailed strategies and actions.

Implementation of the Plan

A focus on prevention and early intervention activities to promote the achievement of health and wellbeing goals is central to the effectiveness of the Plan implementation. The City of Stonnington is well placed to contribute to a healthier community by:

- Leading by example and working within the organisation to ensure Council is taking action to improve community health and wellbeing
- Developing partnerships with relevant organisation to address identified needs and issues
- Educating and raising awareness of steps individuals can take to improve health and wellbeing
- Promoting health and wellbeing messages
- Developing and implementing public health policies and programs, and
- Coordinating and providing key health services, including immunisation.

Over the course of the Plan, Council and service providers may also need to take a flexible and adaptable approach to emerging health priorities and have the ability to develop specific partnerships for particular projects, as required.

The strategies and actions detailed within the Plan outline the timeframe for implementation, the life stage they are targeted towards and the wellbeing outcome to be used to measure progress. ‘Ongoing’ relates to the lifespan of the plan (2017–2021).

Wellbeing outcomes include:

- e Equity
- i Inclusion
- s Sustainability
- hw Personal health and wellbeing
- cc Community connectedness
- cs Personal and community safety

Evaluation of the 2013–2017 Plan

An examination of the Plan annual reviews demonstrates that Council implemented a range of projects and initiatives between 2013–2017. Key health and wellbeing achievements over the previous four years include:

- Completed research to better understand the health needs and priorities of Health Care Card holders
- Revised, reprinted and distributed Family Violence Wallet Card, Mental Health Services Booklet and Emergency Relief and Material Aid Booklet
- Implemented the Stonnington Cycling Strategy
- Completed more than 50 impact assessments of planning permits with a liquor licence to minimise noise and amenity impacts to the community
- Delivered a range of workshops with a focus on behavioural change to improve road safety engaging individuals, including nearly 4,000 participants completing the Fit to Drive Program
- Completed accessibility improvement works at Chapel Off Chapel, Malvern Town Hall Foyer and Wattletree Early Learning Centre
- Provided approximately 138,000 hours of domestic assistance/home care support
- Administered over 12,000 vaccines to infants and students
- Formed Homelessness Round Table in collaboration with community health agencies to better understand and respond to homelessness within Stonnington
- Expanded the number of CCTV cameras in the Chapel Street precinct to 18 as part of the Chapel Street Community Safety Camera Program
- Convened the Community Safety Committee which identified and responded to numerous safety and amenity concerns across the municipality
- Delivered the Active Living Program including yoga, thai chi, qigong and mums and bubs fitness, attracting over 2,000 participants each year
- Installed a Poolpod (disability access platform) at Harold Holt Swim Centre
- Delivered 57 group fitness classes per week to over 2,000 participants a month
- Delivered more than 1,500 hours annually of programs run at the Prahran Child and Youth Wellbeing Community Hub
- Provided more than 400,000 annual hours of childcare through four childcare centres
- Created an additional 6,800sqm of open space (purchased 14 properties for conversion to open space)
- Established an inter-agency protocol for working with people with hoarding behaviours and/or living in squalid environments, and
- Constructed a pedestrian boardwalk on the banks of the Yarra River and improved 2.2kms of the Yarra River bike path as part of the Yarra River Biodiversity Linkages project.

Policy Context

The Stonnington Public Health and Wellbeing Plan is one of Council's three key plans, sitting underneath the Council Plan and alongside the Municipal Strategic Statement. The Plan should inform and be considered in the development of all other Council policies.

The Plan operates in conjunction with several local and State Government frameworks.

Integrated Planning Framework

Council's vision is that 'Stonnington will be an inclusive, healthy, creative, sustainable and smart community'.

Council Plan

Ensuring the community is supported to develop and maintain high levels of health and wellbeing is a priority of the City of Stonnington.

Improving community health and wellbeing outcomes through quality service delivery and strategic partnerships is a priority within the Council Plan and underpins the Plan.

Council Plan pillars

- Community An inclusive City that enhances the health and wellbeing of all residents, where people can feel safe, socially connected and engaged.
- Liveability The most desirable place to live, work and visit.
- Environment A cleaner, safer and better environment for current and future generations to enjoy.
- Economy A City that will grow its premier status as a vibrant, innovative and creative business community.

Municipal Strategic Statement

The Municipal Strategic Statement (MSS) outlines the key land use and development objectives of the municipality and the strategies for achieving them. It provides the basis for the use of zones and other land use controls within the planning scheme.

The MSS includes a number of broadly health-related policies focusing on the natural environment and open space, the character of activity centres, residential amenity, distribution of community services, integrated transport and licenced premises policies.

Emergency Management – Council's Role

Emergency management contributes to community safety through the reduction of the impact of emergency related events that can cause death, injury, loss of property and community disruption.

The Emergency Management Act 1986 requires Council to prepare and maintain a Municipal Emergency Management Plan (MEMP) for the municipal district. The Plan identifies and documents the multi-agency arrangements in place for the prevention of, response to and recovery from emergencies that affect the municipality.

Emergency management planning is a multi-agency responsibility with Council playing a dual role of participant and facilitator of the planning process through the appointment of a planning committee.

The planning process includes the identification of risks that are likely to affect the assets and people in the municipality and the steps taken to address those risks.

The MEMP provides information to emergency services, other organisations and the community on how risks will be dealt with and the management arrangements for emergencies including:

- Planning
- Prevention/mitigation
- Response
- Relief and recovery, and
- Special plans (Sub Plans)
  - Animal welfare
  - Case management
  - Flood emergency
  - Heatwave
  - Influenza pandemic
  - Interagency hoarding protocol
  - Rooming house closure protocol.

The MEMP is regularly reviewed and updated, and audited every three years.

Victorian Public Health and Wellbeing Plan 2015–2019

The Victorian Public Health and Wellbeing Plan sets out a long term agenda for improving health and social outcomes in Victoria. The plan has six priorities which have guided and will continue to guide actions in addressing the increasing impact of chronic disease and persistent inequalities in health status.

The priority areas for the Victorian Public Health and Wellbeing Plan are:

- Healthier eating and active living
- Tobacco-free living
- Reducing harmful alcohol and other drug use
- Improving mental health
- Preventing violence and injury, and
- Improving sexual and reproductive health.

Each priority area needs to take into consideration its relevance across each life stage:

- Starting well (0 to 11)
- Resilient adolescence and youth (12 to 24)
- Healthy adulthood (25 to 64)
- Active and healthy ageing (65+)

The Victorian Public Health and Wellbeing Plan 2015–2019 has informed the priority health pillars of the Plan.

01

Pillar One
Active and Healthy Lifestyle

Enhance the health and wellbeing of Stonnington residents by providing and promoting opportunities for people to undertake regular physical activity, maintain a healthy weight and eat a healthy diet.

Chronic Conditions

9.8%
Obese

31.7%
Overweight

Fully immunised

6%
meet fruit and vegetable consumption guidelines

51.6%
of residents have at least one **chronic disease**

2.5%
of residents have **diabetes**, half the Victorian average

4.6 GP attendances per 1,000 of the population*
*Lowest rate across the region between 2014/15

333.9 influenza cases per 100,000 persons*
*Highest rate across the region

High blood pressure and arthritis are two most common chronic diseases

Physical Activity

49%
of residents report sufficient weekly exercise
52% 48%

30.8%
sit for eight hours or more each day

27%
walk for transport 4+ days per week

5.8%
cycle for transport 2-3 days per week

37%
participate in organised physical activity

Nutritious food, regular physical activity and maintenance of a healthy weight are vital for healthy growth and development in childhood and good health throughout life. These important health factors provide a foundation for coping with the stressors of daily life, improve people's general sense of wellbeing and reduce the long-term risk of chronic disease.

Ultimately, individuals have responsibility for maintaining a healthy lifestyle, but Council can play a key role to ensure our physical environment, facilities, infrastructure, programs and services encourage people to be active at home, work or within the community.

Sport and recreational activities are a vital part of community life, providing outlets for social, physical and mental health and wellbeing. The community is becoming increasingly diverse with particular needs for flexible, affordable and casual access to sport and recreation for all ages.

Sporting facilities face significant and competing pressure as our population, sporting diversification and female participation grows. Significant investment is needed to meet growing demands, including lighting and new turf technology to allow for flexible and higher usage levels. Ongoing densification impacts on community infrastructure and services that are already beyond capacity (sports grounds, parks, community facilities etc), particularly in areas where there is insufficient space to continually expand facilities to cater for the escalating demand associated with densification.

Passive recreation is also important to community health. Council influences the built and natural environment, which is considered a key preventative health strategy in encouraging passive physical activities such as cycling, playing or walking. It is crucial that our built environments encourage physical activity to help promote quality of life and a sense of wellbeing.

The provision and maintenance of parks and reserves and sporting ovals, open space, libraries, water fountains, recreation centres and youth and aged care services are all fundamental in supporting the community to be active and healthy. Council also offers a range of recreation and leisure programs for older residents through Council facilities and programs including outdoor exercise classes and senior citizens community centres.

Council will continue to provide the community with access to high quality and responsive services, through future decisions made in the context of a constrained financial environment due to rate capping, changing demographics of the population and identified emerging health risks and trends.

Interacting with parks and open spaces in Stonnington makes an important contribution to reducing chronic disease risk factors, increasing social inclusion and building stronger communities.

Overwhelmingly, throughout every engagement activity, our community tells us that open space and liveability is the most important issue for Council and access to open space is important to improving their health. At every opportunity, Council will seek to acquire additional land for open space, improve linkages between open space and improve the quality and amenity of existing open space. Creating open space is about the health and wellbeing of everyone who works, plays or lives in Stonnington.

Pedestrian and shared pathway links within inner urban Melbourne are well used and increasingly demanded by the community. Such links provide cost effective and healthy transport alternatives to vehicular travel, while at the same time encouraging walking and recreational activities for residents of all ages. Council aims to enhance the physical and social environments in order to support more people to cycle, and people to cycle more often.

We seek to invest in cycling facilities, including trails, shared paths, on-road bike lanes and associated infrastructure (such as signage, resting places and parking facilities), as well as programs and services to promote and encourage participation. Good access to key local destinations, such as shopping, education, recreation and employment locations is also important. Over the life of the Plan, Council will advocate for the development of safe, accessible, legible, functional and appropriate cycling options and initiatives to encourage participation in cycling and a culture of sharing space.

Food insecurity amongst lower income residents leads to greater consumption of inexpensive, energy-dense and nutrient poor foods. Encouraging residents to eat the required amount of fruit and vegetables and drink plenty of water can be achieved through:

- Delivery of education workshops
- Ensuring food provided in Council child care facilities meets high nutrition standards
- Providing fresh food options at all catered Council events, programs and activities, and
- Promoting the availability of drinking fountains across the municipality.

Immunisation is a simple, safe and effective way of protecting individuals and the broader community. Council is dedicated to providing a safe, convenient service that aims to achieve the best immunisation coverage possible, with a particular focus on increasing the overall rate to above the required level of 95%.

Strategies and Action Plan

Strategic priorities within the **Active and Healthy Lifestyle** pillar over the next four years aim to provide services, facilities, programs, environments and infrastructure which enable people to be physically active, and to also increase knowledge and awareness of individual behaviours needed which maintain and promote high levels of health and wellbeing.

