



Victorian Healthcare Association

30 January 2009

Shared facilities inquiry  
Victorian Competition and Efficiency Commission  
GPO Box 4379  
MELBOURNE VIC 3001

### **‘Opening doors to healthier communities’**

#### **The Victorian Healthcare Association Submission on:**

Victorian Competition and Efficiency Commission inquiry into the sharing of government and community facilities.

The Victorian Healthcare Association welcomes the opportunity to respond to the Victorian Competition and Efficiency Commission (VCEC) Issues Paper "inquiry into the sharing of government and community facilities" [the Paper].

#### **The Victorian Healthcare Association**

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

In preparing this submission, the VHA has consulted its members and distilled a shared position aimed at improving the health of Victorians. This submission remains the position of the VHA and does not supersede any submission or position stated by any member agency.

#### **Prefacing comments**

*"A community is built upon its totality" – Victorian Rural Health Service CEO<sup>1</sup>.*

The VHA values the interest that the Victorian government and the VCEC have shown in ensuring that the community services system is efficient and effective in its use of resources.

Real opportunities exist for various shared models to work without necessitating a one size fits all approach. The answer is "individually linked to each community; however general principles, theories and common parameters"<sup>2</sup> can be applied to ensure community and government facilities are enabled to share resources and facilities. Therefore, VCEC's approach should be to put in place an infrastructure that understands the many interconnected pieces of the system and works to put them together coherently.

The VHA's mission is to contribute to the achievement of "optimal health outcomes for all Victorians". Despite Victoria's good record on public health, the VHA is concerned that this state is at a crossroads in terms of our capacity to continue to meet contemporary and future healthcare needs. This is due to the rapid acceleration of preventable chronic disease, an ageing population, a shrinking workforce and a burgeoning population; combining to place unprecedented strain on the state's healthcare capacity.



There is a growing link between public health and urban planning, to ensure that communities have facilities and infrastructure to meet contemporary health needs. Therefore, communities need resourcing to meet the changing requirements of service delivery. This requires flexible and transparent approaches from government.

### **Enabling Access**

Victoria is a leader in health service provision but there are many flaws becoming apparent as the system struggles to meet demand. An increasing number of people are reliant on the ability of primary and community health services to link them to appropriate health care. In particular, (for a variety of reasons), families with low household incomes tend to rely heavily on public services and facilities<sup>3</sup>.

#### **Stipulation of shared services**

Eastern Access Community Health (EACH) utilises and shares government, community and private facilities. EACH stipulates as a default position that new services and facilities will be planned and developed as 'integrated service sites', encouraging shared application of infrastructure and resources with other community services. Therefore, the allocation of resources for the 'exclusive use of a single services or agency' is actively discouraged from the outset.

Reform is required across the board to encourage the sharing of services, and removal of all current impediments to shared services initiatives. Preventing illness and enabling health requires infrastructure to prevent illness and a service structure that enables those with the greatest need to gain ease of access. Health services currently enter a highly competitive environment to gain access to a limited pool of funds for capital/infrastructure improvement. With resource scarcity a reality for existing services, other avenues for delivering services are required, including maximising the use of public infrastructure through partnerships.

The VHA believes the Community Renewal projects (bringing government, organisations and local people together to revitalise the places they live, work, learn and play) should be a key consideration of the VCEC Inquiry. The centre of Whittington, a Community Renewal site contains a shopping centre, school, early year's service, neighbourhood house, community renewal office, community centre and a public outdoor reserve all within immediate proximity. This co-location of services encourages community access and enables opportunities for services to share resources and develop informal and formal partnerships and consortiums.

### **Lack of infrastructure**

Much of Victoria's existing health service infrastructure is nearing the end of its useful life, with significant infrastructure unable to be further 'patched up'. There is currently a lack of space and infrastructure in areas of high need and high socio-economic disadvantage. As health needs become more complex and less linear, the challenge is how to design processes and systems that ensure health for all and sustainable development. Similarly, the cost of sharing facilities through rent agreements is rising exponentially within Victoria due to a lack of adequate infrastructure.



Therefore, infrastructure strategies must be based on both the need to replace or upgrade existing stock, and the need to invest in additional infrastructure to meet increasing demand created by population growth and ageing. The VHA believes more work is needed to ensure transparent systems and processes are in place to prioritise funding based on need and ensure high quality health services for Victorians into the future.

### **Community ownership of facilities**

Evidence indicates that good health and social outcomes occur when people are involved in the decision making processes regarding their health. This concept can be applied to people having a say on how their communities physical and finance resources are distributed and used. In addition, communities are interested in participating in the governance of these facilities.

