

25 January 2022

Submission: Inquiry into the protections within the Victorian Planning Framework

About the Victorian Healthcare Association

The Victorian Healthcare Association (VHA) is the peak body supporting Victoria's public health and community health services to deliver high-quality care. Established in 1938, the VHA represents Victoria's diverse public healthcare sector, including public hospitals, aged care and community health services.

Introduction

On 28 October 2021, the Victorian senate referred the *Inquiry into the protections within Victorian planning framework* to the Environmental and Planning Committee for inquiry and report by June 2022.

The following submission provides a response to the Committee's invitation to present a written submission addressing issues that may be of relevance to the VHA membership.

The VHA acknowledges the premise of this inquiry focuses on heritage protections, cost of housing, environmental sustainability and planning processes within the framework. However, we urge the committee to consider the strong role planning regulations play in protecting and promoting population health. The policy recommendations build on a past VHA submission to the 2009 Inquiry for Environmental Design and Public Health.¹

This submission examines a two-pronged approach to considering population health needs through Victoria's Planning Framework.

Policy recommendations

1. **Integrated healthcare service planning:** Population growth and changes in disease patterns are reflected in Victoria's public healthcare system planning.
2. **A systems approach to health:** Health impact assessments are embedded within the planning framework to prevent, protect and promote Victoria's public health.

Integrated healthcare and population planning

Healthcare service planning should be considered and integrated within Victorian's planning framework. [Plan Melbourne](#) projects that the population of Melbourne will grow from 4.5 million to almost 8 million with Victoria's total population set to reach 10 million by 2051.

This population growth will be happening simultaneously with an increased demand for healthcare services and changing patterns of chronic and communicable diseases. An ageing population is a driver of chronic disease, with 40 per cent of Australians aged over 45 years having two or more chronic diseases placing long-term and growing demands on the system.²

¹ Victorian Healthcare Association (2009). *Environment and Planning References Committee Inquiry into Environmental Design and Public Health*. Retrieved from https://www.parliament.vic.gov.au/images/stories/documents/council/SCEP/EDPH/Subs/No.22_VHA.pdf

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This demand is exacerbated by climate change with direct and indirect impacts leading to poor health outcomes including: infectious diseases, respiratory and cardiovascular diseases, injury, nutrition malnutrition and poisoning.³ Modelled population growth and changes in disease pattern will continue to put strain on the public healthcare system if reorientation of planning is not reflective of population needs.

Victoria's [Statewide Design Service Infrastructure Plan 2017-37](#) prioritises an integrated health planning system that promotes health and anticipates service demand. While this policy recognises the strong interplay between planning and health outcomes, research indicates that supportive planning mechanisms are required to support aspirational horizontal integrated urban planning.

To maintain Victoria's high-quality standard of care, the public healthcare service system must reflect population and disease pattern changes with service planning considered from inception and not as an adjunct to growth and demand.⁴ The Planning Framework offers an opportunity to integrate the planning of essential healthcare services ensuring care is available alongside growth.

A systems approach to healthcare

'Health' does not sit within a microcosm of healthcare service delivery. Lessons from the pandemic reinforce the whole-of-system approach required to prevent, protect and promote the collective health of the state. Case studies can be gleaned from the outbreak distribution and the experiences in the [High Risk Accommodation Response](#) program⁵. These outcomes are not unanticipated, as public health frameworks such as the social determinants of health and planning principle of liveability demonstrate how the urban environment is a strong facilitator for population health and wellbeing, and protective factor against poor health outcomes. In fact, research indicates that inequalities and low socioeconomic status are a major risk factor for chronic disease and premature death. It is estimated that 18,000 extra people die from preventable illness each year among poorer Australians.⁶ A whole-of-system response is required to address underpinning system issues that contribute to socioeconomic status.

There is great opportunity to harness the principles of planning healthy and liveable cities through embedding protections and health considerations into Victoria's Planning Framework. An enabler for this is Health Impact Assessments.⁴

The World Health Organization recognises the integral role Health Impact Assessments play to actively 'prevent diseases and injury and promote health'. Further research findings that examine Victoria's planning policy context show that integrating Health Impact Assessments of urban development proposals and policies could ensure that health is considered at a system-wide decision-making level. Health impact assessment maximise the positive impacts and minimise unintended negative effects on health at the inception of the planning process.⁴

Conclusion

Victoria's Planning Framework offers an opportunity to support the health and wellbeing of the state through acute and preventative health considerations. Planning of the public health service system must reflect projected demands using an integrated planning approach that ensures service availability consistently meets population growing needs whilst recognising how the urban environment can promote and protect health and wellbeing.

The Victorian Planning Framework can apply protections for future generations, preventing and safeguarding the health of the State.

³ Watts, N., Adger, W. N., Agnolucci, P., Blackstock, J., Byass, P., Cai, W., & Costello, A. (2015). Health and climate change: policy responses to protect public health. *The lancet*, 386(10006), 1861-1914.

⁴ Lowe, M. Whitzman, C. & Giles-Corti, B. (2017). Health-Promoting Spatial Planning: Approaches for Strengthening Urban Policy Integration, *Planning Theory & Practice*, DOI: 10.1080/14649357.2017.1407820

⁵ Victorian Healthcare Association. (2021). The community health response to the COVID-19 pandemic. Retrieved from <https://vha.org.au/>: <https://vha.org.au/wp-content/uploads/2021/06/The-communityhealth-response-to-the-COVID-19-pandemic-report.pdf>

⁶ Broerse, J, Maple, J-L, Klepac Pogrmilovic, B, Macklin, S, Calder, R. (2021). Australia's Health Tracker by Socioeconomic Status 2021. Australian Health Policy Collaboration, Mitchell Institute, Victoria University.

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For further information contact

Keera Weise
Policy and Advocacy Advisor

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[REDACTED]