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Please find attached Latrobe City Council's submission.

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# **Hazelwood Mine Fire Inquiry**

**Submission  
Latrobe City Council**

**10 August 2015**

## **Hazelwood Mine Fire Inquiry**

### **Submission**

#### **Latrobe City Council**

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Latrobe City Council is pleased to have the opportunity to make a submission to the reopened Hazelwood Mine Fire Inquiry. We congratulate the State Government for reopening the Inquiry to examine in greater detail issues of health impacts and mine rehabilitation, matters which Council considers to be of significance for our community. We note that this response will be focused on the key area of health impacts; Council will make a second submission canvassing its view and concerns in relation to mine rehabilitation.

Latrobe City Council considered its role as a support agency and land use planner in its submission to the initial Hazelwood Mine Fire Inquiry. We do not intend to reframe or repeat the original submission in this submission to the re-opened Hazelwood Mine Fire Inquiry.

Council wishes to make a submission to the reopened Board of Inquiry for the following reasons:

- The Hazelwood Coal Mine Fire was located within the municipal boundary of Latrobe City Council;
- Latrobe City Council is charged by the State under the Public Health and Wellbeing Act, to develop and implement a Municipal Public Health and Wellbeing Plan. The aim of the Municipal Public Health and Wellbeing Plan is to achieve maximum levels of health and wellbeing through identifying and assessing the actual and potential public health issues in the community and outlining strategies and actions to prevent or minimise them. It also aims to identify opportunities to support health and wellbeing through the four domains of environment for health: built, social, economic and natural environment.
- Council's interest in working to enhance the health and wellbeing outcomes of its community is central to its work in this space and is naturally aligned to the Inquiry's consideration around the long term health of our community.
- Latrobe City is of the view that there needs to be a significant investment in the health and wellbeing of the Latrobe community. Such an investment is potentially beyond the capacity of Latrobe's ratepayers, particularly so in a constrained rates environment.
- Latrobe City seeks to advocate for its community, ensuring that investment is appropriately directed to community health and wellbeing solutions as opposed to a clinical solution. Latrobe City believes that a resilient, socially connected and healthy community is better able to withstand any future events that may occur.

Council is very supportive of the Terms of Reference of the Inquiry. In particular, the ongoing health impacts of the mine fire, mental and emotional implications of mine remediation as well as the effects that resource extraction may have on the long term health and wellbeing of the community.

Mining operations in a community can have both positive and negative impacts. In the Latrobe Valley, mining operations and power generation is a significant employer, generating a plume of economic activity which extends beyond the mine wall and power stations. Beyond the economic activity, generators have been generous contributors to sporting, cultural and educational activities over the years and are active sponsors of community events and groups.

Conversely, mining and power generation – particularly mining in close proximity to an urban area – can be seen to have negative impacts on lifestyle and amenity. While residents can learn to co-exist with such operations, the more that those operations intrude on the lives of those residents, the more resentful residents become. This in turn can lead to a diminishing of a community's ability to feel empowered and resilient.

While Council will discuss the issues of mine rehabilitation further in its second submission, it is worth noting that Council's believes that the needs and aspirations of the community should always be given priority over commercial and operational imperatives. The short term bottom line of a power generator should never have the ability to erode the long term health and wellbeing of a community.

Council supports a closing of the gap between the community's interpretation of a successful mine rehabilitation and the technical requirements of the mine regulator. Consideration will also need to be given to fire prevention and land management responsibilities in the medium and longer term. The regulator must ensure that any rehabilitated mine site becomes a positive public asset – to give consent to a less than empowering outcome will be to condemn the community to a disempowered and fractured future. The community of Morwell has co-existed with these operations for many years, it has endured for the greater good and the closure and rehabilitation of the mine site should be the community's just reward for this loyal and distinguished service to the Victorian economy.

### **Since the Mine Fire**

As noted in Council's first submission, the unique nature of the mine fire emergency saw elements of the recovery and response phase occurring at the same time. This led to confusion both within the community and the stakeholders. Following the mine fire, the Department of Human Services maintained responsibility for recovery.

During the response a clean-up sub-committee was established to coordinate the clean-up program and implement the decisions made by the Victorian Government. Memberships of this committee included state government and Latrobe City Council representatives. The committee was chaired by Local Government Victoria.