Whilst acknowledging the need for infrastructure, the VHA believe governments should continually recognise that a community facility is best utilised when a sense of ownership around its development has been developed through community engagement. There are many examples in Victoria in which facilities have been built without community input under the "if you build it, they will come" principle. This process does not necessarily mean that the building will be utilised by the appropriate stakeholders, resulting in waste and misuse of current properties.

### **Making use of what is available**

In the case of physical activity, exercise has "become 'commodified', so that people who do not get enough of it in their daily lives pay substantial fees to go to the gym. Those who "can't pay don't get it"<sup>4</sup>. However, every suburb has schools, shopping centres and recreation facilities that could be utilised to facilitate access to physical activity. In these places there will be opportunities to make small changes that have a big impact through the concerted efforts of local stakeholders, such as health services and local government.

The VHA recommends further investigation of the merits of the public health system subsidising beneficial health programs such as gym memberships and access to leisure centres with the view of cost-savings in the future. These efforts are in their infancy in the private health sector.

Many health services across Victoria run services and programs within their communities, utilising neighbourhood houses, sport and recreation facilities, educational institutions and other public venues. Just as consumers benefit from the social connectedness, the staff of health services benefit from the collaboration, professional exchange and inter-relationships with various agencies and businesses.

These include:

1. Clinicians making use of office space, consulting rooms and meeting spaces to directly work with clients
2. Services requiring facilities to run programs, such as drink driving awareness courses or diabetes education groups
3. Groups, committees or networks requiring meeting, training and or workshop venues

Examples include providing equipment grants to sporting and cultural groups that support culturally and linguistically diverse (CALD) young people, in particular, refugee and asylum-seeker young people<sup>5</sup>. With the Victorian community growing at approximately



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1,000 people per week, the sharing of public facilities will be crucial to meet increasing demand with existing infrastructure.

### **Ambulance service co-location**

The *VHA Rural Emergency Services Funding in Victoria Position Statement* supports the co-location of ambulance stations within health services in rural and regional Victoria. This provides resource efficiencies and builds collegiality between paramedics and health service staff. Extension of co-location arrangements to include paramedics who assist with patient care and stabilisation at health services is also viewed as positive. Such arrangements assist with skills maintenance and awareness for paramedics as well as supplementing hospital workforces, when presented with high acuity cases.

### **Dormant facilities**

Many VHA members across the health service system have advocated for municipal responses to the sharing of valuable community facilities that remain dormant after hours and on weekends. This requires effective partnerships and collaboration. Extended use of libraries, schools, leisure centres and other government funded infrastructure is a vehicle to strengthen communities, enhance social capital and facilitate community wellbeing.

For example, Banyule Community Health Service is making innovative use of facilities. This includes making community rooms available after hours to community, social and political groups to utilise at no cost. This has resulted in improved connections with community members. In addition, Banyule Community Health Service promotes after school usage of its facilities for study groups and access to computer facilities for students without access.

### **A Sustainable Strategic Plan**

According to the World Resources report<sup>6</sup>, industrialisation and rising energy use have the most profound impact on the physical environment with enormous potential to affect human health. The misuse of resources and poorly planned distribution of facilities can contribute to the uneconomic use of energy.

In June 2008, the VHA Board of Directors endorsed a position statement: 'Capital Expenditure in the Victorian Healthcare System'. The principle recommendation of this document was the development of a 10-year strategic plan for capital investment in Victoria's healthcare infrastructure. Such a plan will ensure capital investment is:

- Aligned with current policy
- Appropriate for its intended use
- Environmentally Sustainable
- Governed by a transparent process

The VHA calls on the Department of Human Services to move rapidly towards a 10-year capital investment plan.

### **Optimising the use of urban design**

Urban design, including the design of buildings and community services can enable participation in civic life. Similarly, "urban planning can and does service as a form of *primary prevention* and contributor to health outcomes"<sup>7</sup>.

MonashLink Community Health Service in partnership with Monash Council and the Department of Human Services recently opened a centre in Clayton. The \$24.2 million



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Community Centre, was designed as an important 'community hub' for the area that contains the 'Clayton Public Library, the Clayton Aquatics and Health Club, a theatrette, pre-school, occasional care, youth and family services, maternal and child care services, café, meeting rooms and MonashLink community health services'. The VHA believe this is a valid example of how community urban design can play a vital role in facilitating access to health and community services and improve social participation.

Sharing these services within the one facility is not only a more efficient use of land; it also increases community connectedness and improves the coordination of care across the continuum.