ACTION	TIME FRAME	LIFE STAGE	WELLBEING OUTCOME
» Promote and provide opportunities for active transport			
Maintain existing cycling and footpaths to a high standard	Ongoing	All	e i s hw cc cs
Facilitate the development of safe, accessible, functional and appropriate cycling options and network initiatives to improve access to local places and to encourage cycling and a culture of sharing space	Ongoing	All	e i s hw cc cs
» Promote the importance of and provide opportunities for healthy nutritional choices			
Promote the provision of healthy food and drink options through development and endorsement of a healthy catering policy and guidelines (venue hire, Council child care, etc.)	Ongoing	All	hw
Work with sporting clubs to encourage and facilitate the implementation of healthy eating options	Ongoing	All	hw
» Increase physical activity across all life stages			
Develop a framework to link and promote active recreation opportunities	2018–2019	All	e i hw
Work in partnership with community organisations to increase the number of active recreation opportunities	Ongoing	All	e i hw
Develop a Playground Strategy	2018–2019	0 to 11 12 to 24	i hw cc cs
Provide opportunities for physical activity through long-term recreation planning and service delivery	Ongoing	All	e i hw
Review the sportsground allocation and price (charging) policy to address imbalance and inequity	Ongoing	All	e i hw

ACTION	TIME FRAME	LIFE STAGE	WELLBEING OUTCOME
» Increase physical activity across all life stages (continued)			
Increase the use of sharing important school based infrastructure with the broader community for sports and recreation	Ongoing	All	e i hw
Provide education and raise awareness of initiatives, projects and strategies designed to encourage positive health and wellbeing through every life stage	Ongoing	All	e i hw
» Ensure the built environment supports residents to lead active and healthy lives			
Continue to implement Strategies for *Creating Open Space and Public Realm Strategies*	Ongoing	All	e i s hw cc cs
Promote the use of *Healthy By Design: A guide to planning environments for active living* across Council departments	Ongoing	All	e i s hw cc cs
Ensure all new and refurbished sport and recreation facilities meet universal design principles and sport-specific standards	Ongoing	All	hw
Ensure the provision of shade is incorporated into initial planning, design and refurbishment of outdoor spaces	Ongoing	All	hw
Strategically invest in open spaces, sporting fields, community facilities and public realm to optimise use according to community needs	Ongoing	All	e i s hw cc cs
» Encourage local health services to deliver targeted programs to address community health needs			
Coordinate health and wellbeing initiatives in partnership with key stakeholders (e.g. oral health programs, Communities that Care and the Victorian Achievement Program)	Ongoing	All	i hw
Encourage and promote awareness of campaigns for immunisation and vaccine preventable diseases (e.g. measles, influenza), particularly for those in high risk groups (older residents, those in public housing)	Ongoing	0 to 11 65+	hw
Identify partnership and funding priorities for prevention and early intervention initiatives which meet emerging needs	Ongoing	All	hw
Encourage and promote awareness of campaigns for preventative health screening and education related to diabetes and cancer (i.e. bowel cancer, skin cancer checks, etc)	Ongoing	25 to 64 65+	hw

Key
e Equity
i Inclusion
s Sustainability
hw Personal health and wellbeing
cc Community connectedness
cs Personal and community safety

02

Pillar Two Community Safety

Provide a safer community for everyone who lives, works and visits Stonnington.

Resident perceptions

95.8%

of residents **feel safe** walking alone during the day

56%

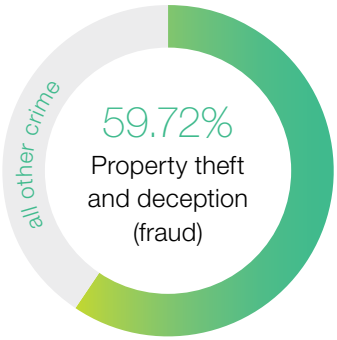
of females said they felt **safe walking at night**

74.1% residents agree that their neighbourhood can be trusted

78%

of residents believe CCTV reduces the occurrence of crime

Crime



Over the past 12 months

10% ↗ in overall crime rates

10% ↗ in assaults

Theft of, and from motor cars continues to be a concern.

Drug offences have remained stable over the past 12 months

Council Services
(per year)

Council inspects

1,099
food premises

Council spends

$500K
on graffiti removal

Council removes approximately one MCG worth of graffiti per year

2,000+
community safety request responses per year (noise and amenity issues)

20 community safety cameras in Stonnington

448
nuisance investigations under the *Public Health and Wellbeing Act*

Stonnington residents have identified that feeling safe is a high priority for the community.

Community safety is not only about reducing and preventing crime; it is also about people feeling safe. Perceptions of safety, real or perceived, can often impact how safe a person feels and also, how they interact within their community. Perceptions of safety can be negatively influenced by media coverage of crime, especially violent and more sensationalised crime. Council acknowledges that the experience of and perceptions of safety will differ greatly across the City.

Issues and factors that can also impact community safety, include:

- Safety in the home
- Feeling and being safe in public places, especially at night
- Road and pedestrian safety
- Graffiti
- Property damage
- Public transport safety
- Water safety, and
- Crime rate.

Community safety is a shared responsibility of government, business and residents in the community. In Victoria, crime prevention and policing is the responsibility of the state government. Council has a strong partnership with Victoria Police, other emergency services, State and Federal government departments, community agencies and peak local government organisations and will continue to be responsive and proactive to emerging crime prevention and community safety issues by sharing knowledge.

Nonetheless, there is an increasing community expectation that local government will assume some level of responsibility for initiating or directing action in response to community safety issues that are affecting local amenity and quality of life. In this context, Council plays an important role in developing and delivering initiatives to help create safer environments and communities (e.g. crime prevention and safety operations such as liquor licensing, local laws, planning controls, public place lighting, health inspections, graffiti removal, maintenance of public places and facilities, urban design and education programs).

Stonnington residents generally feel safe walking alone during the day, however the perception of safety walking at night is significantly lower, especially for females. The design and maintenance of the built environment and public realm significantly influences perceptions of safety and is a critical factor to improve community safety. Council will continue its strong focus on safety and preventing anti-social behaviour in public places; reflected in its approach to use the principles of Crime Prevention Through Environmental Design (CPTED) that takes into account the relationship between the physical environment and users.

Graffiti is one of the most visible forms of crime, defacing both public and private property. Council will continually monitor the responsiveness of our graffiti response program parallel with available funding and advocate to state government for a commitment to keep public assets and our community graffiti free.

Through the management of our operations and the enforcement of local laws, Council also plays a key role in responding to safety and amenity concerns including noise, litter, building controls and graffiti. We will continue to:

- Provide an after-hour service to respond to noise and amenity complaints in our late night entertainment precincts
- Administer and enforce regulations for swimming pools and spas, and promote safety and awareness of owner responsibilities, and
- Administer and enforce the Building Act 1993 and Regulations 2006.

The community also has a role to play in the prevention of crime and contribution to a safer community by:

- Reporting safety issues to Victoria Police, Crime Stoppers, Body Corporations, Council and other relevant organisations, and
- Being responsible for themselves and private property, looking after neighbours and encouraging others to be responsible for their own actions.

Community safety is complex, reaches across many areas of Council and requires the collective effort of governments and individuals to address local issues.

Strategies and Action Plan

Strategic priorities within the **Community Safety** pillar over the next four years involve Council continuing to act as a leader and influencer in identifying and responding to identified and perceived safety issues. It is important that local community safety issues and crime prevention responses are identified early and implemented with the support of partners.

ACTION	TIME FRAME	LIFE STAGE	WELLBEING OUTCOME
» Provide public spaces and places where people can feel safe and enjoy			
Lead the way in creating safe physical, urban and natural environments through adherence to Safer Design principles including Crime Prevention Through Environmental Design (CPTED)	Ongoing	All	i hw cc cs
Enhance public safety in the Chapel Street precinct activity centre by implementing Chapel reVision	Ongoing	All	i hw cc cs
Maintain an effective and proactive approach to graffiti management through prevention, innovative solutions, education programs and removal	Ongoing	All	hw cc cs
Assess requests for new CCTV in accordance with adopted CCTV protocol	Ongoing	All	hw cc cs
Upgrade CCTV coverage at Princes Gardens	2018	All	hw cc cs
Undertake safety and amenity upgrades to promote connectivity and safety at the priority locations: King and Porter Street (Chapel Street precinct), Caroline Gardens, Princes Gardens, Cato Square and Grattan Gardens	2017–2019	All	e i s hw cc cs
Maintain a pro-active after-hours amenity approach to respond to noise complaints and anti-social behaviour in late-night entertainment precincts	Ongoing	12 to 24 25 to 64 65+	hw cc cs
Investigate accreditation requirements to become a Child Safe city	2020–2021	0 to 4 12 to 24	e i hw cc cs

Key
e Equity
i Inclusion
s Sustainability
hw Personal health and wellbeing
cc Community connectedness
cs Personal and community safety

ACTION	TIME FRAME	LIFE STAGE	WELLBEING OUTCOME
» Recognise Council's statutory role and its contribution to community safety			
Maintain the Municipal Emergency Management Plan, in partnership with key agencies to prepare for and respond to municipal emergencies	Ongoing	All	hw cs
Monitor and minimise risks to public health through the enforcement of legislation and guidelines	Ongoing	All	hw cs
Administer and enforce the Building Act 1993 and Regulations 2006	Ongoing	All	hw cs
Administer and enforce Council's Local Laws	Ongoing	All	hw cs
» Provide a leadership role in integrated community safety			
Prioritise Victoria Police and Council collaborative relationships	Ongoing	All	hw cc cs
Target and reduce anti-social behaviour in and around identified community hot spots, in partnership with Victoria Police	Ongoing	All	hw cc cs
Routinely collect community safety and crime data and analyse community safety and crime statistics data across all Council areas	Ongoing	All	hw cc cs
Identify partnership and funding opportunities for prevention and early intervention initiatives in relation to community safety	Ongoing	All	hw cc cs
Advocate for safer Taxi ranks in late-night entertainment precincts	Ongoing	12 to 24 25 to 64 65+	hw cs
Advocate to secure late night public transport options to Chapel Street precinct	Ongoing	12 to 24 25 to 64 65+	hw cc cs
Seek external funding for new Closed-Circuit Television (CCTV) systems in response to identified crime occurrences and in consultation with Victoria Police	Ongoing	All	hw cc cs
Advocate to state government to be more responsive and commit to keeping public assets and our community graffiti free	Ongoing	All	hw cc cs

ACTION	TIME FRAME	LIFE STAGE	WELLBEING OUTCOME
» Strengthen community resilience			
Monitor and minimise risks to public health through the enforcement of legislation and guidelines	Ongoing	All	e i s hw cc cs
Administer and enforce the Building Act 1993 and Regulations 2006	Ongoing	All	hw cc cs
Administer and enforce Council's Local Laws	Ongoing	All	hw cc cs
Identify partnership and funding opportunities for prevention and early intervention initiatives in relation to community safety	Ongoing	All	hw cc cs

Key
- e Equity
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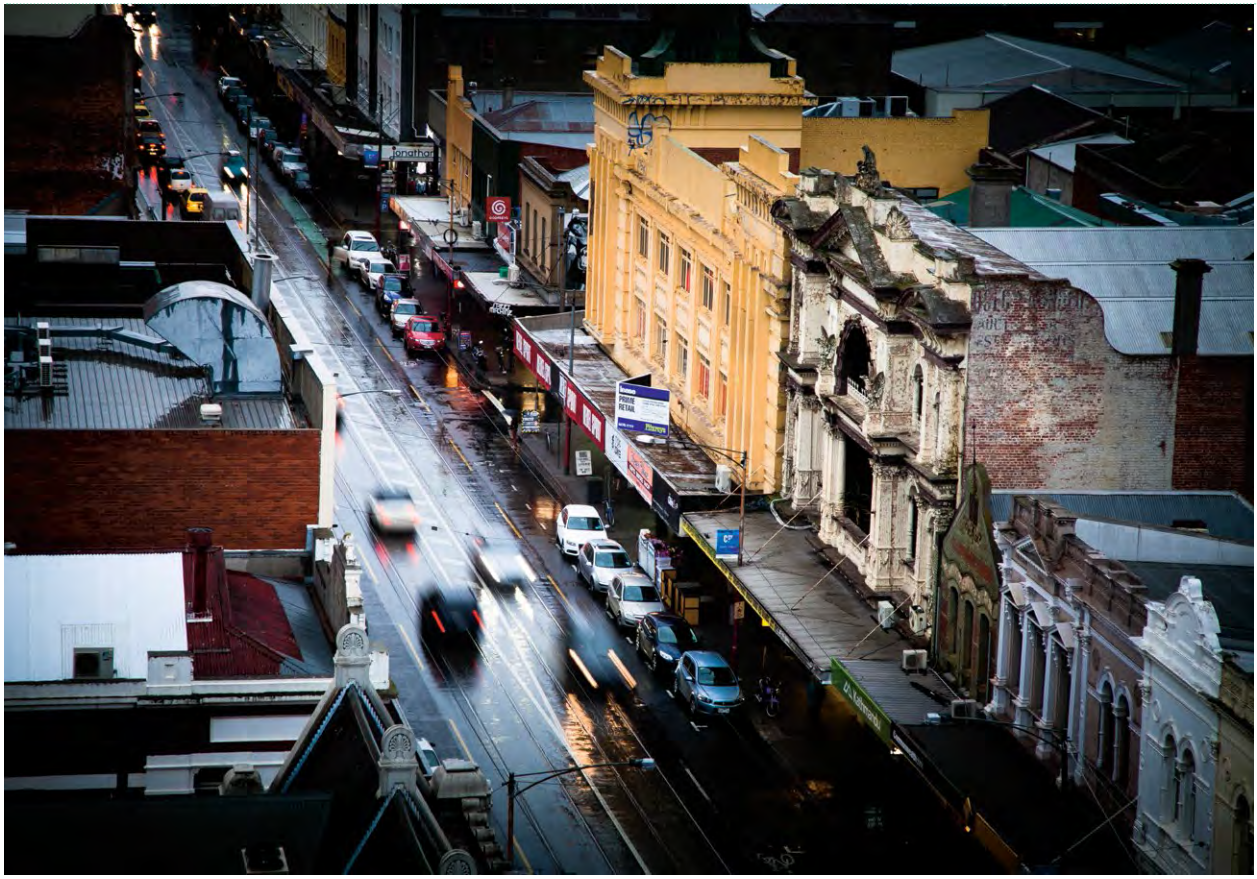


03

Pillar Three
Vulnerable Communities

Committed to providing inclusive and accessible environments that promote full participation in community life by all.

