Peppermint Grove
The Garden Shire

Garden Shire Public Health Plan 2026–2031

Acknowledgement of Country

The Shire of Peppermint Grove acknowledges
the Whadjuk Nyoongar people
as the traditional custodians of the lands
and pay our respects to Elders
past, present and emerging.

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> "... a comprehensive approach to improve public health and wellbeing outcomes ..."

Message from the Shire President

"On behalf of the Shire, I acknowledge the Whadjuk Nyoongar people as the traditional custodians of Shire lands and pay respects to Elders past, present and emerging."

I am pleased to present the Shire's inaugural Public Health Plan 2026–2031 to be implemented through our Strategic Community Plan 2021–2031, Disability Access and Inclusion Plan 2023–2028 and the Corporate Business Plan 2026/2027–2030/2031, all influenced by community consultations and annual budgeting.

The Shire's role in improving community health and wellbeing is diverse. It has a statutory responsibility to create supportive environments that promote healthier lifestyles. From the infrastructure it builds and provides to early childhood health services to waste management and ensuring safer public places and spaces.

In response, this Garden Shire Public Health Plan sets out a comprehensive approach to improve public health and wellbeing outcomes. It is a 5-year strategic framework developed with the help of the North Metropolitan Health Service and specifically designed to enable the highest standards of good health, wellbeing and community participation for all Shire residents at every age.

This plan is the culmination of considerable research and data analysis from which strategies, actions and priorities have been developed to help guide, integrate and deliver public health activities of the Shire. Specifically, this Garden Shire Public Health Plan identifies three key interrelated health focus areas:

a) Chronic disease prevention
b) Environmental health protection
c) Aboriginal and Torres Strait Islander health and wellbeing.

In respect of chronic disease prevention, a Curtin University-led study has found that local food environments such as the availability of healthy food, the density of fast-food outlets, and neighbourhood walkability all play a big part in shaping health outcomes which have a measurable influence on people's body weight.

This tells us that effective health promotion and public health interventions require a broader, comprehensive and multisectoral approach to effect lasting change. It is also about creating health promoting and supportive environments that make it easier for people to make informed health choices and decisions.

Implementation of and monitoring will be an ongoing process linked to the Shire's Strategic Community Plan 2021–2031 and its Corporate Business Plan. I would like to acknowledge the input and support provided by interested individuals and organisations, particularly the North Metropolitan Health Service Food Technology Services and Injury Matters, in the development of this inaugural Garden Shire Public Health Plan.

Karen Farley SC
Shire President

1.0 Executive Summary

The Noongar people have a deep connection to the South-West of Western Australia, with evidence confirming their occupation for at least 45,000 years. This includes their use of the land and its resources, in and around Freshwater Bay and Cottesloe, and as such their legacy contributes to the Shire's history.

Constituted in 1895, the Shire is geographically one of Australia's smallest local governments, covering an area of 1.06km^2. It is renowned for its '**garden suburb**' character distinguished by period homes set amongst tranquil tree-lined streets, open landscaped public parks overlooking the serene Swan River foreshore.

The Shire's population is projected to grow marginally by 0.8% between 2021 and 2036 and continue to age, with a surge in the number of retirees. However, this may significantly increase given the State's recent Station Precincts Program announcement to increase infill housing in and around Mosman Park and Cottesloe Train Stations.

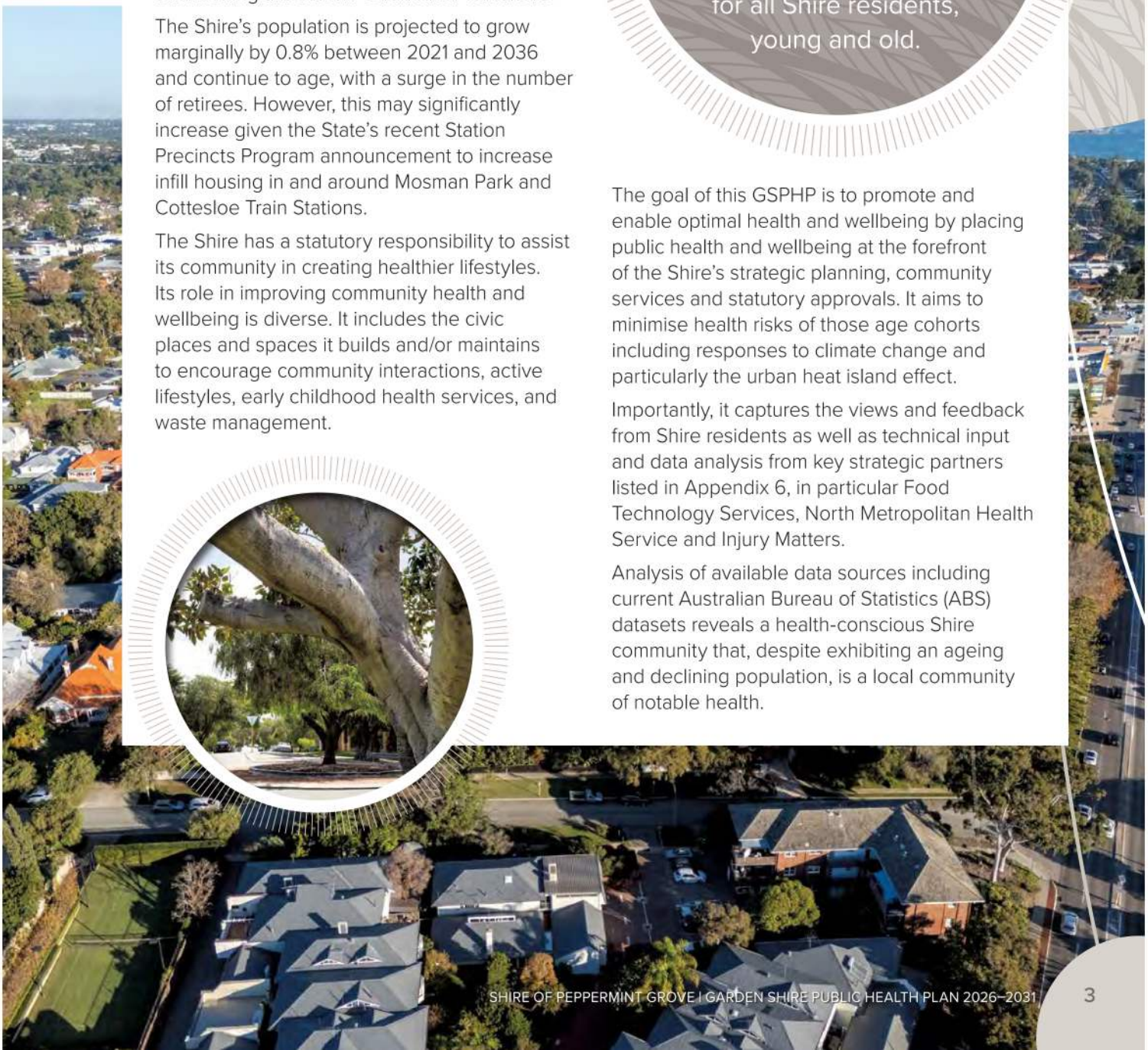
The Shire has a statutory responsibility to assist its community in creating healthier lifestyles. Its role in improving community health and wellbeing is diverse. It includes the civic places and spaces it builds and/or maintains to encourage community interactions, active lifestyles, early childhood health services, and waste management.

This Garden Shire Public Health Plan (GSPHP) sets out a comprehensive approach to deliver improved public health and wellbeing outcomes for all Shire residents, young and old.

The goal of this GSPHP is to promote and enable optimal health and wellbeing by placing public health and wellbeing at the forefront of the Shire's strategic planning, community services and statutory approvals. It aims to minimise health risks of those age cohorts including responses to climate change and particularly the urban heat island effect.

Importantly, it captures the views and feedback from Shire residents as well as technical input and data analysis from key strategic partners listed in Appendix 6, in particular Food Technology Services, North Metropolitan Health Service and Injury Matters.

Analysis of available data sources including current Australian Bureau of Statistics (ABS) datasets reveals a health-conscious Shire community that, despite exhibiting an ageing and declining population, is a local community of notable health.



This GSPHP identifies health objectives, strategies and priorities that responds to the Shire's public health needs, projections, and aspirations. Specifically, the Shire's health objectives and priorities are:

Health Objectives	Health Priority Outcomes
Promote: Healthier Communities	✓ Assessing public health risks in planning policy and statutory approvals ✓ Accessible health information ✓ Use of genomic information to promote health
Prevent: Health Risks	✓ Manage the concentration of tobacco, vapes and related retail outlets ✓ Support healthy eating and active living ✓ Prevent injuries and promote public safety ✓ Improve access to and quality of screening programs ✓ Expand immunisation programs
Protect: Against Health Risks	✓ Manage the effects of climate change ✓ Monitor and control notifiable infectious diseases ✓ Provide disaster and emergency management services ✓ Reduce health hazards, including biosecurity risks ✓ Enhance pandemic preparedness ✓ Ensure access to safe food and water
Enable: Health Systems and Partnerships	✓ Enhance health data, analysis and reporting capability ✓ Foster research to be able to address public health issues ✓ Develop partnerships with key service delivery agencies ✓ Maintain and expand a contracted public health workforce

Strategies to assist in the delivery of the Shire's health objectives will focus on:

- Partnerships
- Policy and Approvals
- Community Services
- Civic Places and Spaces
- Health Promotion
- Monitoring.

This effort will help to improve the physiological and psychological health status of Shire residents.

The Shire's Annual Report reveals residents are concerned with the preservation of the natural environment and enhancing ongoing programs and services such as the **Westcoast Community Centre (WCC)** and **Early Childhood Centre** both operated from the Community Room, Grove Library Precinct. This includes the Shire's partnership with Curtin Heritage Living in the provision of aged care services.

Implementation of this GSPHP will be tracked through the Shire's corporate planning cycle. As an informing strategy under the Integrated Planning and Reporting Framework (IPRF), this GSPHP aligns with the Shire's Disability and Inclusion Plan 2023–2028, its Corporate Business Plan 2026/2027–2030/2031, and its local planning policy framework.

This GSPHP will take effect in 2026, reviewed annually and replaced every 5 years, aligned to the *Public Health Act 2016*, and the State Public Health Plan (SPHP).

Appendix 2 of this GSPHP contains a **Risk Matrix** that outlines the likelihood of a range of risks (such as environmental factors and infectious diseases) followed by a rating on the overall level of risk during implementation. It reveals that those risks can be managed through mitigating treatments within Shire resources, strategic networks and partnerships.

Evaluation of the Shire's public health status will be based on a multi-criteria analysis using the health objectives and strategies of this GSPHP to track and measure improvements across a range of datasets in respect to:

- environmental health programs such as risk assessments of food premises, beauty therapy outlets, skin penetration premises, public buildings, private swimming pools
- responding to community concerns related to environmental hazards such as asbestos, contaminated sites, chemical spills, sewerage spills and limited groundwater recharge
- prevalence of communicable disease and vaccination rates
- adjustments in chronic disease incidences and trends.
- changes in community demographics via future ABS census reports
- mental health and wellbeing data from North Metropolitan Health Services.

The success of this GSPHP relies on a diverse network of stakeholders, including regulators, local service providers and the North Metropolitan Health Service. Where appropriate, the Shire will use this GSPHP as a supporting document when applying for public health grants and/or other funding sources.

Similarly, service providers and community groups are encouraged to use this GSPHP when planning and/or developing public health modules, programs and/or projects, particularly those reliant on funding from Federal and/or State governments.

> "... placing public health and wellbeing at the forefront of the Shire's strategic planning, community services and statutory approvals ..."

2.0 Introduction

This introduction establishes the basis and purpose of the GSPHP.

2.1 What is Public Health?

The *Public Health Act 2016* defines public health as:

a) the wider health and wellbeing of the community;

b) the combination of safeguards, policies and programs designed to protect, maintain, promote and improve the health of individuals and their communities and to prevent and reduce the incidence of illness and disability.

The State Public Health Plan (SPHP) describes public health as "**the big picture of societal organisation concerned with maximising the role of individuals, institutions, and governments in order to ensure good health for the public.**"

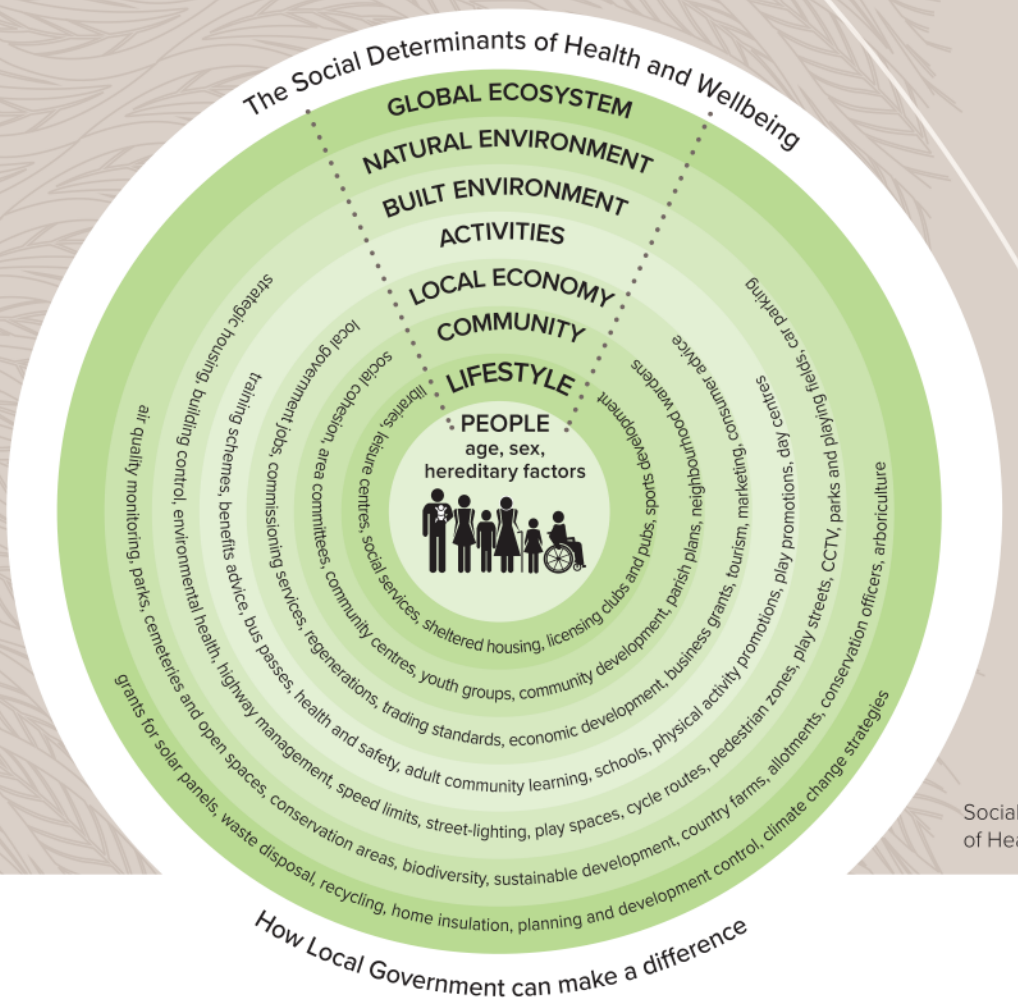
The SPHP guides state agencies, local governments, service providers, practitioners, and advocates in public health planning. It is Western Australia's (WA's) first legislated public health plan under the *Public Health Act 2016*. It outlines a roadmap for the next 5 years with the aim of enhancing health, wellbeing, and quality of life for Western Australians.

