Shire of Leonora
Local Public Health Plan
2026-2031

Acknowledgement of Country

The Shire of Leonora acknowledges the Traditional Owners of the land where we work and live. We pay our respects to Elders past, present and emerging. We celebrate the stories, culture and traditions of all people who work and live on this land.

Foreword from the Shire President

To be included in final version

Peter Craig

Shire President Shire of Leonora

Leonora Scenic Lookout — the country that shapes us

Contents

Aerial view of Leonora township

1. Purpose and Statutory Context

This Plan is prepared to guide the Shire's local public health planning, implementation and reporting over the period 2026–2031. It identifies local health needs, sets public health priorities, aligns those priorities with the Shire of Leonora Council Plan 2025–2035, and establishes an action register and review framework to support annual reporting to Council.

The purpose of this Plan is to satisfy the Shire's obligations under the Public Health Act 2016 and provide a practical framework for local public health action. It identifies local public health needs, examines health status and health determinants, establishes objectives and policy priorities, describes how public health services and partnerships will be developed and delivered, includes a public health risk framework, and provides a basis for annual review, public availability and reporting on the Shire's performance of its functions under the Act.

This Plan is consistent with the Western Australian State Public Health Plan 2025–2030 by applying a local government lens to prevention, equity, Aboriginal health and wellbeing, healthy environments, public health protection, partnerships and evidence-informed action. It responds to Leonora's local health profile while recognising the Shire's role within the broader WA public health system.

The Shire's role is not to duplicate State or Commonwealth health service delivery. The Shire's role is to influence the local conditions that support health, deliver its statutory environmental health and regulatory functions, maintain safe and inclusive public places, support community wellbeing, advocate for service gaps, and coordinate with partners.

Public health actions identified in this Plan will be delivered having regard to available resources, annual budget priorities, workforce capacity and external funding opportunities.

2. Public Health Act Compliance Mapping

The following table demonstrates how this Plan addresses the key planning requirements of the Public Health Act 2016.

Public Health Act Requirement	Location in this Plan
Identification of local public health needs	Section 3 – Local Health Profile and Key Findings; Section 5 – Public Health Priorities
Health status and determinants	Section 3 – Local Health Profile and Key Findings
Public health objectives and priorities	Section 4 – Vision, Principles and Objectives; Section 5 – Public Health Priorities
Evidence-based actions	Section 5 – Public Health Priorities; Section 7 – Public Health Action Register
Partnerships and collaboration	Section 5 – Public Health Priorities; Section 6 – Consultation and Endorsement; Section 7 – Public Health Action Register
Public health risk assessment and management	Section 8 – Public Health Risk Framework
Governance, monitoring and review	Section 9 – Governance, Review and Reporting
Annual reporting arrangements	Section 9 – Governance, Review and Reporting
Public availability and transparency	Section 6 – Consultation and Endorsement; Section 9 – Governance, Review and Reporting

Tower Street – main street of Leonora township

3. Local Health Profile and Key Findings

Health Profile finding	Local result
Population	1,717 residents; 61.7% male; 16.1% Aboriginal people; 53.8% born overseas; 51.3% do not speak English at home.
Nutrition	30.4% eat fast food at least weekly, higher than WA; 46.7% eat recommended fruit daily, lower than WA; 8.3% meet vegetable guidelines, similar to WA.
Physical activity	49.3% meet recommended physical activity levels, similar to WA.
Weight	36% obesity prevalence, higher than WA; 31.4% overweight prevalence, lower than WA.
Tobacco	11.6% current smoking, similar to WA; tobacco-attributable hospitalisations and deaths are higher than WA.
Alcohol	32.7% high-risk long-term alcohol use and 11.8% high-risk short-term use, both higher than WA; alcohol-attributable hospitalisations and deaths are higher than WA.
Illicit drugs	Illicit drug-attributable hospitalisations are higher than WA; illicit drug-attributable deaths are lower than WA.
Mental health	Anxiety, depression, stress and any mental health condition are broadly similar to WA, although stress among females is higher.
Injury	Falls are the leading injury-related hospitalisation cause; assault and neglect, intentional self-harm and some transport-related outcomes are elevated.
Infectious disease	Sexually transmitted infection notifications are higher than the WA average, especially among females; vaccine-preventable disease rates are similar overall.

Mount Leonora from Cemetery Road

4. Vision, Principles and Objectives

Vision: A healthy, safe, resilient and connected Shire where all people can participate, belong and thrive.

- Prevention first: reduce avoidable illness, injury and harm.
- Equity and inclusion: recognise everyone's health matters, language accessibility, remoteness and service access barriers.
- Evidence-informed planning: use the Health Profile, community feedback, service data and local knowledge.
- Partnership: work with WA Health, WACHS, community organisations, schools, police, service providers, mining operators and community groups.
- Local practicality: focus on what the Shire can directly deliver, influence or advocate for.
- Accountability: report annually to Council and review the Plan each year.