Disability

3.3%

of residents **need help** in day to day lives due to disability

9,000

residents provide regular **unpaid assistance** to people with a disability

1.6%

of residents receive **disability pension**

Mental Health

1/4

people have experienced **mental health issue**s at some point in their lives

8.4%

of residents have high/very high levels of **psychological distress**

There is a higher proportion of same sex couples in Stonnington. LGBTQIA people are more likely to attempt suicide, self-harm and have a mental health issue

Social Disadvantage

667

Socio-Economic Indexes for Areas (SEIFA) index for public housing estates (compared to 1084 Stonnington SEIFA)

<1%

of dwellings are **affordable** to Centrelink recipients

10.3%

of young people aged 20 to 24 receive youth allowance

3,800

dwellings receiving **rent assistance** (2015)

3.4%

of residents have a Health Care Card

Health Care Card holders:

- 19% smoke cigarettes daily (compared to 4% of other residents)
- 4 x more likely to be obese
- 10 x more likely to have run out of food in previous 12 months

Mature Residents

37%

receive **aged pension**

Lone person households

27%	aged 65 to 74
34%	aged 75 to 84
52%	aged 85+

Residents who arrived in Australia prior to 2000 are less likely to speak English very well

Building healthy and resilient communities that promote social inclusion and economic participation are fundamental in supporting vulnerable community members to be healthy and happy. Feeling connected to and valued by others, being able to cope with stresses and having the opportunity and capacity to contribute to the community are all essential to building resilience and improving health and wellbeing experienced by those who are vulnerable.

Our social fabric is dynamic, complex and ever evolving. Council has a role to play in taking a firm stance against racism and discrimination and promoting tolerance and community harmony. Encouraging interaction between people through activities that bring people together is an important way to achieve this.

Council aims to reduce inequalities experienced by disadvantaged and vulnerable communities by:

- Delivering and promoting primary prevention programs
- Raising awareness of mental health services, and
- Working to reduce common access barriers to inclusion for people with disabilities and their family members including communication, transport, community attitudes and the built environment.

As Stonnington residents continue to live longer, it is important to ensure they are given every opportunity to enjoy high levels of health and wellbeing. The proportion of residents aged 75 and over is higher than the Victorian average. A number of challenges facing our older residents include social isolation, disability, increased risk of falls and injury and the potential for elder abuse, particularly financial abuse. Reform of the Aged Care system will influence the decisions made by Council on its future involvement in the delivery of services to older people.

Determining the level of ongoing service delivery or a shift towards an increased advocacy and planning role are key decisions for Council to make in coming years.

The City of Stonnington supports families in the areas of parenting, health and development and linking with relevant health services. Council also plays a key role in delivering services to young people. In addition to direct service delivery to young people, Stonnington Youth Services and The Hub also undertake dedicated strategic work including, providing consultation and advocacy to the youth sector on issues impacting young people, and provides support to schools and education providers working with young people. The service has a high profile in the community, often taking the lead role in the coordination of partnerships and initiatives to increase wellbeing outcomes for local youth.

Council's Responsible Gambling Policy aims to ensure that a balance of positive and negative impacts of gambling in the City is achieved. The policy supports a harm minimisation approach. Council strongly discourages any additional gaming venues or additional gaming machines in the municipality in order to prevent an increase in the negative impacts of gambling on the community.

Strategies and Action Plan

Strategic priorities within the **Vulnerable Communities** pillar over the next four years aim to address the social determinants that contribute to inequalities in health across the municipality. This will be achieved by developing policies, partnering with agencies to deliver programs and activities and advocating to all levels of government on identified issues.

ACTION	TIME FRAME	LIFE STAGE	WELLBEING OUTCOME
» Support the community to age well			
Develop and implement an Older Persons Strategy	2018–2019	65+	e i s hw cc cs
Raise awareness of elder abuse and relevant support services by facilitating and promoting forums or training seminars	Ongoing	65+	e i s hw cs
Provide opportunities for social connection, engagement and physical activity	Ongoing	25 to 64 65+	e i hw cc
Support the community in the aged care reform transition process	Ongoing	65+	e i hw cc
» Minimise health inequalities across groups within the community			
Provide subsidised membership fees for Council gyms and aquatic centres for low income earners	Ongoing	All	e i hw cc
Facilitate Homelessness Round Table to identify and respond to emerging issues and trends	Ongoing	All	e i hw cc cs
Promote opportunities for participation in events, activities and sports for people with a disability	Ongoing	All	e i hw cc
Ensure all Council facilities are accessible and designed and managed to maximise their use by diverse groups including those with a disability, elderly or from culturally diverse backgrounds	Ongoing	All	e i hw cc
Support initiatives to increase health literacy levels amongst public housing residents	Ongoing	All	e i hw
Support the community in the National Disability Insurance Scheme (NDIS) transition process	2017–2018	All	e i hw
Support programs to address social isolation, mental illness, youth resilience and investigating and raising awareness of various health issues amongst the LGBTQIA community	Ongoing	All	e i hw cc

ACTION	TIME FRAME	LIFE STAGE	WELLBEING OUTCOME
» Support marginalised residents and vulnerable communities			
Update and distribute the Mental Health Services Guide	2018	All	e i hw cc
Facilitate annual Carers Forum	Ongoing	All	e i hw cc
Administer the Community Grants program	Ongoing	All	e i hw
Promote Responsible Gambling week and other initiatives designed to minimise harm from gambling	Ongoing	All	e i hw cc
Promote key health days and weeks through social media, e.g. Mental Health Week	Ongoing	All	e i hw cc
Advocate for increased, high quality public housing	Ongoing	All	e i hw cc cs
» Support communities from culturally diverse backgrounds			
Convene Ethnic Services and Access and Inclusion Committees	Ongoing	12 to 24 25 to 64 65+	e i hw
Investigate options for translating key Council documents and website	Ongoing	All	e i hw cc
» Improve social and emotional wellbeing of young people			
Develop and implement the Children, Youth and Family Strategy	2018	0 to 11 12 to 24	e i s hw cc cs
Support schools in their responses to mental health issues amongst young people	Ongoing	0 to 11 12 to 24	e i hw cc cs
Support young people in their capacity to engage more fully in education and community	Ongoing	0 to 11 12 to 24	e i hw cs
Deliver and promote services, programs and events for young people	Ongoing	0 to 11 12 to 24	e i hw cs
Deliver evidence based responses (Resilient Youth Survey) to improve mental health and emotional wellbeing of young people	Ongoing	0 to 11 12 to 24	e i s hw cc cs

Key
e Equity
i Inclusion
s Sustainability
hw Personal health and wellbeing
cc Community connectedness
cs Personal and community safety


six
south
2014

04

Pillar Four Harmful Alcohol and Other Drug Use

Minimise the impact of harmful alcohol and other drug use in the community.

Alcohol

77%
of residents drinking habits expose them to a higher risk of **lifetime alcohol related harm**

87% 67%

Risk of alcohol related harm **increases with income**

54%
at increased risk of injury on a single drinking occasion

757
active liquor licences (270 within Chapel Street)

Drugs

54 overdose deaths*
(43 involved pharmaceutical drugs)
*between 2009–2015

Cocaine, ecstasy and amphetamines commonly consumed by young recreational users in entertainment precinct

Heroin and amphetamines commonly used by long term drug users

Daily or occasional smokers

9%
6.5%

Ambulance / Hospital Usage

128 **amphetamine treatment episodes** 2014/15

48 2010/11

22 **ecstasy related ambulance attendances** in 2013/14 (2nd highest rate for LGA in metro region)

182
presentations at Alfred Hospital emergency department for alcohol/drug abuse or alcohol/drug induced mental health disorders in 2015/16

Alcohol related ambulance attendances **doubled** between 2006/07 and 2013/14

Attendance rates highest for those aged 15 to 24 (2013/14)

There is no single approach to reducing the harm that alcohol and other drug use has on the City of Stonnington. Taking action to support people impacted by harm from alcohol and other drug use through policy and strategy development, collaborative projects with service providers, including licensees, and creating environments to reduce harm from alcohol and other drug use remain priorities for Council.

A holistic approach to addressing the broader harms across all life-stages is required, and a priority for Council will be to develop an alcohol discussion paper to guide our future response.

The diversity of licence types across Stonnington provides significant economic and cultural benefits, yet it must also be acknowledged that a high density of liquor outlets can also lead to high levels of alcohol related harm. The City of Stonnington Liquor Accord provides a solid platform to discuss local alcohol and other drug issues, which will be an increasingly important forum in the continued focus on reducing harm from alcohol and other drugs across the entertainment precincts.

Despite downward trends in overall alcohol consumption amongst young adults, alcohol-related harms have remained stable. Council is seeking to positively influence the risk drinking culture of youth in late night entertainment precincts through the Alcohol Cultural Change project, *What's Your Story?* The project is delivered in partnership with the Cities of Port Phillip and Melbourne and Turning Point Alcohol and Drug Centre.

Illicit drug use within Stonnington can generally be categorised by young recreational users frequenting the entertainment districts and smaller groups of marginalised chronic long-term substance users. Addressing the harms from alcohol and other drug use is predominantly delivered by law enforcement and community health service. Council plays a supporting role to these agencies.

Smoking rates continue to decline, which is a positive community health outcome. Council has a legislative role to enforce the control of smoking in outdoor areas and the sale of tobacco to minors.

Strategies and Action Plan

Strategic priorities within the **Harmful Alcohol and Other Drug Use** pillar over the next four years aim to reduce the risk of short and long term harms from the misuse of alcohol and other drugs. This will be achieved by the development of an alcohol management policy, supporting positive changes to the culture of alcohol consumption and through working with service providers to respond to identified issues and trends as they occur.

ACTION	TIME FRAME	LIFE STAGE	WELLBEING OUTCOME
» Minimise harm from alcohol			
Develop and implement an Alcohol Management Discussion Paper	2018–2019	12 to 24 25 to 64 65+	hw cs
Convene Liquor Accord Forum to ensure effective management of licensed premises	Ongoing	12 to 24 25 to 64 65+	hw cs
Conduct impact assessments of planning permit with liquor licence element	Ongoing	All	hw cs
Establish alcohol free events across the municipality and provide alternatives to alcohol at Council events	Ongoing	All	e i hw cc cs
Implement Alcohol Cultural Change Project	2017–2019	12 to 24	hw cs
Investigate initiatives to reduce alcohol consumption of people aged under 18	2018–2019	0 to 11 12 to 24	hw cs
Advocate to prohibit alcohol and gambling sponsorship for junior sporting clubs	Ongoing	0 to 11 12 to 24	e i hw cc cs
Advocate for continuation of Late Night Freeze for venues seeking to trade beyond 1am with 200 patrons or more	2019	12 to 24 25 to 64 65+	e i hw cs
» Promote smoke free environments			
Enforce Tobacco Control Act	Ongoing	All	hw

ACTION	TIME FRAME	LIFE STAGE	WELLBEING OUTCOME
» Develop partnerships related to minimising harm from pharmaceutical and illicit substances			
Seek to establish Local Drug Action Forum in collaboration with relevant partner agencies	2018	12 to 24 25 to 64 65+	e i hw cs
Encourage membership of Good Sports Program across clubs within Stonnington	Ongoing	All	e i hw cc cs
Support the implementation of the peer led harm reduction project on Chapel Street	2017–2019	12 to 24 25 to 64	e i hw cc cs

Key
- e Equity
- i Inclusion
- s Sustainability
- hw Personal health and wellbeing
- cc Community connectedness
- cs Personal and community safety

05

Pillar Five
Violence and Injury

Promoting an inclusive and respectful community that does not tolerate any form of violence.