"Our vision is to achieve the best possible health, wellbeing, and quality of life for all Western Australians, now and into the future."

Specifically, it enables safeguards, policies and programs that protect, maintain, promote, and improve the health of individuals and their communities by actively preventing and reducing the incidence of illness and disability.

Social determinants of health are the conditions in which people are born, grow up, live, work and age. These conditions influence a person's opportunity to be healthy. Community health and wellbeing can be impacted by many factors often outside of the control of the individual and can be categorised into social, economic, built and natural environments.

The social determinants of public health are broad and include socio-economic status, employment, education, housing, social support, access to health care and other services, transport, food security and community safety. The SPHP recognises the impacts of these determinants along with the roles and responsibilities of WA Local Governments.



Social Determinants of Health, SPHP

2.2 Garden Shire Public Health Plan 2026–2031

This GSPHP recognises that the Shire contributes to community health and wellbeing in many ways, including providing waste management, footpaths and cycle paths, smoke-free and family-friendly events, active and passive recreational spaces, drinking water, and by providing health information and programs.

Notwithstanding, public health is a shared responsibility among a broad range of organisations and sectors including all tiers of government.

To deliver improved public health, this GSPHP traverses a complex web of guiding principles and operational frameworks outlined in Section 2. This is because the Shire's responsibilities are varied and include:

- ✓ health protection and compliance
- ✓ regulation of tobacco, alcohol, food safety, control of insects and disease vectors, pollution/waste, noise.
- ✓ public health emergency management
- ✓ disaster planning, response and recovery, pandemic planning
- ✓ health promotion
- ✓ opportunities for social connection, arts, culture and recreation participation.

To effectively address and evaluate these public health priorities requires interacting and often pooling resources with a diverse network of local community groups, service providers, State agencies and non-government organisations.

Of particular importance are the health and wellbeing programs delivered through the Westcoast Community Centre and the Early Childhood Centre, both operated from the Community Room, Grove Library Precinct. In addition, the Shire has a strong partnership with Curtin Heritage Living in the provision of aged care services.

This GSPHP is an informing strategy under the IPRF that aligns with the SPHP and aligns to the Shire's Strategic Community Plan and Corporate Business Plan, which contain a suite of public health strategies budgeted over the forward estimates.

The following table provides a snapshot of this GSPHP at a glance. It outlines the Shire's public health goals, objectives and strategies to better manage health risk elements and health risk priority focus areas.

Specifically, it reveals that despite exhibiting an ageing population, the Shire is a local community of notable health. To deliver improved public health and wellbeing outcomes for all Shire residents, this GSPHP outlines a suite of strategies containing actions to be considered and delivered over the life of this GSPHP.

At a Glance – Garden Shire Public Health Plan	
Status:	**Despite exhibiting an ageing and declining population, the Garden Shire is a local community of notable health**
Goal:	**To promote and enable optimal public health and wellbeing while protecting against health risks that ensures the highest quality of life for Shire residents.**
Objectives:	**Promote:** Healthier Communities **Prevent:** Health Risks **Protect:** Against Health Risks **Enable:** Health Systems and Partnerships
Desired Outcomes:	✓ A community enjoying high levels of health and wellbeing ✓ A diverse and flourishing local economy ✓ A perpetual community character that is inviting, accessible and connected ✓ Preserving the natural environment and minimising public health impacts ✓ Aligned and accountable Council and Community Leadership
Health Risk Elements:	✓ Nutrition ✓ Physical Activity ✓ Overweight and Obesity ✓ Tobacco Smoking ✓ Alcohol Related Harm ✓ Illicit Drug Use Related Harm ✓ Mental Health Condition ✓ Injury Related Deaths ✓ Notifiable Infectious Diseases
Priority Focus Areas:	a) Chronic disease prevention b) Environmental health protection c) Aboriginal and Torres Strait Islander health and wellbeing

Strategies: to deliver improved public health and wellbeing outcomes for all Shire residents	
Partnerships	• Surrounding Councils and the Western Australian Police (WAPOL) to monitor and assess actual and perceived public health levels. • Surrounding Councils and service providers to offer health services, programs and initiatives. • Town of Cottesloe, local business and community groups to support an intensification of the public realm and vibrancy within the Cottesloe Village District Centre. • Key service delivery agencies providing health information, data analysis and education programs.
Policy & Approvals	• Assesses public health risks in planning policy and development approvals. • Manage the effects of climate change through the local planning framework. • Manage the concentration of tobacco, vapes and related retail outlets. • Reduce health hazards, including biosecurity risks through conditions of approval.
Community Services	• Support and promote healthy eating and active living activities, events and online information. • Enhance pandemic preparedness and provide disaster and emergency management services. • Improve access to and quality of screening programs and expand immunisation programs. • Improve waste management services and opportunities for recycling and reuse. • Ensure access to safe food and water. • Maintain and expand a contracted public health workforce.
Civic Places & Spaces	• A suite of health-related programs, initiatives and events from The Grove Library Precinct. • Enhance urban tree canopy, walking trails, bike paths, footpaths and tree-lined streetscapes. • Enhance disability access and inclusivity through universal design in public parks, toilets, playgrounds. • Prevent risk of injuries and promote public safety.
Health Promotion	• Accessible health information particularly through online platforms. • Use of genomic information to promote health. • Enhance health research, data analysis and reporting capability. • Encourage smoke-free community events, such as Carols by Candlelight.
Monitoring	• Environmental health programs such as risk assessments of food premises, beauty therapy outlets, skin penetration premises, public buildings, private swimming pools. • Environmental hazards such as asbestos, contaminated sites, chemical and sewerage spills and other pollution. • Prevalence of communicable disease and vaccination rates. • Adjustments in chronic disease incidences and trends. • Changes in community demographics via future ABS census reports. • Mental health and wellbeing data from North Metropolitan Health Services and Injury Matters.

3.0 Guiding Principles and Regulatory Frameworks

This GSPHP has been developed within the frame of key guiding principles and through the lens of inter-related regulatory frameworks. There is also a complex web of other interrelated public policies and guidelines that indirectly influence the Shire's public health efforts.

3.1 Key Guiding Principles

The key guiding Principles for public health have been established for decades and includes the 1986 Ottawa Charter, the National Preventative Health Strategy and WA's State Public Health Plan.

3.1.1 Ottawa Charter for Health Promotion

The World Health Organization (WHO) is a United Nations agency established in 1948 that connects nations, partners and people to promote health, keep the world safe and serve the vulnerable—with a vision that everyone, everywhere can attain the highest level of health.

In 1986, WHO jointly hosted an international conference in Ottawa, Canada with over 200 participants from 38 countries to develop a charter to achieve health for all by the year 2000 and beyond.

This charter, referred to as the Ottawa Charter for Health Promotion, outlines five key actions:

a) Build healthy public policy
b) Create supportive environments
c) Strengthen community action
d) Develop personal skills
e) Reorient health services.

Under this charter, health promotion is defined as the "**process of enabling people to increase control over, and to improve, their health. It moves beyond a focus on individual behaviour towards a wide range of social and environmental interventions.**"

The strategies of this GSPHP are closely aligned with the Ottawa Charter for Health Promotion, enabling the Shire to better manage health challenges with confidence.

3.1.2 Social Determinants of Health

According to the WHO, social determinants of health account for between 30–55% of health outcomes. This is based on evidence that supports the close relationship between people's health and their living and working conditions which form their social environment.

The WHO describes social determinants as "the non-medical factors that influence health outcomes." They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of their daily life such as social norms, social policies and political systems'.

Social determinants form part of the wider determinants of health which also include the environmental, cultural, biomedical, commercial and digital factors in daily life. In effect, factors such as socioeconomic position, education, conditions of employment, the distribution of wealth, empowerment and social support, all together make up the social determinants of health that can act to either strengthen or undermine public health.

3.1.3 National Preventative Health Strategy 2021–2030

The National Preventative Health Strategy 2021–2030 aims to strengthen preventive health through building systems-based change over a 10-year period. The strategy focuses on addressing the wider determinants of health, reduces health inequities and decreases the overall burden of disease.

Specifically, it focuses on the importance of health promotion and prevention in line with the following outcomes:

- All Australians have the best start in life.
- All Australians live in good health and wellbeing for as long as possible.
- Health equity is achieved for priority populations.
- Investment in prevention is increased.

The national strategy has been developed to guide and influence all Australian governments, the non-government sector, local health service providers, private providers, industry, communities and individuals.

3.1.4 State Planning Strategy 2050

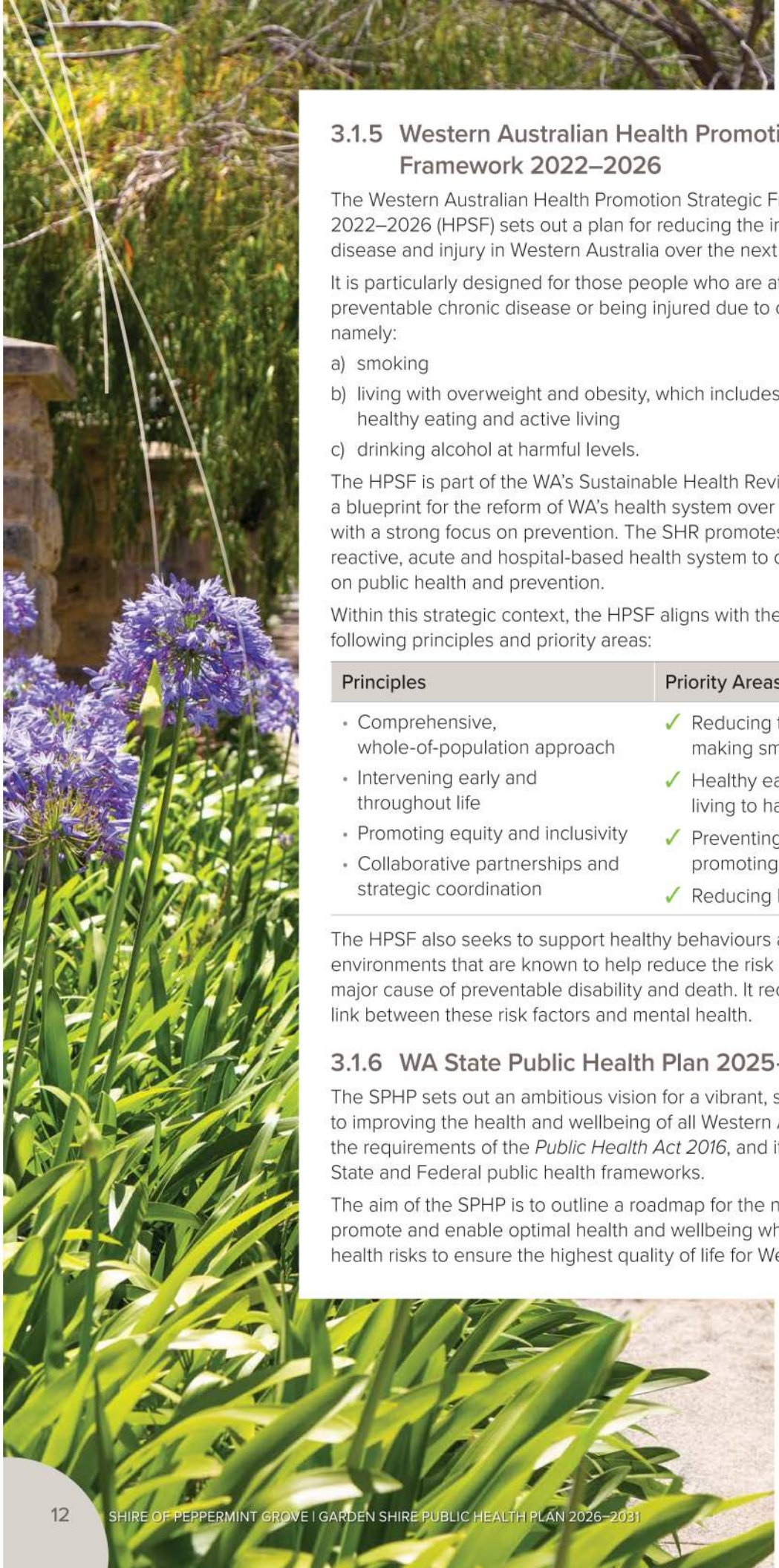
The State Planning Strategy 2050 (SPS) is the highest order town planning instrument in WA. Among other things it introduces the planning for social infrastructure, health and wellbeing.