Gwalia headframe — heritage and identity of the Leonora district

5. Public Health Priorities, Risks and Action Register

Section 5 is the Shire's consolidated public health priorities, risk and action register. It brings together the local public health risks, evidence base, strategic direction, implementation actions, responsibilities, partners, timeframes, evidence measures and Council Plan links in one table to reduce duplication and support annual reporting.

The consolidated register should be used as the working implementation and monitoring tool for this Plan. Actions should be progressed through existing service plans, annual budgets, partnerships and advocacy channels wherever possible, having regard to available resources, workforce capacity and external funding opportunities.

These priorities provide the strategic bridge between the local health profile and the detailed implementation actions in Section 7. They should be reviewed annually to ensure they remain aligned with local needs, Council priorities, available resources and emerging public health risks.

Priority / Risk Area	Local Context and Evidence	Strategic Direction	Shire Action	Shire Role	Responsible Area	Key Partners	Timeframe	Evidence / Measure	Council Plan Link
Healthy lifestyles, nutrition and chronic disease prevention	The local health profile identifies higher obesity prevalence, weekly fast food consumption and preventable chronic disease risk factors that affect long-term health and quality of life.	Create local conditions that support active living, healthier food choices, recreation participation and prevention-focused partnerships.	Promote active living through sport, recreation, the pool, parks, walking, events and inclusive participation, and support healthy food and water options at Shire-supported activities where practical.	Deliver / Partner / Advocate	Community Development; Recreation; Environmental Health	Schools, clubs, community groups, WACHS, event organisers, food vendors	Ongoing; annual review	Participation data, facility use, event planning records, healthy event guidance and partnership activity.	1.1.3, 1.2.2, 1.3.1, 3.2.1
Alcohol, tobacco, vaping and other drug harm reduction	Alcohol-related harm, high-risk alcohol use, tobacco impacts, vaping and other drug-	Support prevention, harm reduction, public health messaging,	Advocate for prevention, outreach and harm reduction services; support smoke-free and vape-free expectations in	Advocate / Partner / Facilitate	CEO; Community Development; Ranger Services; Environmental	WACHS, WA Health, Police, Mental Health Commission, schools,	Ongoing; annual review	Advocacy correspondence, promoted messages, event	1.3.1.2, 1.3.2.5, 1.3.2.6, 1.3.2.7

	related harms affect safety, wellbeing, family life and demand for local services.	appropriate event controls and support pathways.	Shire facilities and events where appropriate; participate in community safety partnerships responding to alcohol and drug-related harm; and advocate for improved FASD awareness, prevention, assessment, diagnosis and support pathways.		Health	event organisers, service providers		controls and community safety records.	
Mental health, self-harm prevention and social connection	Remoteness, isolation, economic pressure, limited access to services and social disconnection can contribute to mental health challenges, self-harm risk and reduced wellbeing.	Strengthen community connection, youth and seniors participation, inclusive recreation, crisis support advocacy and referral pathways.	Support youth, seniors and community connection programs, accessible facilities, inclusive activities and social participation opportunities that help residents remain active, connected and independent. Advocate for accessible mental health, crisis support, self-harm prevention, family support and ageing-in-place services.	Advocate / Partner / Assist	CEO; Community Development; Youth Services	WACHS, NGOs, schools, youth providers, volunteers, community groups, State agencies	Ongoing; annual review	Program records, participation data, referral pathway work, advocacy actions and partner feedback.	1.2.1, 1.2.2.5, 1.3.2.5, 1.3.2.6
Equity, inclusion, culture and Aboriginal health and	Cultural diversity, community health and wellbeing	Promote inclusive, appropriate and accessible	Support inclusive and needs-based approaches to public health communication, engagement and	Partner / Facilitate / Advocate	CEO; Community Development; Customer Service;	Aboriginal organisations, multicultural community members,	Ongoing; reviewed through engagement activities	Engagement records, consultation outcomes,	1.1.4, 1.1.2.3, 1.3.2.6, 4.1.1

wellbeing pathways	needs, language barriers, disability, disadvantage and remoteness can affect access to information, services and participation.	engagement, communication and service pathways.	service access. Support equitable access to health information through culturally appropriate communication, accessible formats, translated information where available, digital channels and practical referral pathways. Engage mining operators in community wellbeing, workforce health promotion, safety and healthy lifestyle initiatives where opportunities exist.		Communications	WACHS, schools, service providers, mining operators		supported initiatives, communication materials and service pathway evidence.	
Children, young people and families	Children, young people and families benefit from early support, safe environments, recreation, education, family support, cultural connection and opportunities to participate.	Support child-safe, youth-focused and family-supportive initiatives that build confidence, wellbeing, skills, participation and protective factors.	Support youth programs, school partnerships, family support advocacy, child-safe environments and health promotion initiatives linked to nutrition, recreation, safety and wellbeing. Advocate with health, education, Aboriginal, training and employment partners for FASD-related clinical support pathways and practical transition,	Deliver / Partner / Advocate	Community Development; Youth Services; Recreation	Schools, youth providers, family services, community groups, WACHS	Ongoing; annual review	Program records, partnership records, child-safe practices and participation data.	1.2.1, 1.2.2.5, 1.3.1, 3.2.1