Latrobe City Council was, then in its first submission, and now in its second submission, still concerned that the residential clean-up has not met the needs and expectations of the community. Council still receives negative feedback from community regarding the clean-up package and the

question of roof cavity cleaning still remains unanswered for a small group of community members. This issue has remained a talking point for the Morwell and District Community Recovery Committee who, from time to time, advocate for and support community members in seeking redress for roof cavity cleaning through their insurance agency.

## **Recovery**

On 27 March 2015, Latrobe City Council finalised discussions with the Department of Human Services and signed a funding agreement for delivery of recovery activities to those communities affected by the Hazelwood Mine and Hearn Oak Fires. Since December 2014, Council has taken over the primary role of supporting the Morwell and District Community Recovery Committee in the development and creation of a recovery plan. From a health perspective, our submission will detail our work in supporting the Recovery Committee, initial scoping of the recovery plan and the Committee's work in developing a Community Health and Wellbeing Sub Plan for Morwell.

## **Recovery Committee**

The Hazelwood Mine Fire Community Advisory Committee (CAG) was established in March 2014, with the first meeting held on 5 March 2014 and chaired by the Regional Director, Gippsland of the Country Fire Authority. The purpose of the committee was to facilitate two-way communication between the response agencies at the Gippsland Regional Control Centre (RCC) and Hazelwood Incident Control Centre (ICC), and community representatives in Morwell. It was noted that the committee would eventually transition into recovery mode.

The community representatives provided a valuable source of advice to fire controllers and during the transition to recovery, a range of relevant agencies and services. Members of the group also helped pass on important information through their networks to reach a greater number of people within the community.

The CAG began the process of transitioning to a Community Recovery Committee in April/May 2014, with the first meeting of the Morwell and Districts Community Recovery Committee (CRC) occurring on 5 June 2014.

A number of the community representatives on the CAG became members of the CRC, a number of community members chose not to continue and new community members were recruited.

The responsibilities of the CRC can be summarised as the following:

- Monitor the progress of recovery in the affected community.
- Identify community needs and resource requirements and provide advice to appropriate agencies.
- Liaise, consult and negotiate on behalf of the affected community.

- Liaise with relevant agencies as required.
- Undertake community recovery activities, including health and wellbeing, recreational, economic development, sporting and social events, as determined by the circumstances and the committee.

The Group have identified the following achievements from their time in this space at a recent workshop with Council staff:

- Education of agency staff
- Recruitment of strong quality community leaders
- Taking the community's mind off the mine fire
- Engaged with the issues at the time
  - Workshops
  - Door knocks
- Advocacy – “Represent the community”
  - Residence clean-up program
  - Monash University Health Study
  - Mine Fire Inquiry i.e. insurance company response, cleaning equipment
- Influential people
  - Education sector
  - Press conferences
  - Individuals and families
  - Fire refuge program
- Knew who to talk to
  - They answered the phone call
  - Contacts would get things done
- Psychological support to the community
- Non-political voice
- Community Recovery and Information Centre
- Business support
- Gained support of Latrobe City Council
- Improved communication with the community i.e. website portal for information
- Linking activities surrounding the event
  - Business Groups
  - Eight Sub-Committees
  - Principals of local schools
- Good media presence
- Unprecedented and sustained event – worked without protocols
- Monitoring role of response and recovery activities
- Themes
  - Positive leaders

- Got on with the job and got things done

The Committee are established advocates for their community with many of them having been active in service and community clubs prior to the mine fire. They work cooperatively across all levels of local, state and federal government and are committed to utilising their established networks to advance the cause of their community.

The role and work of the Morwell and District Community Recovery Committee has not been without challenges. The Committee who were highly active during the mine fire have at times experienced difficulty in defining their post-mine fire role. This in part could be due to the fact that the mine fire event was quite unlike other fire events in that no community assets were lost, no homes were lost and there was little damage to social and community infrastructure. Rebuilding infrastructure is the traditional space through which community come together and unites in action.

While the impacts of the fire were considerable, there has been no 'traditional' resilience work which has presented itself, such as the rebuilding of community halls, re-establishment of community walking tracks and paths etc.