Violence

Family violence incidents

646 (2015) ↗ 706 (2016)

Victim reports by females related to sexual assault

79 (2014) ↗ 85 (2015)

Rates of assaults and related offences

594 (2012/13) → 619 (2016/17)

Injury

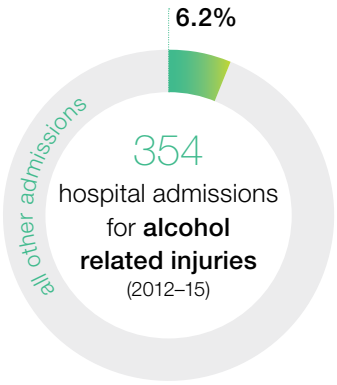
Hospital admissions

166 **assault related** (2012/15)

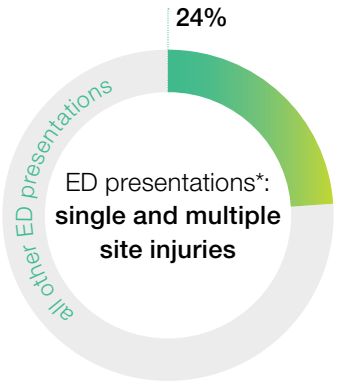
1,738 **injury related** (2012/13)

↓ 19% increase

2,083 **injury related** (2014/15)



Emergency Department (ED) presentations



* Average 4113 per year

Road

106 serious injuries 2014

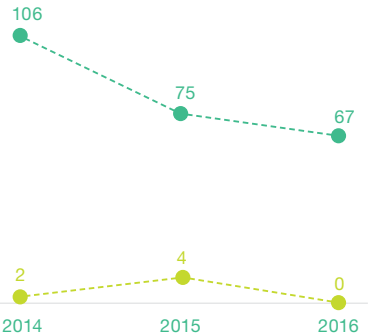
75 serious injuries 2015

67 serious injuries 2016

2 road deaths 2014

4 road deaths 2015

0 road deaths 2016



All sectors of the community, including government, prevention and response agencies are vital in playing a role to prevent violence and injury across Stonnington. The prevention of family violence by addressing gender inequality requires a whole of community approach to drive social and cultural change across a wide range of settings; including the home, workplaces and common public areas where we interact every day. This means that everyone has a role to play; men, women and children to address the underlying causes of violence and to promote respect and equality.

The City of Stonnington will take a lead role in continuing to develop and promote a culture of non-violence, respect and gender equity across the organisation. In addition, Council will play an active role in continuing to raise community awareness about the impact of family violence, which has the aim of making it easier for individuals to come forward and report and for other members of the community to 'call out' negative behaviour. Council's approach to stamp out all forms of violence involves:

- Promote initiatives which support Stonnington to be a respectful community that does not tolerate any form of violence
- Embed family violence principles across organisational policy and service delivery, and
- Develop facilities and create safer public environments.

The City of Stonnington actively aims to reduce road related fatalities and serious injuries within the municipality by focusing on safer roads and roadsides, safer vehicles and safer road users.

Vulnerable pedestrians are more likely to be injured on the roads, which includes elderly residents, children and young adults, those who are affected by alcohol and cyclists. Older and younger drivers are high risk group for road crashes. Stonnington's Road Safety Policy commits to the delivery of behavioural road safety programs that aim to promote and encourage driver safety for new and 60 and over drivers.

Council has a 'Vision Zero' approach to road safety. Council aims to reduce the road related fatalities and serious injuries in the Municipality by 30% over the ten year life of the Road Safety Policy. Achieving this will save one life and prevent 47 serious injuries.

Falls are the leading cause of injury related deaths, hospital admissions and emergency department presentations in those aged 65 and over. Council will ensure that elderly residents are supported to engage with community health agencies delivering falls prevention and education training.

Strategies and Action Plan

Strategic priorities within the **Violence and Injury** pillar over the next four years aim to promote an inclusive and respectful community that does not tolerate any form of violence. Reducing the overall rates of violence and injury will promote a safer and more inclusive community for all residents to enjoy.

ACTION	TIME FRAME	LIFE STAGE	WELLBEING OUTCOME
» Support community initiatives related to the prevention of violence			
Support initiatives related to ending family violence	Ongoing	All	e i hw cc cs
Investigate options to deliver gender equity programs within sporting clubs	2018–2019	All	e i hw cc cs
Promote awareness campaigns, services and resources to reduce violence	Ongoing	All	e i hw cc cs
Print and distribute Family Violence Wallet Card	Ongoing	All	e i hw cc cs
» Provide supportive work practices across Council business related to gender equity and preventing violence			
Review Our Watch Handbook	2018–2019	All	e i hw cc cs
Deliver gender equity training and education across Council	2018–2019	All	e i hw cc cs
Provide enhanced training for service delivery staff to better support victims of family violence	2018–2019	All	e i hw cc cs
Develop Family Violence Strategy and Commitment Statement	2018–2019	All	e i hw cc cs

ACTION	TIME FRAME	LIFE STAGE	WELLBEING OUTCOME
» Promote initiatives and campaigns designed to reduce injury			
Support licensees to complete alcohol management training	Ongoing	12 to 24 25 to 64 65+	hw cs
Promote falls prevention and education programs	Ongoing	25 to 64 65+	e i hw cs
Improve the infrastructure of roads and roadsides to reduce the of likelihood accidents, death or serious injury	Ongoing	12 to 24 25 to 64	hw cs
Support activities to increase the safe behaviour of road users within the municipality	Ongoing	All	hw cs
Support behavioural road safety programs that aim to improve the safety of at-risk road user groups, including children, young and older adults	Ongoing	All	e i hw cs
Promote safe driving speed in local streets	Ongoing	All	hw cc cs

Key

e Equity
i Inclusion
s Sustainability
hw Personal health and wellbeing
cc Community connectedness
cs Personal and community safety

Climate Change Statement

The changing climate in Australia will mean warmer and drier conditions with an increasing likelihood of more extreme events such as heatwaves, bushfires and storm surges. This is likely to lead to a variety of impacts including increased flood and storm damage, disruption to essential services, stress on plant and animal communities and increased health risks particularly for vulnerable groups within the community including the elderly, children, and people with disabilities or existing illnesses.

The City of Stonnington is committed to creating a sustainable and resilient City, with enhanced natural and urban environments that are enjoyed by the community.

Our community expects Council to focus efforts on improving its own environmental performance and practices; to lead by example. Council's current sustainability practices include energy conservation measures, sustainable purchasing, enhancing natural areas, waste management and minimisation and integrated water management. The Council Plan 2017–2021 and draft Sustainable Environment Strategy 2017–2021 details initiatives which will contribute to climate change mitigation and adaption through energy conservation, greenhouse gas reduction, water conservation, protecting and increasing green space and flood mitigation.

In response to the impact of Climate Change, Council will:

- Reduce energy use and associated greenhouse gas emissions
- Maximise efficiency of water use and improve water quality entering waterways
- Enhance biodiversity values throughout the City to protect and increase flora and fauna.
- Protect, maintain and grow the City's street tree population to enhance the character, identity and liveability of the City of Stonnington
- Deliver best practice waste management services to minimise waste generation and maximise resource recovery and recycling
- Enhance sustainable purchasing of goods, materials and services with reduced environmental impacts
- Lead community sustainability through public programs
- Promote and facilitate the use of sustainable transport options across the City
- Continue to support and encourage safety by circulating Heat Health alerts from the Department of Health and Human Services to organisations working with vulnerable people, and
- Continue to implement the Heatwave Policy sub plan of the Municipal Emergency Management Plan covering both response and recovery.

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Appendix One
Stonnington Health Profile

Stonnington residents are generally healthier than people living in the broader Southern Metropolitan region and across Victoria, with lower rates of and reduced risk for many health conditions.

Approximately 53% of Stonnington residents rate their health as either excellent or very good, with only 8.4% rating their health as fair or poor. Self-reported health status has been shown to be a reliable predictor of ill-health, future healthcare use and premature mortality (Department of Health and Human Services, 2016).

However, despite the relatively high overall level of health and wellbeing of residents across the Local Government Area (LGA), the community is still at risk of developing chronic diseases and debilitating health conditions related to alcohol use, being overweight or obese, insufficient exercise and not consuming enough fruit and vegetables.

Our People

The estimated residential population of Stonnington in 2017 is 114,991, representing an increase of 10% from the 2013 population level. The population is comprised of approximately 55,905 males (48%) and 59,086 females (52%). In 2021, the estimated resident population will be 124,420, representing a further increase of 8.2% from current levels and an average annual increase of 1.9%.

Between 2017–2021, the two areas that will experience the greatest increase in population are South Yarra (15.4%) and Armadale (15%).

Age Groups

People aged 25 to 34 make up the largest age group within Stonnington (23.4%), with people aged 15 to 24 and 35 to 44 making up 28.8% of the population (14.4% each). Stonnington's population remains relatively young, with 50% of residents younger than 35 years.

Population groups are not distributed evenly across the City of Stonnington. The majority of South Yarra residents (58%) are younger than 35, while in Toorak the population is slightly older with only 40% aged younger than 35.

The highest growth in children aged 0 to 4 will occur in Toorak (19.6%), South Yarra (17%). And Glen Iris (14.1%). Growth in children aged 5 to 14 will also be highest in South Yarra (24%).

Growth for people aged 75 to 84 will occur in Armadale (30.1%5), South Yarra (23.3%) and Toorak (17.6%).

2017 POPULATION SUMMARY

Age Group	Number	%
Babies and pre-schoolers (0 to 4)	5,520	4.8
Primary schoolers (5 to 11)	6,388	5.6
Secondary schoolers (12 to 17)	5,877	5.1
Tertiary education and independence (18 to 24)	13,494	11.7
Young workforce (25 to 34)	26,960	23.4
Parents and homebuilders (35 to 49)	22,984	20.0
Older workers and pre-retirees (50 to 59)	11,655	10.1
Empty nesters and retirees (60 to 69)	9,304	8.1
Seniors (70 to 84)	9,705	8.4
Elderly aged (85 over)	3,105	2.7
Total	**114,991**	**100.0**

2021 POPULATION FORECAST

Age Group	Number	%
Babies and pre-schoolers (0 to 4)	6,147	4.9
Primary schoolers (5 to 11)	6,903	5.5
Secondary schoolers (12 to 17)	6,230	5.0
Tertiary education and independence (18 to 24)	14,470	11.6
Young workforce (25 to 34)	28,481	22.9
Parents and homebuilders (35 to 49)	25,770	20.7
Older workers and pre-retirees (50 to 59)	12,524	10.1
Empty nesters and retirees (60 to 69)	9,573	7.7
Seniors (70 to 84)	10,869	8.7
Elderly aged (85 over)	3,453	2.8
Total	**124,420**	**100**

Prahran Statistical Local Area (SLA)

The Prahran SLA is a significant growth corridor within Stonnington, with an anticipated population increase of 8,196 people over the next four years. Between 2017–2021 there will be an anticipated 3,549 new births, yet the major influence on population growth will be the net migration of roughly 6,700 people to the area. Age structure forecasts for the Prahran SLA indicate an anticipated 14% increase in population under working age, a 9.2% increase in population of retirement age, and a 10.1% increase in population of working age.

In the Prahran SLA, between 2017 and 2021, the number of young people aged 17 and under is forecast to increase by 984 to then comprise 12% of the total population. The number of residents aged over 60 is expected to increase by 962 (8.5%) to comprise 18% of the total population.

People aged 25 to 34 form the largest proportion of the population, with a total of 18,365 (29%). This will continue through to 2021, with a slight increase of 1,324 persons projected, to represent 28% of the Prahran SLA. The largest increase in persons between 2017 and 2021 is forecast to be 35 to 39, which is expected to increase by 1,253 and account for 9.8% of the total persons.

Malvern SLA

Growth within the Malvern SLA is predicted to be significantly less than the Prahran SLA, with an expected net increase of 3,702 people between 2017 and 2021. Age structure forecasts for the Malvern SLA indicate an anticipated 5% increase in population under working age, a 9% increase in population of retirement age, and a 5% increase in population of working age.

In the Malvern SLA, between 2017 and 2021, the number of persons aged 17 and under is forecast to increase by 510 people, to comprise approximately 20% of the total population, representing a higher proportion of young people than the Prahran SLA. The number of people aged 60 and over is also expected to increase by 821 people, to comprise 21% of the total population. Seniors aged 70 to 84 are anticipated to increase by 519 persons (11%).

In 2021, people aged 35 to 49 are anticipated to be the largest age group, with a total of 10,270 (Profile ID, 2017).

