28 April 2011

The Executive Officer  
Outer Suburban/Interface Services and Development Committee  
Parliament of Victoria  
Spring Street  
EAST MELBOURNE VIC 3002

Dear Sir/Madam

Re: Inquiry into Liveability Options in Outer Suburban Melbourne

Thank you for your letter dated 23rd March 2011, in which you provided information regarding the inquiry into Liveability Options in Outer Suburban Melbourne and invited the ANF (Vic Branch) to make comments on the Terms of Reference in the submission.

Please find attached the ANF (Vic Branch) submission which comments on one dimension of the terms of reference namely;

(d) identify the provision of medical/health and support service in outer suburban areas.

The structure of the submission is to principally focus on health as it relates to population, private housing and health service delivery.

The ANF (Vic Branch) has prepared a single document and would prefer that this document is submitted to both inquiries which includes the forthcoming Growing the Suburbs Inquiry.

Yours sincerely

Lisa Fitzpatrick  
SECRETARY, ANF (Vic Branch)
Submission to the Parliament of Victoria on the Inquiry into Liveability Options in Outer Suburban Melbourne

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1. **Introduction**

The Australian Nursing Federation (Victorian Branch) (ANF Vic Branch) represents the industrial and professional interests of in excess of 59,000 registered nurses across all areas of healthcare in Victoria and, as such is a major stakeholder in nursing, midwifery and the broader healthcare environment.

The ANF was established in 1924 and is the national union for nurses and midwives, with Branches in each State and Territory of Australia.

The ANF is also the largest professional and industrial nursing and midwifery organisation in Australia, with a membership of over 200,000 nurses and midwives nationally, employed in a wide range of enterprises in urban, rural and remote locations in both the public and private sectors.

The ANF participates in the development of policy in nursing and midwifery, nursing and midwifery regulation, health, community services, veterans’ affairs, education, training, occupational health and safety, industrial relations, immigration, foreign affairs and law reform.

2. **ANF (Vic Branch) Participation in the consultation**

ANF (Vic Branch) welcomes the opportunity to provide comment and feedback in relation to the Inquiry into Liveability Options in Outer Suburban Melbourne.

We acknowledge the Parliamentary Committee has prepared the terms of reference with a scope that extends to all aspects of planning, cost analysis and international trends that is relevant when considering all the options that will impact on developing outer suburban Melbourne.

The ANF (Vic Branch) will comment on one dimension of the terms of reference namely:

(d) **identify the provision of medical/health and support services in outer suburban areas**

Furthermore, we will structure our submission to principally focus on health as it relates to population, private housing and health service delivery.

**Population:**

Australian Institute of Health and Welfare report 2010 states that:

> "the Australian population has increased by over 18 million with almost 3 million added in the last decade".

This increase in population has been as a result of the number of births exceeding the number of deaths, and this has contributed more to the population growth than immigration. Immigration has become an important component, accounting for up to 60% of Australian's population growth each year.
Governments must ensure that planning for the provision of medical and health services, not only in metropolitan and outer suburban services, but across the entire country, must consider the health of the population and the following demographic features:

- such as the size of the population in the specific region
- the ratio of males to females
- the age composition of the population group
- how the characteristics are changing to be examined as a predictor for the future need for medical and health support services

The ageing population is more than a demographic trend and will result in an increase of ill health and chronic disease patterns in the community and potentially contribute to more conditions that lead to death. It goes without saying that an increasingly older population will place extra demands on health services. Migration also contributes to changes in the size, structure and health of the population, particularly in the provision of medical/health services for people from non English speaking countries who have different knowledge, beliefs and attitudes to health.

It is important to emphasise that health is not just the absence of disease but also encompasses ‘physical, mental and social wellbeing’. The health status and wellbeing of a person is also determined by environmental, socioeconomic, biological and lifestyle factors. Therefore, the provision of medical/health and support services must include health promotion to reduce the impact of lifestyle related risks. Measuring and monitoring the determinants of health will explain trends in health and provide information that can help understand why some groups have poorer health than others.

Private Housing:

The ANF (Vic Branch) states that while it is ideal for all Australian’s to live in private housing it is a fact that socioeconomic factors such as income, employment, education, social support and housing are all intricately linked to health. Burden-of-disease studies indicate that those people who are relatively disadvantaged in society, suffer homelessness or insecure housing, and have lower levels of socioeconomic status have markedly higher rates of illness including diabetes, injuries, mental health disorders than people with safe and secure housing or higher socioeconomic status. Additionally insecure housing or homelessness is a known risk factor to child abuse or neglect and contributes to a range of lifestyle related illnesses. (Australian Institute of Health and Welfare report 2010).

It is therefore crucial that government implement policy and measures that reduce the incidence of homelessness and that ensure all Victorians receive safe and secure housing.

Additionally, when considering the liveability options in outer suburban Melbourne, the planning for the provision of health services must include the accessible and affordable services that are inclusive of the disadvantaged members of the population - explicitly, Aboriginal and Torrens Strait Islanders, people with disabilities, migrants who come for non-english speaking countries, refugees and asylum seekers, the homeless, aged pensioners, retirees and other population groups who are not in a position to access private housing.
Service Delivery Issues:

Health service provision is an essential component for policy planning, examining population trends and designing medical and health services.