Indeed the Hazelwood Mine Fire Inquiry Report states:

*“The impact of the Hazelwood mine fire on the Latrobe Valley community has been significant. People have been affected in many ways,. First and foremost, the community has experienced adverse health effects and may be affected for an indeterminate period into the future.*

*Many people and local businesses experienced financial impacts for a range of reasons including a downturn in their business, medical costs, veterinary costs, time taken off work, relocation from their homes, cleaning their homes and businesses and possible decreases in property value.” (Hazelwood Mine Fire Inquiry Report 2014, p12)*

As the role of the Committee has transitioned to recovery, the conversations of what recovery looks like has been challenging however the Committee has remained resolved in their determination to be in action and service of the community of Morwell.

There have been moments when the Committee has experienced negative push back from other groups or individuals within the community. At times, these groups have claimed that the Committee has been unrepresentative or disconnected, at other times these groups have simply sought to speak in opposition to the views of the Committee and as such sought to suggest that the Committee has no independence or relevance to the broader community. These have been unfortunately and unhelpful slights on the members of the Committee who have at time felt that their work has been largely disregarded by some elements of the community. However, regardless



of what some individuals or groups may believe, Council believes that the Committee has acted with integrity and distinction during their time of service to the community.

Where issues have been raised by the community, the Committee has sought to explore, consider and where possible resolve issues in a collaborative way. While this style is valued and appreciated for its more generous approach, it has appeared to those who choose a more public lobbying and advocating position, that they have been doing little work in keep government agencies to account.

The Committee, which is smaller than it was in the initial days of the event, has seen members leave as they have either sought to reduce their commitment or have become fatigued by the nature of the commitment. Some have simply left as they no longer wish to be involved and it has always been with the generosity of the broader Committee that these departures have occurred.

Council remains eager to progress work on recovery and to be able to support the Committee in moving to a space where they can be in powerful action on behalf of their community.

#### **Recovery Plan | Resilience Plan**

- Council's funding agreement with the Department of Health and Human Services identifies the following key performance indicators:
  - *Facilitate community engagement with local and state government recovery processes.*
  - *Develop and implement Community Morwell Fires Recovery Plan*
  - *Provide community input into municipal recovery plan*
  - *Liaise with recovery services supporting householders and other impacted by Morwell Fires*
  - *Support Volunteer group effort for local recovery services.*
  - *Work with the fire affected communities and provide as part of the Social and Community Sub Committee.*
  - *Facilitate/coordinate the design, implementation and evaluation of the actions undertaken to increase community cohesion and connectivity.*
  - *Ensure actions developed will support and encourage community self-reliance and empowerment, and where possible will add to the sustainable social infrastructure of these communities.*
  - *Broker appropriate access to case support for individuals and families as required.*
  - *Support the review and enhancement of current local recovery planning and implementation processes*
  - *Recognise and celebrate volunteering efforts*
  - *Provide a report on community recovery.*

In supporting the creation of a Recovery Plan with the Morwell and District Community Recovery Committee, Council became present to a range of challenges which existed for both itself and the Committee.

The first of these is that the community and members of the Community Recovery Committee have little experience with, or understanding of what constitutes a community recovery plan. In reviewing past practice within Victoria, it was clear that the reconstruction of an asset or piece of infrastructure or creation of a work of community art is frequently used as an opportunity to bring community together.

Committee members grappled with what was expected of them, in particular the context of recovery in a community as large and as diverse and complex as Morwell.

In addition, visioning recovery for the Morwell community is potentially more difficult due to the original disadvantage and difficulty already entrenched within the community prior to the mine fire.

By its very nature - as was noted during the first hearing of the Inquiry - the Morwell community is made up of a vast number of cohorts of individuals, some of whom have experienced and are experiencing entrenched disadvantage, generational unemployment, diminished health and wellbeing. In addition to this, there are individuals who experience financial hardship as a constant state of being, individuals who are living with a disability, significant medical conditions which impact capacity for self-determined or generated outcomes as well as the aged and frail.