### **Workforce**

The training and supervision of the health workforce is imperative to the health system. It is difficult to increase staff numbers when health services are constrained by a lack of direct funding and limited infrastructure (desk space, computers) to facilitate placements. For example, the quantified cost of training medical students in Bendigo was estimated as \$1.5m due to the amount of time doctors spent training students. In this case, shared facilities across the health and community services spectrum may be conducive to more effective student training.

### **Rural Health**

The effects of drought and centralisation of services has resulted in a decrease in town infrastructure and services available<sup>8</sup>. Therefore, the VHA endorses strong partnerships, local leadership and determined priorities, as highlighted in the VCEC issues paper.

Anecdotal evidence reveals that even in many small towns with populations between 2,000-5,000 people, that community and government services often have little knowledge of the strategy of the other services, leading to both gaps in service provision and duplication of effort. A better approach meeting the needs of the community is a shared buy-in and response in the best interest of the community rather than of a particular organisation.

#### **"So Great" - (Sustainability of government rural enterprises advancing together)**

The need for a rural community to be built around community capacity, shared resourcing and shared strategic planning resulted in the "So Great" committee in Victoria's north-west. This committee had membership from sectors such as local government, health services, police, education (schools and TAFE), fire and emergency services, ambulance and government departments.

This group formed as an alliance of trust in which information, planning and discussion resulted in the sharing of resources, skills, facilitates and knowledge.



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## Conclusion

*"Public problems are interconnected, they cross organisational and jurisdictional boundaries and they are inter-organisational. No single agency, organisation, jurisdiction, or sector has enough authority, influence, or resources to dictate visionary solutions"<sup>9</sup>.*

Human health, sustainable development and effective use of resources are inextricably linked. Effective coordination among health services and other stakeholders is increasingly important to maximise outcomes for the community. Efficiency gains and better outcomes are possible for service users, service providers and government alike through astute partnerships.

Settings and places that afford the highest degree of shared functionality and social significance need to be made easily accessible to the public<sup>10</sup>. This reinforces their common significance and fosters a shared sense of place. The VHA stress that government and community facilities should be designed to enable and facilitate the activities that people plan to execute within them<sup>11</sup> – that is, the activities that are beneficial to one's health.

The VHA welcomes the interest shown by the VCEC in improving the sharing of government and community facilities. The VHA strongly believes that local needs are best met by local solutions. To enable this, robust relationships are required that facilitate the sharing of resources and facilities to best meet the needs of communities.

Please contact Research and Policy Officer, Matt Cameron ([matthew.cameron@vha.org.au](mailto:matthew.cameron@vha.org.au)) for any more information regarding this response. We welcome the opportunity to represent the Victorian public healthcare sector throughout this or future inquiries.

Yours faithfully

A handwritten signature in black ink, appearing to read 'Trevor Carr'.

**Trevor Carr**  
Chief Executive

<sup>1</sup> Victorian Rural Health Service CEO (deidentified) (2009) *Personal communication*.

<sup>2</sup> Duhi LJ, Sanchez AK (1999) Healthy cities and the city planning process. *A Background Documentation On Links Between Health And Urban Planning*, Copenhagen, WHO, Regional Office For Europe;

<sup>3</sup> Warr D (2007) *Outside the School Gates: A Model for Tackling Disadvantage and Promoting Participation in Preschool Education at the Meadowbank Early Learning Centre: a Community Report*. Centre for Health and Society, School of Population Health, University of Melbourne

<sup>4</sup> Knox S (2003) Planning as a public health issue. *Urban Policy and Research*;21(4):317-319

<sup>5</sup> VCOSS (2008) *Future Victoria: inclusive, liveable, sustainable*. Melbourne: VCOSS

<sup>6</sup> WORLD RESOURCES INSTITUTE, UNITED NATIONS ENVIRONMENT PROGRAMME, UNITED NATIONS DEVELOPMENT PROGRAMME, THE WORLD BANK (1999) *World resources 1998-99*.

<sup>7</sup> Duhi LJ, Sanchez AK (1999) Healthy cities and the city planning process. *A Background Documentation On Links Between Health And Urban Planning*, Copenhagen, WHO, Regional Office For Europe;

<sup>8</sup> Rowe R, Thomas A (2008) *Climate Change Adaptation: A Framework for Local Action*. Melbourne Southern Grampians and Glenelg Primary Care Partnership/McCaughey Centre Policy Signpost #3

<sup>9</sup> Luke JS (1998) *Catalytic Leadership: Strategies for an Interconnected World*.

<sup>10</sup> Carr S (1982) Some criteria for environmental form. *Humanscape: Environments for people*:156-160

<sup>11</sup> Carr S (1982) Some criteria for environmental form. *Humanscape: Environments for people*:156-160