The SPS recognises that social infrastructure improves liveability, encourages social inclusion, diversifies the economy by building social capital and is an essential ingredient for creating sustainable communities.

The SPS focuses on well-designed buildings, movement corridors, public open spaces and civic places to improve public health and wellbeing. This approach is known to reduce depression, anxiety and the prevalence of obesity, with access to affordable and nutritious food choices and opportunities for physical activity is important to help maintain good health and prevent chronic disease.

"The health and wellbeing of Western Australians is essential for the vitality of its communities and for a strong and resilient economy."

State Planning Strategy 2050, WAPC



3.1.5 Western Australian Health Promotion Strategic Framework 2022–2026

The Western Australian Health Promotion Strategic Framework 2022–2026 (HPSF) sets out a plan for reducing the incidence of chronic disease and injury in Western Australia over the next 5 years.

It is particularly designed for those people who are at risk of developing preventable chronic disease or being injured due to common risk factors, namely:

a) smoking

b) living with overweight and obesity, which includes policies that support healthy eating and active living

c) drinking alcohol at harmful levels.

The HPSF is part of the WA's Sustainable Health Review (SHR), which is a blueprint for the reform of WA's health system over the next 10 years with a strong focus on prevention. The SHR promotes a shift away from a reactive, acute and hospital-based health system to one with greater focus on public health and prevention.

Within this strategic context, the HPSF aligns with the SHR through the following principles and priority areas:

Principles	Priority Areas
• Comprehensive, whole-of-population approach • Intervening early and throughout life • Promoting equity and inclusivity • Collaborative partnerships and strategic coordination	✓ Reducing tobacco use and making smoking history ✓ Healthy eating and active living to halt the rise in obesity ✓ Preventing injury and promoting safer communities ✓ Reducing harmful alcohol use

The HPSF also seeks to support healthy behaviours and creating safer environments that are known to help reduce the risk of injury, which is a major cause of preventable disability and death. It recognises the strong link between these risk factors and mental health.

3.1.6 WA State Public Health Plan 2025–2030

The SPHP sets out an ambitious vision for a vibrant, sustainable approach to improving the health and wellbeing of all Western Australians. It fulfils the requirements of the *Public Health Act 2016*, and it aligns with other State and Federal public health frameworks.

The aim of the SPHP is to outline a roadmap for the next 5 years to promote and enable optimal health and wellbeing while protecting against health risks to ensure the highest quality of life for Western Australians.

The SPHP has a statewide scope with high-level objectives and desired outcomes outlined in the table below:

Objectives	Outcomes
Aboriginal Health and Wellbeing:	Addresses racism and strengthens the cultural determinants of health for Aboriginal people
Equity and Inclusion:	Empowered community groups who are at risk of greater inequities from the impact of social and environmental determinants of health to access health services
Promote:	Fostering strong, connected communities and healthier environments
Prevent:	Reducing the burden of chronic disease, communicable disease, and injury
Protect:	Protection against public and environmental health risks, effectively manage emergencies, reduce impacts of disaster, and lessen the health impacts of climate change.
Enable:	Bolstering public health systems and leverage partnerships to support health and wellbeing

Under the *Public Health Act 2016*, the Shire is required to provide the Chief Health Officer and other bodies with information on how, what and when it intends to undertake public health strategies.

3.1.7 Social and Emotional Wellbeing Model

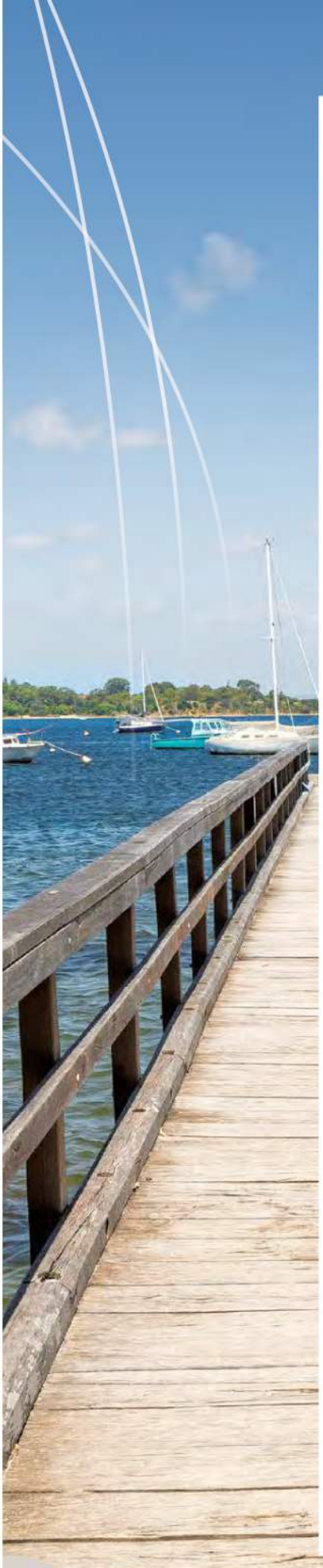
The Social and Emotional Wellbeing Model (SEWB) is a holistic framework that views wellbeing as interconnected across social, emotional, spiritual, cultural, and community domains, reflecting the collective identity of Aboriginal and Torres Strait Islander people.

Distinct from mental illness, this model recognises social and emotional wellbeing as a holistic concept that encompasses a person's social, emotional, spiritual, and cultural health, recognising that wellbeing is influenced by connections to land, sea, culture, spirituality, family, and community.

The SEWB is based on 7 direct influences on the collective identity of Aboriginal and Torres Strait Islander people as outlined in the table below:

SEWB Domain	Scope
Connection to Body	Physical health, feeling strong, and the ability to participate fully in life
Connection to Mind	Mental health, emotional regulation, and cognitive wellbeing
Connection to Family	Relationships, kinships. support networks, and social cohesion
Connection to Community	Engagement, belonging, and participation in community life
Connection to Culture	Cultural practices, traditions, and identity
Connection to Country	Spiritual and physical connection to land and sea
Connection to Spirit	Spiritual beliefs, guidance from ancestors, and cultural continuity

By integrating cultural, spiritual, and community dimensions, the SEWB model provides a comprehensive framework for promoting health equity and supporting the wellbeing of Aboriginal and Torres Strait Islander peoples.



3.2 Regulatory Frameworks

This GSPHP is influenced by various regulatory frameworks that provide a degree of consistency in public health priorities, objectives and strategies across all tiers of governments, with more detail on specific activities at the local government level.

3.2.1 Western Australian *Public Health Act 2016*

In WA public health is regulated and administered through a complex web of State and local government regulations, policies, programs and services.

Part 5 of the *Public Health Act 2016* commenced to reform public health through a suite of measures to improve public health across the State. As part of this enactment, the SPHP came into effect on 4 June 2025 and outlines the following desired outcomes:

a) minimising the risks of climate change and the effects on people's health
b) Aboriginal health and wellbeing
c) equity and inclusion.

It is this reform that requires the Shire to prepare and publish a local public health plan in 2026.

3.2.2 Western Australian *Planning and Development Act 2005*

The *Planning and Development Act 2005* (P&D Act) provides a system of land use planning and the sustainable development of land.

Under the P&D Act, the Shire is required to control local land use and development through its local planning policy framework, which comprises:

- local planning strategies, schemes and structure plans
- local planning policies and guidelines
- development approvals subject to conditions.
- providing subdivision advice to the WAPC
- undertaking enforcement control including penalties and stop work orders.

For instance, the Shire's local planning scheme may permit and approve food outlets subject to conditions. Similarly, the Shire zones and maintains public open spaces to ensure they can be enjoyed for passive or active leisure and recreational activities in a way that promotes healthy living.

3.2.3 Western Australian *Environmental Protection Act 1986*

The Western Australian *Environmental Protection Act 1986* aims to protect the quality of the environment from pollution and harm.

It empowers the Environmental Protection Authority (EPA) to conduct environmental impact assessments, prepare statutory policies, and provide advice to the Minister for Environment.

It outlines the responsibilities of the Department of Water and Environmental Regulation (DWER) when supporting the EPA to determine

works approvals, licenses and notices. This involves acting against environmental offences such as air, noise, and water pollution likely to cause harm or effect to people's amenity and/or standard of living.

It enables collaborations with the EPA, DWER and the Department of Biodiversity Conservation and Attractions in maintaining the Shire's environmental ecosystems, including the maintenance and embellishment of tree canopy cover and public open spaces like Freshwater Bay foreshore that residents enjoy as part of their healthy living activities.

3.2.4 Western Australian *Food Act, 2008*

The *Food Act 2008* requires that all food sold in Western Australia is safe and suitable for human consumption and meets all standards set out in the Food Standards Code. Food Standards Australia New Zealand (FSANZ) is responsible for regulating the Food Standards Code, through three overarching classifications, namely:

- Food standards
- Food safety standards
- Primary production standards.

Under the *Food Act 2008*, the Shire is responsible for food business registration, monitoring compliance, providing education and advice, and taking enforcement action when needed. The Shire's health inspector role and activities are delegated to Food Technology Services, with authority to, among other things:

- enter a food business property at any time
- request evidence that the correct food safety training and preparation has been performed
- go into any area of a food business and take samples
- issue on-the-spot infringement notices (fines)
- close the business immediately if it's deemed to be a serious public health risk.

The DOH has a publicly available *Food Offenders List* with details of all food businesses and persons that have been convicted of an offence under the *Food Act 2008*.

3.2.5 Western Australian *Local Government Act 1995*

The Western Australia *Local Government Act 1995* (LG Act) establishes a framework for the Shire's administration.

The LG Act enables the Shire to make decisions for its community and promote community participation. It establishes key performance indicators related to the accountability, efficiency, and effectiveness of its operations.

Under the LG Act and in relation to public health, the Shire is responsible for:

- infrastructure services, including local roads, footpaths, drainage, waste collection and management
- health services such as water and food inspection, toilet facilities, noise and animal control
- recreation facilities, such as parks, sports fields, and swimming pools
- cultural facilities and some community services, such as libraries
- building services, including inspections, licensing, certification and enforcement
- planning approvals for new and retrospective developments
- administration of civic facilities and street parking.

Specifically, section 5.56 of the LG Act is the primary mechanism by which Public Health Plans are required to be integrated into the Shire's Integrated Planning and Reporting Framework (IPRF).

3.2.6 Integrated Planning and Reporting Framework

The IPRF aims to ensure that the Shire's financial capacity and service delivery areas are efficiently and effectively integrated.

This GSPHP is an informing strategy under the Shire's IPRF that is to align and form part of the Shire's:

- Strategic Community Plan 2021–2031
- Long Term Financial Plan 2021–2031
- Corporate Business Plan 2026/2027–2030/2031
- Annual Budget 2026/2027 and beyond
- Disability Access and Inclusion Plan 2023–2028
- Reconciliation Action Plan
- Waste Plan 2020 – 2025
- Asset Management Plan.

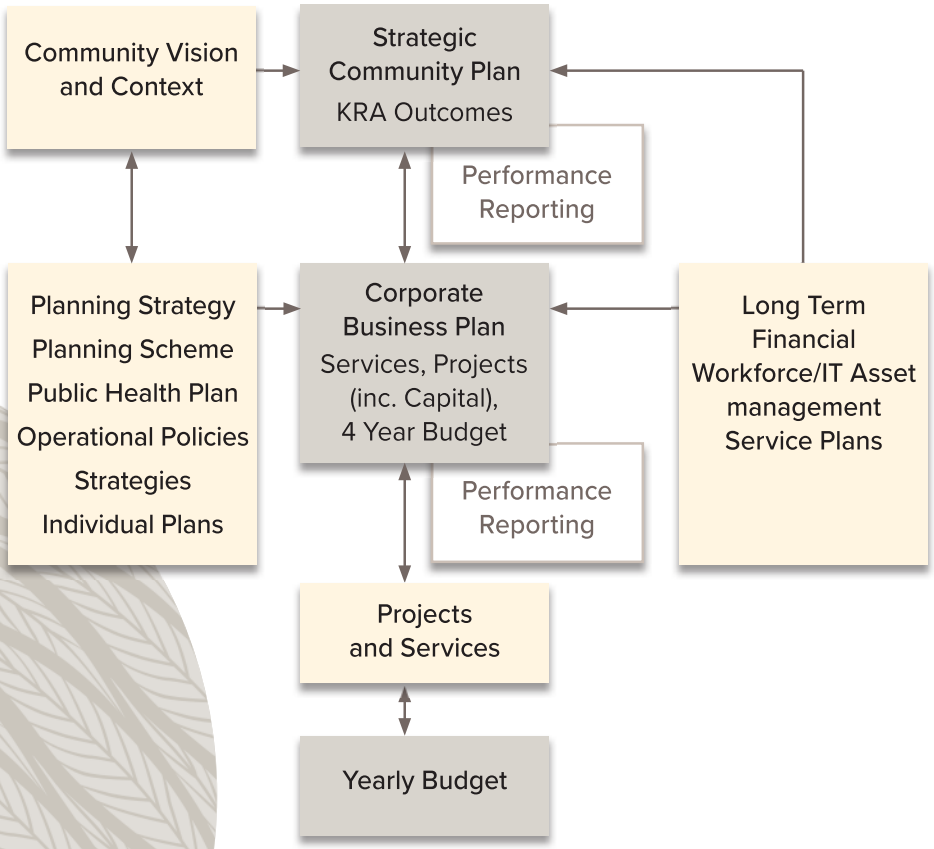
The diagram below illustrates the elements of the IPRF necessary to administer and implement this GSPHP.

