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Date: Monday, 3 August 2015 2:43:08 PM
Attachments: [20150803_hazelwood-inquiry_vha-submission.pdf](#)

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Hazelwood Mine Fire Inquiry

3 August 2015

1. Introduction

The Victorian Healthcare Association (VHA) welcomes the opportunity to provide input to the Hazelwood Mine Fire Inquiry (the Inquiry). This submission is based on member feedback and does not supersede any representations made by the VHA's member agencies. The VHA agrees to this submission being treated as a public document and cited in any reports that may result from this consultation process.

2. VHA Submission

Summary of recommendations

- Undertake a long-term epidemiological study to ascertain what health impacts can be attributed to the mine fire;
- retain and expand existing measures that promote pathways for students to enter the nursing, medical and allied health professions and work in the Gippsland region;
- develop a long-term health service plan for Victoria that takes into account population health needs and existing health infrastructure and provides a clear guide for investment into health service delivery and capital infrastructure of Victoria's public hospitals and community health services;
- provide long-term investment into prevention and health promotion programs that offer Victorians, including residents of Gippsland, guidance on understanding their health needs, accessing the health system and support for changing behaviours;
- ensure the broader primary health sector, including community health services and GPs, are engaged with the acute system, ideally utilising the Gippsland Primary Health Network; and
- ensure health services have direct input into the roles of the proposed Health Conservation Zone and the Health Advocate.

2.1. Relevant activities and initiatives in the Latrobe Valley

The VHA is Victoria's peak body for public healthcare providers. Our members include public hospitals, registered community health services and aged care facilities, among others. Those that operate in the Latrobe Valley and the Gippsland region include:

- Bairnsdale Regional Health Service;
- Bass Coast Health;
- Central Gippsland Health Service;
- Gippsland Lakes Community Health Service;

- Gippsland Southern Health Service;
- Kooweerup Regional Health Service;
- Latrobe Community Health Service;
- Latrobe Regional Hospital;
- Omeo District Health;
- Orbost Regional Health;
- South Gippsland Hospital; and
- West Gippsland Healthcare Group.

Our members are responsible for delivering a broad range of health, community and social services to the Latrobe Valley and Gippsland regions.

2.2. Recommendations for strategies, approaches or programs that may assist

The immediate health impacts of the Hazelwood Mine Fire (the Fire) were discussed in the original Inquiry and its report and included sore or stinging eyes, headaches and bleeding noses. The report noted that the majority of these symptoms were alleviated once the Fire was controlled.

As time progresses, it will be important for the Victorian Government, health services and the broader public to have confidence in understanding whether there is any correlation between direct exposure to the Fire and long-term health effects.

A long-term epidemiological study should be undertaken to ensure that any potential links between the Fire and poor health can be examined impartially and understood.

Without commenting further on the initial response to the Fire, the VHA notes that the health needs of the Latrobe Valley and broader Gippsland region are more complex than those relating to the acute impacts of the Fire.

The Gippsland region records a poor health status compared to the Victorian average across a number of key health status measures. These include:

- higher percentages of obese men, women and persons;
- lower male life expectancy;
- higher percentage of persons reporting high/very high psychological distress; and
- higher percentage of children vulnerable in one or more domains.

Compounding the impact of these figures is comparatively poor access to health services, including:

- fewer general practitioners (GPs) per 1,000 population;

- fewer GP attendances per 1,000 population;
- fewer specialist medical practitioners, pharmacists and physiotherapists per 1,000 population;
- lower percentage of persons with private health insurance;
- fewer aged care places per 12,000 population;
- higher emergency department presentations per 1,000 population, including more primary care type ED presentations.¹

These data point to a community with difficulties accessing healthcare and poorer health outcomes.

The VHA draws the attention of the Inquiry to projections made by Health Workforce Australia that would see significant shortages of nurses and moderate shortages of doctors in the coming years.² Ensuring that health services can attract and retain the skilled workforce required to provide world-class healthcare is an ongoing priority for health services and must continue to be supported by the Victorian Government.

