

Plan Melbourne – The Melbourne Planning Strategy

December 2013

1. Background

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

The Victorian Government (the Government) has released a paper titled *Plan Melbourne – The Melbourne Planning Strategy* (the Paper) that discusses the Government's vision for Melbourne and regional Victoria's growth and development to the year 2050.

The VHA welcomes the opportunity to provide input to the consultation and agrees to this submission being treated as a public document and being cited in any reports that may result from this consultation process.

2. Introduction

Health is a concept that is broader than the absence of disease; it encapsulates areas of physical health, emotional health, psychological health, social health and environmental health. It is the role of individuals, health services and governments to ensure that the essential conditions for good health are available, including healthy behaviours, access to health care, and planning communities that promote health and healthy behaviours. Melbourne and its citizens are serviced by a world-class range of public health services, including major hospital networks, large hospitals, and community health services. These organisations are responsible for treating illness, and in many cases, for providing important preventive measures that allow people to maintain healthy lives, reducing the likelihood of more costly and complex medical interventions at a later date.

While the progressive development of new health services requires planning and sector engagement, it is the government's involvement in ensuring that Victoria's built and natural environments are conducive to healthy lives that play an equally fundamental role. Minimising social inequity, protecting and maintaining the natural environment, providing affordable housing and access to jobs, and managing transport infrastructure are all important elements that contribute to the health of a population or individual.

The VHA would like to acknowledge the broad support for the recommendations it provided in the initial round of submissions in March 2013. The VHA advocated for the adoption of a health precinct model, an emphasis on planning healthy communities, and for future health service developments that are undertaken according to need and are not limited to hospitals, and is pleased to note that these recommendations have been adopted.

The VHA complements the Government on its planning strategy and looks forward to a continued engagement to ensure that the health needs of Victorians are met and that planning issues relevant to health services are elevated and receive cross-governmental support.

3. VHA Response

3.1. Health and Education Precincts

The VHA supports the planned development of health and education precincts. While the employment benefits in each region are notable, the VHA points out that the emphasis should always be placed on ensuring precincts are planned and executed to benefit the health needs of the population.

There are numerous examples interstate of health precincts that emphasise co-location of services. Almost exclusively these arrangements are heavily weighted towards co-locating private health providers into a single geographic area. This approach may be cost effective and allows state governments the benefit of an increase in the amount of health facilities in an area without having to commit to an expensive capital infrastructure investment. However, there are flaws in such arrangements, and the VHA is hopeful that the Victorian Government will commit to ensuring the not-for-profit, community and public health sectors continue to be represented in the planned precincts.

Community health services are ideal organisations to be included in the development of new health precincts. They provide integrated health and social care to their communities, with a comprehensive suite of primary health services available within the single agency. Clients are able to receive high quality primary health services, provided by an integrated team of health and medical practitioners who work collaboratively to ensure each client receives their care in a coordinated manner.

Co-locating separate health and social service organisations in a geographic area is only the first step in ensuring that clients and patients receive higher quality care. Unless there is a coordinating mechanism or governance structure that allows those organisations to share resources and develop a collaborative approach to healthcare, the benefit of co-location will be restricted to a decreased distance between the different providers.

The VHA suggests that while altering planning requirements to promote the development of health precincts is a valuable step, the Victorian Government should remain ambitious with its planning of health precincts and embrace a world class model of care that is based on collaborative approaches and includes mechanisms that link separate organisations.

3.2. Population Health Approaches to Planning

The VHA has developed a resource titled *Population Health Approaches to Planning* (PHAP).¹ PHAP takes into account the demographic and epidemiological trends that influence a geographic area, and use this information to inform health planning. It ensures all service providers are involved in the planning and delivery of services to achieve a health goal, with particular focus on communities that are experiencing health inequities and social disadvantage.

While PHAP has been developed to specifically guide the development of plans for health services, the core principles that inform it can be applied when planning the development of and investment into new health services. While there are economic, transport and employment realities that need to be taken into account, especially in regards to developing health and education precincts, the VHA contends that investments in health infrastructure should be

¹ VHA Population Health Approaches to Planning, <http://www.populationhealth.org.au/>

planned in reference to population health needs, taking into account epidemiological data and existing health infrastructure.

