Social Health and Wellbeing Profile and Plan

Final Report - May 2018

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SECTION 1 - The plan

Introduction

Murray River Council (MRC) has recognised the importance of local government leading public health planning to improve the health and wellbeing of the local community. Nationally and internationally, governments are returning lead responsibility for public health to local government based in part on their population focus, closeness to their communities and ability to influence wider social determinants of health[1].

The MRC Social Health and Wellbeing Profile and Plan details the attributes of the community including approaches and strategies that will help build on current strengths and, at the same time, provide recommendations to meet the challenges of the future.

MRC adopts a Social Model of Health thereby recognising that there are a wide range of social, environmental, cultural, economic and behavioural factors that impact on people's health and wellbeing.

The purpose of this plan is to communicate MRC's health and wellbeing strategies to be implemented within the community through partnerships between the Council, service providers, other government agencies and local organisations

A significant element of the plan is the integrated approach it takes. The implementation of the plan will involve the 'whole of Council' and partnerships with service providers, other government agencies and local organisations. As such many of the strategies outlined in the plan require the involvement of not just Council but the wider community

Local government

Local government are the only providers that have a legislated mandate to focus on the participation and engagement of older people in community life[2]. Similarly, local government has been mandated under the Disability Inclusion Act (2014) and Disability Inclusion Regulation 2014 to have a Disability Inclusion Action Plan (DIAP) that focuses on four key strategic areas to support people with a disability and their carers to fully participate in society.

Historically, local government had the support of NSW ADHC, however with the transition of aged and disability programs to the Commonwealth, there is a concern that the practicalities of rolling out new systems with no locally based sector. Consequently, gathering the information required for planning and decisions around services rests with Council

Local Government therefore faces the challenge of meeting its responsibilities to its residents in terms of maintaining service provision, but also needing to be financially responsible and

[1] Department of Health Victoria (2013) Guide to municipal public health and wellbeing planning.
[2] LGNSW: Local Government and Community Care September 2013

accountable to the community. Furthermore, the current evolving environment challenges council's planning and reporting framework.

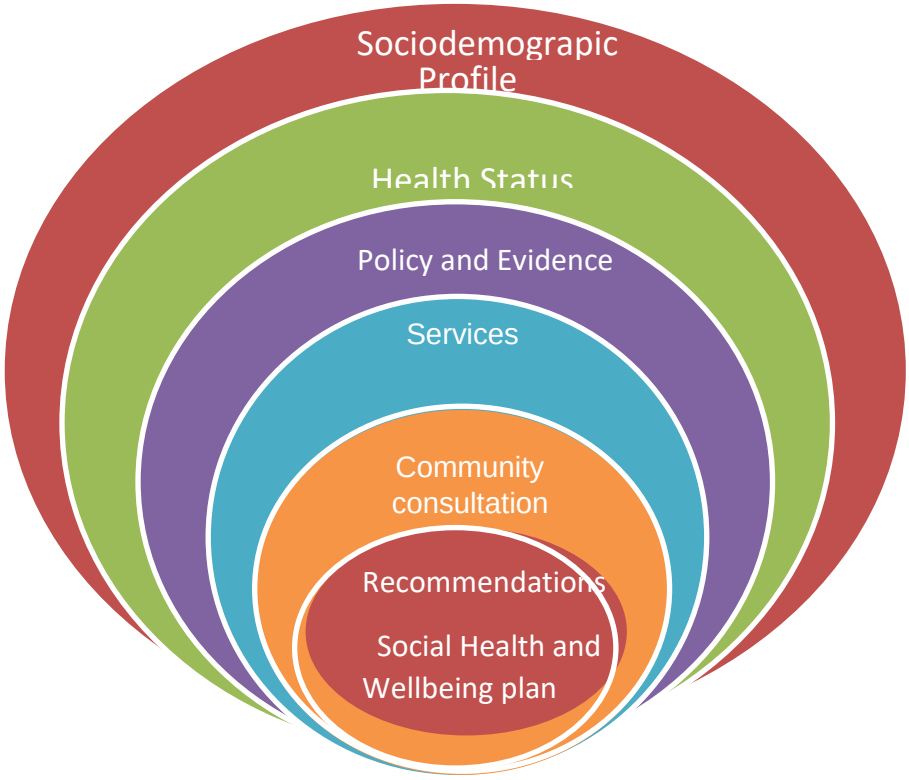
Community Strategic Plan

The implementation of the MRC Social Health and Wellbeing Plan is a key strategy in the 10 Year Community Strategic Plan (CSP). The MRC Community Strategic Plan – Our Region, Our Future - outlines the community's aspiration and long-term vision of the communities of the MRC. It is a 10-year plan based on extensive community consultation, and is effectively the 'road map' to guide shorter term planning, actions and investment. This Plan is a collaboration between community and Council, and the responsibility for shaping and meeting the desired outcomes is shared between government agencies, community groups, and Council. It is recommended that the recommendations in the Social Health and Wellbeing Profile and Plan be integrated into the CSP.

Methodology and Planning Framework

The development of the Social Health and Wellbeing Plan involved interdependent planning stages, outlined in Figure 1. The plan is guided by policy, national, state and local planning, health and demographic data. The methodology for each planning stage is detailed in the content.

Figure 1 MRC Social Health and Wellbeing Planning Framework



Defining Health and Wellbeing

Health

Our health and wellbeing are influenced and determined by a wide range of factors, including individual, social, cultural, economic and environmental. Individual factors include genetic make-up, early life experiences, age, gender, ethnicity and the cumulative effect of health-related behaviours of the life course. Social and environmental factors include: employment and housing; schools and education; social connections; conditions of work and leisure; and the state of housing neighbourhoods and the environment[3],

The World Health Organisation (WHO) reflects the determinants of health and therefore the classic definition of health has been adopted for the profile and plan.

- **Health** is a state of physical, mental and social wellbeing and not merely the absence of disease or infirmity.

Implicit in this definition is that people can feel healthy and enjoy wellbeing even with a health condition or disability[4].

Wellbeing

Wellbeing is not only about medical health and fitness, it is about fostering community connectedness, accessibility to services and support, embracing our rich cultural diversity, caring for the local environment, ensuring community safety and building a sense of belonging.

- The **wellbeing of individual** people is defined as a state in which a person is able to realises their potential, cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to the community[5].

The wellbeing of a community is a little different. The health of the community is dependent on the environment, fair and stable governance that provides opportunities for people to participate; good access to food, water, shelter, education and learning opportunities, health services, and cultural and social opportunities, and a diverse economy that provides livelihood opportunities[6].

[3] Commission of Social Determinants of Health (2008) and Bacon et al (2010)
[4] World Health Organisation (1946)
[5] World Health Organisation (2013) Mental Health state of wellbeing
[6] Schirmer, J. and Berry, H. (2014) People and place in Australia. The 2013 Regional Wellbeing Survey-Summary Report. University of Canberra Australia

A community with high levels of wellbeing is one in which:

- All residents can be assured of a decent quality of life- economically, physically, environmentally, socially and politically[7].

Stakeholders

Firstly, and most importantly, the residents of MRC are the key stakeholders and the target group. The project provides an opportunity to engage with the community to better understand their overall quality of life and capacity to contribute to society. Understanding and tracking the wellbeing of the local people and the community gives MRC and other stakeholders' information to inform policy, planning and services (Figure 2).

Figure 2 Stakeholders

Community Consultation

The community consultation methods included:

- 9 focus groups in locations across the Council: Barham, Bunnaloo, Mathoura, Moama, Moulamein, Murray Downs, Tooleybuc and Wakool

[7] KU Work Group for Community Health and Development (2014)

- Face to face interviews with key service providers
- Phone consultations with service providers individual welfare providers and groups

Participants were asked about the positive attributes of their community, why they choose to live there as well as the health and wellbeing needs of the community focusing on gaps in services and support.

Service providers and other stakeholders

Multiple health, welfare and community based organisations provide services in and to MRC. Some are locally based while others outreach from regional centres such as Echuca, Swan Hill and Deniliquin. Section 6 provides more detail on the services across MRC.

Youth Consultation

MRC conducted focus groups in Moama and Barham to collect information about young people who live, work, play or study in the MRC and who have an interest in services and support to enhance the health and wellbeing of young people.

Participants identified a number of key issues impacting on the health and wellbeing of young people in MRC.

A summary of both consultations can be found in Section 4.

SECTION 2 - Socio-demographic profile

Introduction

The Murray River Council (MRC) local sweeps across an area of 11,865km2 located in the southern Riverina, 800km south of Sydney and 205km north of Melbourne. The main population centres include Barham, Mathoura, Moama, Moulamein, Murray Downs, Tooleybuc and Wakool. Other settlements include Bunnaloo, Goodnight, Koraleigh and Womboota.

MRC has a wealth of physical features including majestic sweeping plains; magnificent stands of Redgum forests and is almost totally surrounded by the mighty MRC and its tributaries.

MRC natural assets prove to be a large attraction for locals and visitors alike and form the backdrop to many recreational activities. With tourism, industry and an idyllic rural lifestyle, MRC is a growing region with much to offer.

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Demographic Profile

Population Profile, Trends and Characteristics

The data for the demographic and socio-demographic profiles have been sourced from REMPLAN and the ABS. The REMPLAN data has been accessed through the MRC website[8].

The latest (2016) estimated residential population for MRC is 11,887 people. The total number of people that were usually resident in MRC on Census night in 2016 was 11,626 people, an increase of 2.2% from the 10,919 people that were usually resident on Census night 2011. This is higher than regional NSW average annual growth rate of 0.9% in the same period, but lower than whole of NSW growth rate of 1.42%.

The growth has mostly occurred in Moama, where the population is increasing more quickly than other areas with 6,204 (56%) of the MRC population residing in Moama.

Of the total population, 26.6% are >65yrs compared with NSW (16.3%). The three largest towns, Barham (34.04%), Moama (28.29%) and Mathoura (29.3%) have a high proportion of the population >65yrs.

[8] http://www.communityprofile.com.au/murrayriver/ retrieved September 2017

Table 1 describes the MRC town populations, profiling youth 0-15yrs and seniors >65yrs.

Table 1 Town Populations

Town	Population	Youth 0-15yrs	Seniors >65rys	Town	Population	Youth 0-15yrs	Seniors >65yrs
Moama	6204	18.70%	28.29%	Bunnaloo	73	12.33%	6.85%
Barham	1510	14.44%	34.04%	Speewa	71	18.72%	15.49%
Mathoura	926	18.4%	29.2%	Goodnight	70	4.29%	27.14%
Moulamein	460	19.78%	24.57%	Tooleybuc	262	16.41%	27.86%
Wakool	289	18.69%	23.88%	Calimo	36	11.11%	38.89%
Murray Downs	251	16.73%	19.12%	Koraleigh	326	19.90%	14.42%

The % change in the demographics between 2011 and 2016 is as follows:

0-4 yrs **16.88% increase**
5-9 yrs 11.55% increase
10-19yrs 2.97% decrease
20-29yrs 10.12% increase
30-39yrs 5.8% increase
40-49yrs 2.31% decrease
50-59yrs 0.12% decrease
60-69yrs **11.37% increase**
70-79yrs **26.67% increase**
80-89yrs **10% increase**
90-99yrs **55.07% increase**

Of note is the 70-79 year age group increase of 26.67% and the increase of 55% in the 90-99 year group.

Indigenous Status

Just over 3% (365 people) of the population were Aboriginal and 0.03% (3 people) Torres Strait Islander (Table 2).

Table 2 Indigenous Status

Indigenous Status	MRC		NSW
Non-Indigenous	10,451	89.49%	91.26%
Aboriginal	365	3.13%	2.77%
Torres Strait Islander	3	0.03%	0.06%
Both Aboriginal and Torres Strait Islander	0	0.00%	0.05%
Not stated	859	7.36%	5.85%

Moama had the highest Aboriginal population (225) followed by Barham (38) and Mathoura (29)

Households

In 2016, there were 5,869 households in the MRC. Of these, 36% of our households were couples only, or one-person households (32%). Only 21% of our households were couples with children, and there were 7% single parent households

The proportion of households without children is much higher than regional NSW (68% for MRC compared to 57% for regional NSW), and the proportion of households with children is much lower than for regional NSW (28% for MRC compared to 38% for regional NSW). This is primarily due to the ageing population of the MRC. Most people live in separate houses, with home ownership around the same level as average Victorian home ownership, and higher than average NSW home ownership. The average household size is 2.3 people (and is decreasing) compared to average NSW household size of 2.55 people.

Place of birth

Over 83% of the population were born in Australia compared to NSW (65.4%), followed by England, New Zealand and the Philippines (Table 3).

Table 3 Place of birth

Place of birth		
Australia	9,785	83.90%
Not stated	1,087	9.32%
England	233	2.00%
New Zealand	93	0.80%
Philippines	51	0.44%
Scotland	50	0.43%
Netherlands	38	0.33%
South Africa	36	0.31%
Italy	34	0.29%
Germany	33	0.28%
India	19	0.16%
Malaysia	18	0.15%
Thailand	15	0.13%
Malta	14	0.12%
Sri Lanka	13	0.11%
Balance	144	1.23%
Total	11,663	100%

Language

The most commonly spoken language is English (90.3%) compared to NSW (69.64%) followed by Italian (1.01%)and Pilipino (0.32%).

