Action Plan 2004-2005
Key actions:
• Support and encourage walking as health promoting, environmentally friendly and encouraging social connection.
• Investigate the need for a library in West Heidelberg.
• Support the Connected Community Project providing computer access and skills training to socially isolated individuals and groups in Banyule.
• Support and provide positive employment and training opportunities for young people in Banyule and Nillumbik.
• Provide training and advice on Council’s Safer Design Policy to ensure the principles are used for planning Banyule’s built environment and open spaces.
• Encourage greater use of sustainable transport options in Banyule through the development of a Travelsmart program.
• Undertake a major urban planning and development process to create a healthier, more vibrant and sustainable Greensborough District Centre.

Want to know more...
There are a number of documents that support this Plan. They are:
• Annual Health Action Plans
• City of Banyule Health Profile, 2004 Update
• Banyule City Council Health Policy
• Other Council Plans – Banyule City Plan (2004-08), Environment Policy, Cultural Strategy, Recreation Strategy, etc

Translations
An aúga/Cu a mheasaim ar bun a bheith an fhorleithneachdaí umhóir a bhfuil an gá i dteagmháil leis an t-ainm de ghnáth a bhfuil i bhfeidhm i gceannas an Fhoireann. Tá sé faoi leith amach i dteagmháil leis an ghrúpa mór-comhshaothar a bhfuil ina dhiaidh go bhfuil aon tógadh ann an t-ainm de ghnáth. Chuirtear an fhorleithneachadh ar fáil do phléide na ghnótaí is imeachtaí toisc gur féidir liom rachadh ar son na hainmneacha a bhrú aige. Ó shin aighdeadh na hainmneacha de ghnáth, tá aon tógadh agus cuideadh aige nuair a bhfuil aon tógadh ann an t-ainm de ghnáth.

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The Banyule Health Plan (2004-07) was developed in partnership with government, community agencies, health services and the Banyule community. It is based on research on key health issues and a partnership approach.

Banyule City Council plays a major leadership role promoting health and wellbeing within the Banyule community. The Banyule City Plan (2004-08) provides a commitment to values of leadership and representation, community consultation and participation, accessibility, sustainable management for the future, social and environmental diversity. The Banyule Health Plan is Council’s major strategy promoting community health and wellbeing.

Definition of Health
The Banyule Health Plan is based on the premise that health is the result of many social, economic and environmental factors. The Ottawa Charter for Health Promotion, (World Health Organisation, 1986), defines ‘health’ as:

“A state of complete physical, social and mental wellbeing; and not merely the absence of disease or infirmity. To reach a state of health an individual or group must be able to identify and to relate aspirations, satisfy needs and change or cope with their environment.”

To enjoy health and wellbeing people need a good start in life, skills and education for the future, access to health and community services and strong social connection to family, friends and the wider community.

Banyule’s Health & Wellbeing – the Facts
• Banyule’s population (approx. 120,000 residents), will remain stable in numbers but continue to “age” over the next 20 years. This will increase demands on individuals, families, health and community support services.
• Compared to the Victorian average, the Banyule community enjoys a higher level of health. Residents live longer than the state average – Men – 76.3 years and Women – 82 years. Major causes of death are cancer, cardiovascular disease and injuries. Major causes of ill health in Banyule include cirrhosis disease, respiratory disease, cancer, dementia, depression and diabetes.
• Indigenous residents and people born in non English speaking countries have a wider range of health issues and significantly above average hospital admissions.
• A number of Banyule residents face social and economic issues restricting life choices and opportunities, i.e. people with disabilities, people on low incomes and older people.
• Banyule’s unemployment level is lower than the Melbourne Metropolitan average. However, a number of communities and groups, (young people, older people, ethnic communities), have significantly higher unemployment levels.
• Banyule’s built environment is primarily residential. Separate houses predominate with increasing numbers of townhouses and units being built. Most homes are privately owned or being purchased. Twenty percent of housing is rental, both private and public.
• Banyule’s natural environment includes parklands, waterways and bushland. Environmental issues include the impact of development, traffic, pollution, resource conservation and waste generation.

What People in Banyule said about Community Wellbeing
As part of a Banyule City Plan consultation, residents and others were asked for their views on key themes that are important to quality of life or community wellbeing in Banyule:

- Affordable housing
- Community connectedness and cultural opportunities
- Commercial and shopping areas
- Community safety
- Education, health and community service availability
- Geographic closeness to the city, yet green and treed
- Good quality public toilets and footpaths
- Impact of development on sense of community
- Open spaces, parkland and walking trails
- Public transport availability
- Rubbish and waste management
- Traffic management
- A wide range of people living in the municipality

Goal 1: Promote Healthy Living
This goal addresses the need to promote healthy lifestyles for individuals, families and groups in Banyule’s social, built and natural environments.

Objective One: Develop effective public health promotion, early intervention and monitoring programs in Banyule.

Objective Two: Develop and provide information, services and resources that support the mental, emotional and physical health of people in Banyule.

Objective Three: Develop and support programs that develop the physical, leisure and cultural activities that improve health and social connection.

Goal 2: Promote Integrated Health & Community Service Planning
This goal addresses the need to promote the integrated planning of, and access to, Banyule’s health and community facilities, resources and services.

Objective One: Integrate health and community service planning and funding based on the needs of Banyule’s diverse community.

Objective Two: Promote and improve access, resourcing and effectiveness of health and community services in Banyule.

Goal 3: Promote a Stronger, Connected and Active Community
This goal addresses the need to create and provide resources for social, built and natural environments that support community health and wellbeing.

Objective One: Develop Banyule’s social, built and natural infrastructure and resources to enable community participation and connection.

Objective Two: Promote and develop life long learning, employment, education and training pathways for Banyule residents.

2004-07 Banyule Health Plan Goals
Five goals were identified through research and consultation into Banyule’s key health and social issues. A review of the previous 2001-04 Banyule Health Plan’s achievements, partnerships and planning was undertaken. This information was then analysed within the context of national, state and regional health and community planning priorities.

The Goals and their Objectives include:

Goal 1: Promote Healthy Living

Goal 2: Promote Integrated Health & Community Service Planning

Goal 3: Promote a Stronger, Connected and Active Community