The Corporate Business Plan provides the framework from which funding and resource allocations are determined to enable emerging public health issues and directives to be effectively captured and planned for.

Through the IPRF, the Shire welcomes and invites people with a disability to participate in all local government functions, facilities and services. It recognises people with disability are contributing members to local, economic and cultural life that makes the Shire a welcoming environment in which to live and work.

Notwithstanding the low representation of Aboriginal and Torres Strait Islander people, this GSPHP seeks to recognise Aboriginal health and wellbeing practices across all areas of public health. This approach is considered essential in strengthening the cultural determinants of health for Aboriginal and Torres Strait Islander people.

Integrated Planning Model



4.0 The Garden Shire Population

The Noongar people have a deep connection to the South-West of Western Australia, with evidence confirming their occupation for at least 45,000 years. This includes their use of the land and its resources, in and around Freshwater Bay and Cottesloe, and as such their legacy contributes to the Shire's history.

Constituted in 1895, the Shire is geographically one of Australia's smallest local governments, covering an area of 1.06km^2.

It is renowned for its '**garden suburb**' character and high residential amenity distinguished by period homes set amongst tranquil tree-lined streets, open landscaped public parks and the serene Swan River foreshore.

Our profile

42	**77.2%**	**58%**	**50.3%**
Median age	'family' households	labour force participation	households owned outright
2.7	**44.1%**	**13.8%**	**86.2%**
people per house on average	have English ancestry	of residents aged 15–19	of households speak English only

The median growth (Band C) population forecast contained in WA Tomorrow 2016 – 2031 (WA Tomorrow) estimated a population growth of approximately 12.8% (145 persons) within the Shire between 2021 and 2026.

The 2021 ABS data reveals that the Shire has a low population density of 1,535.1/km^2 with a population of 1,597 well below the 1,780 persons forecasted by WA Tomorrow.

Subdivision approval and residential construction data suggests that the Shire's population growth is inconsistent with the WA Tomorrow forecasts. In response, the Shire's draft Local Planning Strategy adopts a moderate growth target of up to 756 new dwellings accommodating an additional 2,041 new residents over the next 20 years.

The Shire has a relatively low Aboriginal and Torres Strait Islander population of 1.8% (2021 ABS census) comprising 28 females with a median age of 15. This cohort is understood to be students boarding at the Presbyterian Ladies' College (PLC).

The Shire's age structure identifies a larger percentage of people within the 50+ and 10–19 age brackets compared to the State average. There's a lower proportion of children between the ages of 0–9 years and adults aged between 25–49 years. This represents an aging and declining population base.

The 2021 ABS data provide insights into the Shire's composition, namely:

On average, the Shire accommodates **2.7 persons per household**

The vast majority of dwellings in the Shire were **single houses 88.7%**

The proportion of dwellings with **two bedrooms or less 8.5%** is below the Perth metropolitan average **15.2%**

A significant proportion of households **53.5%** were home to just **one or two people**

10.2% of the Shire's households were **experiencing housing stress** compared to **9.0%** in Greater Perth

Shire residents within the **15–19 age cohorts** largely represents PLC boarding students

Following **English ancestry**, the next largest responses were **Australian**, **Scottish**, and **Irish**

Mandarin was the next most widely **spoken language**, followed by **Italian**, **Greek**, and **Spanish**

5.0 Garden Shire Health Status

There are many inter-related health risk elements in the everyday life of Shire residents.

Based on *The Shire of Peppermint Grove Health Profile 2011–2020*, prepared by the Epidemiology Directorate of the WA Department of Health, in collaboration with the Public Health Advisory Group, this section aims to provide an overview of the Shire's health risk elements and its health risk factors.

Modelling the latest available data from multiple sources, reveals that across all physiological and psychological health influences, the Shire has a lower prevalence rate of illness including chronic disease, with a vast majority of residents indulging in healthy behaviours and active lifestyle choices.

The 'social determinants of health', play a crucial role in the health status of a local community. Influences such as socio-economic status, education level, conditions of employment, and social support all contribute to the strengthening or undermining of an individual's health.

The Shire's overall crime rates and types are lower than the State and national averages with theft and deception representing the majority of reported crime, followed by much lower levels of assault and burglary.

Increases in perceived public safety and interactions combined with a clean environment directly influence mental wellbeing. Continued community connectedness, improving public amenity, enhancing safe and sustainable environments, and facilitating access to goods and services are all imperative to the Shire's health status.

Through strategic planning, including development to implement designing out crime principles the Shire will continue to play a crucial role in facilitating and administering preventative health decisions and opportunities for its residents.

Top crime types in Peppermint Grove

Deception	48
Theft	37
Assault and related offences	5
Burglary/Break and enter	5
Drug dealing and trafficking	5
Sexual offences	3
Property damage	3
Motor Vehicle Theft	2
Stalking, harassment and threatening behaviour	1
Breaches of orders	1

5.1 Health Risk Elements

Modelling the latest available data from multiple sources, this section presents the status of the following key health risk elements:

- lifestyle-related risk factors (nutrition, physical activity, tobacco use and alcohol use)
- physiological risk factors (overweight and obesity)
- alcohol, tobacco and illicit drug-attributable hospitalisations and deaths
- injury-related hospitalisations and deaths
- mental health
- notifiable infectious diseases.

5.1.1 Nutrition

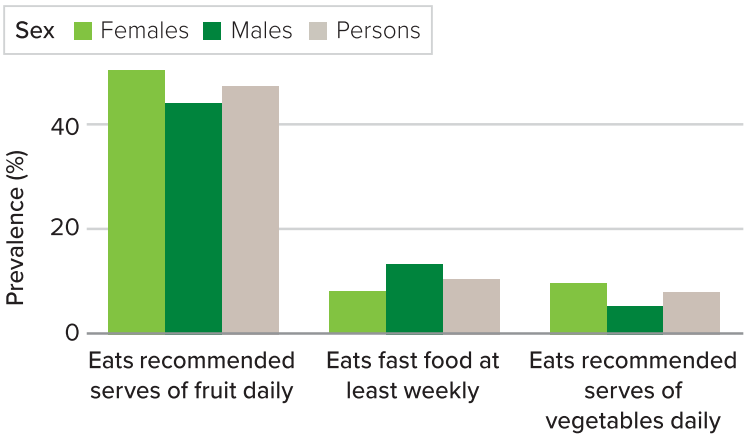
Diet has an important effect on health and can influence the risk of diseases such as coronary heart disease, type 2 diabetes, stroke and some cancers. The Australian Dietary Guidelines recommended daily serves of fruit and vegetables for adults and children are listed in the table below:

Minimum recommended serves of fruit per day		Minimum recommended serves of vegetables per day	
2–3 years:	1 serve	2–3 years:	2 serves
4–8 years:	1 serve	4–8 years:	4 serves
9–15 years:	2 serves	9–15 years:	5 serves
16 years+:	2 serves	16 years+:	5 serves

In 2020, modelled data on how many serves of fruit or vegetables Shire residents usually ate each day revealed:

- 48.7 % of Shire of Peppermint Grove residents ate the recommended serves of fruit daily
- 8.6% ate the recommended serves of vegetable daily and 11.4% ate fast food at least weekly.

The prevalence (%) of eating recommended serves of fruit and vegetables daily (2 years and above) and eating meals from fast food outlets at least weekly (1 year and above) by sex, are shown in the graph below:



Source: WA Health and Wellbeing Surveillance System. Epidemiology Directorate, DOH WA.
Note: The data in this report are modelled. They do not represent raw values but are smoothed estimates.

5.1.2 Physical Activity and Sedentary Behaviour

According to WHO, physical activity reduces the risk of cardiovascular disease, some cancers and type 2 diabetes. Physical activity additionally improves musculoskeletal health, helps maintain body weight and reduces symptoms of depression.

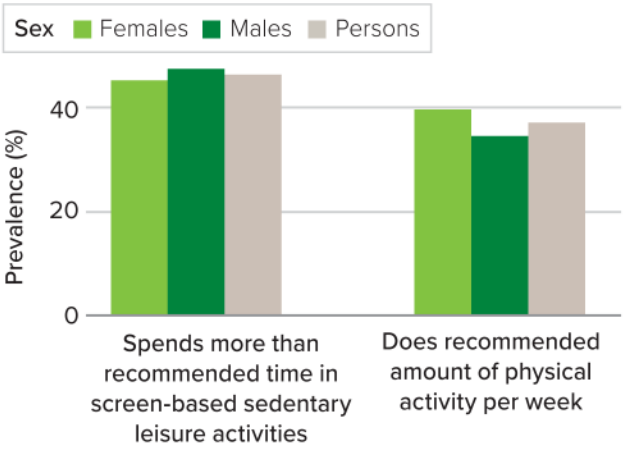
When evaluating the suite of physical activity and sedentary behaviour guidelines that apply to different age groups, the following benchmarks can be used to better understand this health risk profile:

Minimum recommended physical activity per day		Maximum recommended screen-based time	
5–7 years:	✓ 60mins of moderate to vigorous physical activity ✓ 7+ sessions/week for 60mins+ physical activity	0–2 years:	no screen time
18–64 years:	✓ 75–150mins of vigorous physical activity or ✓ 150–300mins of moderate physical activity/week ✓ 150mins of moderate physical activity in a week	3–5 years:	no more than 1hr per day
65+ years:	✓ 30mins of moderate physical activity each day	5–17 years:	no more than 2hrs per day
		18+ years	no upper time limit, but more than 21hrs per week do not meet guidelines

In 2020, modelled data on the prevalence of physical activity and sedentary behaviour of Shire residents revealed:

- a lower prevalence of completing the recommended amount of physical activity each week
- 34.2% of males and 39.3% of females aged 5 years and over completed the recommended amount of physical activity each week
- 47.1% of males and 44.8% of females of all ages spent more than the recommended time in screen-based sedentary leisure activities.

The prevalence of completing the recommended amount of physical activity each week and the recommended time in screen-based sedentary leisure activities are shown in the graph below:



Source: WA Health and Wellbeing Surveillance System. Epidemiology Directorate, DOH WA.
Note: The data in this report are modelled. They do not represent raw values but are smoothed estimates.

5.1.3 Overweight and Obesity

Overweight and obesity in adults is associated with cardiovascular disease, type 2 diabetes, some cancers, musculoskeletal disorders (in particular osteoarthritis), dementia and a suite of other conditions.

Modelled data for the prevalence of overweight and obesity were based on derived body mass index (BMI) categories listed in the table below:

Adult Overweight Categories	
Not Overweight:	BMI less than 25
Overweight:	BMI from 25.0 to 29.9
Obese:	BMI of 30.0 and above

In 2020, Shire residents had a lower prevalence of overweight, and a lower obesity prevalence compared to the State:

- 36.5% of males aged 5 years and over were overweight and 22.7% were obese
- 27.0% of females aged 5 years and over were overweight and 23.9% were obese.

The lower prevalence of Garden Shire residents who are overweight and those who are obese includes persons 5 years and over and are illustrated in the graph below:

Source: WA Health and Wellbeing Surveillance System. Epidemiology Directorate, DOH WA.
Note: The data in this report are modelled. They do not represent raw values but are smoothed estimates.

5.1.4 Tobacco Smoking

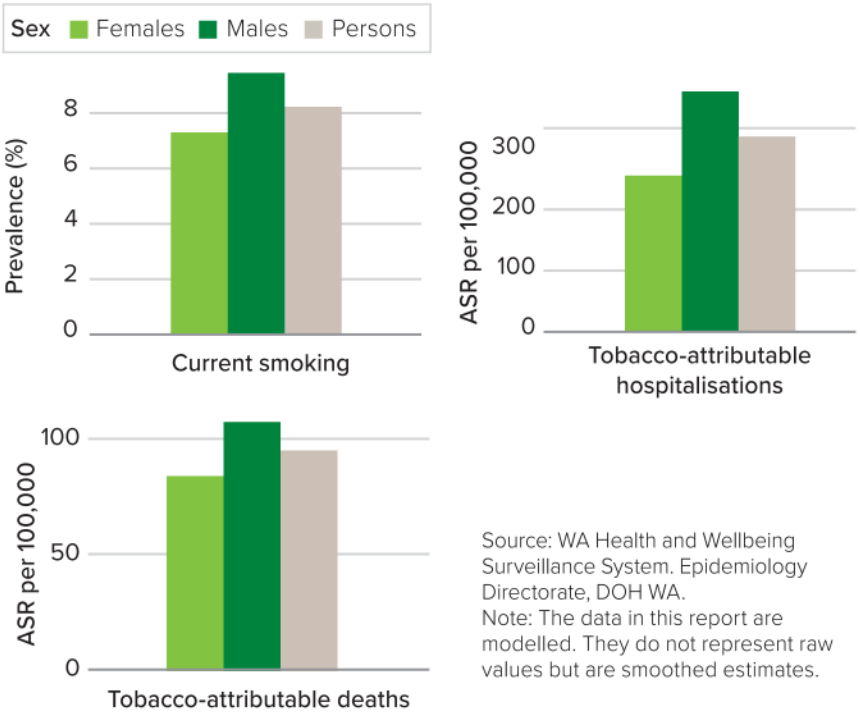
Tobacco use, including past and current use and exposure to second-hand smoke, increases the risk of a number of health conditions, including cancer, respiratory diseases and cardiovascular disease.

Modelled data for the prevalence of tobacco smoking were sourced and based on the tobacco-attributable aetiological fractions, which is the proportion of hospitalisations or deaths for a particular condition that can be attributed to tobacco use.

In 2020, modelled data Shire residents aged 15 years and over were found to have a:

- lower prevalence of current smoking compared to WA State rate
- lower rate of tobacco-attributable hospitalisations compared to the WA State rate
- higher rate of tobacco-attributable deaths compared to the WA State rate, for both adult males and females.