Volunteer

In the year before the 2016 Census, just over a quarter of the population (25.56%) of people did voluntary work through an organisation or a group compared to 18.11% for all NSW.

Disability

Carers (Unpaid)

During the two weeks before the 2016 Census, 11.2% provide unpaid assistance to family members or others due to a disability, long term illness or problems related to old age (11.2% NSW).

Need for Assistance

In 2016, just over 5% (5.5%) compared to 5.3% for all NSW (ABS 2016), reported needing assistance. People who report a need for assistance due to a profound or severe disability. People with a profound or severe disability are defined as those people needing help or assistance in one or more of the three core activity areas of self-care, mobility and communication, because of a disability, long term health condition (lasting six months or more) or old age.

Summary of demographic profile

Table 4 summarises the demographic profile in comparison to all NSW.

Table 4 Summary of the demographic profile

Characteristic	MRC	NSW
Aboriginal and Torres Straight Island	3.16%	2.83%
<65yrs	26.6%	16.3%
Households without children	68%	57%
Born in Australia	83%	65%
English only spoken in the home	90%	69%
Volunteer	25.26%	18.11%
Need for assistance	5.5%	5.3%

Demographic projections & implications

NSW State Government demographic projections suggest that by 2026, MRC area will[9]:

- continue to steadily increase in population to around 12,100 people, at an average annual population growth rate of 0.6%;
- have approximately 5,650 households with a decrease in average household size to 2.09;
- be much older – over one third of people will be seniors (over 65 years old);
- because of the ageing population, there will be over 70% of households without children, that is people living either alone, or as a couple

There are several implications from these projections:

- the growth in population is likely to continue to focus on growth in Moama, with some smaller towns either static or in decline. This means that Council and community need think about future demand for services and infrastructure, and where to provide those services to support the communities;
- the increase in the older population is much faster than the increase in seniors in Australia, due to the attractiveness of the area for retirees. This will mean a higher demand for services and age-friendly infrastructure. It may also have implications for workforce availability for aged care and support services[10].

Socioeconomic profile

Income and Dwellings

In 2016, the median weekly personal income for people aged 15 years and over in MRC was $558 per week compared to NSW $664/week and Australia $662/week.

The median household income in 2016 was $1,061 compared with $1486 for NSW and $1438 for Australia.

Just over 27% of households had a weekly household income of less than $650 (NSW 19.7%) and 6.8% (NSW 18.7%) of households had a weekly income of more than $3000.

In MRC 82.7% of private dwellings were occupied (NSW 90.1%) and 17.3% (NSW 9.9%) were unoccupied. Of occupied private dwellings, 87.2% were separate houses, 44.5% were owned outright, 28.0% were owned with a mortgage and 22.2% were rented.

[9] Murray River Council Community Strategic Plan 2036 (Final Draft September 2017)
[10] Murray River Council Community Strategic Plan 2036 (Final Draft September 2017)

Climate

In general the climate in the MRC area is typical of inland Southern Australia with dry hot summers, cool winters and the highest rainfall occurring in the late winter and early spring.

Rainfall in the western part of the MRC is generally less than that in the east and average temperatures slightly higher because of the different topographical characteristics

Socioeconomic Indexes for Areas SEIFA

The population Census provides us with data on the income, housing, education, employment, family structure, disability, transport, age, gender and ethnicity of people all over Australia. The Australian Bureau of Statistics has combined these in a set of indicators called the Socio-economic Indexes for Areas (SEIFA) which give a summary measure of socio-economic status for people living in specific geographic regions in Australia[11].

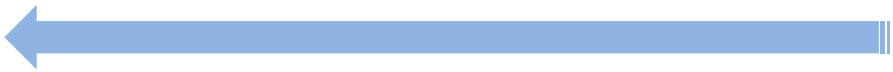
The measure of interest for health and wellbeing planning is relative socio economic disadvantage. The reason being that poorer people have poorer health, people in disadvantaged areas have lower life expectancy and higher illness rates[12], we need to identify if and where our district has areas of disadvantage as these areas are of most need enabling targeting of services.

The ABS divides all Australia into small geographic areas. They look at the percentage of people in each area in households with: low incomes, no qualifications, low-skilled jobs, unemployment, poor English, one-parent families, overcrowded homes etc.

Each area is given a score. The areas' scores are then ranked (ordered) and put into groups from 1 (most disadvantaged) to 10 (least disadvantaged). Each group contains 10 % of all the areas in Australia. These are called Deciles.

Decile

1 5 10



Most disadvantaged Least Disadvantaged

[11] Gilchrist, K (2013) Socio-economic Disadvantage in Murrumbidgee Local Health District: A discussion of ABS

Socio-economic Indicators for Areas (SEIFA) from 2011 Census. Murrumbidgee Local Health District

[12] World Health Organisation http://www.who.int/hia/evidence/doh/en/ accessed March 3 2015.

Murray River Council SEIFA

The SEIFA score for Murray River in 2016 was 991. Across Australia's local government areas SEIFA scores range from 188 (most disadvantaged) to 1,186 (least disadvantaged). Murray River:

- Ranks 334 out of 544 local government areas with SEIFA scores in Australia
- There are 210 local government areas which are less disadvantaged, and
- There are 333 local government areas that are more disadvantaged.

The SEIFA score varied across the Shire as follows (Table 5).

Table 5 SEIFA (Source MRC REMPLAN and ABS 2016)

Town	SEIFA
Moama	1011
Barham	951
Mathoura	906
Moulamein	927
Wakool	976
Murray Downs	1081
Bunnaloo	1035
Speewa	1070
Goodnight	1001
Tooleybuc	985
Calimo	1017
Koraleigh	934

Please note that SEIFA scores cannot be compared from one census to the next due to the changes to the measures. The 2016 SEIFA Technical Paper provides detail on the indexes and measures used for the 2016 Census[13].

13 http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/756EE3DBEFA869EFCA258259000BA746/$File/SEIFA%202016%20Technical%20Paper.pdf

Pension Support

In June 2017, 25% of the population of MRC were concession card holders (15yrs and over), 19% (2260) were in receipt of the age care pension. Other pension supports are described in Table 6.

Table 6 Pension type (DSS June 2017)

Pension type	Number	% of eligible population
Age pension	2260	19%
Disability support	368	3%
Sole parent	115	.9%
Unemployment (Newstart)	312	2.6%
Low income card	240	2%
Health care card holders (less than 65 years)	695	5.8%
Pension concession card holders (15 years and over)	3063	25%

Accessibility Classification

The Australian Standard Geographic Classification category based on accessibility/ remoteness Index of Australia (ARIA+ 2011) indicates that the MRC **is classified as RA3 - Outer Regional.** The ARIA is used by the Australian Bureau of Statistics (ABS) for the Remoteness Area classification (ASGS-RA), ARIA+ is a continuous varying index with values ranging from 0 (high accessibility) to 15 (high remoteness), and is based on road distance measurements from over 12,000 populated localities to the nearest Service Centres in five size categories based on population size. The resulting index is a 1km grid covering all of Australia for which accessibility/remoteness values can be extracted for any geographic location of interest[14]

Education

In MRC, 31.46% of the population had Year 12 or equivalent in 2016, this compares with 52.13% for NSW (Table 7)

[14] http://www.adelaide.edu.au/hugo-centre/research/projects/#Current-ARIA2016 retrieved 09/09/2017

Table 7 Education (ABS 2016)

Cohorts	MRC		NSW
Year 12 or equivalent	3,044	31.46%	52.13%
Year 11 or equivalent	1,593	16.47%	5.81%
Year 10 or equivalent	2,160	22.33%	21.60%
Year 9 or equivalent	1,019	10.53%	6.28%
Year 8 or below	759	7.84%	4.62%
Did not go to school	29	0.30%	1.01%
Not stated	1,071	11.07%	8.54%

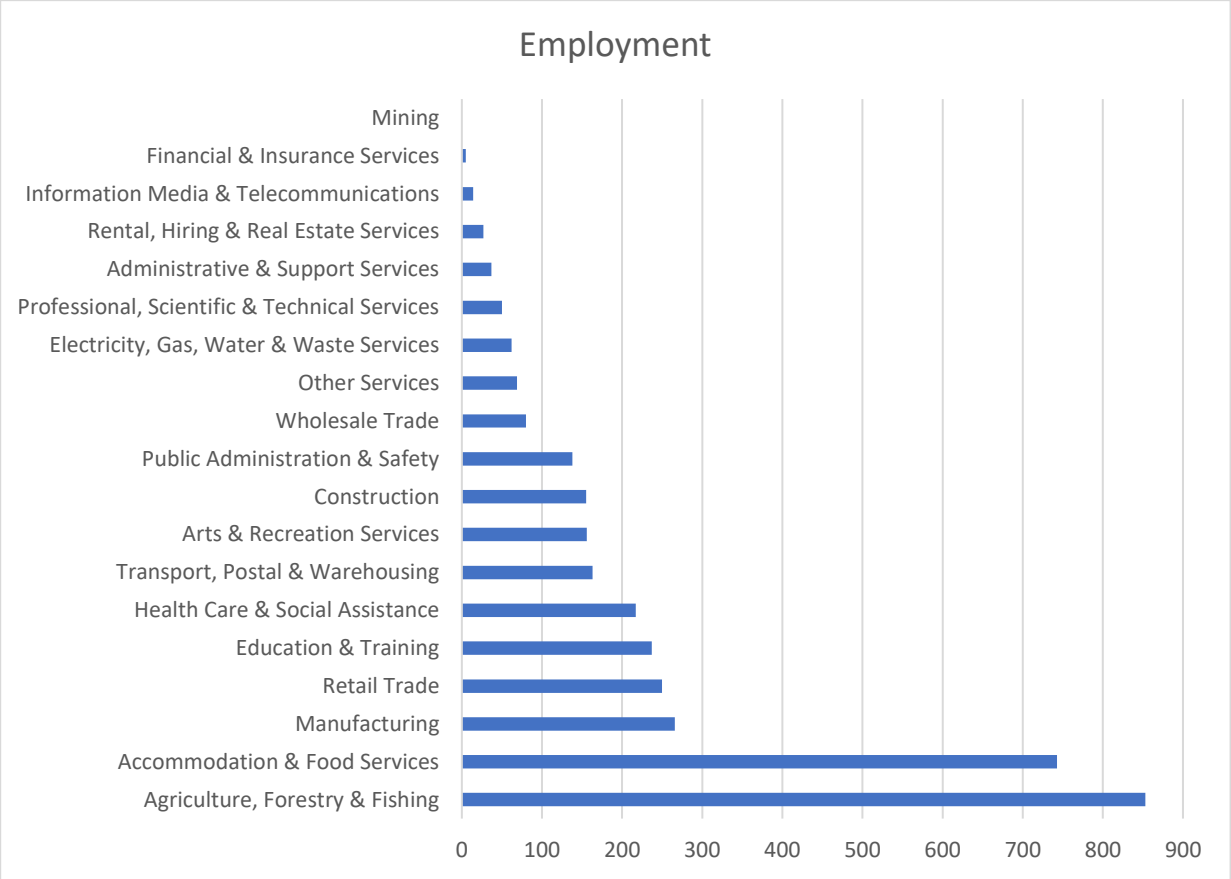
Employment

Employment by industry

The employment data presented in Figure 4 a represents the number of people employed by businesses / organisations in each of the industry sectors in the MRC. In this report the employment data is place of work data and represents total numbers of employees without any conversions to full-time equivalence. Retail jobs for instance represent typical employment profiles for that sector, i.e. some full time, some part time and some casual.

The table describes the dominance of the agriculture, forestry and fishing industry as the largest employer, followed by accommodation and food services.