Rather than focusing specifically on the health services providing care to residents impacted directly by the Fire, the VHA recommends that the Victorian Government adopts a holistic and system-wide approach which entails:

- developing a long-term health service plan for Victoria that takes into account population health needs and existing health infrastructure and provides a clear guide for investment into health service delivery and capital infrastructure of Victoria's public hospitals and community health services. This plan should include a state-wide perspective and sections relating to the specific health service and capital requirements of each region, including Gippsland;
- providing long-term investment into prevention and health promotion programs that offer residents guidance on understanding their health needs, accessing the health system and support for changing behaviours;
- ensuring the broader primary health sector, including community health services and GPs, are engaged with the acute system, ideally utilising the Gippsland Primary Health Network; and
- continuing to support health services to attract and retain nursing and medical staff.

2.3. Capacity and resources of the VHA to offer to support improvements in the health of the Latrobe Valley

The VHA can offer a broad health system perspective and is well-placed to advise the Victorian Government on health policy, service delivery and capital investment, including the development of

¹ Source: <http://www.health.vic.gov.au/regions/gippsland/about.htm>

² Source: <https://www.hwa.gov.au/our-work/health-workforce-planning/health-workforce-2025-doctors-nurses-and-midwives>

guidelines for the proposed Health Conservation Zone and Health Advocate, should these measures be adopted.

It is essential that health services and the VHA remain integral elements of any broad changes to health planning and delivery in the Latrobe Valley region.

2.4. Consideration of the proposed Health Conservation Zone

The VHA supports the intent to significantly improve the health of the Latrobe Valley community via responses that address the broader social and environmental determinants of health. Public hospitals and community health services should be considered key elements of any approach, particularly given their close and respected links with local communities and their in-depth understanding of both population health needs and health service utilisation.

While the Inquiry is primarily dealing with the communities impacted directly by the Fire, it is an opportunity to ensure the broader Gippsland region benefits from the proposed Health Conservation Zone (the Zone). Should the Zone be introduced and evaluated as successful, it is essential that the model be transferable to other regions and contexts.

The VHA notes that there has been a successful area-based population health and prevention program in the Latrobe Valley since 2009. Healthy Together Latrobe was the result of funding delivered through the National Partnership Agreement (NPA) on Preventative Health and resulted in a cross sectoral partnership to deliver healthy eating and behaviour change programs by Latrobe City Council and Latrobe Community Health Service. The Commonwealth Government ceased its funding contribution to the NPA in its 2014-15 Budget. Should the Zone or an equivalent be introduced, it must build on existing partnerships and actively engage organisations across sectors and governments in the effort to improve health regionally.

2.5. Consideration of the proposed Health Advocate for the Latrobe Valley

We note the proposal for a Health Advocate for the Latrobe Valley (the Advocate). The importance of engaging consumers and patients in the governance of health services has been long-accepted; however this is often undertaken by hospitals and community health services on a separate basis, which each managing its own processes. No one group purports to speak on behalf of a population or geographic region; however each health service actively seeks the input and feedback of its clients, patients and consumers and ensures their perspectives are taken into account in regards to the governance of each organisation.

The VHA has some concerns regarding areas of potential duplication if an Advocate was appointed. For example, under existing arrangements local governments are required to deliver a Municipal Public Health and Wellbeing Plan, public health services are required to form a Population Health Advisory Committee, Primary Health Networks will undertake population health needs analyses, registered community health services undertake similar studies of local health needs; all of which would have a degree of interaction with the population residing within the proposed Zone and under the remit of the proposed Advocate. It is crucial that a Health Advocate would not duplicate these processes, particularly as health services would presumably be expected to engage with the Advocate to some extent.

It is crucial that the following considerations are developed and agreed prior to any further consideration of implementing the proposal:

- the scope and remit of the Advocate must be clearly defined so that they do not duplicate existing structures and processes;
- accountability lines must be understood; and
- expectations regarding any health service role in interacting with the Advocate must be clearly stated prior to any trial beginning.

As with the proposed Zone, the role of the Advocate should be designed to ensure that, if successful, it is transferable to other regions and priority populations. While the health needs of the Latrobe Valley are significant, there are many other regions and populations across Victoria that might benefit from similar support.

Both the Zone and the role of the Advocate must be developed with input from the health sector, on a trial basis and be subject to an evaluation before any decision is made about their broader application, if any.

3. Further information

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4. The Victorian Healthcare Association

The Victorian Healthcare Association is the peak body representing the public healthcare sector in Victoria. Our members include public hospitals, rural and regional health services, community health services, and aged care facilities. Established in 1938, the VHA promotes the improvement of health outcomes for all Victorians, from the perspective of its members.