The health service provision must be planned and organised around the health needs of the patient and focus on health prevention and early intervention. The services for the outer suburban regions must be expanded to meet growth in population and associated increased health consumer demand. These services include the following:

1. **Acute Health Service Providers**

The health system must serve the community through access to acute hospitals which will provide a range of medical and surgical services for example, emergency department treatment, elective surgery, medical treatment, intensive care, coronary care, cardiac services, oncology and palliative care. Acute health services in the outer suburban areas and growth corridors must include a range of maternity services and women’s health services. Furthermore, the acute health services must be supported by the first response ambulance service and the non acute ambulance transport services.

The acute care services must also be supported with a range of sub-acute service such as rehabilitation geriatric and psychogeriatric care in the community. It is also important to include provision for the full range of medical and surgical investigative and pathology services namely radiology, pathology and radiotherapy.

2. **Primary Care and Community Care**

For the great majority of Australians, their General Practitioner is and will remain the first point of contact with the health system. However, primary care services will deliver quality integrate care to the community through the services of Nurse Practitioners, Mental Health nurses and services which will effectively make the health system more sustainable by managing the increasing burden of chronic disease.

The establishment of GP Super clinics bring together a range of health care services such as doctors, nurses, allied health professionals and other health providers. Additional services will be available such as diabetes management, counselling and community health promotion to ensure patients receive high quality care that is centred around their needs.

Larger practices will also provide opportunities for extended opening hours. Consideration should be given to incorporating GP clinics and services in collocation or adjacent with acute services (public hospital) emergency departments to reduce demand on public health services that are not emergencies.

3. **Mental Health Care**

In addition it is essential to address the significant gaps in current services for people with severe mental illness. The service provision must also include mental health facilities which provide intensive clinical and non clinical support for at-risk young people with emerging early psychosis.
4. Maternal and Child Health Services

Better primary health care incorporates Maternal and Child Health services and immunisation programs which are provided by local governments to deliver effective community based programs. These programs also include health promotion education and healthy lifestyle initiatives for the community.


The early years of a child’s life are increasingly recognised as the crucial and most formative years in a person’s development and health. Given this, MCH services must be expanded to meet this exponential increase in demand associated with the increase in birth notifications.

5. School Nurse Programs

The primary School Nursing program (PSNP) and Secondary School Nursing program (SSNP) is provided by registered nurses and operate as a universal system across Victorian primary and secondary schools.

The PSSP offers a universal screening check to children in their first year of school.

Nurses within the SSNP support the health and well being needs of vulnerable young children providing counselling and support around arrange of adolescent health issues.

A review of school nursing was commissioned by the Department of Education and Early Childhood Development and completed by KPMG in 2009. The Review of the Secondary School Nursing Program Final Report - Executive Summary recommended a range of improvements to these services including improved planning and additional school nursing resourcing to ensure that there is a state funded nurse in each secondary school throughout Victoria. To enable school nurses to meet the increasingly complex health and well being needs of their students, additional resourcing of school nurses should occur state wide to achieve the recommendations outlined in the Review of the Secondary School Nursing Program Final Report - Executive Summary, together with ensuring services expanded to meet increased demand in urban growth areas.

6. **Domiciliary Services – Hospital in the Home Programs**

Hospital in the Home is an innovative health care model that provides hospital-level care in a patient's home as a full substitute for acute hospital care. Typically, the program is offered to patients who require hospital admission for certain diseases, such as, community-acquired pneumonia, congestive heart failure, chronic obstructive pulmonary disease and cellulitis. Patients who meet specific medical eligibility criteria and agree to participate receive hospital-level care, including diagnostic tests and treatment therapies from doctors and nurses in their own home.

Domiciliary Service and Hospital in the Home programs must be included in the health services provided in the community and must be resourced and funded to maintain a sustainable service.

7. **Diagnostic Services**

It is also important to include provision for the full range of medical and surgical investigative and pathology services namely radiology, pathology and radiotherapy in the community and provides access to the services for all patient groups and financial status.

8. **Aged Care, End of Life Care – Access to the proposed Aged Care Gateway**

The provision of aged care services must be a priority for liveability options in outer suburban Melbourne. Aged care services range across the spectrum from low levels of support in the community through higher levels of community care, to high level residential care.

9. **Day Elder Care Programs**

Adult day care is a planned program of activities designed to promote well-being through social and health related services. While there are many different types of senior care available, adult day care centres are designed for older adults who can no longer manage independently, or who are isolated and lonely. Participants can benefit from socializing with others and receiving needed care services. Caregivers can benefit by getting a break from care giving duties while knowing that the older person is in a safe environment with access to health related services.

**Conclusion**

The ANF (Vic Branch) welcomes the opportunity to provide a submission to the Parliament of Victoria into the Inquiry into Liveability Options in Outer Suburban Melbourne.

The ANF (Vic Branch) supports the proposal in the submission to identify the provision of medical/health and support services in outer suburban areas. This is an opportunity to change the way health care is designed around the needs of the patients and a greater focus on preventions, early intervention and the provision of care outside the hospital.