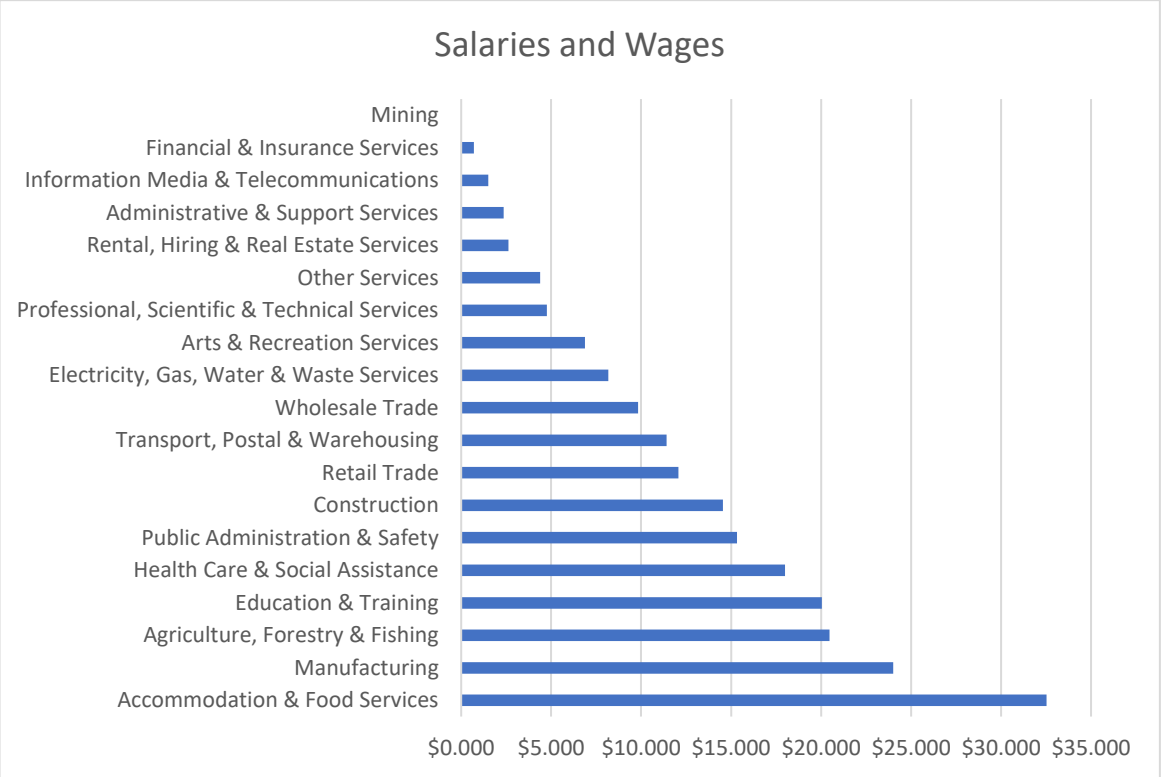
Figure 3 Employment by Industry (Source ABS 2016)



Salaries and Wages

Accommodation and food services wages exceeded agriculture, forestry and fishing Figure 5 The wages and salaries paid by businesses and organisations in MRC is estimated at $209.632 million.

Figure 4 Salaries and Wages



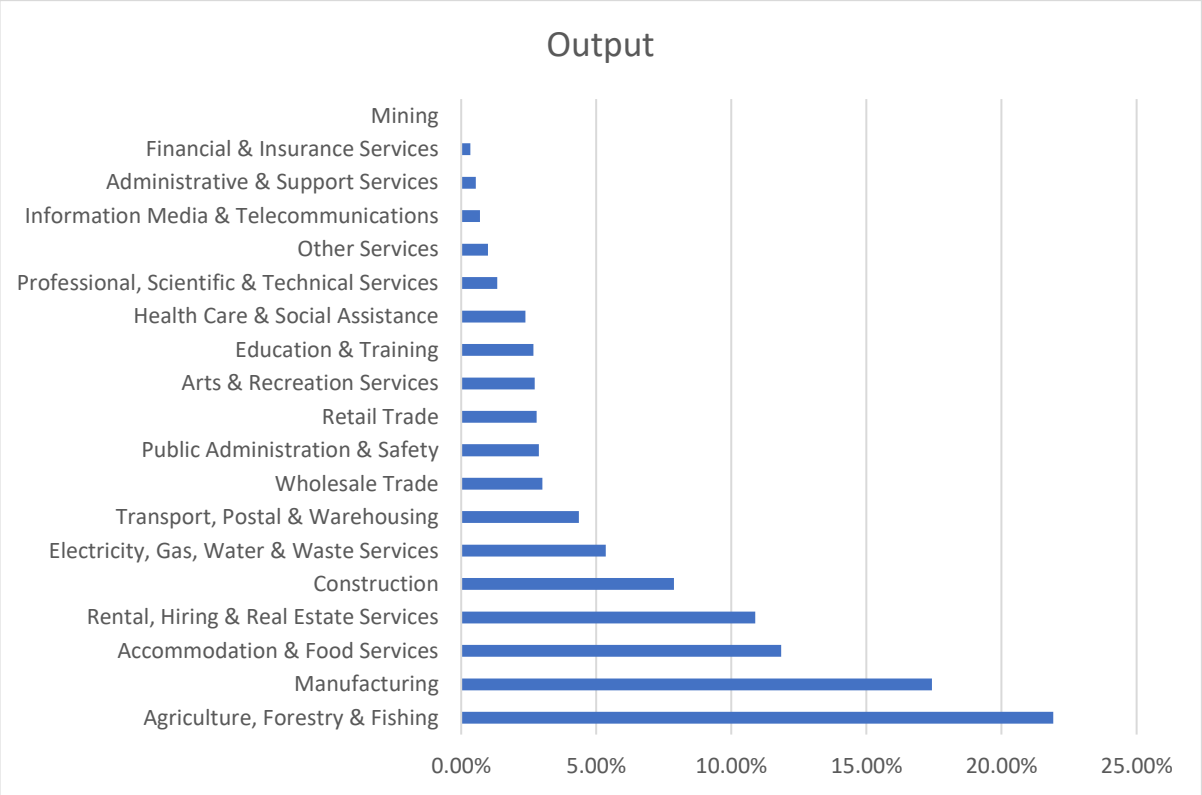
Output by industry

Output data represents the gross revenue generated by businesses/organisations in each of the industry sectors in a defined region. Gross revenue is also referred to as total sales or total income.

Agriculture, forestry and fishing accounted for almost 22% of the gross revenue generated by business, this was followed by manufacturing 17.43%, accommodation and food services almost 12% (Figure 6).

The output generated by the MRC economy is estimated at $1.100 billion. MRC represents 0.10 % of the $1.098 trillion in output generated in New South Wales, 0.14 % of the $798.214 billion in output generated in Victoria and 0.03 % of the $3.438 trillion in output generated in Australia.

Figure 5 Output by industry



Unemployment

The rate of unemployment is the most important social and economic indicator for the wellbeing of a community. High unemployment is devastating for a region, causing a reduction in incomes, a decrease in the output of the region, an increase in crime, a reduction in population, a reduction in health outcomes and more generally can cause the deterioration of towns and villages[15].

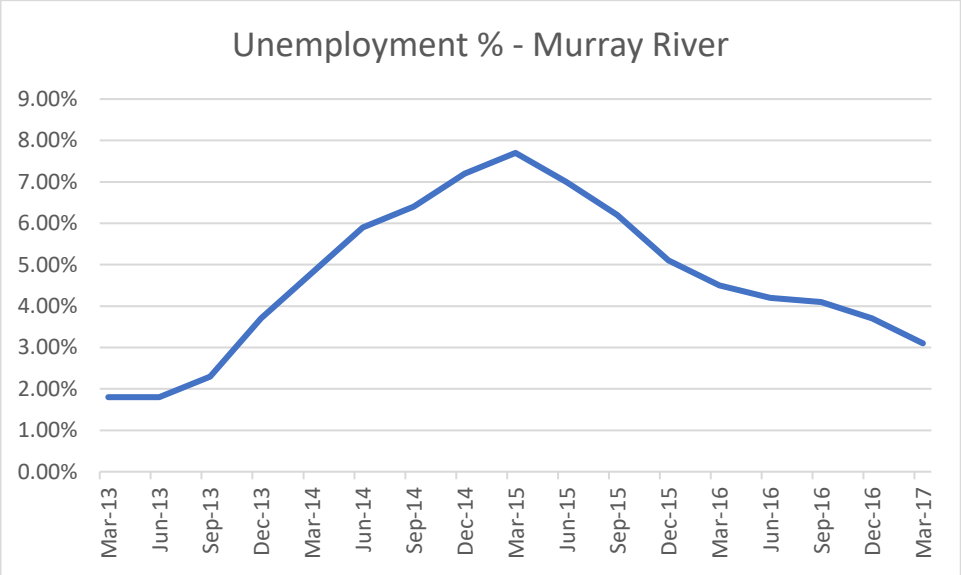
The Small Area Labour Market smoothed data has been used for MRC unemployment data. Small Area Labour Markets presents regional estimates of unemployment and the unemployment rate at LGA Level. The unemployment rate for the MRC Local Government area for the December 2016 quarter is reported at 3.1%.[1617] The unemployment rate of 3.1% is lower than Australia generally however a higher proportion of the population is not in the labour force. This includes people who are retired, pensioners, and people engaged solely in-home duties.

Figure 7 describes the unemployment trend for MRC. The reduced unemployment rate is aligned with the ageing population and outmigration of young people seeking education and employment.

[16] Small Area Labour Markets Australia, December Quarter 2014 ISSN 1037 – 714X, Australian Government Department of Employment and Australian Bureau of Statistics Labour Force December 2014 6202.0.

[17] LGA Data tables — Small Area Labour Markets — March quarter 2017 retrieved 09/09/2017

Figure 6 Unemployment trend MRC



Internet Access

In 2016, 73.2% of households had at least one person access the internet from the dwelling. This could have been through a desktop/laptop computer, mobile or smart phone, tablet, music or video player, gaming console, smart TV or any other device. This compares with 82.5% for NSW.

Socio-demographic characteristics

MRC has the following socio-demographic characteristics

Growth

- The total number of people that were usually resident in MRC on Census night in 2016 was 11,626 people, an increase of 2.2% from the 10,919 people that were usually resident on Census night 2011.
- The regional NSW average annual growth rate of 0.9% is lower than whole of NSW growth rate of 1.42%.
- The growth has mostly occurred in Moama, where the population is increasing more quickly than other areas with 6,204 (56%) of the MRC population residing in Moama.

ATSI

- Just over 3% (365 people) of the population were Aboriginal and 0.03% (3 people) Torres Strait Islander. The total ATSI population is 3.03% compared to 2.4% for NSW.

Ageing population and households without children

- Of the total population, 26.6% are >65yrs compared with NSW (16.3%). The three largest towns have a high proportion of people >65yrs: Barham (34.04%), Moama (28.29%) and Mathoura (24.51%).
- 68% of the households are without children compared to 57% for NSW

Ethnicity & language

- Over 83% of people were born in Australia compared to 65% for NSW
- 90% of people speak English only compared to 68% for NSW

Volunteer

- MRC has a high number of volunteers with 25.26% of people volunteering in the past 12 months compared with 18.11% for NSW

Need for assistance

- 5.5% of people required assistance for a profound disability compared to 5.3% for NSW

Income and households

Just over 27% of households had a weekly household income of less than $650 (NSW 19.7%) and 6.8% (NSW 18.7%) of households had a weekly income of more than $3000.

In MRC 82.7% of private dwellings were occupied (NSW 90.1%) and 17.3% (NSW 9.9%) were unoccupied.

Disadvantage

The SEIFA variation across MRC should be considered with levels of disadvantage in Mathoura (906) Barham (971) and Tooleybuc (985) thought through in future policy and planning.

Industry and employment

Agriculture, fishing and forestry is the main industry in MRC, however the highest salaries and wages are paid to staff working in food and accommodation.

Employment data

Agriculture, fishing and forestry are the major industries, however higher salaries and wages were recorded in the accommodation and food industries.

Low unemployment with 3.10% unemployment in the March quarter (2017). It would be assumed that the low unemployment is due to the outmigration of young people for education and employment, and the ageing community not in work or not seeking work.

Summary and implications for MRC

The MRC is an ageing community with low income, low number of young people, low number of people in the workforce, levels of disadvantage. The dominant industry is agriculture, an industry which is less reliant on people due to advances in technology and mechanisation. Food and accommodation is the major provider of salaries and wages.

Implications for local government include:

Housing

- The need to consider the location, affordability and design of housing for the elderly (such as self-contained units), and their carers (nurses, allied health professionals, domestic staff) and their proximity to support services and infrastructure.

Services

- Increasing demand for aged care services- increase in the demand for home and community care services, meals-on-wheels and assistance with home maintenance, laundry, gardening, shopping etc.
- Increasing demand for community transport services for older people and younger people with disabilities.
- Demand for additional primary health care, health promotion, safety and security and for appropriate recreational services (for example, walking trails, book clubs, choirs and fishing excursions)
- Reduction in the number of volunteers to assist in service delivery and social support for the community

Town planning and design- accessibility

- Essential need to plan for the mobility needs of older people. Mobility will be important in building and town design, in facilitating access to medical services, shops and other facilities and to enable older people to socialise.
- Demand for use of public places, such as libraries, art galleries and museums to bring people together and overcome the social isolation of many retirees
- Buildings, dwellings and toilets will need to be readily accessible for people with a disability or frailty and they will need to be designed to minimise slips and falls, which are a leading cause of hospitalisation

Workforce

- Fewer adult children to provide support/carer to retirees and there will be a general shortage of young people in the workforce who are able to meet retirees' need for caring.
- Reduced access to a younger workforce for example: road construction, waste collection services and emergency services that rely on the physical strength of younger workers may also be affected.

Revenue

- High number of people eligible for rate and other concessions = reduced revenue

Opportunity

- increased opportunity for councils to attract older tourists to visit the area[18].

[18] http://regional.gov.au/local/publications/reports/2003_2004/C6.aspx retrieved 11.09.2017

SECTION 3 - Health Status

Introduction

The health status profile for the MRC is a summary of data supplied by the Murrumbidgee Local Health District, NSW Health Statistics and other relevant local reports.

Rural

People living in rural and remote areas generally have worse health than people living in metropolitan areas. This is a result of several factors including socio-economic disadvantage, access to health care services, shortage of health care providers, unhealthy lifestyle behaviours, greater exposure to injury and risks and geographic isolation.