Household Type

Malvern East, South Yarra and Prahran are the most populated suburbs within Stonnington. In 2016 there were 54,181 dwellings with the average number of persons per household at 2.19. The average household size will continue to reduce over subsequent years to 2.18 in 2021 and continue to reduce to 2.14 by 2036. The result of the average household size continuing to reduce, while the number of households and dwellings continues to increase, demonstrates a continued increase in the population density within Stonnington.

In 2017, the dominant household type in the City of Stonnington is lone person households, accounting for 35% of all households. Couples without dependants (27%) and couple families with dependants (20%) are the other two dominant household types. The largest increase between 2017 and 2021 will be in lone person households, which will increase by 1,688 households again accounting for 35% of all households.

Armadale, Windsor and Malvern (South) will see the greatest increase in group households across Stonnington, yet the bulk of group households in 2017 through to 2021 will be located in South Yarra and Prahran. South Yarra also has the largest number of lone person households (4,922) in 2017 and is expected to increase by 16% to 5,711 by 2021 and make up approximately 40% of all households in the area.

Household Tenure

Within Stonnington, 43.8% of residents are renters, considerably higher than the Victorian average of 27%. Approximately 26% of residents own their home outright and 21% own with a mortgage (ABS, 2016).

Economic and Employment Characteristics

The City of Stonnington's Gross Regional Product was $8.34 billion as of 30 June 2016, which represents approximately 2.3% of Victoria's Gross State Product (ABS, 2016). The Gross Regional Product refers to the amount of wealth generated by businesses, organisations and individuals working in the area. As of December 2016, there were an estimated 44,896 jobs within Stonnington, with the retail sector, health care and professional, scientific and technical services comprising 49% of all employment.

Compared to the greater Melbourne and Victorian rate of 5.9% and 6.1% respectively, the rate of unemployment in Stonnington is extremely low, with only 2.8% unemployment reported as of the March quarter 2017 (Profile ID, 2017). Unemployment rates were slightly higher in Prahran and Windsor at 4.1% and lower in Malvern and Toorak at 2.4% respectively (Remplan, 2016).

The median total personal weekly income of residents is $1,042 and the median total family income is $2,680. The median monthly mortgage repayment is $2,200 and weekly median rent recorded at $400 (ABS, 2016).

Family Composition

There are 11,999 couple families with no children living in Stonnington and 9,276 couple families with children, comprised of 6,271 with children under 15 and 3,005 with no children under 15. There are also a total of 2,666 one parent families (ABS, 2016).

Cultural Diversity

The City Of Stonnington is culturally diverse with 22% of the population born in non-English speaking countries and 22% of Stonnington residents speaking a language other than English at home. The percentage of residents born overseas is 31%, which is higher than the Greater Melbourne average of 27%. The top five overseas countries of birth of Stonnington residents include China (4.4%), England (3.5%), India (2.5%), New Zealand (2.5%), Greece (1.6%) and the top five languages spoken other than English include Mandarin, Greek, Cantonese, Italian and Spanish (Department of Health and Human Services, 2015 and ABS, 2016).

Indigenous people make up on only 0.3% of the population of Stonnington, compared with the average across Greater Melbourne of 0.6%. The majority of residents that identify as Indigenous are aged between 20 to 34, comprising 44% of the Indigenous population within Stonnington (Social Health Atlas, 2015 and ABS, 2016).

People with a Disability

In 2012, the Survey of Disability, Ageing and Carers reported that approximately 5.8% of Victorians living in major cities have a severe disability and almost one in five (17.5%) has a disability of some type (ABS, 2015). A total of 3,463 or 3.3% of the population in 2016, reported needing help in their day to day lives due to disability, with the rates of needing assistance increasing with age. Almost 9,000 Stonnington residents also provide regular unpaid assistance to a person with a disability (ABS, 2016).

Life Expectancy

On average Stonnington males can expect to live to 81.9 years and females to 85.8 years. This is above the Victorian average of 80.3 and 84.4 years respectively (Department of Health and Human Services, 2016).

Avoidable Mortality

Avoidable mortality measures the number of deaths from conditions that could be avoided through prevention or medical intervention. It is essentially a way of counting untimely and unnecessary deaths.

The Age Standardised Rate (ASR) for all avoidable deaths for people aged 0 to 74 within Stonnington is 80.7, much lower than the metropolitan Melbourne rate of 99.7. The Age Standardised Rate (ASR) is a summary of the rate that a population would have if it had a standard age structure. It is the weighted mean of the age-specific rates and is expressed below as the average annual ASR per 100,000. Stonnington ASRs are lower than the Melbourne metropolitan rates for main avoidable deaths including; cancer 22.1 (metropolitan rate 22.7), cardiovascular diseases 13 (metropolitan rate 21) and respiratory system diseases 5.5 (metropolitan rate 7) (Department of Health and Human Services, 2015).

Death Rate

As per Australian Bureau of Statistics death data (2014) the standardised death rate (SDR) for Stonnington is 4.4, lower than the metropolitan rate of 5.1. The SDR is the deaths per 1,000 standard population (with SDRs using the age distribution of total persons in the Australian population at June 2001 as the standard population) (Department of Health and Human Services, 2015).

Alzheimer's

As of 2016, 1,812 Stonnington residents were living with Alzheimer's. It is anticipated that by 2050 this is expected to increase to 4,559 residents, representing a growth rate of 151.6%. This growth rate represents an annual growth rate of 2.8%, which is lower than the predicted Victorian overall growth rate of 293.9% (4.1% annually). In comparison to other LGA's, Stonnington rates 23rd out of the 79 LGA's for prevalence in 2016 and will rank 34th for overall prevalence in 2050 (NATSEM, University of Canberra, 2016).

Diabetes

As of September 2016, approximately 2,994 (2.5%) residents had diabetes. This is less than the national average of 5.4%. The majority of cases are Type 2, 2,433 (81%). The remainder of cases include Type 1, 444 (15%), 83 (2.8%) Gestational and 33 Other (1.1%). Across Stonnington, the prevalence of diabetes increases with age, with a diagnosis of diabetes most common among people aged 60 and over. Males are also more likely to be diagnosed with diabetes than females. Across the LGA, Prahran has the highest percentage of individuals living with diabetes (Diabetes Australia, 2016).

Children and Early Years

The importance of the early years in a child's life is well known in helping children develop in healthy ways. The experiences a child has in the early years can either support their learning and development or interfere with it. Health and physical wellbeing are the basis for all learning and development (Department of Education and Early Childhood Development, 2010).

Stonnington's breast feeding rates are better than the Victorian average. The proportion of infant's breastfed at 3 months (63.2%) and 6 months (50.6%) are considerably higher than the Victorian rates of 51.4% and 34.5% respectively (Department of Education and Training, 2015).

The National Assessment Program – Literacy and Numeracy (NAPLAN) is a series of tests focused on basic skills that are administered annually to Australian students. NAPLAN data from 2015 demonstrates that Stonnington students had extremely high levels of literacy and numeracy, with ratings across year levels 3, 5, 7 and 9 higher than Victorian averages in every case (Department of Health and Human Services, 2015).

Older Residents

As Stonnington residents continue to live longer, it is important to ensure our community is given every opportunity to have high levels of health and wellbeing. Social isolation, disability, increased risk of falls and injury and potential for elder abuse, particularly financial abuse, are all very relevant issues for our ageing members of the community.

Older residents are more likely to require assistance with core activity areas of self-care, mobility and communication because of a disability, long term health condition or old age. Approximately 15% of Stonnington residents aged 65 and over need assistance on a day to day basis, as compared to 1.7% of residents aged 35-64 (ABS, 2016).

STONNINGTON LITERACY AND NUMERACY LEVELS

Year Level	Literacy	Numeracy	Victorian average literacy	Victorian average numeracy
3	98.7%	98.7%	94.2%	94.6%
5	97.7%	98.5%	92.9%	94.7%
7	99.2%	100%	95.6%	96.5%
9	99%	99.5%	92.6%	95.9%

PROPORTION OF RESIDENTS AGED 75 AND OVER

	75-79	80-84	85 years and over
Stonnington	2.9%	2.1%	2.4%
Southern Metropolitan Region	2.7%	1.9%	2.2%
Victoria	2.8%	2.0%	2.2%

(ABS, 2016)

The percentage of individuals living in lone person households increases significantly with age. Approximately 27% of residents aged 65 to 74 lived by themselves, 34% of people aged 75 to 84 and 52% of residents aged 85 years and over live in lone person households (ABS, 2016). As well as being more likely to live by themselves, older people are less likely to go out as frequently as other younger residents.

A further contributing factor to the social isolation experienced by older residents is proficiency in speaking English. Residents who arrived in Australia prior to the year 2000 are less likely to speak very well or well, which increases with age.

All of these factors combined suggest that older Stonnington residents are at greater risk of experiencing social isolation and loneliness.

LGBTQIA Community Members

Specific data on the health and wellbeing of LGBTQIA community within Stonnington was not available at the time of developing this plan, yet data from the 2011 Census indicates that there is a higher ratio of same sex couples within Stonnington, as compared to Victorian averages.

The average rates of LGBTQIA community members within Stonnington are particularly relevant, as compared to the general population, LGBTQIA people are more likely to attempt suicide, self-harm and have a mental health issue (National LGBTI Health Alliance, 2013).

PROFICIENCY IN SPOKEN ENGLISH BY AGE (ARRIVING BEFORE YEAR 2000)

		55 to 64	65 to 74	75 to 84	85 years and over
Speaks English only		1,410	1,486	668	349
Speaks other language and speaks English:	» Very well or well	979	895	631	289
	» Not well or not at all	163	300	690	246

(ABS, 2016)

SAME SEX COUPLES

	Male same-sex couples % of total families	Female same-sex couples % of total families
Stonnington	1.49	0.43
Victoria	0.2	0.2

(ABS, 2011)

Health Care Card Holders

Approximately 3900 (3.4%) of Stonnington residents have a Health Care Card. Stonnington is second only to Bayside (2.8%) in terms of lowest proportion of the population having a health care card across Victoria. The metropolitan Melbourne average is 6.4% (Social Statistics, 2016).

Research shows that Victorians with a low socioeconomic status have worse health and wellbeing than the rest of the population. However, the Victorian data on the relationship between low socio-economic status and health is not available at LGA level. To address this gap, in 2015 Council and Star Health investigated the health status of local low-income Stonnington residents.

A survey of 336 (approximately 9% of Health Care Card Holders in Stonnington) low-income respondents found that:

- They are more likely to have been diagnosed with heart disease, diabetes, depression or anxiety, cancer, and arthritis than other Stonnington residents
- 49% rent from government housing
- Approximately four times as likely to be obese (31%) compared to other Stonnington residents (9.7%)
- Ten times as likely to have run out of food in the previous 12 months and couldn't afford to buy more (29% compared to 3% among other Stonnington residents)
- Less likely to have the Internet at home – 62.2% compared to 94.1% of other Stonnington residents
- 19% smoke cigarettes every day, compared to only 4% of other Stonnington residents
- Half as likely to say they could 'definitely' get help from friends and neighbours (52.3%) compared to other Stonnington residents (94.4%), and
- More likely to experience high/very high levels of psychological distress (43% compared to 8% of other Stonnington residents).

Disadvantage

Stonnington is primarily an advantaged municipality with small pockets of concentrated disadvantage within South Yarra, Windsor and Prahran, Glen Iris and Malvern East. Disadvantage is measured by the Index of Relative Socioeconomic Disadvantage (SEIFA), based on variables such as income, unemployment and education attainment. Using this measure, Stonnington has a SEIFA score of 1,084, making it the 4th least disadvantaged LGA in Victoria (ABS, 2011). However, the average SEIFA rating across the public housing estates in Stonnington is approximately 667. This lower rating reflects low income, low educational attainment and high unemployment of the residents in those areas.

As of September 2016 less than 1% of dwellings were affordable to Centrelink recipients (Department of Health and Human Services, 2016).

Mental Health

Mental health includes emotional, psychological and social wellbeing. It affects how we think, feel and act as we cope with life and handle stress. Having high levels of wellbeing improves quality of life in many ways, while poor mental health can have a significant negative impact on physical health and life expectancy (Department of Health and Human Services, 2016).

The lifetime prevalence of depression or anxiety within Stonnington residents is about the same as the Southern Metropolitan Region (SMR) and Victorian averages, demonstrating that approximately one in four people have experienced mental health issues at some point in their lives. Approximately 8% of residents are experiencing high or very high levels of psychological distress, which although still concerning reflects rates lower than the SMR and Victorian averages.

