

Submission to the *Metropolitan Planning Strategy for Melbourne*

Introduction

This submission outlines the Victorian Healthcare Association's (VHA) response to the *Metropolitan Planning Strategy for Melbourne* discussion paper (the Discussion Paper). The VHA agrees to this submission being treated as a public document and the information being cited in the final report.

Contact details

Chris Templin, Policy Advisor
Victorian Healthcare Association
Level 6, 136 Exhibition Street,
Melbourne, VIC, 3000
Email: chris.templin@vha.org.au

The Victorian Healthcare Association

The VHA is the industry body representing self-governing, public and not-for-profit healthcare providers. Our members include Victorian public and not-for profit hospitals, rural and regional health services, aged care facilities, community health services and Medicare Locals. Our role is to:

- Represent the broad interests of our member agencies;
- Be a recognised and influential thought leader on health policy;
- Further the vital role that healthcare providers play in improving the health and wellbeing of the population through:
 - Engaging with stakeholders to inform and influence improvements in public policy;
 - Supporting our members in the delivery of appropriate, effective and high quality health services;
- Advocate for Victoria's devolved model of healthcare governance; and
- Lead by example through contemporary governance practice.

Prefacing comments

Melbourne faces growing pressures on its existing infrastructure and public amenities. Rapid population growth, an ageing population, a fast-spreading suburban fringe and a constrained state fiscal situation are creating significant challenges for policy makers and communities in Melbourne.

Melbourne's inner-city and surrounding suburbs are serviced by a broad range of amenities and public services. There are ample options for education, healthcare, transport, employment and recreation. The level of access to these facilities is significantly higher than that experienced by communities located at Melbourne's urban fringe.

It is important that the Victorian Government uses the various planning and legislative levers available to ensure that Melbournians are not implicitly disadvantaged simply because of the postcode they reside in. It should be the highest aim of the Victorian Government, in partnership with local governments, to encourage equity of access to public services for all people, and to ensure built environments are planned to promote healthy behaviours and to minimise exposure to health negating agents. Ill health costs the



state significantly and will continue to do so as the demographic pressures increase. The success with which we ensure that Melbourne's health infrastructure and communities are prepared to deal with the increased demand will determine much of the future liveability of the city

As the peak body for the Victorian public healthcare sector, the VHA is eager to provide input to the Discussion Paper and to ensure that the future planning and development of Melbourne includes a strong voice representing public hospitals and community health services (CHSs).

The VHA Response

Recommendations

1. That the Metropolitan Planning Strategy include a broad perspective of health planning that embraces both the medical model of health, and the social and environmental determinants models of health
2. That the development of health infrastructure not focus solely on hospitals as the remedy for the pressures on the health system, and include a comprehensive approach that consists of community-level primary healthcare in areas lacking public health services
3. That major health infrastructure projects adopt a health precinct model and co-locate a number of complementary health and social service providers in the single geographic location

Health promoting planning

The medical model of health states that illness is treated via external intervention, for example medicinal drugs, surgery or related clinical activities. According to the medical model, a sick patient will seek care from a general practitioner (GP) or hospital, receive a diagnosis regarding the cause of their illness and a recommendation for treatment. The medical model forms a significant component of Melbourne's health infrastructure and treatment system, and is applied by a network of healthcare providers. When citizens are sick, they are able to access care from a broad range of providers, often for little or no cost to the individual. This approach to treating illness is crucial in ensuring Victorians live long and productive lives and are able to access high quality care when it is needed.

Parallel to the medical model of health, there are a number of equally important models of understanding health and illness holistically, that give context and balance to the role of planning in promoting health and healthy behaviours. The social model of health explains the relationship between health and illness and the social and environmental determinants that impact on them. As described by Wilkinson and Marmot,¹ the social model of health suggests that an individual's social circumstances play a key role in determining their health and wellbeing. It consists of a number of discrete 'determinants', each of which is framed as a public policy issue. The social determinants of health include: the social gradient, transport, unemployment, food, early life, stress and social exclusion. Issues such as zoning to promote job creation, developing and maintaining effective public transport links, promotion of access to whole foods, community facilities, open spaces and an abundance of green areas are all within the remit of urban planning authorities, and their impact on health should be taken into account at all levels of government.

The environmental determinants of health complement Wilkinson and Marmot's discussion by providing an explanation for how our surrounding environment impacts on our health. Early theories about the relationship between the environment and health focussed on the impact of clean air and water, waste removal, and exposure to industrial or agricultural chemicals. In recent decades this discussion has moved to include the impact of the "built environment" on health and wellbeing,² in particular the ways in which communities are planned and developed in accordance with human needs and the impact that this has on health and illness.



In the context of Melbourne, and in particular the urban fringe, the focus that the VHA draws attention to is the importance of planning to reduce the development of obesogenic environments. Obesogenic environments usually refer to areas that are over-supplied by energy-dense foods, and fail to promote physical activity and active transport. Studies have shown that individuals living in areas with the lowest median incomes are exposed to 2.5 times the amount of fast-food outlets of those living in suburbs with the highest median incomes.³ Such data should be taken into account when planning public spaces and transport infrastructure in Melbourne's suburbs, as the role of built environments in facilitating physical activity will increasingly be used to offset the effects of an environment filled with health-negating agents (fast-food outlets, alcohol suppliers, and insufficient physical activity infrastructure).