			training, supported employment and community participation options for affected young people and adults.						
Environmental health and infectious disease protection	Food safety, wastewater management, communicable disease, mosquito-borne risks and other environmental health issues remain core public health responsibilities for local government.	Maintain statutory environmental health functions, inspection programs, complaints response, monitoring and health agency partnerships.	Maintain food business and environmental health inspection programs, investigate complaints, undertake monitoring activities, deliver statutory environmental health services, manage wastewater and public health risks, and work with health agencies on communicable disease prevention, testing awareness and education initiatives.	Deliver / Partner	Environmental Health; Ranger Services; Works and Services	Department of Health, WACHS, food businesses, contractors, schools, relevant community organisations	Ongoing; annual review	Inspection records, complaint records, monitoring records, statutory reports and promoted partner messages.	1.3.1, 3.1.1, 4.2.1.3, 4.2.1.4
Community safety, injury prevention and road safety	Falls, assault, neglect, road trauma, event safety risks and public place safety issues contribute to preventable harm and affect community confidence.	Support safer public places, road safety, event safety planning, injury prevention activities and community safety partnerships.	Support road safety initiatives, public place improvements, community safety partnerships, event safety planning and practical injury prevention activities, including consideration of falls, assault, neglect, road trauma, hydration, shade, first aid and emergency access in relevant programs and	Deliver / Partner / Facilitate	Works and Services; Ranger Services; Community Development; Recreation	Main Roads WA, WALGA RoadWise, Police, emergency services, event organisers, community groups	Ongoing; annual review	Project records, event plans, safety assessments, community safety meeting records and partnership activity.	1.1.3, 3.2.1, 3.2.2, 4.2.2.1

			events.						
Extreme heat, climate and emergency resilience	Extreme temperatures, climate-related impacts, dust, emergencies and remoteness create additional risks for vulnerable people, workers, visitors and emergency response arrangements.	Support heat-health messaging, shade, hydration, emergency preparedness, vulnerable resident communication and coordination with emergency management partners.	Support heat-health messaging, emergency preparedness, shade and hydration initiatives, dust mitigation and greening opportunities where practical, and communication with vulnerable residents during extreme heat, climate-related impacts and emergency events.	Deliver / Advocate / Partner	CEO; Works and Services; Ranger Services; Community Development; Emergency Management	Emergency services, State Government agencies, WACHS, regional partners, mining sector, community groups	Seasonal; annual review	Seasonal messages, emergency planning records, public place improvements, advocacy actions and partner coordination records.	2.1.3, 3.1.2, 3.1.4, 3.2.1
Housing quality and healthy living environments	Housing quality, availability, overcrowding and environmental living conditions influence health, wellbeing, workforce attraction, family stability and community resilience.	Advocate for improved housing outcomes and support healthy living environment initiatives through partnerships and relevant Shire functions.	Advocate for improved housing supply, housing quality and healthy living environments; support initiatives that reduce health risks associated with overcrowding, environmental health issues, inadequate infrastructure and service access barriers; and work with government agencies, housing providers, Aboriginal organisations, regional partners and industry to communicate local	Advocate / Partner / Facilitate	CEO; Environmental Health; Community Development; Planning	Department of Communities, Aboriginal corporations, housing providers, WA Government agencies, mining operators, regional development organisations	Ongoing; annual review	Advocacy actions, submissions, housing-related engagement activities and identified improvement initiatives.	1.1.4, 3.1.2, 3.1.4

			housing needs.						
Implementation, capacity, governance and reporting	Available resources, workforce capacity, changing community needs and external funding constraints may affect implementation of the actions identified in this Plan.	Embed public health priorities into planning, budgeting, risk management, evidence collection, annual review and Council reporting.	Integrate public health actions into service planning, annual budget preparation, risk management and Council reporting; seek partnership and external funding opportunities; undertake annual reviews; and report implementation progress, emerging risks, advocacy actions and partnership outcomes to Council.	Deliver / Coordinate	CEO; Executive Team; Managers; Service Units	Council, external partners, State agencies, service providers and community stakeholders as relevant	Annual; replaced within five years	Annual Council report, updated action register, risk review, service plan updates and evidence of implementation.	4.1.2, 4.2.1.2, 4.2.1.3

6. Consultation and Endorsement

Community and partner engagement will be used to test the priorities, confirm local relevance and identify practical delivery opportunities. Engagement may include input from Council, Shire service areas, Aboriginal organisations, schools, health providers, community groups, service providers and relevant State agencies. Feedback received through consultation should be considered before final adoption and used to refine the Action Register where required.