The application of health protection principles and activities over the decades has resulted in significantly reduced risk of diseases caused by infection agents such as polio and tuberculosis. While the overall decline in smoking rates is positive, trends in many risk factors and preventable diseases are rising and are projected to rise further. These are commonly described as the determinants of health or risk factors which link to conditions such as: cerebrovascular disease, diabetes, cancer, respiratory disease, poor mental health, muscular skeletal conditions and injury. These risk factors are generally more apparent in rural areas

As the MRC population is relatively small, consequently the Murrumbidgee Primary Health Network Needs Assessment summary of key heath data which reflects the health of people living in the Murrumbidgee region in south-western NSW has been used.

The needs assessment was conducted in partnership between Murrumbidgee Primary Health Network (MPHN) and Murrumbidgee Local Health District (MLHD) for the purposes of collaborating to improve health status and health outcomes[19]. The following information has been transcribed from the needs assessment.

Life expectancy

- Life expectancy at birth in the Murrumbidgee is lower than the NSW average. Males fair worse than females, with a life expectancy of 79.8 years as compared to 84.5 years for females. Life expectancy trends decline with increasing remoteness.

Premature life expectancy

- Premature mortality in the Murrumbidgee is higher than NSW rates and is noted to be significantly higher in remote areas and disadvantaged communities. Leading

[19] Murrumbidgee Primary Health Network Needs Assessment (2016)

causes of premature deaths across the Murrumbidgee include circulatory diseases, malignant neoplasms (cancer) and respiratory disease.

Lifestyle factors

- The Murrumbidgee region has high rates of key lifestyle factors that increase the risk of ill health, hospitalisation, and premature mortality. **Smoking prevalence** in the adult population of Murrumbidgee was 19.8% compared to the NSW rate of 16.2 %, and smoking is believed to have contributed to a significant number of hospitalisations when compared to NSW rates. Overall, rates of smoking during pregnancy in Murrumbidgee are higher than NSW rates. Whilst this trend is going downwards, the rate of decline has been more marked for non-Aboriginal women than Aboriginal women. In 2014 in the Murrumbidgee region, Aboriginal women were three times more likely than non-Aboriginal women to smoke during pregnancy.
- **Risky alcohol consumption** in adults is noted to be 37.8%, significantly higher than the NSW rate of 26.6% in 2013. Alcohol attributable hospital admissions for males are significantly higher in Murrumbidgee than NSW.
- In the Murrumbidgee region, 61.7% of **adults overweight or obese**, compared to 50.5% in NSW. Disturbingly, 27% of **school children aged 12-17 years are reported to be overweight or obese**, compared to 20.4% in NSW. This was the highest rate among Local Health District Groups.
- Murrumbidgee region is reported to have **low physical activity levels** and **inadequate fruit and vegetable consumption**. **High body mass** contributed to 2,185 hospital admissions between 2012-2013, a rate that is well above the expected rate for our population.

Need for

- coordinated health promotion across the age spectrum,
- improved health literacy regarding the potential ill effects of lifestyle choices
- improved service coordination to promote consistent health messages amongst clinicians to support better lifestyle choices by the client.

Cancer

- Cancer incidence in Murrumbidgee is similar when compared to NSW rates. The incidence of cancer in males has historically been significantly higher than females, reflected in both NSW and Murrumbidgee data.
- **Prostate cancer** is the most commonly detected cancer in Murrumbidgee males, whilst **breast cancer** is the most commonly detected in females. Both show upward trends in incidence. Other cancers with rising incidence in both genders include **melanoma, rectal, non-Hodgkins lymphoma and pancreatic cancer.**
- Among the most frequently detected cancers; lung**, cancer unknown primary, and pancreatic experience the poorest survival rates.**
- Over 55% of **ovarian cancer c**ases in the Murrumbidgee are discovered in stage 4, and this is reflected in very poor survival rates for this population of women.
- In the Murrumbidgee region, 50% of **lung cancers** in both genders progressed to stage 4 at the time of death, yet 49% of males and 43% of females with lung cancer are detected at stage 4. Evidence suggests that early detection of lung cancer may double the survival of lung cancer, yet there is inconclusive evidence regarding

methods of screening. Other late-stage cancer detections include ovarian cancer and pancreatic cancer.

Unplanned hospital admissions

- The rates of unplanned hospital admissions in the Murrumbidgee are very high. Conditions responsible for the majority of unplanned hospital admissions are; **Chronic Obstructive Pulmonary Disease (COPD), congestive heart failure, urinary tract infection (UTI), cellulitis** and complications associated with **diabetes.**
- There is an increasing trend in hospitalisations for the **Aboriginal population** with the most prevalent conditions being **COPD, UTI, congestive heart failure, cellulitis** and complications from **diabetes**.

Specific needs identified for the Aboriginal population in the Murrumbidgee region include:

1. Supported self-management that is culturally appropriate with targeted strategies for
2. maternal and child health.
3. Targeted strategies for youth mental health.
4. Targeted strategies for chronic complex comorbid conditions associated with respiratory
5. conditions and diabetes.
6. Cancer screening – particularly for breast cancer[20].

Ageing population

- The population of the MRC is ageing, both in proportion of older age groups and an actual increase in numbers of older people. .As the population ages, disability, oral health problems, cancer and chronic diseases such as cardiovascular disease, diabetes and dementia become more significant. Further, people over the age of 65 years are in generally in the lowest income quartile impacting on the ability to access and afford specialist services and support.

Neurological disorders

- The prevalence of neurodegenerative disorders including dementia and Parkinson's disease increase with age and has a significant impact on the community, carers and aged care services. Dementia is the single greatest cause of disability in older Australian (aged 65years or older) and the third leading cause of disability burden overall.32,33
- Dementia prevalence is greatest in the age bracket of 85-89 years, with three in ten people over the aged of 85 diagnosed with dementia with almost one in 10 people over the age of 65 with dementia.

[20] Murrumbidgee Primary Health Network Needs Assessment (2016)

Disadvantage

- The former MRC SEIFA score suggests that some residents are experiencing disadvantage. Disadvantage is a multi-dimensional concept about 'impoverished lives' (including a lack of opportunities), not just low income. Dimensions include poverty, deprivation, capabilities and social exclusion[21].
- People who are more likely to experience deep and persistent disadvantage include: lone parents; Indigenous Australians; people with a long-term health condition or disability; and people with low educational attainment. Most are weakly attached to the labour market.

Summary

The Murrumbidgee population experiences lower life expectancy and higher potentially avoidable deaths than the NSW average. This higher mortality (therefore poorer health outcomes) is associated with living in a rural area and socio-economic disadvantage. The Aboriginal population in MPHN experience significantly higher deaths from avoidable causes than the NSW average. Leading causes of mortality in the Murrumbidgee region are; circulatory diseases, malignant neoplasm, respiratory disease, injury and poisoning, and mental and behavioural disorders (p 43)[22].

The health status of MRC reflects rural Australia. People living in rural and remote areas have less access to health services, travel greater distances to seek medical attention, and generally have higher rates of ill health and mortality than people living in larger cities. This is a result of several factors including socio-economic disadvantage, access to health care services, shortage of health care providers, unhealthy lifestyle behaviours, greater exposure to injury and risks and geographic isolation,

The high prevalence of certain modifiable lifestyle factors among MRC residents suggests that opportunities for health improvement exist. Encouraging wellbeing across the lifespan is an important means of improving the health of future generations of older people.

[21] McLachlan, R., Gilfillan, G. and Gordon, J. 2013, Deep and Persistent Disadvantage in Australia, rev., Productivity Commission Staff Working Paper, Canberra.
[22] Murrumbidgee Primary Health Network Needs Assessment (2016)

SECTION 4 Community Consultation

Introduction

The Social Health and Wellbeing Plan included consulting communities and service providers across the LGA. Consultation with the local community and service stakeholders is an important part of developing a plan to improve social health and wellbeing. The feedback and concerns identified can then be considered in the council planning and service design.

Purpose

The purpose of the consultation was to gather feedback on the community attributes and barriers to good health and wellbeing.

Methodology

Various methods were used to contact residents and organisations/services including phone, in person and community forums.

Phone contact was made with service and welfare contacts across the Council and the local region. Providers were asked about emerging health and wellbeing issues and barriers to services.

Residents were invited to attend a series of community forums during the last week of September. Information was circulated via email, local papers, letter drops and other communication networks.

Community forums took place in Barham, Bunaloo, Mathoura, Moulamein, Moama, Murray Downs, Tooleybuc and Wakool.

Participants were provided with a brief explanation about the purpose and introduced to the social model of health and the concept of a liveable community. A liveable community was described as a community that enables all people, regardless of age or ability, to lead active, independent, healthy lives and access their community freely and safely.

Attributes of a liveable community formed the framework for the discussion at the community forums:

- Accessible for all abilities
- Available affordable transport
- Affordable and appropriate housing
- Healthy and safe neighbourhoods – social stability
- Access to affordable services
- Economic prosperity
- Educational opportunities

- Entertainment and recreation options
- Culturally safe and inclusive
- Appealing and accessible built and natural environments,

Findings

Liveability- Positive Attributes

Residents, including service providers and business owners, discussed their passion for living in their chosen community. Overall, they felt safe, supported and enjoyed the culture, above all, the people made their community the ideal place to live for many. With features such as sporting/recreation centres, local community driven activities/groups, rich heritage, welcoming hospitality and natural environment, it is clear why residents are so emotionally attached to their community. Further, the high rate of volunteering and support for each other is certainly a point of difference when compared to major centres.

Figure 8 lists the positive attributes mentioned by residents during the consultation.

Figure 7 Positive attributes

Friendly, inclusive, safe, loyal, culturally supportive and connected rural communities

Participants valued their friendships, the culture, ability to pursue their hobbies, their capacity to include others and felt supported by their networks.

Lifestyle

Most acknowledged the benefits of a rural lifestyle, noting the opportunity to know and communicate with the neighbours, long lasting and more personal trusting relationships, ability to own a home and participate in community life.

Education

Children going to a small public school, growing up knowing their classmates and experiencing the benefits of smaller class sizes was highly regarded by the community.

Welcoming and Inclusive

Overall, participants felt newcomers and immigrants were welcomed and supported to get established in the community. Some participants had retired from Sydney or Melbourne, making choices based on services, lifestyle, cost of living and sporting/recreation options.

Safe

The low crime rates across MRC reflect ‘feeling safe’ mentioned by participants as an important attribute contributing to their positive quality of life and social cohesion. Some also mentioned how peaceful their community was, another sign of ‘feeling safe’.

Access to services

Participants located near the major centres such as Echuca and Swan Hill, mentioned the benefits of having good access to health and community services

Volunteering

Most of the participants were volunteers, generously giving their time and skills to the community, advancing the economic, social, cultural & environmental well-being of MRC.

Barriers to positive health and wellbeing

Participants raised many barriers to positive health and wellbeing, ranging from unreliable and inaccessible services, lack of affordable housing and youth services and cross border anomalies. Table 8 outlines what the participants felt were the key barriers to health and wellbeing.

Table 8 Barriers to health and wellbeing

Barrier	Description
Services (Health & Community services) Community Services	**General** Lack of awareness/information about services No leave replacement (Community nurse) – a critical service for people to be able to return home from hospital. Concern about the future of health services and MRC commitment to supporting GP and other services. **Mental Health Services** Poor mental health services No knowledge of mental health services Need to run local Mental Health First Aid programs Mental Health Act differs between Victoria and NSW causing difficulties for clients **Other** Post acute care program (From Victorian Health Services) not available to NSW residents No men's health information/no knowledge of services Long waitlist for public dental health services Services for MRC often do not out -reach from Deniliquin No community services in Murray Downs Poor access to personal care across MRC Community transport is good, however needs improvement and more drivers Limited/no knowledge of the local rural counselling service
Aged Care	Personal alarms not subsidised in NSW Request for information about Alzheimer's/Dementia Awareness No information about My Aged Care (MAC) Require assistance to navigate MAC GP's referring directly instead of via MAC Need to review social support programs in Mathoura and Wakool Limited services for older people in crisis Social isolation prevalent among older people
Social isolation	People in the more isolated communities do not have social events/activities for social cohesiveness
Accessibility/Disability services	No disability access eg:o MRC Office in Moama, PO in Tooleybuc Lack of continuous footpaths Footpaths in smaller villages unsuitable for gophers Council polling booths not accessible (Moama) Community access is not 'age friendly' Limited behavioural support programs