Seeking professional help and receiving treatment and support are important strategies in managing mental health issues. However, mental illness continues to in some cases be surrounded by negative stereotypes which can result in social isolation and stigmatising of people with mental illness. These factors may be contributing circumstances to the low rates of residents seeking professional health for a mental health problem in the previous year, with only 13% seeking help, slightly less than the SMR average of 15.4% and Victoria as a whole (16%).

Registered Mental Health Clients

With 7.5 registered mental health clients per 1,000 members of the population, compared to the metropolitan average of 9.5 and Victoria overall at 11.3 per 1,000, the total of 754 Stonnington residents who are registered mental health clients in 2014/15 is fairly low.

LIFETIME PREVALENCE OF DEPRESSION OR ANXIETY

LGA	Depression or anxiety %
Stonnington	25.2
Bayside	15.9
Glen Eira	25.5
Port Phillip	31.2
SMR	**24.5**
Victoria	**24.2**

PROPORTION OF ADULT POPULATION WITH PSYCHOLOGICAL DISTRESS

LGA	Low (K10: 10≤16)[1]	Moderate (K10: 16-21)	High/very high (K10: 22+)
Stonnington	65.4	24.1	8.4
Bayside	75.7	16.8	3.6
Glen Eira	63.0	24.0	8.9
Port Phillip	64.1	21.1	12.6
SMR	**61.0**	**22.5**	**12.7**
Victoria	**61.3**	**22.4**	**12.6**

1 The K10 is a set of 10 questions designed to categorise the level of psychological distress over a four-week period. It has been validated as a screening tool for detecting affective disorders such as depression and anxiety.

COMMON DIAGNOSIS GROUPS ACROSS AGE GROUPS

Age Group	Common diagnoses	Diagnosis numbers	Total client numbers
10 to 25	» Mood (affective disorders)	37	**148**
	» Stress related disorders	28	
	» Personality and behaviour disorders	21	
26 to 54	» Schizophrenia and delusional disorders	161	**385**
	» Mood (affective disorders)	71	
	» Stress related disorders	45	
55+	» Schizophrenia and delusional disorders	83	**211**
	» Mood (affective disorders)	44	
	» Dementia	29	

Service Usage and Delivery

Stonnington have higher rates of General Practitioners (GPs), dental services and allied health sites than metropolitan Melbourne and Victoria, with 1.7 GPs, 0.7 dental services and 1.6 allied health sites per 1,000 members of the population compared to an average of 1.2 GPs, 0.3 dental services and 0.8 allied health sites across metropolitan Melbourne (Department of Health and Human Services, 2015).

Stonnington residents had the lowest rate of GP attendances across the SMR between 2014/15, with 4.6 attendances per 1,000 of the population. The frequency of GP visits and the duration of time since the last visit are presented below.

VISITED A GP AND DURATION OF TIME SINCE THE LAST VISIT

LGA	Less than 3 months ago %	3 to 6 months ago %	6 to 12 months ago %	12 months ago or more %
Stonnington	54.5	23.5	9.1	12.9
Bayside	60.1	15.3	13.6	8.7
Glen Eira	57.9	18.1	11.1	12.3
Port Phillip	56.1	16.8	13.0	13.4
SMR	**58.2**	**18.5**	**12.3**	**10.0**
Victoria	**59.9**	**17.9**	**11.1**	**10.1**

Community Health Service Usage

In 2014/15, approximately 2% of Stonnington residents were registered clients with a community health service, the majority with Star Health. The other main community health services accessed by Stonnington residents were Alfred Health and Monash Link Community Health Service. Across the Southern Metropolitan Region the rates of community health service registration ranged from 1.4% of Bayside residents to 3% of Greater Dandenong residents. Counselling, podiatry and physiotherapy are the predominant services accessed by residents.

Government Benefits

The rates of individuals receiving Youth Allowance within Stonnington is considerably lower than the metropolitan Melbourne average, with only 10.3% of young people aged 20 to 24 receiving the benefit compared to the metropolitan average of 20%. Single and partnered parenting benefits are also low at 1% and 0.3% respectively. Approximately 1.6% of residents receive a disability pension and 37% receive an aged pension, compared to metropolitan averages of 2.7% and 64% (Social Statistics, 2016).

As of 2015 there were approximately 3800 households in dwellings which were receiving Commonwealth rent assistance (Social Statistics, 2016).

Gambling Losses

In 2015/16, Stonnington residents lost a total of approximately $23.4 million at seven electronic gaming machine venues across the municipality. This is a slight increase in total losses recorded for 2012/13 ($21.4 million) and 2013/14 ($21.5 million). For the 2015/16 year this equates to $64,228 of losses per day or $252 of losses per adult across the year (Victorian Commission for Gambling and Liquor Regulation, 2017).

ELECTRONIC GAMING MACHINES LOSSES

LGA	Number of Gaming Venues	Number of Electronic Gaming Machines	Average gambling losses per adult 2015/16
Stonnington	7	303	$252
Bayside	6	228	$171
Kingston	17	898	$672
Glen Eira	11	772	$651
Port Phillip	11	409	$298

Participation in Biomedical Checks and Screening Programs

Screening programs for high blood pressure, cholesterol, diabetes and numerous cancers aim to identify conditions to ensure appropriate treatment or behaviour change can be introduced as early as possible. A low rate of screening may mean that fewer conditions are detected, thus preventing potential early treatment.

Rates of screening across a range of conditions are higher than the Southern Metropolitan and Victorian rates in many cases, however there is still some room for improvement.

Childhood Vaccination

Vaccination is one of the most effective interventions to prevent disease. The benefits of immunisation, are overwhelming; preventing death and disability, and protecting not only the individual but others in the community who are unable to be immunised for medical reasons. The current immunisation rate in Victoria for children under five is around 92%, slightly lower than the required level of 95% required to halt the spread of diseases such as measles (Department of Health and Human Services, 2016).

Within Stonnington, approximately 91.5% of children under five years of age are fully immunised.

RATES OF PARTICIPATION IN BIOMEDICAL CHECKS AND HEALTH SCREENING (%)

LGA	Blood pressure check	Cholesterol check	Blood sugar or diabetes check	Bowel cancer screening[2]	Bowel cancer examination	Breast screen	Pap test
Stonnington	80.7	53.2	51.8	66.1	55.9	91.7	81.2
Bayside	84.4	57.9	47.6	64.6	56.1	93.1	78.7
Glen Eira	82.9	61.2	51.1	52.9	48.6	89.1	75.6
Port Phillip	76.7	56.3	46.1	57.3	50.0	87.7	67.8
SMR	**79.9**	**59.8**	**51.7**	**56.6**	**47.3**	**90.7**	**72.1**
Victoria	**79.9**	**59.5**	**53.1**	**59.9**	**46.1**	**90.0**	**72.1**

2 Bowel cancer screening completed for people aged 50 and over and is related to individuals receiving and completing an NBCSP FOBT in the previous two years.

VACCINE RATES (%)

Age	Stonnington fully immunised	Victorian rate	Greater Melbourne rate
12 to 15 months	93.1%	91.2%	92%
24 to 27 months	88.9%	89.5%	89.5%
60 to 63 months	92.5%	92.6%	92.9%

(Department of Health and Human Services, 2015)

Vaccine Preventable Diseases

Influenza (flu) is a highly contagious viral infection that is responsible for major outbreaks of respiratory illness around the world, usually in the winter months. The flu virus is especially dangerous for elderly people, pregnant women, Aboriginal and Torres Strait Islander people and very young children, as well as for people with underlying medical conditions (Department of Health and Human Services, 2017).

Vaccination of children against chickenpox not only prevents serious disease in childhood, but also ensures immunity in adolescence and adulthood, when complications from the disease can have severe outcomes. As a person gets older, the risk of getting shingles and neurological complications increases. Shingles is a painful blistering rash caused by reactivation of the varicella zoster virus – the same virus that causes chickenpox (Department of Health and Human Services, 2017).

Stonnington has high rates of influenza, chicken pox and shingles compared to the Southern Metropolitan Region and Victoria as a whole. Rates of influenza are higher amongst females and have remained fairly consistent across all age groups, however people aged 85 and over tend to have the highest rates. Within Stonnington, pertussis (whooping cough) is more common in females and chickenpox occurs fairly evenly across males and females, but most commonly in children aged between 0 to 9. Shingles appears to be more common in females aged 55 to 59, yet also occurs commonly across all age groups.

VACCINE PREVENTABLE DISEASES - STONNINGTON RATES

Rate	Influenza	Pertussis (Whooping Cough)	Varicella zoster virus (Chickenpox)	Varicella zoster virus (Shingles)	Varicella zoster virus (Unspecified)
Stonnington rate[3]	333.9	41.4	13.1	31.3	92.8
SMR rate	**299.4**	**60.0**	**9.7**	**23.5**	**71.1**
Victoria rate	**238.9**	**48.8**	**11.0**	**22.5**	**59.4**

3 Rate for previous 12 months per 100,000 person as at 18 February 2017.

VACCINE PREVENTABLE DISEASES – STONNINGTON ANNUAL TOTALS

Year	Influenza	Pertussis (Whooping Cough)	Varicella zoster virus (Chickenpox)	Varicella zoster virus (Shingles)	Varicella zoster virus (Unspecified)
2014	194	57	15	37	149
2015	395	74	15	52	156
2016	319	45	15	36	118

Hospital admissions

In 2015/16 there were 44,954 hospital admissions by Stonnington residents, a slight increase from 42,948 in 2014/15. Across Port Phillip, Glen Eira and Bayside, 2015/16 admission numbers were fairly consistent, ranging from 43,203 by Port Phillip residents to 67,884 by Glen Eira residents. Of the approximately 45,000 hospital admissions, 27,741 (61.1%) were to private hospitals and 17,483 to public hospitals (38.9%). Stonnington is only second to Bayside (62.9%) in relation to private hospital admission rates, with the average across the Southern Metropolitan Region being 43.7% and Victoria wide 37.7% (Department of Health and Human Services, 2016).

Emergency Department Presentations

With 157.3 Emergency Department (ED) presentations per 1,000 members of the population, the rates of ED presentations by Stonnington residents are significantly less than the Victorian average of 261.5 per 1,000 people (Department of Health and Human Services, 2015). Stonnington residents are most likely to attend the Alfred hospital for ED presentations, with 10,633 admissions in the 2015/16 financial year. Individuals aged 20 to 29 present more frequently at the Alfred ED than any other age group, comprising 2,636 (25%) of all presentations. Furthermore, injuries (single and multiple site) are the most common reason for admission, making up 24% of all presentations (Department of Health and Human Services, 2016).

The top ten reasons for ED presentations as presented below, make up 77% of all presentations. Psychiatric illness, urological illness, ear/nose/throat illness, system infection/parasites, alcohol/drug abuse and alcohol/drug induced mental illness were the next top five reasons for ED admission.

TOP 10 REASONS FOR ED ADMISSION AT ALFRED AND WHICH AGE GROUP 2015/16 DATA

ED Admission Reason	Highest within which age group	Total
Single site injury	20 to 29 (557 – 31% of all admissions)	1822
Digestive system illness	20 to 29 (387 – 28% of all admissions)	1366
Circulatory system illness	70 to 79 (206 – 19% of all admissions)	1084
Neurological illness	70 to 79 (109 – 17% of all admissions)	653
Other presentation	20 to 29 (178 – 27% of all admissions)	649
Single site injury (minor)	20 to 29 (201 – 33% of all admissions)	600
Respiratory system illness	70 to 79 (110 – 20% of all admissions)	557
Musculoskeletal/connective tissue illness	20 to 29 (106 – 19% of all admissions)	557
Illness of the skin	20 to 29 (144 – 30% of all admissions)	474
Not stated	20 to 29 (128 – 28% of all admissions)	465
		8227

Alcohol Related Ambulance Attendances

Alcohol is a major contributor to overall alcohol and other drugs (AOD) harms within Stonnington. Ambulance attendances involving alcohol occurred at a rate of 465.2 per 100,000 persons in 2013/14, five times greater than the next highest attendance rate for the LGA (Lloyd et al., 2015). Alcohol contributed the clear majority of incidents to total ambulance attendances. Alcohol-related ambulance attendances in Stonnington have more than doubled between 2006/07 (251) and 2013/14 (571). The ambulance attendance rate is higher for males (71.4 per 10,000) than females (40 per 10,000), with the rate for males increasing steadily from 38.3 in 2010/11.

In 2013/14, ambulance attendance rates were highest for people aged 15 to 24 at 108.3 attendances per 10,000 (Vic AOD Stats, 2016).

