9 December 2011

Mr Nathan Bunt
Executive Officer
Outer Suburban/Interface Services and Development Committee
Parliament of Victoria
Spring Street
East Melbourne VIC 3002

Email: osisdc@parliament.vic.gov.au

Dear Mr Bunt

**Inquiry on Growing the Suburbs: Infrastructure and Business Development in Outer Suburban Melbourne**

Royal College of Nursing, Australia (RCNA) is pleased to provide input into the *Inquiry on Growing the Suburbs: Infrastructure and Business Development in Outer Suburban Melbourne* as invited by the Outer Suburban/Interface Services and Development Committee (OSISDC) of the Parliament of Victoria.

RCNA is the peak professional organisation for nurses in Australia. RCNA represents nurses across all areas of practice throughout Australia. RCNA has members in all states and territories of Australia, and internationally. A not-for-profit organisation, RCNA provides a voice for nursing by advocating on health issues that affect nurses and the community. With representation on government committees and health advisory bodies, RCNA is recognised as a key centre of influence in the health policy arena in Australia. When health policy decisions are made, RCNA presents a professional nursing perspective, independent of political allegiance.

(a) **identify existing public and private infrastructure provision, including schools, hospitals, commercial and shopping precincts, transport and roads, telecommunication, water and power**

The environment of the health sector is dynamic; changes in the structure and organisation of health services are essential and inevitable if they are to continue to be effective. As you may be aware, the Australian Government earlier this year began the implementation of a number of health reform measures that affect the organisation of health care services, including those across outer suburban Melbourne. For example, Local Hospital Networks have been established in addition to the implementation of a nation-wide network of primary health care organisations (Medicare Locals) to support health professionals improve the delivery of primary health care services at the local level. While these new health organisations may not change the actual infrastructure of health services, they will likely have an impact on the provision and delivery of a range of health care services across existing infrastructure.

RCNA believes that central to the success of the current national health reforms, in alignment with suburban growth, is the vision to improve access to multidisciplinary care to make...
greater use of the unique reach and relevance of nurses and midwives. When identifying the existing public and private infrastructure provision, community and primary health care services must be included in addition to hospital and aged care infrastructure. This would include small community health services, Aboriginal Medical Services, community pharmacies and clinics as well as the infrastructure for nurses to provide community health services outside of mainstream health organisations, for example within schools, prisons and homeless reach-out centres. RCNA strongly supports the need to reduce systems fragmentation, duplication and resource wastage and the need for comprehensive integration of community and primary health care services to promote continuity of care and responsiveness within the primary health care system.

(b) assess the capacity of existing infrastructure to accommodate increased population growth

In assessing the capacity of existing infrastructure to accommodate increased population growth, RCNA recommends the consideration of specific projected population demographics in addition to population growth as a whole. For example, the population of Australia is ageing as well as growing. According to the Australian Institute of Health and Welfare report *Australia's Health 2010,* "in 2009, more than 2.9 million Australians (13.3 per cent of the population) were aged 65 years or over, compared with just under 1.1 million (8.3 per cent of the population) in 1971". Additionally, the number of people aged 100 years or more has increased from 200 people in 1971 to more than 3,700 people in 2009. This growing older population, which is expected to increase, could have a significant impact on the aged care sector and infrastructure in outer suburban Melbourne.

RCNA recommends that when assessing the capacity to accommodate growth and use of services, the Inquiry should also consider the support of true multidisciplinary care, which is increasingly recognised as an effective, accessible and affordable means of delivering health care and health promotion services. An analysis on infrastructure that concentrates on a medico-centric model of service delivery will not capture the full capacity of health providers and services available. The reach of nurses and their engagement with communities is unmatched by any other health profession. In considering future access to health infrastructure and services within outer suburban Melbourne, the reach and services provided by nurses should be included.

This inclusion of services and infrastructure is especially important when considering the newly engaged health reform initiatives such as Medicare Locals. It is essential that Medicare Locals integrate with these crucial nursing services that are already embedded within communities across Australia. These include services such as school nursing programs, child and family health services, home visiting nursing services, and outreach nursing services. The Australian Government, through its primary health care reforms, has made a commitment to health promotion and illness prevention, which are key components of existing community and primary health care nursing services. Medicare Locals across Melbourne's outer suburbs must develop population health knowledge and expertise and ensure that necessary health services are available and accessible within their jurisdiction. Strategic investment to develop new and existing nursing and midwifery roles and service delivery options within community and primary health care is central to realising the patient and family-centred Australian health care system that will complement the acute care sector. It is critical that this investment is not limited to the provision of funding through general practice, as this model imposes significant limitations on the reach, accessibility and flexibility of nursing and midwifery services.

(d) catalogue the skills mix of outer suburban residents to identify those areas with a skills shortage and provide options for skills training and retention, especially as it relates to both younger and semi-retired people
RCNA is in strong support of the recognition of skills mix and skills shortages within the Terms of Reference of this Inquiry and recommends that the nursing and midwifery professions are focussed upon when cataloguing the skills mix of outer suburban residents.

According to the latest data available by the Australian Institute of Health and Welfare report Australia's Health 2010, nurse workforce shortages currently exist based on the Department of Education, Employment and Workplace Relations’ labour market research in 2007 and 2008. There was a state-wide skills shortage of registered nurses and registered midwives in all jurisdictions, including Victoria. There was a state-wide shortage in registered mental health nurses in Victoria, in addition to all other states and territories excepting Tasmania. The latest statistics do not show shortages of enrolled nurses in Victoria, unlike many other states and territories.

RCNA recommends that in considering the skills mix of outer suburban residents, the Committee recognise that health service planning cannot be undertaken in isolation to the nursing and midwifery workforce planning that is required to support the delivery of health services.

A key priority area for RCNA is for the development of a National Nursing and Midwifery Workforce Strategy that extends beyond workforce numbers to strengthen the development of a flexible, sustainable nursing and midwifery workforce that is educationally prepared to meet the health care needs of the population. Apart from ensuring a sufficient supply of nurses and midwives, the strategy should address the need for the workforce to be well supported into the workplace, mentored and retained if future workforce demands are to be met. The strategy must also examine opportunities to work with and support other levels of health care workers. RCNA believes that the development of a National Nursing and Midwifery Workforce Strategy could have positive implications for the identification of skills shortages and training options for localities such as outer suburban Melbourne and encourages the Committees to recommend further action to progress this Strategy.

Additionally, RCNA believes that the allocation of resources to nursing and midwifery mentorship programs across the health system would improve retention in the nursing and midwifery professions, especially in relation to new graduates. Providing structured, flexible and dedicated support mechanisms for graduates and early career nurses and midwives to support a professionally rewarding transition from university or TAFE to the workplace is an essential and pro-active retention strategy. In order to attract and retain graduates and early career nurses and midwives, nursing and midwifery services need the resources to establish formalised, effective and robust mentorship programs that include access to nurse educators. Such programs will promote personal and professional development and support the retention of nurses and midwives in the health care system.

Please do not hesitate to contact me for further information or discussion on this matter.

Yours sincerely,

[Signature]

Debra Y Cerasa FRCNA FCN
Chief Executive Officer

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