	Psychologist/MH - 5 month wait Limited financial counselling Clients not familiar with services Limited knowledge of services Early confusion around the NDIS Housing an issue- group housing is complex Poor transport to programs and services Poor services for Indigenous community
Council Information	No knowledge of recent Council elections No knowledge of Council community services Council information not available to some residents
Housing	Lack of affordable and suitable housing in tourist areas Homelessness and poverty becoming more prevalent Limited/no supported accommodation No crisis accommodation (Bendigo is the nearest option) No response from MRC to request for additional land for ILUs (Mathoura)
Cross Border Issues	Ambulance response is complicated by border issues, residents have to know to request where the Ambulance is to be dispatched from
MRC Street scapes and sense of pride	Not maintained, unclean, picnic areas in disrepair Not age friendly, poor -seating, lighting & access. Bike tracks deteriorating Feral animals and weeds are an issue
New Residents	No MRC 'new resident' information pack
Youth	No services, focused on sport and recreation, limited cultural options Lack of mental and social health, LGBTQ, drugs, youth suicide prevention, specialist services, HeadSpace access (Good in Swan Hill)
Young Families	Childcare is an issue in Barham
Water reforms	MDB Water policies continue to impact negatively on the agricultural and horticultural activities- financial stress
Volunteers	Volunteer fatigue MRC does not acknowledge volunteers No succession plan – recommend a Next Generation Leaders program
Tourist information/services	Request improved tourist information, particularly in Barham (possibility to rotate Tourist Information Outlet between MRC office and weekend business) Story boards in Barham require attention MRC website tourism information is poor Some towns have no food outlets and no tourist information available on weekends.
Playgrounds	Require revitalising and all abilities access
Local business/industry Employment	Many closing – not a good look, therefore decreased choice and increased prices What support is there for economic development, ? MRC Economic Development Plan Opportunities to add value and increase employment options eg Club garden maintenance/Council services/community home maintenance program

Police presence	Request for increased presence and wider knowledge of the “next of kin program’
Communication	Poor mobile reception (Murray Downs) Poor access to internet, NBN Satellite is not good
Transport	Poor access to public transport Provide community transport where there are gaps (Murray Downs)
Rural Address system	Request assistance from MRC to sort out address system – Tooleybuc, Murray Downs and other small border communities
Arts	Develop an arts strategy and resource open space arts and other arts activities
Cultural Awareness	Request options to celebrate cultural diversity
Aboriginal Health (Cummeragunja Mission Station)	Housing- Poor standard, not maintained Poor community transport, No community transport vehicles Limited/?no disability support services No behavioural support services No after school services/programs Harmful drug and alcohol use No Family Violence services Very limited Allied Health services- Limited Speech/Pod only Limited GP services Only have short term funding for primary school bus Over populated with dogs

Summary

Community members and individuals representing organisations, were passionate about the positive attributes of living in MRC. The people, their values and support for each other, was above all, the most valued attribute. Lifestyle, safety, peacefulness and the natural environment followed.

Many barriers to positive health and wellbeing were identified and in some issues were resolved through referrals and sharing of information either in the forums or through the phone contacts.

Access to and information about services, affordable and appropriate housing, service information, health care, in particular mental health, were the most common barriers. Other barriers related to communication, lack of acknowledgment of volunteers, limited health services and cross border anomalies. Some participants mentioned their frustrations waiting for responses from MRC.

Youth Consultation

Understanding the needs of young people and identifying the services and support required to retain young people in MRC has been included in the Social Health and Wellbeing Plan. Consultation with services supporting youth is an important part of developing a plan to improve social health and wellbeing. The feedback and concerns identified can then be considered in the council planning and service design.

Purpose

The primary purpose for conducting the consultation in Moama and Barham was to collect information about young people who live, work, play or study in the MRC and who have an interest in services and support to enhance the health and wellbeing of young people.

Methodology

Two focus groups were held, one in Barham and one in Mathoura.

Findings

Participants expressed a number of youth related issues which have been summarised and prioritised under the following key headings

Vulnerable Families

- Parent/child relationship breakdowns
- Generational unemployment, drug and alcohol use and poverty – how do you break the cycle?
- Dysfunctional households – basic needs not being met, family violence
- Kids feeling unsafe in their own homes (often 3 – 7 year olds)
- Family stress associated with busy lifestyles
- Parents prioritising work, financial gain and lifestyle over spending quality time with their kids (leading to low self-esteem, low supervision, lack of opportunities to have difficult discussions etc)
- Poor parenting skills
- Financial stress

Mental health and other health and social Issues

- Limited access to mental health and homeless services, often youth have nowhere to go
- Homelessness, couch surfing, overcrowding and difficulty maintaining tenancy are issues
- Young people are on medication to manage their mental health issues

- Feeling socially isolated (limited options for one on one connections)
- sexual and reproductive health needs
- lack of support for young people in the LGBTI community

Transport barriers

- Unable to access services and support due to no access to public transport
- Issues accessing structured activities (both financial, transport, parental support etc).
- the large distances between towns, lack of transport, kids living out of town
- access to employment (transport can be an issue, and often it's not what you know but who you know)

Disengaged and limited knowledge of services

- Boredom
- Mathoura facilities are underutilised (e.g. the library)
- Sport can be expensive
- Feeling a lack of direction when leaving school
- Disengagement from school and the community
- Limited options for 15-17 year olds not at school
- It is difficult to track kids once they leave school (until they enter the justice system)
- Low literacy and verbal skills needed to navigate life
- Lack of structured activities (Mathoura), e.g. after school activities such as karate, art classes, activities at the library etc
- limited knowledge of the services available, often people don't even know where to go to find this information

Interpersonal/Social & Employability Skills

- Lack of skills and confidence to interact/seek information/ask questions
- Lack social skills (rarely make phone calls and talk to people, they mainly use text or online avenues to communicate)
- Employers and millennials see the world differently and have conflicting expectations of each other
- Kids not learning social skills from their parents (who might not be as available to their kids as they could be)
- Lack of work experience, often failing at the interview stage
- Anger management (including in primary school aged kids)
- many kids have a lack of direction, and are unsure what their future holds (post high school), we live in a rapidly changing world and the future (particularly employment opportunities) are uncertain

Expressed Need

Service providers listed the following need

- identify (in collaboration with youth) projects/events/activities of interest to them.
- establish leadership and development programs earlier (primary school) to establish a positive, resilient culture early on
- home work groups
- stress management programs
- parenting support and parenting programs
- social and cultural events for young people not interested in sport
- service information
- advocate for improved access to technology

Summary

Considering the social health and wellbeing of young people is critical for the future of rural communities such as MRC. Investing in services and programs that enable young people to reach their potential will help to retain and attract young people in our rural towns and communities.

SECTION 5 – Policy and Evidence: the role of local government

This section includes policy and peak body evidence, tools and resources to support local government with health and wellbeing planning. The areas of focus are ageing and socioeconomic disadvantage due to the impact these two determinants have on the health and wellbeing of residents in the MRC

Legislative and regulatory context

Local Government has statutory responsibilities in health protection such as food safety, microbial control and blood borne disease control and capacity for significant involvement in health promotion to prevent chronic disease.

The Public Health Act 2010 was passed by the NSW Parliament in December 2010 and commenced on 1 September 2012. The objectives of the Public Health Act are to:

- Protect and promote public health
- Control the risk to public health
- Promote the control of infectious diseases
- Prevent the spread of infectious diseases
- Recognise the role of local governments in protecting public health

The Public Health Regulation supports the implementation of the Public Health Act 2010, detailing a range of operating provisions to protect and promote health in the community[23].

The objective of the Act is to achieve the highest attainable standard of public health and wellbeing for residents.

In addition to the statutory activities in public health, councils also undertake a range of other activities intended to protect and promote the health of communities such as:

- The provision of food services
- Sporting and recreational facilities and open space
- Sun protection through shade provision
- Water fluoridation
- Promoting mental health
- Promoting physical activity
- Addressing overweight and obesity
- Promoting safety and preventing injury
- Preventing harm associated with alcohol and other drugs.

[23] http://www.health.nsw.gov.au/phact/pages/default.aspx accessed October 21, 2014.

A growing focus for councils is considering the **social determinants of health and health inequity in communities**[24].

Social determinants of health

A growing focus for councils is considering the social determinants of health their role in health promotion, the provision of health services, and other services such as libraries. Local government is ideally placed to plan, develop, lead and implement local policies to influence many determinants of health. These policies include actions in areas such as transport, roads, parks, waste, land use, housing and urban planning, recreation and cultural activities and creating safe public places[25].

For MRC , the ageing community and socioeconomic disadvantage are the two main determinants impacting on the health and wellbeing of the community.

Health Inequity

The link between inequities in health outcomes and socio-economic disadvantage particularly in terms of higher average mortality and morbidity rates is well established and documented for rural NSW[26]. The socio-economic challenges of **life in a rural community are associated with significant health risk factors, such as higher rates of smoking, greater rates of disability and lower rates of physical activity**. People's socioeconomic characteristics, such as their level of education and employment influence people's health behaviours, their psychological state and factors relating to safety. These, in turn, can influence biomedical factors, such as body weight and glucose metabolism, which may have health effects through various further pathways[27].

The well-known challenges of access to health, housing, education and work in rural and remote Australia are also associated with higher rates of health risk factors and higher rates of a number of chronic conditions and avoidable hospitalisations and deaths among the people of rural and remote Australia[28].

In rural and remote communities the health effects of disadvantage are compounded by poor access to communications (such as high speed broadband, mobile phone coverage, transport) and environmental challenges (such as drought, floods and bushfire).

[24] Public Health - Role of Local Government https://www.lgnsw.org.au/policy/health Retrieved 10.10.2017
[25] Department of Health Victoria (2011) Victorian Public Health and Wellbeing Plan 2011-2015
[26] Glover J, Tennant S. A social health atlas of Australia (second edition) - Volume 2: New South Wales. Adelaide: Public Health Information Development Unit, University of Adelaide; 1999. http://www.publichealth.gov.au/publications/a-social-health-atlas-of-australia- %5Bsecond-edition%5D---volume-2:-new-south-wales.html
[27] AIHW (2014) Australia's Health 2014
[28] COAG Reform Council. Healthcare in Australia 2012-13: Five years of performance. (Including supplements comparing health outcomes by remoteness and by socio-economic status.)

Despite the average lower cost of housing in rural and remote areas than in major cities, people in rural and regional Australia are just as likely to experience housing stress as those in major cities. The lower cost of housing can entice people on lower incomes to move to more remote areas which unfortunately often provide little opportunity for employment and/or have lower levels of access to services. Energy prices are also frequently higher in non-metropolitan areas.[29]. There appears to be limited studies on the role local government has in relation to socioeconomic disadvantage however, local government has a role in developing healthy public policy statements to meet the needs of people on low incomes[30].

Liveable communities

LGNSW works with all levels of government to help create more inclusive and liveable communities. In a liveable community, all people feel engaged, can participate in local activities and do not face barriers to carrying out their regular daily lives[31].

Some features of a liveable community are:

- Walkable pathways, road crossings and ramps.
- Seating in public places.
- Accessible and well located public toilets.
- Public spaces are well lit and have weather protection and hand rails.
- Parking is located near essential services.
- Signage is clear, and includes Braille.

Built and natural environments

A liveable community is one where planning the built environment is done in a way that promotes health. The crucial role local government has in providing age-friendly built environments is acknowledged in the literature[50]. Evidence suggests that the health of both individuals and communities is affected by the physical and social environments. At a broad scale, these influences arise from the impact of land use and transport planning, land use mix and infrastructure provision. At a more local scale, the design and availability of public spaces and transport networks, the design of street networks, the perceived and actual safety of an area, as well as personal resources, are suggested to be important environmental and social influences on health and wellbeing[51].

The acceptance that "the urban environment is an important determinant of health"[32] with recent concerns at the local, state, national and global level about levels of physical activity,

[29] National Rural Health Alliance (2014) Income inequality experienced by the people of rural and remote Australia.

[30] National Rural Health Alliance (2014) Income inequality experienced by the people of rural and remote Australia.

[31] https://www.lgnsw.org.au/policy/liveability accessed 10.10.2017

[32] 49 Capon A, Blakely E. Checklist for healthy and sustainable communities. NSW Public Health Bulletin 2007; 18(3-4): 51-4. http://www.publish.csiro.au/?act=view_file&file_id=NB07066.pdf

obesity, mental health and social and environmental inequality demonstrating the link between health and planning. The evidence supports the central role that planners play in providing environments which support healthy behaviour[53]There is a growing evidence base summarising the relationship between the natural and built environments and physical activity, chronic disease, obesity and mental health and wellbeing[33].

Age-friendly built environments are shown to be a key factor in meeting the essential needs of mobility, social connection, sense of community, and active healthy ageing[34]. Findings from various reports and studies indicate the significance of design on creating age-friendly built environments. "A built environment featuring universal and inclusive design that is pedestrian friendly, with well-connected street networks is shown to have a significant role in facilitating access to facilities and services, supporting physical activity and enabling older people to socialise"[35]. These types of environments allow older people to achieve the goals of independent living, a sense of community and engaged with society.

Features such as walk-ability and wheel-ability footpath programs, improvements to pedestrian infrastructure and bus stops, and retro-fitting access ramps and other facilities to accommodate multiuse and allow for connectivity. In small rural communities such as those in the MRC , there is a need for connectivity between retirement and aged care facilities and local community centres, libraries and shopping centres.

NSW Government has implemented the Healthy Built Environments Program[36] together with the University of New South Wales and NSW Ministry of Health (HBEP). The research highlights the health issues associated with the built environment including: car-dominated transport, reduced opportunities for exercise, increased fast food availability and lack of social connection.

Local government NSW encourages councils to use the following resources in their planning processes[37].

- The **Healthy Urban Development Checklist** developed by the NSW Ministry of Health and the then Sydney South West Area Health Service is principally about identifying the health effects of urban development on the health and wellbeing of the community.