The public health priorities in this Plan align with the Shire of Leonora Council Plan 2025–2035, which sets the vision of a thriving community with economic diversity, where people feel safe and friendly connections support sustainable growth. The Council Plan identifies Social, Economic, Environment and Leadership objectives and uses the roles of Deliver / Facilitate, Advocate / Lobby and Partner / Collaborate.

This Local Public Health Plan adopts those role categories and translates the Council Plan's community wellbeing, health advocacy, inclusive community, youth, infrastructure, environmental management, regulatory service and governance commitments into a practical public health implementation framework.

The strongest alignment is with Outcome 1.1, Outcome 1.2, Outcome 1.3, Outcome 3.1, Outcome 3.2, Outcome 4.1 and Outcome 4.2 of the Council Plan. These outcomes support community connection, youth engagement, health and wellbeing advocacy, regional service provision, environmental health and climate-related actions, community infrastructure, road and public place safety, organisational compliance, regulatory services, risk management and annual reporting. The public health actions in Section 7 should therefore be read as implementation actions that support the Council Plan rather than as a separate strategic direction.

Terraces — Campfire

7. Governance, Review and Reporting

Performance Monitoring

Progress against the Action Register will be monitored through existing service planning, budget monitoring and annual reporting processes. Performance measures identified in the Action Register should be used to demonstrate implementation activity, partnership outcomes, advocacy undertaken and continuous improvement actions.

Compliance checklist

This Plan identifies local public health needs, examines health status and health determinants, sets objectives and policy priorities, identifies evidence-based actions, describes partnership arrangements, includes a strategic public health risk framework, commits to annual review, commits to replacement within five years, and provides for annual reporting to Council on implementation and public health functions.

The CEO will be responsible for ensuring the Plan is integrated with service unit planning, annual budget preparation, risk management and Council reporting. Relevant managers will be responsible for delivering actions within their service areas and maintaining evidence of progress.

Council retains overall oversight of this Plan and will receive an annual implementation report outlining progress against actions, emerging public health risks, advocacy undertaken, partnership outcomes and any recommended amendments. Actions identified within the Public Health Action Register should be incorporated into relevant Service Unit Plans where practical to support implementation, accountability and annual reporting.

An annual public health report will be presented to Council. The report will summarise progress against the Action Register, changes in public health risks, environmental health activity, community wellbeing activity, partnership outcomes, advocacy actions, emerging issues, evidence retained by responsible service areas and any recommended amendments to the Plan.

Implementation and review of this Plan may be incorporated into the Shire's existing Integrated Planning and Reporting framework, service unit planning, risk management processes and annual corporate reporting activities to minimise duplication and promote whole of organisation accountability.

The Plan will be reviewed annually and replaced within five years unless replaced earlier. Annual review should consider updated Health Profile data, community and partner feedback, emerging public health risks, implementation progress, available resources and any changes to State public health priorities or statutory requirements.

Rationale

This Local Public Health Plan provides a practical framework to guide public health action across the Shire of Leonora between 2026 and 2031.

The Plan recognises that local government has an important role in influencing the determinants of health through environmental health services, public infrastructure, recreation facilities, community development programs, advocacy, partnerships and effective governance.

The Shire's role is not to duplicate health service delivery provided by State and Commonwealth agencies. Rather, the Plan focuses on actions that the Shire can directly deliver, facilitate, support through partnerships or advocate for on behalf of the community.

By integrating public health priorities with the Shire of Leonora Council Plan, service planning, budgeting, risk management and annual reporting processes, the Plan establishes a practical and sustainable approach to improving community wellbeing while meeting the requirements of the Public Health Act 2016.

The Plan is intended to complement, not duplicate, the functions of health service providers. It focuses on actions that the Shire can directly deliver, facilitate, advocate for or support through partnerships.

By integrating public health priorities with the Shire of Leonora Council Plan, service planning, budgeting, risk management and annual reporting processes, the Plan provides a sustainable and measurable approach to improving community wellbeing over the period 2026–2031.

Terraces — looking out across country (photo: Talbot Muir)

8. References

- *Shire of Leonora. Shire of Leonora Council Plan 2025–2035: Our Plan for the Future — Integrating our Strategic Community Plan and Corporate Business Plan*. Adopted 15 July 2025.
- Government of Western Australia. *Public Health Act 2016*.
- Government of Western Australia, Department of Health. *Western Australian State Public Health Plan 2025–2030*.
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Gwalia Museum and open-cut mine — living history of the Shire