The lower prevalence of Garden Shire residents who suffer from the effects of tobacco smoking are illustrated in the graphs below:



Source: WA Health and Wellbeing Surveillance System. Epidemiology Directorate, DOH WA.
Note: The data in this report are modelled. They do not represent raw values but are smoothed estimates.

5.1.5 Alcohol-related Harm

Alcohol use increases the risk of some health conditions, including coronary heart disease, stroke, high blood pressure, and liver and pancreatic disease. It also increases the risk of violence and anti-social behaviour, accidents and mental illness.

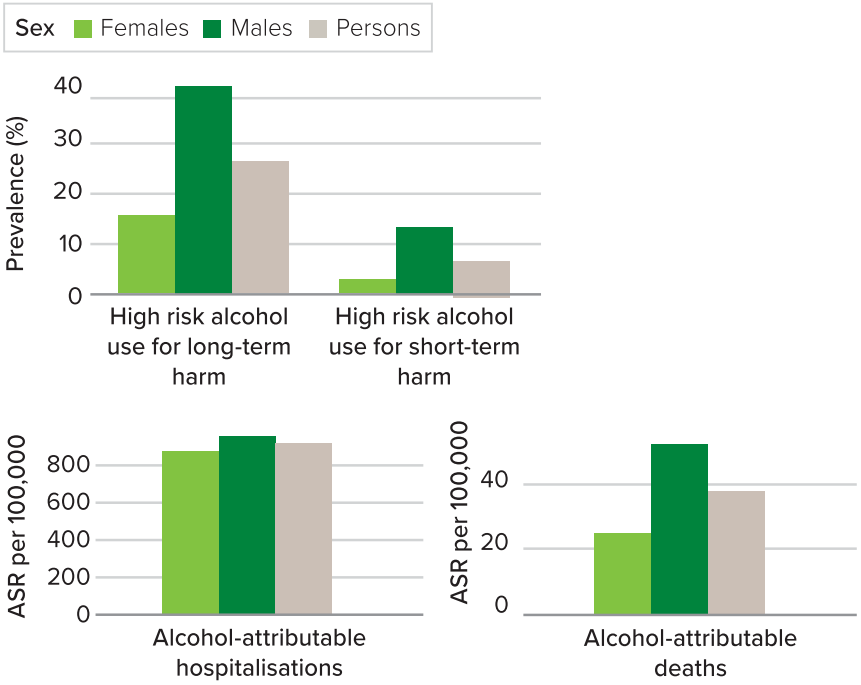
Modelled data for the prevalence of alcohol consumption were derived from multiple sources. An alcohol aetiological fraction is the proportion of hospitalisations or deaths for a particular condition that can be attributed to alcohol use.

Alcohol Consumption Risk Levels	
Under 18 years:	• no drinking alcohol as the safest option
18+ years:	• no more than 2 standard drinks per day to reduce the risk of long-term harm. • no more than 4 standard drinks on any one day to reduce the risk of short-term harm from alcohol-related disease or injury

In 2020, the prevalence of alcohol use within the Shire was similar to the WA State average, with:

- 41.2% of males aged 16 years and over used alcohol at levels considered to be high risk for long-term harm and 13.4% used alcohol at levels considered to be high risk for short-term harm
- 15.8% of females aged 16 years and over used alcohol at levels considered to be high risk for long-term harm and 2.7% used alcohol at levels considered to be high risk for short-term harm
- The rate of alcohol-attributable deaths was higher that the State rate, particularly for females.

The prevalence of Garden Shire residents who suffer from the effects of alcohol-related harm are illustrated in the graphs below:



Source: WA Health and Wellbeing Surveillance System, Epidemiology Directorate, DOH WA

Note: The data in this report are modelled. They do not represent raw values but are smoothed estimates.

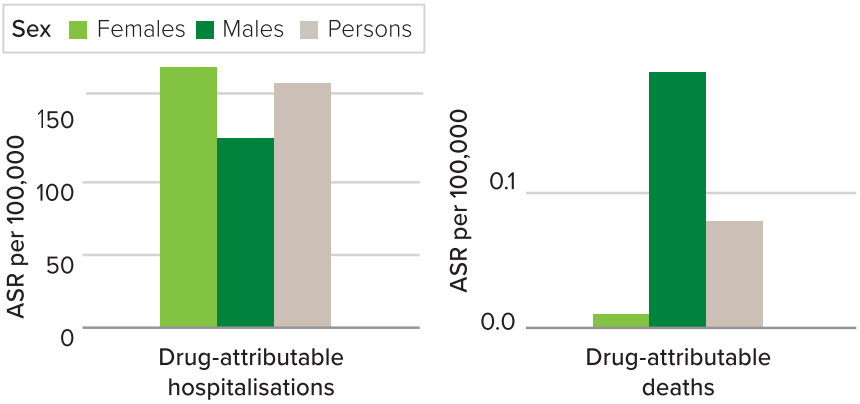
5.1.6 Illicit Drug-related Harm

The effects of illicit drug use can lead to drug tolerance, dependence, and addiction, which can impact mental and physical health, relationships, jobs, and education and the broader community.

Specifically, 10 drug groups contribute to the illicit drugs-attributable conditions and include opioids, sedatives, anti-depressants, psychostimulants and cocaine, hallucinogens, cannabis, volatile substances, analgesics, antipyretics, antirheumatics, combination/unspecified drugs and other adverse effects of drugs.

Modelled data for illicit drug-attributable deaths were derived from multiple sources using illicit drug aetiological fractions, which is the proportion of hospitalisations or deaths for a particular condition that can be attributed to illicit drug use.

In 2020, for Shire residents aged 15 years and over the rate of illicit drug-attributable hospitalisations and deaths, was lower than the WA State average for both males and females, as shown in the graphs below:

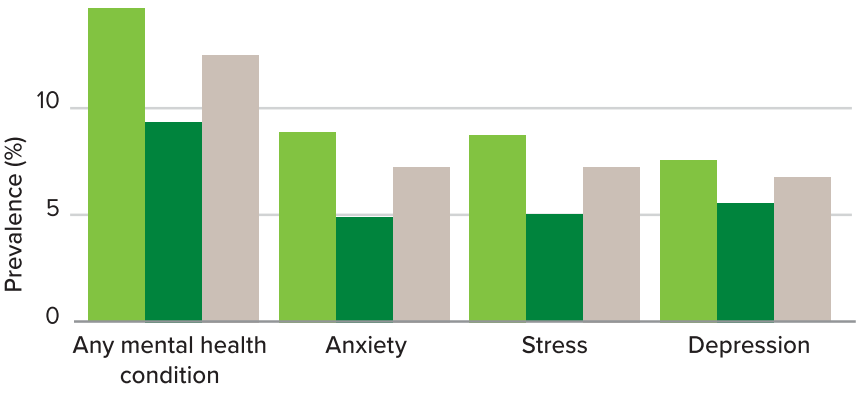


5.1.7 Mental Health

People with a mental health condition are at an increased risk of experiencing other disorders including physical disorders and diabetes.

In 2020, modelled data revealed that Shire residents 16 years and over had a lower prevalence of anxiety, a similar prevalence of depression, a lower prevalence of stress, and a lower prevalence of any mental health condition when compared to the WA State prevalence.

The prevalence rates for mental health are illustrated in the graph below:



Source: WA Health and Wellbeing Surveillance System. Epidemiology Directorate, DOH WA.
Note: The data in this report are modelled. They do not represent raw values but are smoothed estimates.

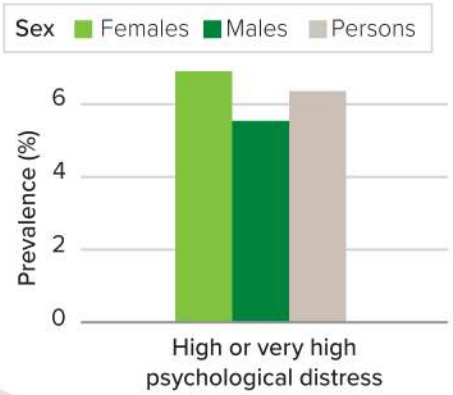
5.1.8 Psychological Distress

Psychological distress can significantly impact an individual's emotional, mental, and physical well-being. It can lead to a range of symptoms and effects, including:

Emotional Symptoms:	persistent sadness, hopelessness, or feelings of agitation
Physical Symptoms:	fatigue, headaches, muscle tension, and changes in sleep patterns
Cognitive Symptoms:	difficulty concentrating, memory problems, and negative thought patterns
Behavioural Symptoms:	irritability, moodiness, and increased anxiety

In 2020, modelled data for the prevalence of psychological distress of Shire residents, aged 16 years and over, had a lower prevalence of high or very high psychological distress when compared to the State prevalence rate with 5.5% of males and 7.0% of females having high or very high psychological distress.

The prevalence rates for psychological distress are illustrated in the graph below:



5.1.9 Injury

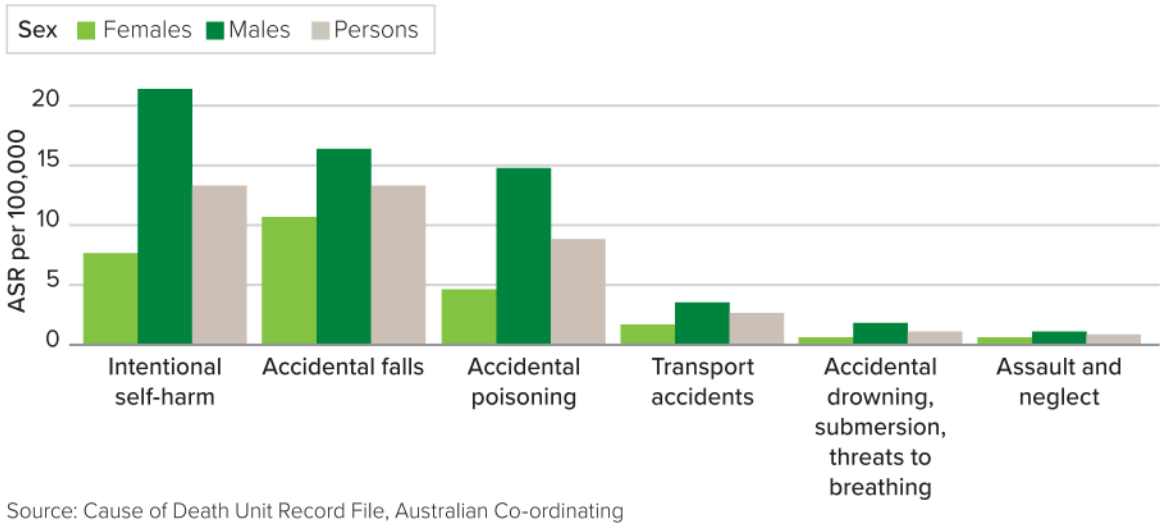
Injuries are a major cause of morbidity, permanent disability, and mortality affecting the quality of life of individuals and families.

Generally, the most common injury types are fractures, open wounds and soft-tissue injuries. People aged 65 years and over are more likely to present to an emergency department with blood vessel and internal organ-related injuries.

The external cause of injury-related hospitalisations and deaths are:

- assault and neglect
- intentional self-harm
- accidental poisoning
- accidental drowning, submersion, threats to breathing
- falls
- transport accidents.

In 2020, modelled data revealed that accidental falls were the leading cause of injury-related hospitalisations among Shire residents of all ages, as shown in the graph below:



Source: Cause of Death Unit Record File, Australian Co-ordinating Registry, the Registries of Births, Deaths and Marriages, the Coroners, the National Coronial Information System and the Victorian Department of Justice and Community Safety.
Note: The data in this report are modelled. They do not represent raw values but are smoothed estimates.

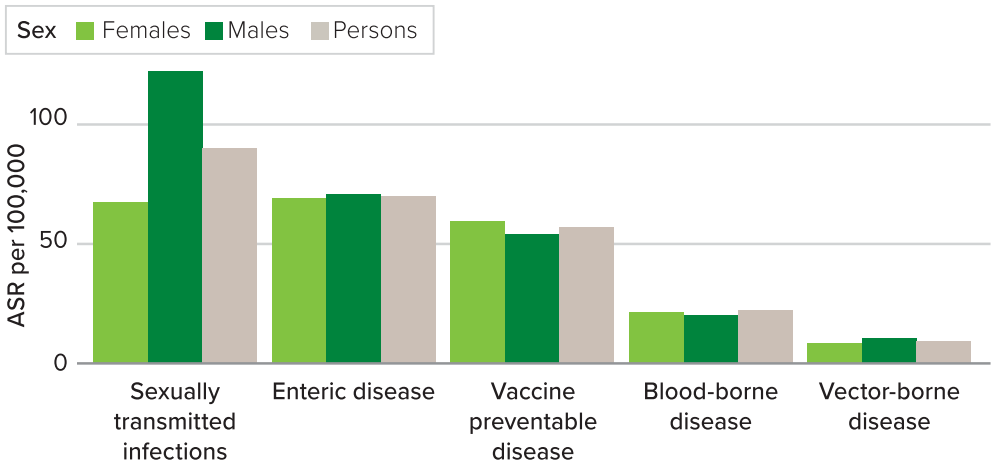
5.1.10 Notifiable Infectious Diseases

Notifiable diseases are a subset of infectious diseases that pose an immediate risk to public health and must be reported to evaluate disease control programs and implement public health interventions if need be.

Notifiable diseases cover a wide range of infectious agents, including:

Airborne diseases:	measles, influenza, COVID-19, respiratory syncytial virus
Bloodborne diseases:	hepatitis B and C
Sexually transmissible infections:	chlamydia, gonorrhoea
Gastrointestinal diseases:	salmonella, vibrio parahaemolyticus
Vector-borne diseases:	dengue, malaria
Zoonoses:	Australian Bat lyssavirus, avian influenza
Other:	invasive group A streptococcal disease, monkeypox, acute rheumatic fever and rheumatic heart disease

In 2020, modelled data for infectious disease notifications revealed that sexually transmitted infections were the leading cause of notifiable infectious diseases in the Shire.