- The **Health Impact Assessment (HIA)**[38] is a practical guide, developed by the NSW Ministry of Health and the University of New South Wales' Centre for Health Equity Training, Research and Evaluation. The HIA provides a structured mechanism for decision makers to encourage greater consideration of health and wellbeing in planning and project, program and policy development.

[33] Australian Institute of Health and Welfare - AIHW (2011) Health and the environment, a compilation of evidence. AIHW, Canberra

[34] Rosso, Auchincolss, & Michael, 2011; Kelly, 2012: & Aspinall et al., 2010 in in O'Brien, E. (2014) Planning for population ageing: ensuring enabling and supportive physical-social environments- Local infrastructure challenges. Planning Theory & Practice, Vol. 15, No. 2, 220-234.

[35] O'Brien, E. (2014) Planning for population ageing: ensuring enabling and supportive physical-social environments- Local infrastructure challenges. Planning Theory & Practice, Vol. 15, No. 2, 220

[36] http://www.health.nsw.gov.au/urbanhealth/Pages/default.aspx retrieved 10.10.2017

[38] http://www.health.nsw.gov.au/environment/hazard/Pages/health-impact-assessment.aspx

Healthy Public Spaces

Councils are important in creating public places where people can live healthy active lives and participate in their communities. A number of useful resources have been developed to support councils in developing healthy environments, including:

- **Walkability Community Assessment Tool**
- **Active Living Integrated Planning and Reporting Resource for Councils**
- **Heart Foundation Good for Business**- The Benefits of Making Streets more Walking and Cycling Friendly **Get Healthy at Work**[39]

Age Friendly Communities

The NSW 2016-2020 Ageing Strategy vision is '*for people in NSW experience the benefits of living longer and enjoy opportunities to participate in contribute to and be included in their communities'*[40] The Strategy lists five priorities that older people across NSW have said are important to them:

1. Health and wellbeing
2. Working and retiring
3. Housing choices
4. Getting around
5. Inclusive communities.

Creating age-friendly communities is a key focus for local government. MRC has a growing ageing population, therefore an age-friendly, built environment is critical to enabling more older people to live independently in their local community

The Integrated Age-Friendly Planning Toolkit for Local Government in NSW [41].has been developed for an ageing population, especially with respect to the various components of the built environment.

The toolkit is useful to all council staff involved in creating age-friendly environments and communities, including planners, community service providers, engineers, architects, open space and recreation workers, parks managers, asset managers, traffic and transport engineers and public works engineers.

It will also help councillors identify the key issues relating to population ageing and highlight what needs considering when commenting on draft plans or policies from their council or other agencies.

[39] http://www.lgnsw.org.au/policy/liveability retrieved 10.10.2017
[40] NSW AGEING STRATEGY 2016–2020
[41] http://www.lgnsw.org.au/files/imce-uploads/127/integrated-age-friendly-planning-toolkit-v11.pdf retrieved 10.10.2017

Dementia

An ageing population means an increasing number of people with dementia. This will pose numerous challenges to local and regional health, local government and aged care systems, arising from the increased need for: dementia friendly communities, flexible care services, support for carers, training for health professionals and aged care workers, and research into effective community planning, treatment and prevention.

A dementia-friendly community is a place where people living with dementia are supported to live a high quality of life with meaning, purpose and value. For people with younger onset dementia, this should mean the option of being supported to stay at work, like any other disabled person, as being dementia friendly is not only about social engagement. Each dementia-friendly community will look different, but may include:

- Businesses that provide accessible services to people with dementia including having staff who understand dementia and know how to communicate effectively with people who have dementia
- Employers that provide support for people living with the disabilities of dementia to continue with paid employment
- Volunteering opportunities for people with dementia
- Choirs, walking groups, sporting clubs and social groups that are welcoming and inclusive of members with dementia
- Adult education facilities that provide opportunities to support new learning, for example courses at tertiary institutions, TAFE, or learning a new language or instrument cafes for people with dementia and their families

People with dementia identified the following priority areas in creating dementia-friendly communities:

1. Increasing community awareness and understanding about dementia
2. Improving access to social activities and opportunities for engagement including volunteering
3. Employment opportunities or support to remain employed
4. Access to appropriate health and care services to support them to continue to live at home for as long as possible
5. Access to affordable and convenient transportation options
6. Improved physical environments including appropriate signage, lighting and colours.

The Dementia-Friendly Toolkit[42] aims to provide councils with the information to make your community or business more dementia friendly. Information contained within the kit includes:

- Social and environmental checklists
- Guidelines for organisations to become dementia friendly
- Information for staff on how to effectively communicate with people with dementia
- Information on existing resources which could be used to increase staff awareness about dementia

[42] Alzheimer's Association (2014) Creating Dementia Friendly Communities, Community Toolkit

- A guide to how to create a Dementia Alliance and developing an action plan to creating a dementia friendly community
- A template letter to write to your local MP to support the development of dementia-friendly communities.

Disability

Councils are required to comply with the Disability Inclusion Act (2014)[43] , to promote access and inclusion of people with a disability in their community. Local government recognises that people with a disability have a right to quality facilities and services that enable them to live and fully participate in their communities. Improved physical access to community and privately-owned facilities is encouraged by local government.

MRC is implementing their **Disability Inclusion and Action Plan** compliant with the Disability Inclusion Act 2014. The Disability Inclusion Action Plan demonstrates MRC's commitment to people with a disability on improving access to services, facilities and jobs and is also designed to change perceptions about people with a disability.

Services

The ageing MRC community demonstrates the need for Council to continue to play an important role in providing community care services and other activities that enable older people to remain living in their own homes and stay active in their communities. MRC provides Commonwealth Home Support Programme (CHSP) transport, delivered meals, social support and home modifications/home maintenance programs to meet the real and growing level of need amongst older residents and their carers.

Information

An ageing population requires MRC to provide clear and accessible information about Council services in a number of formats, assuming many do not rely on the internet[44].

Transport

Providing integrated transport alternatives that link older people to their homes, places of work, services and facilities is important in order to maintain independence, autonomy and community connection. In communities such as those in the MRC , there is a lack of public transport and Councils are encouraged to explore innovative and cost effective community transport which is accessible in terms of distance to services and gaining physical access to the service. Also, community buses and drivers for use by older persons' social groups for nominal fee[45].

[43] https://www.legislation.nsw.gov.au/acts/2014-41.pdf
[44] Murrumbidgee Primary Health Network Needs Assessment (2016)
[45] http://www.lgnsw.org.au/files/imce-uploads/127/integrated-age-friendly-toolkit-1.pdf#page=46 Accessed October 29, 2014.

Carers

A study of carers auspiced by Carers NSW in 2016, clearly indicated that respite is a highly valued service, supporting cares health and wellbeing, especially for parent carers of children and adults with disability who need a high level of support. The study also found the need for ongoing supply of flexible respite services specifically geared towards improving carers' health and wellbeing and facilitating, where appropriate, their engagement with employment.

Carers raised concerns about their support during the transition to NDIS, recommending emergency and flexible respite be continued to support carers to sustain the role caring role[46].

Libraries

Libraries are most commonly utilised by older Australians supporting social participation, health and wellbeing, independence and quality of life of older people.[47] There is general recognition of the vital contribution public libraries make towards the social capital, educational and recreational development of local communities.[48]

The 2008 NSW Public Libraries Association study explored the ways in which New South Wales public libraries sustain the community in social, cultural and environmental terms. The study found that public libraries contribute positively in terms of economic value, benefit and activities, also towards equity in the community due to the high proportion of users being either young or old, earning below the average income, speaking languages other than English, and participating in some form of education[49].

MRC is a member of the Central Murray Regional Library service and as such receives the benefit of being part of a large regional library service in NSW.

Community centres and local halls

Local halls and community centres are a valuable resource for social and community support providing a wide range of affordable, accessible social, cultural, recreational and health programs.[50] MRC continues to support these important community assets ensuring residents have an opportunity to gather, socialise and participate in community activities.

[46] Carers NSW (2016) National survey of carer's needs.

[47] ALGA, 2007; Bundy, 2006; Jones, 2006; LGSA, 2007; PricewaterhouseCoopers, 2005 in O'Brien, E. (2014) Planning for population ageing: ensuring enabling and supportive physical-social environments- Local infrastructure challenges. Planning Theory & Practice, Vol. 15, No. 2, 220-234.

[48] Public Library Association of NSW (2008) Enriching communities: the value of public libraries in New South Wales.

[49] Public Library Association of NSW (2008) Enriching communities: the value of public libraries in New South Wales [61] Riverina Regional Library Management Plan (2014 – 2015).

[50] Local Government NSW, 2002; Waverley Council, 2002; WHO 2007; in in O'Brien, E. (2014) Planning for population ageing: ensuring enabling and supportive physical-social environments- Local infrastructure challenges. Planning Theory & Practice, Vol. 15, No. 2, 220-234.

Sport and recreation facilities

A recent national survey undertaken by the ABS indicated that over 50% of Australians aged 65 or over participated in sport and physical recreation in 2011-2012[51]. Activities included walking, cycling, bush walking and jogging/running demonstrating a requirement for recreation paths and trails.

The Disability Inclusion Action Plan requires MRC improve the access and safety standards of sport and recreation facilities, either at the construction stage or part of the renewal process. For example, access to swimming pools, provision of ramps and tracks through parks, cycle paths, walking and fitness trails, setting for picnics and social activities and easy playground access with age/disability friendly amenities while supervising grandchildren or other recreation.

Tourist facilities

Council's interest and support for tourism needs to include support for accessible communities. Accessible sullage pump-out facilities for motor homes, caravan parks and roadside facilities and good road infrastructure are important to travelling 'grey nomads' and early retirees[52].

Health Promoting Councils

Local Government plans and provision of basic infrastructure and facilities that enables residents to participate in physical activity, including as part of daily life, is critical in promoting the health of the community. Such activities include planning for connectivity, provision of street lighting, foot and bicycle paths, seating, children's playgrounds, other active and passive open space, swimming pools and other sports centres and facilities.

The Local Government Association website promotes a walkable community environment to encourage local residents to walk and exercise in their local area. The Heart Foundation's helpful tips to get people out and about and walking is available[53].

However involvement in key health promotion initiatives in areas such as injury prevention and safety promotion, cancer prevention (particularly skin cancer prevention), and active community (physical activity promotion and nutrition) is not as common or consistent as work in the mandatory health protection functions. Given its importance in preventing chronic non-communicable disease, there is some scope for councils to take a more active role in promoting physical activity and addressing obesity by supporting the development of walking

[51] ABS, 2013

[52] O'Brien, E. (2014) Planning for population ageing: ensuring enabling and supportive physical-social environments- Local infrastructure challenges. Planning Theory & Practice, Vol. 15, No. 2, 220-234.

[53] http://www.lgnsw.org.au/policy/liveability accessed October 21, 2014

trails, connecting footpaths, exercise parks and programs targeting nutrition and food access and affordability (food security)[54].

Economic development and social planning

Employment and community sustainability are important determinants in improving the SE status of rural communities. Local government plays a key role in this area. A strong economy and good planning supports strong resilient communities capable of responding to changing economic, environmental and social circumstances.

Aboriginal Affairs

Local Government NSW has a longstanding interest in Aboriginal Affairs and supports initiatives that bring about reconciliation between Aboriginal and Torres Strait Islander People and the wider community. Councils are encouraged to:

- to understand and respond to their local Aboriginal communities
- support infrastructure, facilitates and services for Aboriginal and Torres Strait Islander People, and appropriate funding for Aboriginal programs
- improve legislation relating to Aboriginal issues
- improve relations between councils and Local Aboriginal Land Council

Councils are encouraged to use **Collaborate NSW is a printable resource kit** and website created by LGNSW, as a first step to unlock this potential and to create common ground, strengthen local communities and work with other spheres of government to achieve reconciliation with Aboriginal Australians.

Alcohol & licensed premises

Socioeconomic disadvantage is linked to higher consumption of alcohol. Local government has a role regulating the environmental and social impacts of licensed premises through the development approval process. As such, councils have a strong interest in ensuring the legislation controlling the sale, supply and consumption of alcohol in the community is appropriate and provides for a safe and healthy community[76].

Partnerships

Local government faces increasingly demanding and complex community expectations. With limited resources and competing demands it is critical that councils find new ways to plan and

[54] Local Government NSW (2004) Results of Local Government Public Health Survey 2004

deliver public health services to support the health and wellbeing of the community. Strategic collaboration and partnerships are ways that councils can respond to these challenges[55].

Collaboration can take many forms including alliances, partnerships, business clusters etc. Their purpose is to reduce duplication of services, provide cost savings, access innovation, enhance skills development and open the way for local communities to share ideas and connect with others.

Strategic collaborative arrangements aim to:

- capture and share knowledge and innovation,
- connect councils in maximising service delivery opportunities to meet common community needs,
- reduce costs through the elimination of duplication,
- access economies of scale, and
- develop an effective local platform to work with other levels of government to achieve better whole of government outcomes for the community.

In relation to public health, collaboration with local health services, local health districts, business, not for profit and for profit providers will enable MRC to consult, plan, implement and monitor the strategies needed to improve the health and wellbeing of the community.