It is fair to suggest that the task of establishing a community recovery plan for this community is a challenging task. Council's view is that this expectation would be a challenging task for a group of highly proficient professionals in a range of disciplines, the expectation that such a task could be completed quickly by a Community Recovery Committee, even with the most determined and enthusiastic of individuals is a considerable ask.

By way of illustration, it would be fair to state that a range of Government Departments staffed with highly skilled professionals have been working with and in partnership with the Morwell community for many years on a range of highly complex social issues, many of which are stubborn and irrepressible elements of the social landscape – recovery for the Morwell community, is a task far greater than a response to a mine fire.

In seeking to establish a platform for action, Latrobe City Council has recently reframed the underpinning foundation of the Community Recovery Committee's recovery work. Through discussions with the Committee and both the Department of Health and the Department of Human Services, it was noted that Council would move to utilise pre-existing legislative structures to

support the recovery work in the format of Council's pre-existing commitment to the Municipal Public Health and Wellbeing Plan.

Council recommended using the framework and pillars of the Latrobe City Council Municipal Public Health and Wellbeing Plan as the foundation for the Committee's work. The following rationale was considered to be a strong opportunity for a community led resilience approach :

- There is strong research which supports the argument that a healthy, connected community is by its very nature a more resilient community. By resilience, we mean the capacity to sustain well-being and recover fully and rapidly from adversity (Zautra et al 2008)
- There are many elements in Latrobe City Council's Municipal Public Health and Wellbeing Plan which support resilience in the face of an emergency or challenging events. A key platform of Council's Plan is the theme 'Feeling Safe' within the feeling safe theme, Council identifies actions and objectives such as the development of Local Area Action Plans for small towns, enhanced community connectedness and social cohesion as well as a commitment to supporting partnerships to reduce family violence and crime.
- Council - through the Health and Wellbeing Act is required to review, report and amend its Municipal Public Health and Wellbeing Plan every 12 months. Importantly, this creates a sustainable platform for recovery and resilience work, a platform which can be used to underpin recovery work beyond the initial funding period provided for by the State.
- Council and its community partners and agencies, are well practiced at the development, implementation and monitoring of Municipal Public Health and Wellbeing Plans. These Plans are created by Council in partnership with a range of stakeholders; they are delivered by Council and its stakeholders - broadly agencies, community and other health and wellbeing professionals. It is a collaborative approach which requires a commitment from all partners in order to be both effective and successful. Such a broad collaborative and collegiate approach was considered to be critically important in the development of a community recovery plan.
- Finally, the Community Recovery Committee felt that they could be powerful in the health and wellbeing space. Considering the Municipal Public Health and Wellbeing Plan as an umbrella for work provided an important opportunity to create a sense of possibility for the Committee. The Committee were supportive of an approach which sought to deliver sustainable and long term outcomes for the community. Within the Committee there is broad acceptance that theirs is a role in development and delivery of initiatives in partnership with a range of government and community agencies.

Having established the rationale that the Municipal Public Health and Wellbeing Plan is a key access point for the Committee's work, it was further socialised with the Department of Human Service and verbal support provided for the new recovery lens to be utilised.

The Community Recovery Committee are in the process of moving through a work plan which includes seeking feedback from residents in a number of key health and wellbeing areas. This feedback will be used to establish a range of activities and initiatives; which will then be reflected back to the community as an opportunity for broader engagement. This work has commenced in earnest with an initial doorknock of some 50 residents in the worst impacted area of Morwell.

More recently, Council has sought to socialise its approach with other agency partners such as Emergency Management Victoria, Department of Health, Environmental Protection Authority.

Throughout the development of this journey, we have been mindful of the need to resist external pressures to overlay a pre-established process onto our engagement with the Committee.

We have always been, and currently remain committed, to a bespoke community driven process where the community is fully empowered to develop and establish their own community health and wellbeing priorities.

At the completion of the planning phase of this work, it is likely that there will be an opportunity for funding to be directed to a number of initiatives and projects to support community led recovery and enhanced health and wellbeing outcomes. It would be Council's view that these initiatives and projects will be discussed with the State in earnest with the hope that funding will be allocated by the State to the ongoing recovery of the Morwell community.

### **Health Conservation Zone**

Council notes the Hazelwood Mine Fire Inquiry Report 2014 and its comments related to the establishment of a Health Conservation Zone.