5.2 Health Risk Factors

When health risk elements act alone or in combination with one or more other health risk elements certain trends and patterns become evident when grouped into chronic diseases and environmental health risk factors. This section considers the implications of health risk factors on the future health and wellbeing of Shire residents.

5.2.1 Chronic Disease Risk Factors

Chronic diseases are the leading cause of death or disability across Australia with increased cases being linked with Australia's ageing population, poor nutrition, and lack of physical activity.

In 2020, 37% of Shire residents undertook the recommended amount of physical activity per week lower than the State average of 48%.

As the Shire's population continues to grow and age, the burden of disease and injury can also be expected to increase. This is because chronic disease and injury risk is based on a broad range of factors and determinants and largely the result of the environments that people are engaged with and/or exposed to.

Managing behaviours that reduce the presence of modifiable risk factors outlined below is at the forefront of this GSPHP.

"Chronic diseases are long lasting conditions with persistent effects."

AIH, 2024

Summary of risk factors contributing to chronic disease

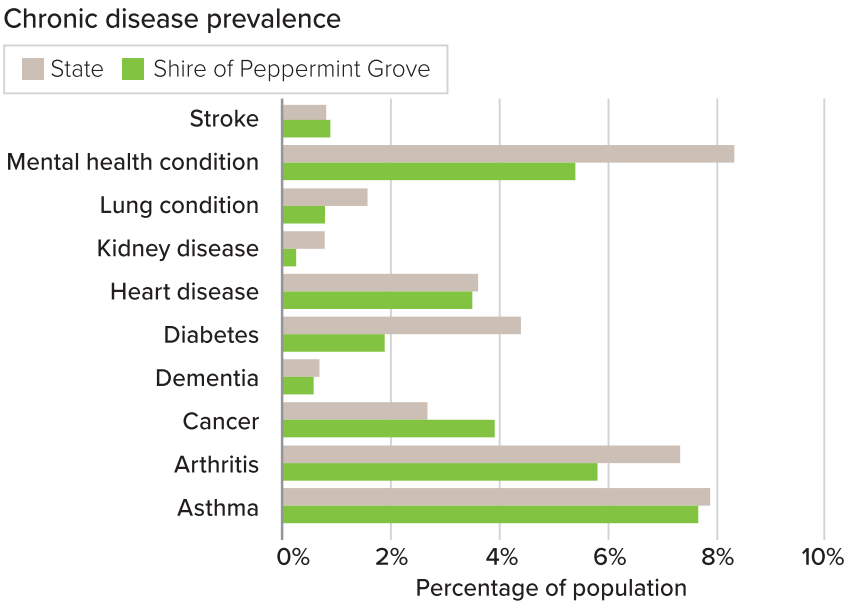
Chronic Disease	Behavioural Risks				Biomedical Risks	
	Tobacco Smoking	Insufficient physical activity	Alcohol	Dietary risks	Obesity	High blood pressure
Asthma	X	–	–	–	–	–
Arthritis	X	–	–	–	–	–
Cancer	X	–	X	X	X	–
Dementia	X	X	X	-	X	–
Diabetes	X	X	–	X	X	–
Heart Disease	X	X	–	X	X	X
Kidney disease	X	–	–	–	X	X
Lung condition	X	–	–	–	–	–
Mental health	–	–	X	–	X	–
Stroke	X	X	X	–	X	X

Source: Australian Institute of Health and Welfare

A key part of preventing or reducing the prevalence of modifiable risk factors is access to quality healthcare services for the early detection and treatment of chronic diseases.

The level of income, education, and access to healthcare reflect the importance of social determinants in shaping public health and wellbeing.

The Shire has reported a significantly lower incidence of mental health conditions and diabetes to the state average, suggesting a correlation between healthier lifestyles, social conditions and improved health outcomes.



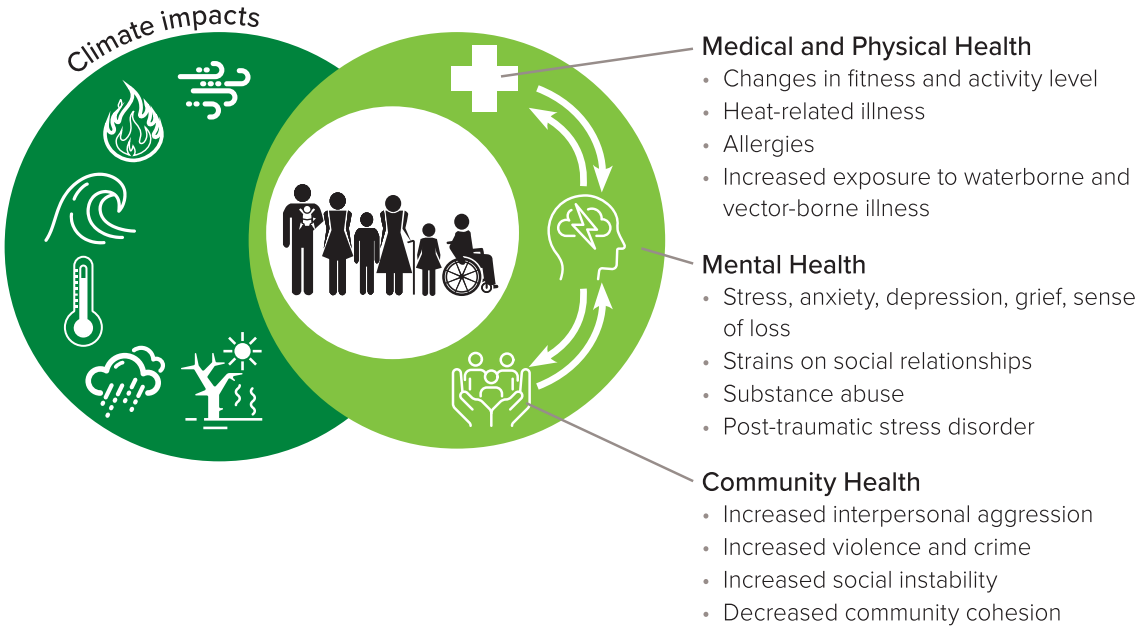
5.2.2 Environmental Factors

Environmental factors contribute to the shaping of public health with climate change becoming the largest accepted threat to human health and wellbeing.

Rates of global warming are being exacerbated at unprecedented rates attributed in part to rising levels of Green House Gases primarily driven by human consumption of fossil fuels, food production and waste, and mass consumption of manufactured goods.

Within WA, climate change is likely to impact on public health as a result from projected:

- rise in land and water temperatures
- increase in severity and duration of droughts
- stagnating rainfall across many regions
- intensified bushfire prevalence
- rise in tropical cyclones and extreme storm events.



As climatic conditions continue to change and challenge livelihoods, creating opportunities to maintain active living lifestyles is important. To reduce the Shire's carbon footprint within its day-to-day operations, the following priorities have been identified:

a) The quality and efficacy of waste management services.
b) Investment into new sustainable infrastructure.
c) Energy and water efficiency of new urban developments.
d) Supporting community-led action and consultations.

5.2.3 Urban Heat Island Effect

The Urban Heat Island Effect (UHIE) occurs through the loss of tree canopy cover and increased prevalence of impervious paved and dark-coloured surfaces like roads, roofs and car parks in urban areas which increases retention of heat, causing a rise in ambient temperatures.

The ambient temperature increases have led to urban areas reporting 1–3 degrees Celsius hotter than surrounding, particularly pervious areas, increasing incidences of heat stroke and heat exhaustion, and other illnesses like heart attacks.

Studies by the WHO correlate the benefits of urban greenery to enhancing mental wellbeing and reducing the ramifications of life-stressors, reporting that: "In neighbourhoods with a tree canopy of 30% of more, adults had 31% lower odds of developing psychological distress".

> **"The essential ingredients of good health – clean air, safe drinking water, nutritious food supply, and safe shelter…"**
>
> WHO, 2023

The State Government's 2025 Urban Greening Strategy recognises the Shire's 23% tree canopy cover being one of the highest in the Perth metropolitan region. Modelled data shows that across Perth, access to large public open space caused a 50% increase in the likelihood of adults to undertake high levels of walking and physical activity and as a result has a profound effect on people's mental health.

Accordingly, mitigating the UHIE is essential for active lifestyles and the fight against chronic disease, and promotion of mental health. The crucial role that vegetation and tree canopy cover plays in alleviating the impacts of the UHIE is a reason to conserve and embellish the Shire's high tree canopy cover.

The Shire's 2017 Resident Survey and 2020 Community Survey as part of the Strategic Community Plan development process, reveals Shire residents expect public and private treescapes to be retained.

In response, the Shire has developed numerous priorities focused on the preservation of the natural environment, including its high tree canopy cover. The Shire's proposed moderate growth strategy forming part of its new Local Planning Strategy seeks to deliver state infill density targets whilst preserving the existing tree canopy.

6.0 Community Engagement

Through regular community engagement on public health and wellbeing matters, the Shire ensures this GSPHP is prepared in accordance with "**the health needs of the local government district**" (*Public Health Act 2016* – section 45).

Community feedback was captured from the Shire's 2017 Resident Survey and 2020 Community Survey as part of the Strategic Community Plan development process.

At the forefront of community concern was the loss of tree canopy cover as a result of high density urban infill development, which is encouraged through State planning policies and programs.

Arising from community feedback, five focus areas and the following strategies were developed:

Focus Area	Strategies
Community	✓ Preservation of current amenity ✓ Increasing road safety and liveability ✓ Community Centre oriented towards older demographic
Natural Environment	✓ Ongoing protection of trees on public land and within development planning ✓ Controlling rubbish, noise pollution, and wildlife endangerment along the foreshore
Built Environment	✓ Focused on preservation of suburb setting ✓ Notable disinterest in the growth of the precinct
Economic	✓ Revitalisation of the Cottesloe Village District Centre as a thriving business and social centre ✓ Improvement of community-focused attractions/events
Governance	✓ Improvement in the transparency of Council processes ✓ Increased reliability and accessibility to public transport, and stringent control on public parking

In response to Community concern regarding the natural environment, the Shire has developed the following strategies and policies:

a) The **Public Tree Management Strategy 2022** which applies to all trees owned and managed by the Shire on its road reserves, parks and in public spaces.

b) The **Foreshore Management Plan 2025** that is primarily concerned with the foreshore cliffs, running south to north from the bottom of Leake Street to the top of The Esplanade at Bindaring Parade.

c) The **Tree Retention Local Planning Policy** which prioritises the retention and protection of trees on private land and adjacent reserves.

7.0 Public Health Priorities

A collaborative matrix approach to public health is required to integrate the work of all governments, local communities and the private sector service providers. The social and economic costs of not planning for health and wellbeing can be significant and place added stress on social services.

In line with the Shire's draft local planning strategy, this GSPHP seeks to promote destinations and experiences within civic buildings, places and spaces that can promote more cycling, walking and other physical activities. This is because such areas enable safety, accessibility, liveability, activity, interaction and identity that are all elements of the 'Healthy Streets' movement.

This GSPHP adopts five (5) key public health and wellbeing priorities, namely:

1. Community enjoying high levels of wellbeing and safety.
2. Diverse and flourishing economy.
3. Perpetual character and inviting, accessible and connected amenities.
4. Preserved natural environment and minimised environmental impact.
5. Aligned and accountable Council and community leadership.

This GSPHP aims to achieve these priority areas by:

a) Facilitating stakeholder collaborations by building new and strengthening existing strategic partnerships to promote public health outcomes.

b) Supporting initiatives that positively influence active living across all age groups through the provision of civic buildings, places and spaces that can promote more cycling, walking and other physical activities.

c) Enhancing the public realm within and surrounding the Cottesloe Village District Centre.

d) Promoting alcohol and smoking free events.

e) Promoting universal design, inclusive play spaces, and the incorporation of AS 1428.1 for Shire facilities in accordance with the Shire's Disability Access and Inclusion Plan 2023 – 2028.

f) Improving access to and equity of immunisation services and child health services through the child health clinic.

g) Strengthening the cultural determinants of health for Aboriginal people that represent 2.3% of the Shire's population.

These local public health priorities leverage off, and enhance, the Shire's current public health efforts, including:

- ✓ aged care services in partnership with Curtin Heritage Living
- ✓ partnerships with the Town of Cottesloe and the Town of Mosman Park to deliver community programs
- ✓ management of the Shire's building assets, heritage, movement networks, and Parks and Reserves
- ✓ improved management of water and energy use, foreshore revitalisation and protection, and partnerships with Western Metropolitan Regional Council for quality waste services
- ✓ increased provision of community information and compliant corporate governance.

8.0 Implementation, Monitoring and Evaluation

"Health is defined as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

World Health Organisation

8.1 Implementation

The Shire delivers a diverse range of health and wellbeing services and programs. These are usually statutory responsibilities such as land use planning, building control and food premise inspections.

Of particular importance are the programs delivered through the Westcoast Community Centre and the Early Childhood Centre, both operated from the Community Room, Grove Library Precinct. In addition, the Shire has a strong partnership with Curtin Heritage Living in the provision of aged care services.

Specifically, the Shire's responsibilities for public health can be grouped into the following service areas:

Local Public Health Services	
Health Compliance	• Regulation (advisory) of tobacco, alcohol, food safety, control of insects and vectors, pollution, waste, noise, Ranger services, Child Health care services, Aged Care services.
Emergency Management	• Disaster planning, response and recovery, pandemic planning.
Health Promotion	• Promoting healthy lifestyles, social connection through the arts, culture and recreation. • Promoting smoke, drug and alcohol-free advertising and signage on Shire facilities and events.
Planning Approval and Building Control	• Approval for tree damaging activities or the removal of regulated trees on private land. • High residential amenity through the siting design and layout of residential and commercial developments. • Swimming pool barrier inspections every 4 years.
Infrastructure Services	• Provision of well-maintained connected pedestrian streetscapes, roads, cycle ways, maintenance of public parks, rehabilitation of foreshore reserves, public facilities, and waste management. • Maintaining community facilities like public halls, parks, and libraries.