Summary

The ageing population of the MRC means council must give primacy to age-friendly infrastructure in strategic, asset and financial planning. The literature together with the sociodemographic and health status profile demonstrates the need for age –friendly infrastructure to become a visible part of council's strategic direction, action and resource allocation, and to be given a high priority across council portfolios and on council agendas[56]. Resourcing may require partnerships with other levels of government to engage in reform measures to assist in financing cost.

Similar, considering the needs of residents who are socioeconomically disadvantaged requires council to focus on investing and supporting new business, affordable housing and implementing policies to support hardship.

Resourcing and supporting age-friendly and inclusive infrastructure is crucial to retaining people in their community of choice, providing safety, accessibility and mobility, related autonomy, physical activity, social connection, affordable housing and services and therefore promoting health and wellbeing.

[55] NSW Department of Local Government (2007) Collaboration and Partnerships: A Guidance Paper
[56] O'Brien, E. (2014) Planning for population ageing: ensuring enabling and supportive physical-social environments- Local infrastructure challenges. Planning Theory & Practice, Vol. 15, No. 2, 220-234.

SECTION 6 – Services

Introduction

Health and community services vary across MRC, based on location. The following information was current at the time of writing the plan however it is recognised that changes to policy and funding will mean changes in services and programs.

Aboriginal Health and Community Services

Njernda Aboriginal Corporation based in Echuca, provides a broad range of Aboriginal health and community services, briefly these include:

- Family Services
- Visiting specialist allied health, community and financial counselling services
- Dental services
- Mental health services
- Berrimba Childcare Centre
- Medical Centre
- Community Justice Program
- Yakapna Family Centre
- Baroona Health Centre

Cummeragunja Housing and Development Aboriginal Corporation also known as the **Viney Morgan Aboriginal Medical Service** provides primary health care services to the Aboriginal people in Cummeragunja and surrounding areas in southern New South Wales. Services provided include:

- GP services
- podiatry
- optometry
- chronic disease care.

Mallee District Aboriginal Services (MDAS) provides more than 50 essential services from our health and family services centres in Mildura, Swan Hill, Kerang and Robinvale.

- Home and Community Care and Housing
- Early School Leavers
- Home Based Care
- Family Services
- Youth programs
- Medical services
- Large range of allied health, mental health and other community services

The Murrumbidgee Local Health District (MLHD) Aboriginal Health Unit is staffed by 31 Aboriginal and non-Aboriginal people. The team provides a comprehensive, culturally appropriate service to the Aboriginal communities within the MLHD.

The staff provide services to inpatients and community members. When an Aboriginal patient is admitted into hospital, staff will visit the patient and provide support to both the patient and family during their stay. They also act as a link between hospital staff and patients.

Acute Hospital Services

Residents in MRC access acute hospital services from NSW and Victoria.

MLHD has a hospital located at Deniliquin and Multipurpose Service in Barham. The majority of residents access acute hospital services from Swan Hill District Health or Echuca Regional Health Service. Both services provide a broad range of acute, subacute, emergency, rehabilitation, allied health and community services. Residents also access acute hospital services in Shepparton, Bendigo and Melbourne.

Aged Care Services

Murrumbidgee Local Health District provide an array of Aged Care services for residents and communities across the MRC.

These services include:

- Aged Care Assessment Team (ACAT)
- Regional Assessment Service (RAS)
- Transitional Aged Care Program (TACP)
- Commonwealth Home Support Program (CHSP) services – including Community Nursing, Occupational therapy and Podiatry
- Geriatric Medicine
- Residential Aged Care Facilities –, Barham
- Dementia Services
    - Dementia Clinical Nurse Consultant
    - Dementia Behaviour Assessment and Management Service

.Dementia Behaviour Management Advisory Service is provided by Hammond Care,

Residential Care and Home Care Packages

The Australian Government regulates the supply of residential aged care places and home care packages by specifying national and regional targets for the provision of subsidised aged care places. These targets – termed the 'aged care provision ratio' – are based on the number of people aged 70 and over for every 1,000 people in the Australian population. By

2021-22, the aged care provision ratio is set to grow from 113 to 125 operational places for every 1000 people aged 70 and over.

In addition to setting an overall target ratio for care places, the Commonwealth has maintained ratio-based targets for residential care places and home care packages. Over the coming years, the mix of home care and residential care will be substantially altered. The target for home care packages will increase from 27 to 45, while the residential target is to reduce from 88 to 78 with an additional 2 places in the overall ratio reserved for the new Short-Term Restorative Care Programme places .

Residential Aged Care Places

Table 9 describes the current and projected benchmark allocations. Based on current population, there is a deficit of 24 beds. The projections for 2020 would see a deficit of 50 beds based on the current formula and population projections.

Table 9 Residential Aged Care Places

		2017 88beds/1000 >70yrs			2020 78beds/1000 >70yrs		
Service	**Place**	**70+ pop**	**Allocation**	**Surplus/ Deficit**	**70+ pop (2016)**	**Allocation (2017)**	**Surplus/ Deficit**
Murray Vale Aged Care Moama	Moama		50				
Southern Cross	Moama		56				
Edward River Gardens	Moulamein		17				
Barham MPS	Barham		10		2188	168	170 -2 beds
Murray Haven	Barham		35				
Total		2188	168	192 -24 beds			

Home Care Packages

From February 2017, home care packages were no longer allocated to providers. Instead, older Australians are assigned a home care package that they will be able to direct to their preferred provider.

There are 34 providers listed as providing Home Care Packages to MRC residents. The list is available on the My Aged Care Website www.myagedcare.gov.au

Commonwealth Home Support Program

The Commonwealth Home Support Programme (CHSP) assists older people to remain living in their own home and community to maximise their independence. .From 1 July 2015, clients access aged care services through My Aged Care, an on-line service gateway. Following initial contact through My Aged Care, area based providers will be responsible for assessing, screening and determining the services for the client and carer.

MRC provides the following CHSP programs

- Community Transport
- Home Maintenance
- Home Modifications
- Meals
- Respite Care
- Social Support - Group
- Social Support – Individual

Other CHSP services such as personal care and domestic assistance are provided by Australian Unity. Intereach also provides CHSP programs in the MRC.

Cancer Services

MLHD provides limited cancer services from the Deniliquin Health Service as follows:

- Chemotherapy day unit
- Access to a Social Worker
- Patient education/consumer information
- Community nursing service
- Palliative care nursing service
- Outpatient services including dietetics, physiotherapy, speech pathology etc.

Carers

Riverina Murray Commonwealth Respite Carelink Centre (CRCC) is based at Intereach (Deniliquin)

The service includes:

- Information & resources
- Education

- Connecting with other carers
- Planning (longer term and for an emergency)
- Counselling
- Respite (emergency or short-term)

Child Youth and Family Services

Intereach offers the following programs to families in the MRC

- Family Support
- Family Day Care
- Reach out and relax (ROAR)
- Early Childhood Intervention Services (Deniliquin)

MLHD offers a range of outreach and centre based services for families including:

- Antenatal and postnatal care
- Child and Family Health
- Immunisation for infants and adolescents
- Statewide Eyesight for Preschoolers Screening
- Statewide Infant Screening – Hearing
- Services for Children (including Child Protection Counselling Services)
- Service pathways for victims of domestic and family violence

Vinnies Reconnect, based in Deniliquin, is for young People - 12 to 18 years, having difficulties within their family or young people who have recently left home or are thinking about leaving home. Parents/Guardians - who are concerned about a young person who has left home or is thinking about leaving home.

Currently MRC provides a limited youth service.

Chronic Diseases

MLHD provides integrated care video consultations services for people with heart, lung and renal disease, diabetes and wound care. A Chronic Disease is any illness that is long term, lasting more than six months and requires ongoing management. Chronic diseases may include diabetes, heart disease, high blood pressure or a long term breathing problem like chronic obstructive pulmonary disease (COPD).

Counselling – Financial, Gambling, Grief and Loss,

The following services are either centre based or outreach for major centres

- Rural Financial Counselling Service (Deniliquin)
- Upper Murray Family Care Financial Counselling Service (Deniliquin)

Intereach provides a range of outreach counselling services from Deniliquin www.intereach.com

Residents also access community and welfare services from organisations based in Echuca, Kerang and Swan Hill.

Dental Services

Public dental services are accessed for eligible people at the Deniliquin Dental Clinic. Some private dentists participate in the oral health fee for service scheme by voucher.

Disability Services

Disability services are provided as outreach services from Kurrajong (Wagga Wagga), Intereach (Deniliquin) and cross border services.

Intereach provides Ability Links (NSW) for people with a disability, their families and carers aged between 9 and 64.

General Practice/Community Nursing Services

Table 10 lists the general practice and community nursing services services in the MRC

Table 10 Medical and Community Nursing services

Place	Service
Barham	Barham Medical Clinic
	Community Nursing, Childhood Immunisations, Child and Maternal Health Service
Mathoura	General Practitioner- Sessional
	Community Nursing, Childhood Immunisations, Child and Maternal Health Service- Sessional

Moama	Martin St Medical Clinic
	Community Nursing, Childhood Immunisations, Child and Maternal Health Service
Tooleybuc	Tooleybuc Community Medical Clinic- Sessional
	Community Nursing, Childhood Immunisations, Child and Maternal Health Service – Sessional
Moulamein (No GP Service)	Community Nursing, Childhood Immunisations, Child and Maternal Health Service - Sessional
Wakool (No GP Service	Community Nursing Service Community Nursing, Childhood Immunisations, Child and Maternal Health Service - Sessional

Housing

The Moama Lions Club helps provide accommodation for the elderly in Moama. The Club fund, build and manage 28 units for the elderly in Moama. Once finished, each unit is handed to MRC. The units are managed by the Moama Lions Village Committee, which consists of Moama Lions Club members, once Murray River Councillor and an independent secretary/treasurer.

Homes out West assists in the provision of affordable rental accommodation for people experiencing difficulty with housing needs. The target groups includes: Indigenous people , large families, young people, older people, people from non-English speaking backgrounds, people of differing sexual orientation, people with disabilities and those who experience mental health/substance use/ issues etc.

The NSW Government Housing NSW coordinates housing for the homeless and those at risk.

Mental Health and Drug & Alcohol Services

Specialist Mental Health and Drug and Alcohol services for people of all ages are provided by Murrumbidgee Local Health District. These include:

- Mental Health and Drug and Alcohol Video Call Consultations.
- Access Line
- Drug and alcohol services and counselling
- Outreach services from Deniliquin, Albury and Wagga

Intereach provide NewAccess a service designed by beyondblue that provides free and confidential support to help you tackle day-to-day pressures. A NewAccess coach, specially

trained and experienced, will support you in setting practical goals that help will get you back on track.

Mental Health services (inpatient and outpatient) are also provided by services in Victoria.

Community members raised concerns about gaps in services due to the different acts in each of the states.

Palliative Care

Palliative Care specialist services is provided as an outreach service from Deniliquin. The services work in partnership with local health workers and carers to facilitate people to receive quality care at the end of life. Palliative care is not restricted to the terminal stages of an illness but is provided based on the individual's level of need. People who have cancer, late stage chronic illness such as lung, heart or kidney disease, or dementia may require a palliative approach to ensure comfort as their illness progresses.

Legal Services

The program includes criminal matters, family law, motor vehicle accidents, neighbourhood disputes, small debts, discrimination, fines, freedom of information, mental health rights, police powers, social security, traffic offences and victims of crime compensation. Community legal services are provided from Deniliquin.

Pharmacy

Each of the hospitals has a hospital pharmacy service and privately operated pharmacies are located in Barham and Moama.

Women's Health

BreastScreen NSW is part of the national BreastScreen Australia program, which is jointly funded by the Commonwealth, and state and territory governments. The Mobile Screening Service visits locations across MRC every two years. Women can attend any screening clinic that is convenient. www.breastscreen.nsw.gov.au

Women's Health Clinics are located in Echuca Regional Health and Swan Hill District Health. The clinics offer Pap smears, contraception advice, breast health education, fertility education and information relating to hormones.

Community Concerns

During the consultation residents raised concerns about the following health services/programs

- **Ambulance:** Confusion and delays associated with the border
- **Mental Health:** Poor continuity of care cross border and residents not aware of the mental health services available
- **MRC Support:** Residents wanting assurance that MRC will continue to support medical services in locations such as Tooleybuc
- **Community Nurses:** Lack of back fill and leave replacement resulting in delays in discharge from acute hospital, no available wound care and other essential nursing support
- **Community Transport**: Lack of flexibility in some communities

Summary

A broad and diverse range of services are available to residents in the MRC The challenge is to ensure the community and providers are aware of the services and how they are accessed. Consequently, it is recommended a Community Health and Wellbeing Alliance be established to share service information, health promotion and advocacy (Refer to Community Health and Wellbeing Alliance Section 8)

SECTION 7 Recommendations

Introduction

Analysis of the community feedback, data, policy and evidence have informed the recommendations. The priority areas have been used as headings to frame the recommendations.

Aboriginal and Torres Strait Islanders

With just over 3% of the population being ATSI compared to 2.4% for NSW.