Council supports any ongoing, long term financial investment in the health and wellbeing of the Latrobe City community, but notes that this investment must include the funding and delivery of transformational actions with a view to a strengths based community led approach.

The Latrobe City community has some of the most challenging health statistics in the state. A significantly higher proportion of the adult population in Latrobe are obese compare to the Victorian estimate. 60.6% of the community are overweight or obese. 88.45% of Latrobe residents do not meet the dietary guidelines for vegetable consumption. The short-term risk of alcohol related harm in Latrobe is above the Victorian average. Men born in the Latrobe LGA have a lower life expectancy than that of the Gippsland male population. Morwell and Moe are considered to be amongst some of the most disadvantage communities in Victoria. Latrobe has a much higher rate of family incidents of violence compared to Victoria.

Clearly, Latrobe City's health statistics require a significant investment and a fundamental reshaping of the traditional health prevention approach. Council believes that a strengths based approach is required to delivery transformational change. Like the settings approach used in Healthy Together, there should be an approach through the Health Conservation Zone to activate the community setting as a platform for this change.

Council supports an opportunity for the community to be involved and to have considerable ownership and input into both the concept, operations and development of a Health Conservation Zone. Council encourages the creation of an entity which empowers the community to articulate what their vision is for a healthy community - where they see the opportunities | gaps | challenges.

Governance and oversight will be fundamental to success. There will naturally be a pull for all agencies, Council, state, not for profit and community to seek to find a place in this space and be funded in a way which may not have been previously considered. The Health Conservation Zone will need strong oversight, governance arrangements, an empowered community presence as well as a generous appetite for reporting to, collaborating with and partnering with the community. All activities funded as a result of the Health Conservation Zone should be required to provide a degree of transparency and clarity to the community, reporting outcomes and outputs in service of the community's vision. The Health Conservation Zone should be structured so as to encourage an ongoing conversation with the community.

The functions and activities of the Health Conservation Zone should align with the Municipal Public Health and Wellbeing Plan. The Municipal Public Health and Wellbeing Plan is the overarching strategic vehicle through which all partners and the community should seek to deliver change, arrest or transform a range of health outcomes currently impacting on the long term health of the Latrobe Valley.

### **Healthy Together Latrobe**

Latrobe City has been enormously fortunate to have participated in Healthy Together Victoria. Healthy Together Latrobe – our local consortium – has made a significant contribution in transforming health outcomes in a range of key settings such as the school and workplace settings. Council's position is that Healthy Together Victoria has been a unique health prevention intervention which has been courageous in developing a comprehensive and innovative community strengths based approach. Through its work, it has demonstrated what can be achieved through community, agency and council partnerships. Partnerships which seek to activate and enrol the broader community in enhancing their own health and wellbeing outcomes.

The investment by the State under the Healthy Together initiative has in many ways re-crafted the role of local government in health prevention. Through this creative systems approach we have expanded our thinking around the leavers available to local government to support and facilitate

meaningful enhancement to long term health outcomes. This has reorientated the way in which Council considers its role in the health prevention space. Land use planning, infrastructure planning, playground strategies, community development, service provision, emergency management and urban design are all areas which have become opportunities for change when considered through a health prevention lens. Our view is that this is a unique space, unable to be replicated and influenced in as meaningful a manner or through any other administrative paradigm.

Of course, from Council's perspective, the investment and work undertaken to date through Healthy Together Latrobe is just the beginning of a sustained strategic opportunity to transform the fundamental health characteristics of our community. We are and remain enormously disappointed that this work has been cut short and that our work in this space will now transition to a more incremental platform, as funding for these initiatives competes in an already crowded and oversubscribed budget space.

Like many Healthy Together sites, we believe that removal of this funding is premature and that the initiative as a whole is in danger of not being fully realised. We believe that the challenging health statistics in the Latrobe Valley is adequate reason to continue funding and that failure to continue support in this space, is a possible acceptance of reduce health and wellbeing outcomes for our community.

As stated in the initial Hazelwood Mine Fire Report – ours is a community with a heightened emotional sense of abandonment. Any removal of funding, particularly funding aimed at supporting health and wellbeing outcomes – has the potential to reinforce this already diminished emotional state.