The Shire's role also includes reporting requirements outlined in the *Public Health Act 2016*, namely:

- ✓ to develop a local public health plan that must be reviewed annually
- ✓ to replace its local public health plan at least every five years
- ✓ to publicly exhibit each new public health plan and 5 yearly review
- ✓ to provide a copy of its local public health plan to the Chief Health Officer.

As an informing strategy under the IPRF, this GSPHP requires each division of the Shire's administration to align its operations to the strategies, outcomes, actions and priorities in this plan. A full review of this GSPHP will be undertaken through community consultations during 2030/2031 when the 5-year replacement plan is due.

In the meantime, the Shire will work closely with the Chief Health Officer annually to make sure the goals, strategies and priorities of this GSPHP remain relevant and effective.

8.2 Monitoring

This GSPHP will be implemented and reported through the Shire's corporate planning cycle and tracked through its IPRF. The Shire's annual report will help ensure:

- ✓ implementation is progressing to schedule
- ✓ actions are producing the anticipated outcomes
- ✓ adjustments to this GSPHP will meet any change in community need, budgeting and resourcing.

The Shire's triannual *Peptalk* Newsletters will also provide up to date community information on the progress of this GSPHP.

8.3 Evaluation

Evaluation of public health status will be conducted through a combination of surveys, reports, public health strategies and health indicators that regularly report on:

- changes in community demographics
- lifestyle-related risk factors (nutrition, physical activity, tobacco use and alcohol use)
- physiological risk factors (overweight and obesity)
- alcohol, tobacco and illicit drug-attributable hospitalisations and deaths
- injury-related hospitalisations and deaths
- mental health
- notifiable infectious diseases
- other health risk factors.

Information gathered will also assist in reviewing the efficacy of current actions and will guide the development of future public health priorities as circumstances change. Additionally, ongoing community consultation will reflect changes in public priorities and overall satisfaction with Shire's public health strategies.

This GSPHP will be used to actively advocate for the Shire's garden suburb character and high residential amenity. It will also be used to advocate for the Shire's ongoing public health funding, programs and services from Federal and State Governments.

9.0 Action Plan

This GSPHP embraces the following strategies to help apply and implement this GSPHP across a diverse network of stakeholders.

Strategies to deliver improved public health		
Goal:	**To promote and enable optimal public health and wellbeing while protecting against health risks that ensures the highest quality of life for Shire residents.**	
Objectives:	**Promote:** Healthier Communities **Prevent:** Health Risks	**Protect:** Against Health Risks **Enable:** Health Systems and Partnerships
Shire Roles:	✓ Policy and planning ✓ Advocacy and leadership ✓ Partnership development	✓ Service delivery and provision ✓ Capacity building ✓ Information, engagement and awareness

Strategies: to deliver improved public health and wellbeing outcomes for all Shire residents	
Partnerships	• Surrounding Councils and WAPOL to monitor and assess actual and perceived public health levels. • Surrounding Councils and service providers to offer health services, programs and initiatives. • Town of Cottesloe, local business and community groups to support an intensification of the public realm and vibrancy within the Cottesloe Village District Centre. • Key service delivery agencies providing health information, data analysis and education programs.
Policy & Approvals	• Assesses public health risks in planning policy and development approvals. • Manage the effects of climate change through the local planning framework. • Discourage tobacco, vapes and related retail outlets. • Reduce health hazards, including biosecurity risks through conditions of approval.
Community Services	• Support and promote healthy eating and active living activities, events and online information. • Enhance pandemic preparedness and provide disaster and emergency management services. • Improve access to and quality of screening programs and expand immunisation programs. • Improve waste management services and opportunities for recycling and reuse. • Ensure access to safe food and water. • Maintain and expand a contracted public health workforce.

continued over...

Strategies: to deliver improved public health and wellbeing outcomes for all Shire residents	
Civic Places & Spaces	• A suite of health-related programs, initiatives and events from The Grove Library Precinct. • Enhance urban tree canopy, walking trails, bike paths, footpaths and tree-lined streetscapes. • Enhance disability access and inclusivity through universal design in public parks, toilets, playgrounds. • Prevent risk of injuries and promote public safety.
Health Promotion	• Accessible health information particularly through online platforms. • Use of genomic information to promote health. • Enhance health research, data analysis and reporting capability. • Encourage smoke-free community events.
Monitoring	• Environmental health programs such as risk assessments of food premises, beauty therapy outlets, skin penetration premises, public buildings, private swimming pools. • Environmental hazards such as asbestos, contaminated sites, chemical and sewerage spills and other pollution. • Prevalence of communicable disease and vaccination rates. • Adjustments in chronic disease incidences and trends. • Changes in community demographics via future ABS census reports. • Mental health and wellbeing data from North Metropolitan Health Services and Injury Matters.

This action plan has been developed in alignment with existing corporate plans and informing strategies established under the Shire's IPRF. Effective integration of existing governance framework ensures that the Shire's approach to public health needs is proactive, evidence-based, and in alignment with good governance.

10.0 Conclusion

This GSPHP is a direct response to the Shire's public health needs, projections, and aspirations. It reveals a health-conscious Shire community that is of notable health when compared to the Perth metropolitan or State averages.

This GSPHP is aimed at improving the public health and wellbeing for all Shire residents. It is the culmination of literature review, research, data analysis and modelling, with the technical advice of relevant State agencies and public health contractors.

The GSPHP seeks to promote and optimise public health while minimising health risks to ensure the highest quality of life for Shire residents. The Shire's role in improving community health and wellbeing is diverse. From infrastructure services and development approvals to providing early childhood health services.

For those senior age cohorts, this GSPHP aims to minimise health risks associated with climate change and the urban heat island effect, impaired public access, and the effects of community disconnection or isolation.

By partnering with neighbouring Councils and collaborating with service providers, this GSPHP aims to achieve:

- ✓ a community enjoying high levels of wellbeing and safety
- ✓ a diverse and flourishing local economy
- ✓ a perpetual Garden Shire character that is inviting, accessible and connected
- ✓ preservation of the natural environment and minimising impacts
- ✓ an aligned and accountable Council and Community Leadership.

Risk assessment at Appendix 2, reveals the need for the Shire to focus on health risk elements and factors. It reveals health risks can be managed within Shire resources, networks and strategic partnerships.

Through its existing regulatory frameworks, the Shire can ensure that its public health strategies and risk management treatments are at the centre of its operations. Additionally, this GSPHP will be leveraged to advocate for the Shire's public health funding, programs and services from the State and Federal Governments.

Similarly, service providers and community groups are encouraged to have due regard to this GSPHP when planning, developing and seeking funding for local programs and/or projects.

This GSPHP will take effect in 2026 and will be enacted over the next 5 years.

Following this period, it will undergo re-evaluation and be subsequently augmented in accordance with changes in community and state needs. Ongoing community consultation will reflect changes in public priorities and overall satisfaction with current government actions.

Appendix 1: Section 45 of the *Public Health Act 2016*

In alignment with the *Public Health Act 2016* a local plan must:

(a) identify the public health needs of the local government district; and

(b) include an examination of data relating to health status and health determinants in the local government district; and

(c) establish objectives and policy priorities for —

  (i) the promotion, improvement and protection of public health in the local government district; and

  (ii) the development and delivery of public health services in the local government district; and

(d) identify how, based on available evidence, the objectives and policy priorities referred to in paragraph (c) are proposed to be achieved; and

(e) describe how the local government proposes to work with the Chief Health Officer and other bodies undertaking public health initiatives, projects and programmes to achieve the objectives and policy priorities referred to in paragraph (c); and

(f) include a strategic framework for the identification, evaluation and management of public health risks in the local government district and any other matters relating to public health risks in the local government district —

  (i) that the local government considers appropriate to include in the plan; or

  (ii) that are required to be included in the plan by the Chief Health Officer or the regulations; and

(g) include a report, in accordance with the regulations, on the performance by the local government of its functions under this Act.

Appendix 2: Risk Management Profile

The risks associated with the implementation of this GSPHP have been assessed in the Risk Matrix below, which focuses on environmental factors, infectious diseases, public health emergencies, patient care, data privacy, local policy-making, and public safety measures.

It outlines the likelihood of a range of risks and the mitigating treatments to be applied, followed by a rating on the overall level of risk.

Risk	Likelihood	Consequence	Treatment	Level
GSPHP Non-compliance	Possible	• Reputation damage	✓ Community engagement ✓ Improved administrative coordination ✓ Responsive and proactive customer service ✓ Annual review of progress and current actions	Low
Data Privacy Breach	Possible	• Reputation damage • Financial loss	✓ Apply the *Privacy and Responsible Sharing Act 2024* ✓ Notifying affected individuals and third parties	Low
Inadequate Local Policies	Possible	• Ineffective local policies • Inadequate use of resources • Reputation damage	✓ Local policies that embrace public health principles ✓ Engage people with disabilities in policymaking and community consultation processes ✓ Collaborate with targeted stakeholder groups and community representatives	Low
Unsafe Workplaces	Possible	• Injury • Reputation damage • Financial loss	✓ Promote personal protective equipment ✓ Routine site assessments and preparations ✓ Accessible and inclusive complaints forum	Low
Unsafe Community Events	Possible	• Injury • Reputation loss • Community dissatisfaction	✓ Ensuring safe and universal accessibility ✓ Routine site assessments and preparations ✓ Partnerships with ranger services and WAPOL	Low

Risk	Likelihood	Consequence	Treatment	Level
Infectious Disease Outbreak	Likely	• Financial loss • Illness and/or hospitalisation • Increased child mortality • Health system overload	✓ Promote hand hygiene throughout the Shire ✓ Conduct contact tracing ✓ Partner aged care and disability support services ✓ Conduct child health clinic immunisation and vaccination services through the Peppermint Grove Child Health Centre program	Medium
Food Contamination	Possible	• Financial loss • Illness and/or hospitalisation • Increased child mortality • Health system overload • Reputation damage	✓ Comply with annual reporting protocols outlined within the *Food Act 2008* ✓ Advocate a range of healthy food goods and services ✓ Engage Environmental Health Officer to conduct routine inspections and education programs with local vendors in the Cottesloe Village District Centre	Low
Environmental Pollution	Possible	• Financial loss • Illness and/or hospitalisation • 'Garden Shire' Reputation damage • Loss of biodiversity and landscape qualities	✓ Collaborate with DWER and the EPA to monitor pollution ✓ Apply the Foreshore Management Plan 2025 ✓ Solar installation on Shire buildings ✓ Collaborate with Earthwise to provide sustainability focussed workshops to local community ✓ Implement the Tree Management Strategy 2022 ✓ Consider supplying home Energy Audit Kits	Low
Critical Services Interruption	Possible	• Community anxiety • Illness and/or hospitalisation • Reputation damage • Prolonged incapacity	✓ Installation of solar panels on all Shire buildings ✓ Shire information available in print and digital formats ✓ Partner with ICT and public health service providers ✓ Regular community communications ✓ Comply with the Western Central Local Emergency Management Committee to manage preparations, responses, and recovery efforts against emergencies	Low

Risk	Likelihood	Consequence	Treatment	Level
Natural Disasters	Possible	• Community anxiety • Illness and/or hospitalisation • Temporary displacement • Disruption to health services	✓ Consult Emergency WA to determine early warning alerts for the Shire ✓ Promote community resilience ✓ Collaborate with emergency services as incidents arise	Low
Loss of Tree Canopy	Almost Certain	• Loss of amenity • Loss of residential character • Increased heat island effect • Decline in wellbeing • Reputation damage • Increased exposure to environmental hazards	✓ Implement Tree Management Strategy 2022 ✓ Maintain and embellish public open space assets ✓ Apply the Tree Retention Local Planning Policy ✓ Apply LLP 11 – Building on Side or Rear Setbacks ✓ Apply the Foreshore Management Plan 2025 ✓ Engage with local community and ranger services	Medium
Ineffective Waste Management	Possible	• Reputation damage • Environmental damage • Increase vermin populations • Increased exposure to pollution and hazards	✓ Deploy Food Organics Garden Organics (FOGO) food waste services ✓ Partner waste services with surrounding Councils to promote sustainable waste management practices ✓ Promote information to local community through interactive Earthwise programs	Low
Inadequate Community Consultation	Possible	• Damaged reputation • Low community satisfaction • Poor decisions and policies	✓ Ensure information across a range of digital platforms ✓ Provide a variety of avenues for feedback and complaints ✓ Ensure plain English correspondence on Shire matters ✓ Apply local planning policy consultation requirements for development and building applications and strategic planning activities	Low

Risk	Likelihood	Consequence	Treatment	Level
Inadequate Public Places and Open Spaces	Possible	• Reputation damage • Injury • Disability exclusion • Loss of amenity and character • Loss of landscape quality	✓ Maintain and embellish public open space assets ✓ Ensure universal access to playgrounds and toilets ✓ Maintain and enhance ranger patrols ✓ Engage local community groups and stakeholders ✓ Provide avenues for feedback and complaints	Low
Unsafe Pedestrian Movement Corridors to Civic Places	Almost certain	• Reputation damage • Injury • Disability exclusion • Increased exposure to traffic hazards	✓ Collaborate with WESROC partners to enhance cross-boundary road safety measures such as pedestrian crossings with textured paving ✓ Comply with WALGA guidelines and planning policies concerning road restoration and construction ✓ Monitor and improve pedestrian access to the Grove Library from Cottesloe Central Shopping Centre and Napoleon Street ✓ Ensure well-maintained and connected footpaths	Medium

This risk assessment concludes that these health risks can be managed within Shire resources, networks and partnership capabilities.