It is recommended that MRC

- actively work with Aboriginal communities to improve access to education, housing, health, welfare and community services.
- Implement the recommended **Collaborate NSW** resource

Ageing Community

MRC is a rapidly ageing community with 26.6% of the population over >65yrs compared with NSW (16.3%). Barham has the highest number of people over the age of 65years (34.04%), followed by Mathoura (29.3%) and Moama (28.29%). Further, 68% of the households are without children compared to 57% for NSW and 32% were one-person households (32%) (ABS 2016). This implies that many older people live alone and do not have extended family to provide informal care.

It is recommended that MRC:

Commonwealth Government Aged Care Programs

- Continue to provide community transport, social support, respite, home modifications and home maintenance under the Commonwealth Home Support Services program until the completion of the current contract (2020)
  - Apply to become an Approved Provider of aged care services to best position MRC to remain providing services following the completion of the current CHSP contract in 2020. An approved provider can provide care in any number of services (subject to any limitations imposed).
  - Continue to provide any available block funded home support programs aligned with existing services, after 2020.

- Collaborate with other Commonwealth aged care providers to maximise economies of scale, seeking opportunities to broker programs and services in order to reduce duplication and risk withdrawal of services and programs eg: group programs in small communities.
- Develop an Aged Care Working Group as sub- group of the proposed Health and Wellbeing Alliance, to coordinate and plan aged care services for MRC
- Continually consult with the senior and older population to address any service gaps and mitigate the need to relocate for services.

Age Friendly Communities

Planning for the mobility of older people will be important in building and town design, facilitating access to medical services, shops and other facilities and to enable older people to socialise. Buildings, dwellings and toilets will need to be readily accessible for people with a disability or frailty and they will need to be designed to minimise slips and falls, which are a leading cause of hospitalisation.

It is recommended that MRC

- Use the **Local Government NSW Integrated Age-Friendly Planning Toolkit** to assist all areas of council to work together in planning for an age population, especially with respect to the various components of the built environment across towns, villages, town centres and neighbourhoods[57].
- Similarly, utilise the **Dementia Friendly Toolkit for Local Government** which provides information, resources and guidance for building on existing infrastructure, systems and services in order to make communities more inclusive for older people, people with dementia and their carers[58].
- Review access and maintenance to ensure public places, such as libraries, art galleries, shopping strips and parks and gardens are accessible in order to bring people together and overcome the social isolation of many retirees.
- Apply for funding through the NSW Liveability Grant program to assist funding the recommendations.
- Monitor maintenance and revitalise street scapes and parks to include access for people with all levels of ability

Arts

- Value the health and wellbeing benefits of arts and develop an arts strategy and resource open space arts and other arts activities

[57] http://www.lgnsw.org.au/files/imce-uploads/127/integrated-age-friendly-toolkit-1.pdf

[58] https://www.dementiafriendly.org.au/sites/default/files/resources/Dementia-friendly-communities-toolkit-for-local-government.pdf

Cross Border Issues

Cross border issues are becoming an increasingly significant issue in relation to the following services:

- Ambulance services (Murray Downs, Tooleybuc and district)
- Mental health (Different Acts in each jurisdiction, disrupted care)
- Funded post acute care not available to NSW residents discharged from a Victorian Hospital
- Welfare: Increasing number of NSW residents accessing welfare services in Victoria (Unfunded)
- Housing: Shortage of affordable housing in NSW communities is resulting in residents relying on welfare and emergency shelter in Victoria

It is recommended that MRC

- Work with NSW and Vic **ambulance services** to seek solutions to delayed responses and confusion.
- Encourage collaboration between Victorian and NSW mental health services
- Participate in cross border initiatives aimed at addressing barriers to health and community services
- Review access to affordable housing

Disability

In 2016, just over 5% (5.5%) compared to 5.3% for all NSW (ABS 2016), reported needing assistance due to a profound or severe disability and 1083 people provided unpaid assistance for a person with a disability. Further, the mobility needs of the large number of older people in MRC will need to be considered.

It is recommended that MRC:

- Work with disability services to establish local advisory groups representative of people with a disability and their carers to advocate for PWD and assist with the implementation of the Disability Inclusion Action Plan. Council service outlets, activities, buildings, dwellings and toilets will need to be designed to be readily accessible for people with a disability or frailty to improve access and minimise slips and falls, which are a leading cause of hospitalisation.
- Consider its readiness to become registered with NDIS by undertaking the NDS Quality Standards self-assessment. The self-assessment and improvements will provide objective evidence of compliance giving confidence to potential clients and case managers. Non-participation in the NDIS may deny some PwD and their carers access to MRC services.

Economy

Low unemployment with 3.10% unemployed in the March quarter (2017) assumes that there is outmigration of young people for education and employment, and the ageing community not in work or not seeking work. Agriculture, fishing and forestry are the main industries contributing to the economy of the MRC, however the highest salaries and wages are paid to staff working in food and accommodation.

The well being of a community is almost invariably judged by the rate of economic growth, continually seeking opportunities for sustainable growth will go towards mitigating the outmigration of younger people and support an ageing community to continue to engage in employment.

It is recommended that MRC

- Develop an Economic Development Plan in consultation with local business/industry/services and agricultural/horticultural groups
- Collaborate with agricultural and horticultural groups to advocate for water security
- Review the tourist information on the website and provide links where relevant
- Audit the availability of tourist information and hospitality services
- Advocate for mobile reception and improved internet where gaps exist (Murray Downs and district)
- Review the rural address system in effected communities
- Welcome new arrivals by hosting new or adapting existing social events to reflect cultural sensitivities in consultation/collaboration with local cultural groups

Housing

Moama is the growth community in MRC however, affordable housing was put forward as an issue by numerous service providers and community members. People experiencing homelessness in the MRC are accessing services in Echuca and Swan Hill.

Various local studies have been done highlighting the need for investment in affordable housing. In addition, local service clubs who manage low cost rentals raised concern about poor responses and lack of Council support.

It is recommended that MRC

- Develop an affordable and appropriate housing plan in collaboration with relevant NSW departments and services
- Establish formal relationships in the form of a MOU or similar, with local service clubs that support low rental accommodation.
- Where possible, assist these clubs to expand infrastructure to address need.
- Review recent studies and respond as required.

Acute Health, Medical Services and Community Nursing Services

Maintaining existing services is essential for the health and wellbeing of MRC. Community members raised concerns about community nursing staff not being replaced for planned leave causing delays in discharge or services such as wound care. Concern was also raised about the continuation of existing agreements with medical officers.

It is recommended that MRC

- Collaborate with MDHD health and hospital advisory groups to advocate to retain existing services
- Continue existing agreements to support health and general practice services
- Respond to requests to support aged, medical and community services
- Advocate for leave replacement and continuity of care

Mental Health

Access to and knowledge of mental health services was raised by residents in each of the MRC locations.

It is recommended that MRC

- Request mental health services to promote their programs and services across MRC
- Promote or host mental health programs allowing access to MRC facilities
- Promote or host the mental health first aid program second yearly in each of the localitities.

Volunteers

MRC has a high number of volunteers with 25.26% of people volunteering within 2 weeks of the census (August 2016) months compared with 18.11% for NSW

It is recommended that MRC

- Actively support volunteers and seek opportunities to regularly acknowledge their contribution
- Plan to delivery services with less access to volunteers
- Celebrate National Volunteer Week acknowledging the economic and social contribution volunteers make to the community.

Service Information and Advocacy

Community members repeatedly mentioned the need for information about community services, the most concern was raised about the lack of information about local mental health services.

It is recommended that MRC

- Include a link to community services available in MRC on the MRC website
- Work with mental health services to improve community awareness
- Work with regional social support service providers and collaborate to sustain services and programs in each of the localities.
- Identify opportunities to become a broker where service access will be restricted due to organisational barriers such as the cost of travel or available workforce.

Socioeconomic Disadvantage

Overall people in MRC are less advantaged in terms of income and resources. In 2016, just over 27% of households had a weekly household income of less than $650 (NSW 19.7%) and 6.8% (NSW 18.7%) of households had a weekly income of more than $3000 (ABS 2016).

The median weekly personal income for people aged 15 years was $558 per week compared to NSW $664/week and Australia $662/week.

Further, the number of occupied houses is much less than the rest of NSW with 17.3% (9.9% NSW) unoccupied in 2016 (ABS).

Consequently, MRC will have reduced revenue due to the high number of people eligible for rate and other concessions.

It is recommended that MRC

- Consider disadvantage when preparing rates and fees for services
- Establish a process for people who are socio-economically disadvantaged to participate in council activities and decision making processes
- Seek opportunities to support welfare work through funding, special grants and material aid.
- Keep volunteer welfare providers informed of council activities and local and regional services

Youth Services

It is recommended that MRC

- Expand youth services specifically targeting the needs identified in the consultation
- Advocate for improved local youth mental health services and parenting programs
- Regularly engage with youth support services seeking to collaborate on activities and programs
- Work with regional services to advocate for other health and wellbeing of young people aged 12 to 24 year
- Consult with youth to develop the MRC Youth Engagement Program. Sek funding to extend the youth services

- Advocate for improving awareness and knowledge of mental health programs for young people across MRC
- Consider developing 2-4 traineeship positions per year to retain young people in the MRC

SECTION 8 Murray River Council Community Health and Wellbeing Alliance

Introduction

Murray River Council (MRC) has established the MRC Community Health and Wellbeing Alliance to collaborate with service providers and the community with the aim of improving the health and wellbeing of residents in the Council. The health and wellbeing Profile suggests that an ageing population and socioeconomic status are the two key health determinants impacting on the health status of people living the MRC.

Like all local government, MRC faces competing demands and complex community expectations requiring new ways to plan and advocate for health and community services to improve the health and wellbeing of the community. Strategic collaboration is essential to respond to these challenges.

Hence, the aim of auspicing a health and wellbeing alliance is to create a shared ownership for improving health and wellbeing.

Objectives

The objectives for the Alliance are to:

- Collaborate with stakeholders to inform Council planning and coordination of services that link with wider regional planning to improve health and wellbeing outcomes across the Council
- Develop strategies for improve services and health outcomes
- Monitor disadvantage and advocate for equity and access to services
- Support and engage in genuine community consultation/engagement processes continuing to identify and respond to needs
- Capture and share knowledge and service innovation
- Improve efficiencies and maximise service delivery opportunities through the elimination of service duplication
- Improve coordination and access to services
- Maximise service delivery opportunities to meet common community needs

Intent

Stakeholders acknowledge that they share a common interest in promoting and supporting the health and wellbeing of the residents and new arrivals to the MRC.

It is the Stakeholders shared intent to support the health and wellbeing of residents and new arrivals by undertaking compatible and complementary actions.

Terms of Reference:

- To provide a platform to inform Council's health and wellbeing policies, processes and services.
- Contribute, monitor and evaluate the implementation of the MRC Community Health and Wellbeing Plan
- To share information about health and wellbeing programs, services and planning structures across the Council.
- To seek out opportunities for partnerships and networks to improve coordination of services, measuring of outcomes and, avoid duplication.
- To acknowledge the new funding environment, and use the Alliance to strengthen the capacity of local providers in the face of increasing competition from large national corporate providers. To work within a contestable environment.
- To identify gaps in services and address these where possible
- To use and share data from community consultation processes undertaken in the Council to respond to need.

Membership

Residents, services and volunteers in MRC are the key stakeholders and target group. The recommended membership includes:

Volunteers & Welfare

- St Vincent of Paul
- Men's Shed
- Church Groups
- Red Cross
- Legacy/RSL
- Service Clubs
- Local Health Advisory Committees (LHACs) –
- Local community development and self help and support groups
- Cross border welfare organisations

Services

- Organisations providing services in MRC
- MRC Community Services
- Murrumbidgee Local Health District
- Primary Health Care Network
- Counselling Services (Financial, Mental Health, Alcohol & Other Drugs, Gambling)
- Intereach
- Kurrajong Warratah
- Ambulance

- Police
- Youth (Youth Council/Youth Services Coordinator)
- Swan Hill District Health and Echuca Regional Health Services (Directors of Community Services)
- Other cross border services

Secretariat

Murray River Council Manager Community Services

Chair

Manager Community Services

Meeting Frequency and Contribution

Meetings are proposed twice a year, one in the western region of the Council and the other in the eastern region. At the first meeting, attendees will be asked to represent the interest of their respective communities and clients. Each meeting will provide an opportunity for service providers to share updated service information and for community members to share information about service need.

SECTION 9 Implementation

It is recommended that the recommendations be considered, integrated and used to enhance the strategies in the 2017 MRC Draft Community Strategic Plan. Responsibilities and time frames will be established during the development of the annual Delivery Plan.

Glossary

ABS Australian Bureau of Statistics

AIHW Australian Institute of Health and Welfare

DSS Department of Social Services

CHSP Commonwealth Home Support Program

LGA Local Government Area

MAC My Aged Care

MLHD Murrumbidgee Local Health District

MRC Murray River Council

NSW New South Wales

NSWPHS New South Wales Population Health Survey

PwD Person with disability

SEIFA Australian Bureau of Statistics Socio-Economic Indices for Areas

SES Socio-Economic status

SLA Statistical Local Area

W**HO** World Health Organization