3.3. Livable and Healthy Communities

The VHA supports the vision of ‘20 minute neighbourhoods’ that emphasise public and active transport, open green spaces and access to community facilities. The natural and built environments play a significant role influencing the health of communities, and in a metropolitan area such as Melbourne, the role of state and local governments is crucial in ensuring the needs of the community are met and protected through effective planning.

The Victorian Government’s recognition of the importance of planning that promotes healthy lifestyles, protection of open spaces and the natural environment, and the promotion active and public transport where possible are clear through the Paper. The VHA believes that communities should be planned, built and maintained with the needs and interests of their residents placed at a premium, and should at all times be amenable to living healthy lifestyles.

3.4. Municipal Health and Wellbeing Plans

The VHA applauds the move to Municipal Health and Wellbeing Plans informing Municipal Strategic Statements. Local Governments are ideally placed to ensure that local planning is undertaken in a way that benefits the health of their constituencies, and ensuring that planning activities are in reference to their health needs is an important step.

While Local Government planners have been historically concerned with land use, a reassessment of their role in promoting health lifestyles and environments for ratepayers is a worthwhile exercise. The VHA believes that applying a ‘health lens’ across a broader swathe of planning activities will require an adjustment in the short-term, but once adapted to will provide communities with long-term health benefits.

3.5. Removal of Planning Impediments for Not-For-Profits

The VHA commends the proposed removal of planning impediments to not-for-profit organisations. The not-for-profit health and community sectors are cornerstones of Victoria’s public investment into the health and wellbeing of its population, and especially those experiencing social disadvantage.

The gentrification of many of Melbourne's inner-city areas has seen traditionally poor community profiles shift towards those of higher average wealth and advantage. Gentrification is not detrimental; it facilitates urban renewal and a higher degree of private capital and upgrades to housing stock, however the public health and social services that were originally established to service the needs of the areas' disadvantaged remain in place while the population around them is increasingly wealthy and those reliant on these services move to Melbourne's outer suburbs and fringe.

In almost all cases, it is the not-for-profit sector that responds soonest to social disadvantage, and in the Victorian context it is this sector that is best-placed to continue to provide care and support to Victorians in need. The VHA supports the removal and planning impediments to the not-for-profit sector and commends the government for its vision.

4. Conclusion

The VHA supports the proposed directions relating to health and healthcare in the Plan Melbourne Strategy. The direction of co-locating health services into precincts is a positive development and will provide tangible health, economic and employment benefits to the communities in which they are located.

The VHA would like assurances that the Victorian Government will ensure public and not-for-profit health services are given priority access for involvement and contribution to health precincts, as the geographic grouping or co-location of private profit providers will not improve health and social outcomes for Victorians unable to afford private health and allied health services. In addition to ensuring not-for-profit organisations access to operating in health precincts, the VHA encourages the Victorian Government to take into account a population health approach to its planning, and use the available indicators of health and social wellness to inform its decisions about location and makeup of future health precincts.

The VHA supports the Metropolitan Planning Strategy's recognition of the built and natural environments playing a significant role on the health of Victorians. Ensuring communities have access to public and active transport infrastructure, open spaces and local community facilities is essential, especially in Melbourne's urban fringe and outer suburbs.

The proposed primacy of Municipal Health and Wellbeing Plans within the Local Government planning processes is a positive step, and one that some Victorian councils have already implemented. The VHA understands that ensuring Municipal Strategic Strategies are made in reference to Municipal Health and Wellbeing Plans will take a degree of adjustment, however the long-term benefits to communities will justify any interruptions in the meantime.

The removal of planning impediments for not-for-profits is supported by the VHA. While the VHA recognises the importance and need for large scale health infrastructure developments, such as hospital networks and the proposed health and education precincts, there is still a great need for community-based health and social care to respond quickly to local needs. Community health services operate in every Victorian LGA and will benefit from reduced planning requirements when expanding their operations. The VHA strongly supports the work of its community health service members and welcomes the reduction of impediments to their work.

5. Further information

For further information, please contact:

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