Alcohol related injuries

Between 2012 and 2015, Stonnington residents were admitted to hospital for alcohol related injuries 354 times which accounted for 6.2% of all injury related admissions. The admission rate remained fairly stable over the three year period, with 110 admissions in 2012/13, 111 in 2013/14 and 133 in 2014/15. During the same period there were a total of 248 alcohol related injury Emergency Department (ED) presentations, comprising 2% of all injury related ED presentations (Department of Health and Human Services, 2016).

ALCOHOL AMBULANCE ATTENDANCE RATE

LGA	2012/13 Ambulance attendances rate per 10,000 population	2013/14 Ambulance attendances rate per 10,000 population
Stonnington	47.9	55.4
Bayside	21.7	23
Glen Eira	21.3	24.5
Port Phillip	73.6	81.6

INJURY-RELATED HOSPITAL ADMISSIONS

Year	Intent	Alcohol related injury	Non-alcohol related injury	Total
2012/13	Unintentional	70 (4.4%)	1519 (95.6%)	1589
	Intentional self-harm	25 (34.7%)	47 (65.3%)	72
	Assault, maltreatment and neglect	8 (14.8%)	46 (85.2%)	54
	Other or undetermined	*	*	23
	Total	**110 (6.3%)**	**1628 (93.7%)**	**1738**
2013/14	Unintentional	69 (4.1%)	1615 (95.9%)	1684
	Intentional self-harm	25 (31.6%)	54 (68.4%)	79
	Assault, maltreatment and neglect	10 (19.2%)	42 (80.8%)	52
	Other or undetermined	7 (19.4%)	29 (80.6%)	36
	Total	**111 (6%)**	**1740 (94%)**	**1851**
2014/15	Unintentional	71 (3.8%)	1797 (96.2%)	1868
	Intentional self-harm	45 (36.9%)	77 (63.1%)	122
	Assault, maltreatment and neglect	14 (23.3%)	46 (76.7%)	60
	Other or undetermined	*	*	33
	Total	**133 (6.4%)**	**1950 (93.6%)**	**2083**
Total	Unintentional	210 (4.1%)	4931 (95.9%)	5141
	Intentional self-harm	95 (34.8%)	178 (65.2%)	273
	Assault, maltreatment and neglect	32 (19.3%)	134 (80.7%)	166
	Other or undetermined	17 (18.5%)	75 (81.5%)	92
	Total	**354 (6.2%)**	**5318 (93.8%)**	**5672**

INJURY-RELATED EMERGENCY DEPARTMENT PRESENTATION

Year	Intent	Alcohol related injury	Non-alcohol related injury	Total
2012/13	Unintentional	49 (1.5%)	3179 (98.5%)	3228
	Intentional self-harm	7 (8.4%)	76 (91.6%)	83
	Assault, maltreatment and neglect	*	*	104
	Other or undetermined	20 (3.6%)	534 (96.4%)	554
	Total	**79 (2%)**	**3890 (98%)**	**3969**
2013/14	Unintentional	46 (1.4%)	3299 (98.6%)	3345
	Intentional self-harm	*	*	91
	Assault, maltreatment and neglect	*	*	73
	Other or undetermined	16 (2.9%)	535 (97.1%)	551
	Total	**68 (1.7%)**	**3992 (98.3%)**	**4060**
2014/15	Unintentional	72 (2%)	3547 (98%)	3619
	Intentional self-harm	7 (6.1%)	108 (93.9%)	115
	Assault, maltreatment and neglect	*	*	101
	Other or undetermined	20 (4.2%)	455 (95.8%)	475
	Total	**101 (2.3%)**	**4210 (97.7%)**	**4311**
Total	Unintentional	167 (1.6%)	10025 (98.4%)	10192
	Intentional self-harm	18 (6.2%)	271 (93.8%)	289
	Assault, maltreatment and neglect	7 (2.5%)	271 (97.5%)	278
	Other or undetermined	56 (3.5%)	1524 (96.5%)	1580
	Total	**248 (2%)**	**12092 (98%)**	**12340**

* Data has been suppressed in order to maintain confidentially.

Ambulatory Care Sensitive Conditions

Ambulatory Care Sensitive Conditions (ACSCs) are hospitalisations that can be avoidable with the application of public health interventions and early disease management; usually delivered in ambulatory setting such as primary care. High rates of hospital admissions for ACSCs may provide indirect evidence of problems with patient access to primary healthcare, inadequate skills and resources, or disconnection with specialist services (Department of Health and Human Services, 2016).

Dental conditions resulted in the highest number of admissions for males, yet congestive cardiac failure recorded the highest average and total bed days. For females, urinary tract infections (UTIs) were the cause of the greatest number of admissions, and similar to males, congestive cardiac failure also had the highest average and total bed days for females.

2014/15 TOP 10 ACSCs FOR PERSONS AND ALL AGE GROUPS

Condition	Number of admissions	Standarised rate per 1,000 persons	Average bed days	Total bed days
Dental conditions	297	3.10	1.11	330
Urinary tract infections (UTIs), including pyelonephritis	254	2.58	3.89	988
Cellulitis	224	2.02	4.66	1044
Congestive cardiac failure	230	2.01	6.73	1549
Iron deficiency anaemia	216	2.01	1.62	349
Ear, nose and throat (ENT) infections	139	1.49	1.71	237
Chronic Obstructive Pulmonary Disease (COPD)	141	1.31	6.36	897
Convulsions and epilepsy	139	1.14	2.29	259
Diabetes complications	109	1.02	5.16	562
Asthma	97	0.95	2.74	266

(Department of Health and Human Services, 2016)

2014/15 ACSCs ACROSS AGE GROUPS

Age Group	Most prevalent conditions
0 to 29	Dental conditions, ENT infections, UTIs
30 to 59	Iron deficiency anaemia, dental conditions, cellulitis
60+	Congestive cardiac failure, UTI, COPD

Blood Borne Viruses

A blood borne virus is one that can be spread through contamination by blood and other body fluids. The most common examples are HIV, hepatitis B and hepatitis C. A major risk factor for contracting a blood borne virus is through injecting drug use and sharing injecting equipment. HIV and hepatitis B can also be sexually transmitted.

The rates of blood borne viruses within Stonnington are lower as compared to the rates for the Southern Metropolitan Region and Victoria[4]. Rates of Hepatitis C infection are slightly higher among males than females with 48 cases for males, compared to 32 for females between 2014–2016. There are no other significant differences between male and female rates. Hepatitis B is more common among people aged 30 to 34, while hepatitis C is more prevalent in people aged 40 to 44.

Enteric/Foodborne Diseases

Enteric diseases are transmitted by bacteria or viruses entering the body through the mouth or intestinal system, primarily through eating or drinking contaminated food or drink.

Other than hepatitis A, Stonnington shows higher rates of infection and food poisoning compared to Victoria and the Southern Metropolitan Region. The rates have remained fairly stable over the three year comparison period.

Campylobacter infection is a bacterial infection which most commonly causes gastroenteritis (gastro). It is most commonly found in raw or undercooked poultry. Campylobacter infection rates are highest within 25 to 29 year olds, with 79 of the 506 infections occurring within this age group. This pattern was also reflected when examining salmonellosis infection rates. Reviewing gender differences in case totals revealed that salmonellosis is more common within females (162 female cases v 91 male cases), while shigellosis occurred more frequently among males (61 male cases v 19 female cases).

BLOOD BORNE VIRUSES: STONNINGTON RATES

	Hepatitis B – Newly acquired	Hepatitis B – Unspecified	Hepatitis C – Newly acquired	Hepatitis C – Unspecified
Stonnington rate[5]	0.0	25.2	1.0	28.2
SMR rate	**0.7**	**28.1**	**1.2**	**36.2**
Victoria rate	**1.0**	**32.2**	**2.0**	**41.9**

BLOOD BORNE VIRUSES: STONNINGTON ANNUAL TOTALS

	Hepatitis B – Newly acquired	Hepatitis B – Unspecified	Hepatitis C – Newly acquired	Hepatitis C – Unspecified
2014	0	31	3	22
2015	1	32	2	32
2016	1	24	2	28

(Department of Health and Human Services, 2016)

4 Data related to Infectious Diseases sourced from Surveillance of notifiable conditions in Victoria (2017).

5 Rate for previous 12 months per 100,000 persons as at 18 February 2017.

ENTERIC (FOODBORNE) DISEASES: STONNINGTON RATES

	Campylo-bacter infection	Salmonel-losis	Shigellosis	Hepatitis A	Hepatitis E	Listeriosis	Cryptospo-ridiosis
Stonnington rate[6]	163.4	86.8	34.3	1	1	1	23.2
SMR rate	**142.3**	**67.5**	**14.1**	**1.2**	**0.1**	**0.5**	**15.5**
Victoria rate	**142.3**	**68.4**	**10.5**	**0.9**	**0.2**	**0.4**	**14.8**

6 Rate for previous 12 months per 100,000 persons as at 18 February 2017.

ENTERIC (FOODBORNE) DISEASES: STONNINGTON ANNUAL TOTALS

	Campylo-bacter infection	Salmonel-losis	Shigellosis	Hepatitis A	Hepatitis E	Listeriosis	Cryptospo-ridiosis
2014	164	86	24	0	0	0	14
2015	183	86	23	0	0	1	15
2016	159	82	33	3	1	2	17

Sexually Transmitted Infections (STIs)

Stonnington has higher rates of all notifiable sexually transmitted infections as compared to the Southern Metropolitan Region and Victoria. All infections occur more frequently in males than females and rates are most common across the 25 to 34 age bracket. There has been a significant increase in annual totals for gonococcal infections between 2014 and 2016 and smaller increases in both types of syphilis infections.

SEXUALLY TRANSMITTED INFECTIONS[7]: STONNINGTON RATES

	AIDS	Gonococcal infection	HIV – Newly acquired	HIV – Unspecified	Syphilis – Infectious	Syphilis – Late
Stonnington rate	2.0	449.0	7.1	12.1	95.8	49.4
SMR rate	**0.6**	**109.5**	**2.4**	**3.7**	**23.0**	**15.9**
Victoria rate	**0.5**	**102.2**	**2.0**	**3.3**	**18.6**	**16.0**

7 Chlamydia data not available for Stonnington at time of request.

SEXUALLY TRANSMITTED INFECTIONS: STONNINGTON ANNUAL TOTALS

	AIDS	Gonococcal infection	HIV – Newly acquired	HIV – Unspecified	Syphilis – Infectious	Syphilis – Late
2014	4	243	21	10	86	36
2015	4	393	13	10	81	26
2016	2	444	8	14	100	44

People who are Overweight or Obese

Approximately 41% of Stonnington residents are classified as overweight or obese, based on self reported height and weight (Department of Health and Human Services, 2016). This figure has remained fairly stable over the previous four years.

Stonnington ranks very well compared to the Southern Metropolitan region and Victoria overall in relation to the number of people who are overweight or obese. However, studies have shown that people tend to underestimate self-reported weight, so it is likely that actual rates of people who are overweight or obese are actually higher than reported.

Further analysis of the overweight and obesity rates for Stonnington revealed significant differences between male and female residents, with 29.6% of females and 53.8% of males identified as either overweight or obese.

PERSONS WHO ARE OVERWEIGHT OR OBESE

LGA	% Overweight	% Obese
Stonnington	31.7	9.8
Bayside	30.4	11.9
Glen Eira	30.0	14.9
Port Phillip	30.1	8.2
SMR	**31.7**	**17.4**
Victoria	**31.2**	**18.8**

(Department of Health and Human Services, 2016)

Physical Activity

The 2014 Physical Activity Guidelines recommend that 18 to 64 year olds do 2.5 to 5 hours of moderate physical activity or 1.25 to 2.5 hours of vigorous intensity physical activity each week, combined with muscle strengthening activities on at least 2 days per week. For people aged 65 years and older, being physically active for 30 minutes every day can make a difference to health and wellbeing (Department of Health and Human Services, 2016).

Across Stonnington, 49% of residents reported getting sufficient exercise each week compared to the average across the Southern Metropolitan Region of 43% and Victorian rate of 41%. Stonnington males are more likely to meet physical activity guidelines than females, 53% compared to 44% (VicHealth 2016).

Walking for transport for trips longer than ten minutes to places like school, work, the shops or train station is a common activity for Stonnington residents. Approximately 27% of people walk for transport, four or more days per week compared with the average across the Southern Metropolitan Region (19.3%) and Victoria (18.1%). The proportion of residents who use cycling for transport within Stonnington is also greater compared with all Victorian adults, with 5.8% of residents cycling for trips longer than ten minutes 2–3 days per week and 3.6% cycling four or more days per week (Department of Health and Human Services, 2016).