While the Department of Planning and Community Development (DPCD) does not fund health, environmental and social service agencies to work to improve any of these determinants, it is important that urban planners and policy makers are familiar with the non-medical models of health. Previous solutions to high rates of illness have focussed on increasing the capacity in acute health services available to a community. While this approach is necessary to ensure no person in need of care goes without, it fails to address the systemic social and environmental factors that may have played a role in the development of illness in the first place.

Instead, governments must balance the development of health infrastructure with the implementation of complementary planning approaches that seek to create suburban environments that promote health and healthy behaviours. Public transport links, parks and green spaces, safe and well-lit walking paths, and bicycle lanes and related infrastructure should all be a requirement in new suburban developments, should also be introduced in existing suburbs as a matter of priority. Ensuring healthy environments complement Melbourne's existing and future health infrastructure is of paramount importance.

Planning for future demand for public health and social services

The VHA is concerned that future population centres within and surrounding the metropolitan boundary may not have the same level of access to public health and social services that their inner-suburban counterparts enjoy. The rapid increase in population in Melbourne's growth corridors have meant that health services operating in these areas are becoming overwhelmed by the surge in demand. Meeting this demand is not going to be solved by simply increasing the budgets allocated to existing services; it will mean ensuring that planning for future infrastructure to service Melbourne's growth areas is given a high priority.

The Discussion Paper references the need to plan health infrastructure to match growing demand, with a particular example of a hospital and university precinct in Melbourne's west. The VHA supports this vision but recognises the fiscal realities of Victoria's budget and the associated implications for capital funding of large projects.

Hospitals as service modalities are crucial to providing acute and tertiary healthcare to communities, however they do not account for the total health needs of a community. The majority of individuals in need of healthcare are well served by a visit to a general practitioner (GP), dentist, or allied health practitioner. These services are often best provided in community settings and require relatively simpler planning and less capital investment to develop.

While hospitals represent a necessary element of Melbourne's response to growing healthcare needs, their future development should be approached judiciously and represent a part of a broad, progressive and visionary approach to health planning that is sensitive to the needs of under-served areas and consists of a range of community-based primary healthcare services that can be established relatively quickly and without the same level of capital funding that a hospital network will.

Health precincts

Health precincts represent an opportunity for the co-location of health and social services in a single geographic campus or precinct. There are a range of benefits afforded to communities, governments and health providers when services are co-located, these include: reduction of duplication of government-subsidised services; an increased ability to develop partnerships between complimentary service modalities; improved access for consumers; and increased employment options in the area surrounding the health precinct.

Health precincts also offer a rare opportunity to develop effective private-public partnerships from the initial point of planning. Private providers of allied health, dental, fitness and general practice can complement the establishment of public health and social services; including acute, community health, prevention and health promotion, specialist clinics, rehabilitation, and importantly, the opportunity to expand teaching and training facilities through links with tertiary institutions.

The Melbourne Planning Strategy presents the Victorian Government with an opportunity to implement a visionary approach to the provision of health and social services; one that is in step with modern understandings of the links between the various determinants of poor health, and one that supports a modern interpretation of healthcare provision.

Conclusion

Health planning cannot be viewed through a single lens. The surging healthcare needs of Melbourne's growing population necessitate a clear vision for the future development of major health infrastructure, and the role of state and local governments in planning communities in line with the social and environmental models of health. The VHA suggests that major developments should be undertaken using a health precinct model, where the themes of co-location and complementary services are promoted, as well as building strong connections between different levels of public health and private clinicians. The location of major developments must be sensitive to current and future health needs, and ideally will be located to provide the best level of access to Melbourne's suburban fringe.

Finally, the DPCD and local governments should actively pursue a progressive agenda of community development to improve public infrastructure amenities that are conducive to healthy behaviours and promote an active lifestyle. Recognition of the impact that the built and social environments have on health is an important consideration for policy makers and urban planners to take into account when developing the Melbourne planning strategy. Of paramount importance is developing a fair balance between the need to build health infrastructure and that of ensuring a holistic understanding of the drivers of good and poor health are taken into account and introduced to the planning process.

The VHA is excited to contribute to further discussions to ensure that the social and environmental determinants of health are considered alongside the development of Melbourne's health infrastructure.

To further discuss this submission, please contact:

Trevor Carr
Chief Executive
(03) 9094 7777

Chris Templin
Policy Advisor
(03) 9094 7777
chris.templin@vha.org.au



¹ Wilkinson, R., & Marmot, M. (2003). *The solid facts: social determinants of health*. Copenhagen: Centre for Urban Health, World Health Organisation.

² Srinivasan, L., OFallon, M., & Deary, A. (2003). *Creating Healthy Communities, Healthy Homes, Healthy People: Initiating a Research Agenda on the Built Environment and Public Health*. American Journal of Public Health. Accessed from: <http://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.93.9.1446>

³ Reidpath, D., Burns, C., Garrard, M., & Townsend, M. (2002). *An ecological study of the relationship between social and environmental determinants of obesity*. Health and Place, vol 8, no. 2, pp141-145. Accessed from: <http://home.cc.umanitoba.ca/~hallmanb/files/GEOG4290-readings-pdf/reidpath-et-al-2002.pdf>