Appendix 3: Glossary

Active Travel	The process of being physically active to make a journey with common forms of active travel being walking, jogging and cycling.
Adaptation to Climate Change	Adjusting behaviours and adapting physical and community infrastructure to deal with current and future climate change.
Adequate Consumption of Fruit and Vegetables	The National Health and Medical Research Council's 2013 Australian Dietary Guidelines recommend a minimum number of serves of fruit and vegetables each day, depending on a person's age and sex, to ensure good nutrition and health.
Admission	An admission to a hospital.
Admitted Care	A specialised mental health service that provides overnight care in a psychiatric hospital or a specialised mental health unit in an acute hospital devoted primarily to the treatment and care of admitted patients with psychiatric, mental or behavioural disorders.
Aeroallergen	An airborne substance that can cause an allergic reaction. Examples include pollen, fungal spores or dust mites.
Affective Disorders	A set of psychiatric disorders, also called mood disorders, including depression and bipolar disorder varying from mild to severe.
Age-standardisation	Method to remove the influence of age when comparing rates between population groups with different age structures.
Age Structure	Relative number and percentage of people in each age group in a population.
Air Pollutants	Pollutants that include ozone (O_3), nitrogen dioxide (NO_2), particulate matter (PM10 or 2.5), carbon monoxide (CO), sulphur dioxide (SO_2) and biological allergens.
Alcohol Aetiological Fractions	The proportion of hospitalisations or deaths for a particular health condition that can be attributed to alcohol use.
Allergic Rhinitis	Also known as 'hay fever', an allergic reaction, including a runny or blocked nose and/or sneezing and watery eyes.
Allied Health	A range of services provided by health practitioners with expertise in preventing, diagnosing and treating a range of conditions.
Allied Health Professional	A health professional including practitioners, chiropractors, occupational therapists, optometrists, osteopaths, pharmacists, physiotherapists, podiatrists, psychologists, sonographers, speech pathologist and the like.
Ambulatory Care	A specialised mental health service for people who are not currently admitted to a mental health clinic or residential service.
Anaemia	A condition in which the body lacks healthy red blood cells that carry oxygen to the body's tissues.
Antenatal	The period covering conception up to the time of birth. Synonymous with prenatal.
Antenatal Care	Also known as an antenatal visit. A planned visit between a pregnant woman and a midwife or doctor to assess and improve the wellbeing of the mother and baby throughout pregnancy.
Anxiety Disorders	A group of mental disorders marked by excessive feelings of apprehension, worry, nervousness and stress. It includes anxiety disorder, obsessive-compulsive disorder, panic disorder, post-traumatic stress disorder and various phobias.
Artificial Intelligence	The simulation of human intelligence processes by computer systems that involves learning, reasoning and self-correction.

Associated Cause(s) of Death	All causes listed on the Medical Certificate of Cause of Death, other than the underlying cause of death, which contributed to the death but were not related to the disease or condition causing the death.
Attendances	Face-to-face or telehealth consultations with practitioners who are authorised to provide services that attract Medicare benefits.
Avoidable Burden	The reduction in future burden that would occur if current and/or future exposure to a particular risk factor were avoided.
Birthweight	The first weight of a baby obtained after birth (usually measured to the nearest 5 grams and obtained within 1 hour of birth).
Built Environment	The human-made surroundings where people live, work and recreate. It includes buildings and parks as well as supporting infrastructure such as transport, water and energy networks.
Burden of Disease and Injury	The quantified impact of a disease or injury on a population, using the disability-adjusted life years (DALYs) measure. 1 DALY is equivalent to 1 healthy year of life lost.
Campylobacteriosis	A notifiable disease caused by Campylobacter bacteria. It is a one of the most common causes of gastroenteritis in Australia.
Cancer	Also called malignancy, in which abnormal cells divide without control and can invade nearby tissues, body parts and the lymph system.
Cancer Incidence	The number or rate of new cases of cancer diagnosed in a population during a given time period.
Cardiovascular Disease	Any disease that affects the circulatory system, including the heart and blood vessels. Examples include coronary heart disease, heart failure, rheumatic fever and rheumatic heart disease, congenital heart disease, stroke and peripheral vascular disease.
Carer	People who provide any informal ongoing (for at least 6 months) assistance to people with disability or older people.
Chronic Diseases/ Conditions	A diverse group of diseases/conditions, such as heart disease, cancer and arthritis, which tend to be long lasting and persistent in their symptoms or development.
Circulatory Disease	Alternative name for cardiovascular disease.
Clean Environment	A local environment predominately free to pollutants and high in landscape quality and residential amenity.
Clinical Domain	A component of the health system delivering health care to an identifiable patient population.
Clinical Quality Registry	A mechanism for monitoring the quality (appropriateness and effectiveness) of health care, within specific clinical domains, by routinely collecting, analysing and reporting health-related information.
Clinical Trials	Controlled investigations on patients and non-patients conducted with the purpose of testing various hypotheses, such as the use of new and existing drugs, treatments or behavioural therapies, to test their safety and effectiveness.
Closed Treatment Episode	A period of contact between a client and a treatment provider that ends when treatment is completed, and there has been no further contact between the client and the treatment provider for 3 months.
Colorectal Cancer	Also known as bowel cancer comprising cancer of the colon, rectosigmoid junction and rectum (ICD-10 codes C18–C20).
Commercial Determinants of Health	The activities undertaken by commercial organisations that affect people's health, directly or indirectly, positively or negatively.

Communicable Disease	An infectious disease or illness that may be passed directly or indirectly from one person to another.
Community-based Aged Care	Support services that assist older people to continue to live independently at home.
Comparison with State Prevalence Estimates	A comparison of local prevalence estimates with State prevalence estimates made by using exceedance probabilities of posterior draws to identify whether the lifestyle risk factor of disease is higher, lower, or similar between local and State jurisdictions.
Estimated numbers	Number of people in a local government area estimated to have a lifestyle risk factor or mental health condition.
Health	A state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity.
Health Determinates	The various factors that influence the health status of individuals and local communities, including social, economic, environmental, and personal factors.
Health Promotion	The process of enabling people to increase control over and to improve, their health.
'Healthy Streets' movement	A program that aims to capture and quantify the significance of creating fairer, sustainable and attractive urban spaces, such as public open spaces, civic places, public buildings, schools, plazas, roads, footpaths, and bicycle or dual-use paths.
Hospitalisation	An episode of hospital care that starts with the formal admission process and ends with the formal separation process. The number of separations has been taken as the number of admissions; hence, the admission rate is the same as the separation rate.
Illicit Drug Aetiological Fractions	The proportion of hospitalisations or deaths for a particular condition that can be attributed to illicit drug use.
Physical Activity	Any bodily movement produced by skeletal muscles that requires energy expenditure, including activities done for leisure, transport, work, or domestic tasks, and can vary in intensity from moderate to vigorous.
Public Health	The promotion and improvement of health and wellbeing, the prevention of disease, injury and disability, the protection of individuals and communities from public health risks, the creation and maintenance of healthy environments, and the reduction of health inequalities across the population.
Public Realm	Physical spaces and places open, accessible and inclusive to all individuals, regardless of their social or economic status, including streets, parks, plazas, and the like.
Prevalence Estimates	The proportion or percentage of the population with a lifestyle risk factor or disease in a specified period.
Relative Standard Error	A measure of the extent to which the prevalence estimate is likely to be different from the actual population result.
Social Capital	The network of social connections that exist between people, and their shared values and norms of behaviour, which enables mutually advantageous social cooperation.
Social Infrastructure	The interdependent mix of facilities, places, spaces, programs, projects, services and networks that maintain and improve the standard of living and quality of life in a community.
Social and Emotional Wellbeing	A holistic concept that encompasses a person's social, emotional, spiritual, and cultural health, recognising that wellbeing is influenced by connections to land, sea, culture, spirituality, family, and community.
Tobacco-attributable Aetiological Fractions	The proportion of hospitalisations or deaths for a particular condition that can be attributed to tobacco use.

Appendix 4: List of Acronyms

AASB	Australian Accounting Standards Board
ABS	Australian Bureau of Statistics
AIFS	Australian Institute of Food Safety
AIHW	Australian Institute of Health and Welfare
ASC	Aged Care Services (SHINE Home Care Packages)
ASR	Age-standardised rate
BMI	Body mass index
CAA	Council Appointed Auditors
CHL	Curtin Heritage Living
CoN	City of Nedlands
CVPSP	Cottesloe Village Precinct Structure Plan
DBCA	Department of Biodiversity, Conservation & Attractions
DFES	Department of Fire and Emergency Services
DHA	Australian Dept of Health, Disability and Ageing
DLGSC	Department of Local Government, Sport and Cultural Industries
DoC	Department of Communities
DoH	Department of Health
DoT	Department of Transport
DPLH	Department of Planning, Lands and Heritage
DSC	Disability Service Commission
DWER	Department of Water and Environmental Regulation
EP	Exceedance probability
EPA	Environmental Protection Authority
EP Act	*Environmental Protection Act, 1986*
ERP	Estimated resident population
FSANZ	Food Standards Australia New Zealand
FSC	Food Standards Code
FTS	Food Technology Services Pty Ltd
GSPHP	Garden Shire Public Health Plan
HMDC	Hospital morbidity data collection
HPSF	WA Health Promotion Strategic Framework
HWSS	Health and wellbeing surveillance system
ICD	International classification of diseases
IPRF	Integrated Planning and Reporting Framework
IRSD	Index of relative socio-economic disadvantage
LGA	Local government area
LG Act	*Local Government Act, 1997*
LPP	Local Planning Policy
NHMRC	National Health and Medical Research Council
P&D Act	*Planning and Development Act, 2005*
PH Act	*Public Health Act, 2016*
RSC	Road Safety Commission
RSE	Relative Standard Error
SEWB	Social and Emotional Wellbeing
SHR	*Sustainable Health Review, 2019*
SLWA	State Library of Western Australia
SPHP	State Public Health Plan
SPS	State Planning Strategy 2050
ToC	Town of Cottesloe
ToCl	Town of Claremont
ToMP	Town of Mosman Park
UHIE	Urban Heat Island Effect
UN	United Nations
WACDURF	WA cause of death unit record file
WALGA	Western Australia Local Government Association
WANIDD	WA notifiable infectious disease database
WAPC	Western Australia Planning Commission
WAPOL	Western Australia Police Force
WCLMC	Western Central Local Emergency Management Committee
WHO	The World Health Organisation
WMRC	Western Metropolitan Regional Council
WSA	Western Suburbs Alliance

Appendix 5: List of Current Public Health Services and Programs

Programs	Services
Federal and State Agencies	• Australian Department of Health, Disability and Ageing • Australian Institute of Health & Welfare • WA North Metropolitan Health Service, DoH • WA Injury Matters, DoH • Department of Fire & Emergency Services • Department of Water and Environmental Regulation • Department of Biodiversity, Conservation & Attractions • Department of Planning, Lands and Heritage • WA Police • Department of Communities
SHINE Home Care Packages	• Domestic Assistance • Home and Garden Maintenance • Transport and Meal services • Respite and Personal care
Children Services	• Baby Rhyme Time • School holiday activities • Storytime
Child and Adolescent Community Health	• New parent groups • Child development assessments • Childhood immunisations • 'Drop in' clinic • Postnatal support
Westcoast Community Centre	• Westcoast Walkers • Saturday Book Club • Monday Walkers • Community card games: Mah Jong, Pony Canasta, Brain Games • Information sessions: voting process, cooking demonstrations, global political events • 'Getting to Know You Morning Tea' • Organised community meal events • Sporting events: Chair Pilates and Yoga, Ten Pin Bowling, Mini Golf • Music events: Beatles Debut, Jazz, and Ballet
Other	• Travel Smart • Living Smart • Live Lighter • Memorial Wall • Peppermint Grove Heritage Trail

Appendix 6: List of Stakeholders

Stakeholder Group	Stakeholders
State Agencies	✓ Department of Biodiversity, Conservation and Attractions ✓ Department of Fire and Emergency Services ✓ Department of Health – North Metropolitan Health Services and Injury Matters ✓ Department of Creative Industries, Tourism and Sport ✓ Department of Local Government, Industry Regulation and Safety ✓ Department of Transport and Main Roads WA ✓ Western Suburbs Regional Organisation of Councils ✓ Western Metropolitan Regional Council ✓ Western Australian Police Force ✓ Western Australian Local Government Association ✓ Western Australia Planning Commission ✓ Disability Services Commission ✓ Emergency WA ✓ Cancer Council WA ✓ Mental Health Commission ✓ National Heart Foundation of Australia
Health Services Providers	✓ North Metropolitan Health Service – Health Promotion Service ✓ SHINE Community Care ✓ Peppermint Grove Immunisation Clinics ✓ The Grove Child Health Centre ✓ Disability Services Commission ✓ Food Technology Services Pty Ltd
Priority Populations	✓ Aboriginal Communities ✓ Linguistically and Culturally Diverse Persons ✓ LGBTQI+ ✓ People with Disabilities
Law Enforcement and Compliance Bodies	✓ Transport WA ✓ Western Australian Police Force ✓ Rangers ✓ Department of Fire and Emergency Services ✓ Department of Health ✓ Environmental Health Officers
Local Government Groups	✓ Town of Mosman Park ✓ Town of Cottesloe ✓ Town of Claremont ✓ City of Subiaco ✓ City of Nedlands ✓ Town of Cambridge ✓ Western Suburbs Alliance ✓ Western Australian Local Government Association
Biodiversity and Environmental Conservation Groups	✓ Department of Biodiversity, Conservation and Attractions ✓ Traditional Owners, Whadjuk Noongar People ✓ Environmental Offenders Office ✓ Swan River Trust
Aboriginal and Torres Strait Islander Groups	✓ Department of Biodiversity, Conservation and Attractions ✓ Traditional Owners, Whadjuk Noongar People

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