Sedentary Behaviour

The proportion of Stonnington adults doing no physical activity each week is promising, at only 1.2%, significantly lower as compared with the Southern Metropolitan Region (2.9%) and all Victorian adults (3.6%). However, the proportion of Stonnington residents who spend eight hours or more sitting on an average weekday is 30.8%, slightly higher than the average rate across the Southern Metropolitan Region (26.6%) and all Victorian adults (23.9%).

These high rates of sitting during weekdays can be linked to the predominant type of physical activity undertaken at work by the majority of Stonnington residents, being sitting (70.2%) compared with all Victorian adults (49.6%). The proportion of people employed in roles with heavy labour and physically demanding work within Stonnington is very low, which is a contributing factor to the above average rates of sitting. The incorporation of incidental exercise during the day is extremely important, as sitting for long periods may offset the benefits of other physical activity. This means that the effects of sitting down all day cannot entirely be counteracted by going to the gym or playing sport.

Nutrition

The majority of Stonnington residents report both eating a healthy diet and consuming very few sugary drinks on a regular basis. However, members of the population who are socio-economically disadvantaged, particularly Stonnington residents living in public housing estates, are at greater risk of not meeting Australian guidelines for fruit and vegetable consumption and more likely to eat take-away meals and consume sugary soft drinks on a daily basis.

The daily consumption of five serves of vegetables and two serves of fruit for people aged 18 and over is recommended as per the 2013 Australian Fruit and Vegetable Consumption Guidelines. Only 6% of residents meet both fruit and vegetable consumption guidelines, although higher than the SMR average of 3.9%, this rate is still very low. It is positive to note that 25% of Stonnington residents never eat take-away meals and only 9% consume sugar sweetened soft drinks on a daily basis, compared with all Victorian adults.

The limited or uncertain availability of affordable and nutritious food is a particular concern for socio-economically disadvantaged members of Stonnington, as it has been identified that fruit and vegetable consumption declines with level of income. This is particularly relevant for Stonnington Health Care Card holders, with roughly, 30% reporting they ran out of food in the previous 12 months and couldn't afford to buy more.

Alcohol Related Harm

The City of Stonnington is well known for its entertainment precincts, which include a wide variety of bars, restaurants and night clubs. Across the municipality there are 757 active liquor licences, demonstrating a high density of venues which sell alcohol.

The large variety of licensed venues provides significant economic and cultural benefits for Stonnington, yet it must also be acknowledged that a high density of liquor outlets can also lead to high levels of alcohol related harm. While many drinkers consume alcohol responsibly, a substantial proportion of drinkers consume alcohol at a level that is considered to increase their risk of alcohol-related disease, illness or injury. Within Stonnington, only 7.9% of residents reported that they abstained from alcohol or no longer drink, compared to the Southern Metropolitan Region percentage of 18% and Victorian rate of 20.8%. The proportion of the adult population who are at an increased lifetime risk of alcohol-related harm within Stonnington (76.7%) is significantly (statistically) higher than the Victorian average of 59.2% (Department of Health and Human Services, 2016). The increased risk of harm is based on National Health and Medical Research Council (2009) guidelines[8].

Across Victoria, the prevalence of lifetime risk of alcohol related harm significantly increases with increasing total annual household income. This is especially relevant for Stonnington as 24% of individuals earned an income of more than $1,750 per week in 2016, and the increased lifetime risk for alcohol related harm increases to 80% of individuals who earn greater than $100,000 per year (Profile ID, 2017).

In addition to increased risk of lifetime harm, 54% of the Stonnington population is at an increased risk of injury on a single drinking occasion, compared with all Victorian adults (42.5%). Risk of alcohol-related injury on a single occasion refers to the acute effects of excess alcohol consumption that can result in death or injury due to road traffic accidents, falls, drowning, assault, suicide and acute alcohol toxicity. The risk of alcohol-related injury increases with the amount of alcohol consumed on a single occasion.

Further analysis reveals that levels of risky alcohol consumption by Stonnington residents are more common in males than females, with 87% of males at increased risk of harm compared to 67% of females (Department of Health and Human Services, 2016).

RISK OF HARM

LGA	**Increased risk:** either yearly, monthly or weekly	**Increased risk:** Lifetime
Stonnington	54%	76.7%
Bayside	55.3%	72.7%
Glen Eira	45.7%	65.6%
Port Phillip	55.3%	68.8%
SMR	**44.2%**	**62.5%**
Victoria	**42.5%**	**59.2%**

8 NHMRC (2009) Guidelines

Guideline 1: Reducing the risk of alcohol related harm over a lifetime For healthy men and women, drinking no more than TWO standard drinks on any day reduces the lifetime risk of harm from alcohol-related disease or injury.

Guideline 2: Reducing the risk of injury on a single occasion of drinking For healthy men and women, drinking no more than FOUR standard drinks on a single occasion reduces the risk of alcohol-related injury arising from that occasion.

Drug Use

Illicit drug use within Stonnington can generally be categorised by young recreational users frequenting the entertainment districts and smaller groups of marginalised chronic poly-substance users. The consumption of 'party drugs', such as cocaine, ecstasy and amphetamines are the major substances consumed across the entertainment precincts, while heroin and amphetamines are commonly used by chronic poly drug users across Stonnington. Young people are the most prominent demographic of the recreational drug using category. Many are occasional and non-problematic users, but others may transition to more risky alcohol and other drugs (AOD) consumption patterns (University of Melbourne, 2017).

Between 2009–2015 there were a total of 54 overdose deaths within Stonnington, an average annual rate of 7.8, with 43 of these deaths involving pharmaceutical drugs (Coroner's Court, 2016). In 2013/14, ecstasy accounted for 22.3 ambulance attendances per 100,000 persons, the second highest rate for any LGA in the metropolitan region. Furthermore, with 9.7 per 100,000 persons, cocaine related ambulance attendances are the third highest in the metropolitan area. There has also been a 49% increase in GHB ambulance attendances within Stonnington, with rates increasing from 24.7 per 100,000 in 2012/13 to 36.8 per 100,000 in 2013/14 (University of Melbourne, 2017).

Between 2012/13 and 2014/15, the primary drugs of concern for residents receiving treatment included alcohol, heroin, cannabis, amphetamines and benzodiazepines, with poly drug use common within 62% of individuals. Treatment for amphetamines has steadily increased from 48 treatment episodes in 2010/11 to 128 episodes in 2014/15. In 2015/16 a total of 182 individuals presented to the Emergency Department of the Alfred for alcohol/drug abuse and or alcohol/drug induced mental health disorders (Department of Health and Human Services, 2016).

Tobacco Use

Tobacco smoking remains one of the largest causes of preventable illness and death in Australia. Research estimates that two thirds of all lifetime smokers will die from a disease caused by their smoking. In the financial year 2008/09, it is estimated that 3,793 people in Victoria died from diseases caused by smoking (Quit, 2017). The rates of daily and current smokers within Stonnington have reduced over the past four years and are considerably lower than the SMR and Victorian average rates. Applying a gender lens to smoking, reveals that 9% of adult females and 6.5% of males are daily or occasional smokers.

ILLICIT DRUG AMBULANCE ATTENDANCE RATE

LGA	2012/13 Ambulance attendances rate per 10,000 population	2013/14 Ambulance attendances rate per 10,000 population
Stonnington	16.5	16.4
Bayside	5.5	6.2
Glen Eira	6.9	8.7
Port Phillip	27.2	29.2

(AOD Stats, 2016)

SMOKING RATES (%)

LGA	Current Smoker	Daily Smoker
Stonnington	7.9	4.2
Bayside	9.5	5.6
Glen Eira	18.2	13.2
Port Phillip	7.4	4.4
SMR	**13.8**	**10.3**
Victoria	**13.1**	**9.8**

Chronic Diseases

Chronic diseases are conditions that tend to be long lasting and have persistent effects. Chronic conditions include cardiovascular disease (CVD), cancer, diabetes, chronic obstructive pulmonary disease and asthma. Across many conditions, the rates within Stonnington are similar to or lower compared to the SMR and Victoria. The rates of some chronic diseases including cancer and arthritis are higher than SMR and Victorian averages.

TYPES OF CHRONIC DISEASES (%)

LGA	Heart Disease	Stroke	Cancer	Osteoporosis	High blood pressure	Arthritis	Diabetes
Stonnington	6.3	1.4	9.3	4.6	23.3	21.7	2.5
Bayside	5.7	0.9	9.1	4.0	20.6	15.7	2.9
Glen Eira	9.9	3.1	7.6	4.8	22.9	16.7	5.5
Port Phillip	6.1	1.9	10.1	5.4	15.5	17.9	1.8
SMR	**7.4**	**2.2**	**7.9**	**4.4**	**24.7**	**19.1**	**5.0**
Victoria	**7.2**	**2.4**	**7.4**	**5.2**	**25.9**	**19.8**	**5.3**

NUMBERS OF CHRONIC DISEASES (%)

LGA	No chronic disease	One chronic disease	Two chronic diseases	Three or more chronic diseases	At least one chronic disease
Stonnington	48.4	36.2	11.6	3.8	51.6
Bayside	61.1	25.1	10.0	3.8	38.9
Glen Eira	53.4	29.0	10.3	7.4	46.6
Port Phillip	46.8	37.7	10.5	5.1	53.2
SMR	**53.1**	**30.5**	**10.8**	**5.7**	**46.9**
Victoria	**52.9**	**30.0**	**11.1**	**6.1**	**47.1**

Violence Against Women

In 2014, there were 79 victim reports by females related to sexual offences, slighter higher than the State average across all LGA's of 61.4. This translates to a rate of 8.5 per 10,000 members of the population. The number of incidents increased to 85 in 2015, at a rate of 17.6 per 10,000 persons. The number of victim reports for sexual offences against females between January and July 2016 was 61, considerably higher than the State average of 38.1, with the rate per 10,000 persons recorded at 12.6, also slightly higher than the State average of 12.5 (Crime Statistics Agency, 2017).

Sexual harassment, stalking and threatening behaviours are highly gendered experiences, with women overwhelmingly the victims and men the perpetrators.

Violence and Assaults

The rates of assaults and related offences across Stonnington have remained fairly stable over the previous 4 years, with a recent increase of 4.2% between September 2016 and June 2017 levels; increasing from 594 offences to 619 (Crime Statistics Agency, 2017).

Road Injuries and Fatalities

The City of Stonnington actively aims to reduce road related fatalities and serious injuries within the municipality by focusing on safer roads and roadsides, safer vehicles and safer road users. Vulnerable pedestrians are more likely to be injured on the roads, which includes elderly residents, people who are affected by alcohol and cyclists.

NUMBER OF FAMILY VIOLENCE INCIDENTS RECORDED IN STONNINGTON

Postcode	2015	2016
3141	156	179
3142	63	67
3143	47	44
3144	49	58
3145	103	108
3146	38	56
3181	183	185
Other postcodes listed under Stonnington LGA	5	≤ 3
Grand Total	**644**	**699**

SERIOUS INJURY AND FATALITY BY ROAD USER

	2014		2015	
Road User	Serious Injury	Death	Serious Injury	Death
Bicyclist	26	0	13	1
Driver	30	0	23	0
Motorcyclists	21	1	17	3
Pedestrians	18	1	13	0
Passengers	11	0	8	0
Unknown	0	0	1	0

(VicRoads, 2016)

STALKING, HARASSMENT AND THREATENING BEHAVIOURS (FEMALES)

Year	Reported Incidents	State Average	Rate per 10,000 persons	State Average
2014	34	54.7	3.65	7.8
2015	50	58.8	10.34	16.3
2016 (Jan–Jun)	27	34.2	5.58	9.5

(Victorian Women's Health Atlas, 2017)

City of
STONNINGTON

Community Languages Call the Stonnington Community Link, a multilingual telephone information service.

Mandarin	普通話	9280 0730
Cantonese	廣東話	9280 0731
Greek	Ελληνικά	9280 0732
Italian	Italiano	9280 0733
Polish	Polski	9280 0734
Russian	Русский	9280 0735
Indonesian	Bahasa Indonesia	9280 0737
All other languages		9280 0736

Service Centres

Stonnington City Centre
311 Glenferrie Road, Malvern

Prahran Town Hall
Corner Chapel and Greville Streets

Depot
293 Tooronga Road, Malvern

Open
Monday to Friday, 8.30am to 5pm
T 8290 1333 **F** 9521 2255

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