Council's recommendation is that funding for Healthy Together Latrobe should be continued at an increased level for the entire duration of the longitudinal health study. Undertaking a longitudinal healthy study without any form of meaningful intervention could be construed as a study seeking to understand the possible negative long term healthy effects of the Mine Fire without any associated investment or powerful action to arrest this result. Taking action when the results of the longitudinal healthy study become apparent will be too late. Intervention should be in the prevention space not the clinical response.

### **Pre-existing Significant Health Impacts Related To Power Generation**

Latrobe City Council's residents have considerable experience in living alongside a resources sector activity. Fires in mines cause by 'hot spots' are not unfamiliar to our community and there is a strong sense of acknowledgement that 'hot spots' occur in the working areas of a brown coal mine.

While the first report on the Hazelwood Mine Fire discussed our community's heightened emotional sense of abandonment, it did not canvas the possibility that this sense of emotional desertion has been intensified by the significant long term health impacts of the power generation industry. For many residents, being made redundant from the State Electricity Commission was an emotional and personal trauma, a trauma which some sectors of the community have struggled to reconcile and recover from. This trauma for some has been compounded by the fact that residents in the Latrobe Valley are living alongside a silent killer, mesothelioma, which has been unleashed into their lives by the very industry from which they derived their livelihood and pride. In 2001, The Health of Victorians: The Chief Health Officer's Bulletin Volume 1 No. 1; 10-12 (July 2001) stated:

The Latrobe Valley is Victoria's industrial centre for coal-fired power generation in the south-east of the State. Asbestos was used extensively in the construction of power stations following the establishment of the State Electricity Commission in 1921. High levels of occupational exposure occurred in this industry and other industries until the 1980s when tighter regulations were introduced. Because the lag between exposure and malignant disease is about 20-30 years, the size of the population health impact of this material is only just becoming apparent and is expected to peak in the 10-20 years.

For our community there are frightening similarities between the exposure to the mine fire and exposure to asbestos. And while they may be completely unrelated in fact or science, the emotional experience can be connected and extrapolated.

- The science around the impact of exposure to the mine fire is unknown. Much like exposure to asbestos in its early days.
- The Chief Health Officer's Bulletin notes that full realisation of exposure won't be known for between 10-20 years – similar timeframes provided for the longitudinal health study.
- The community may feel that their health has been compromised by the State's reliance on the brown coal industry. This suspicion may well be grounded in a view that the state was the entity which has originally exposed its workers to asbestos during the operations of the power stations.
- The community have lived with these compromised health outcomes for many years with a strong sense of little meaningful financial investment by the state in a preventative or whole of community enhancement of broader health and wellbeing outcomes.

### **Health Service Response**

The Latrobe community has complex health needs due to the unique and diverse nature of its community. Be it due to asbestos exposure or the community's high levels of smoking and obesity, the long term health and wellbeing of our community has the potential to decline considerably without significant investment by the state in both the clinical and preventative spaces.

If the state were to consider significant investment in the Latrobe municipality, it may be an opportune time to also consider the systems and processes which operate in the clinical and preventative space.

Enhancing client centricity within the health system should be given priority to clinical investment. Hospitals or health districts should consider developing a customer experience commitment which transcends the boundaries and operational parameters and limitations of the systems within which service providers currently exist.

Clients should be at the centre of all operational decisions and should ultimately have the power over their clinical experiences. The concept of a Chief Customer Experience Officer – an individual who supports a team of Health Concierge’s who plan, plot, chart and guide a client through their health journey – a journey which may be made up of multiple service providers - would enable clients to feel less jostled between service providers.

While Council is not an expert in the health services sector, such customer care coordination does occur between hospitals and Council’s Home and Community Care services. Hospitals provide service referrals to Council; Council makes contact with the client, organises to visit and undertake an assessment and then in consultation with the client provides services to the home. Throughout the experience, the services are coordinated and arranged proactively between the Hospital and Council. Such a proactive and coordinate approach around clinical and allied health services more broadly would be a tremendous advancement for the community.

This may or may not be an area of future consideration for the State, particularly so if establishing responsibilities for a future Health Advocate.