

City of Darebin Submission

Review of the Health Act 1958

This submission will detail Darebin City Council's response to the discussion paper 'A new legislative framework for public health in Victoria'. In particular the focus of this submission will be on the following key areas:

- ▶ Municipal Public Health Plans
- ▶ Medical Officer of Health
- ▶ Environmental Health

Overarching Framework

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| 3 | Should the new Act recognise the importance of promoting public health, and, if so, how should the new Act aim to achieve this? | 3.2 |
| 4 | Should the new Act recognise the need to address inequalities in the health and wellbeing of disadvantaged communities and, if so, how should the Act aim to achieve this? | 3.2 |
| 6 | Should the new Act contain a provision specifying guiding principles, and, if so, what principles should be included? | 3.4 |
| 10 | Should the new Act recognise municipal councils' role in: <ul style="list-style-type: none">➢ Planning, advocating and providing organised public health programs?➢ Developing and implementing strategies to promote and improve public health and promote community health and wellbeing? | 4.2 |
| 11 | Should the concept of partnership between state and local government, and between government and non-government, be addressed in the new Act? | 4.3 |

Comment

Darebin City Council believes that the role of local government in advocating for organised public health programs should be strengthened in the new Act. At present Darebin City Council undertakes a range of advocacy functions through the MPHP. Such advocacy relates to clarifying local health need through population health planning and provides local stakeholders with a better understanding of emerging health issues. This approach has led to a clear role for Council in health planning and advocacy as well as a shared understanding across the municipality of joint areas of focus in the future.

A new Act should be anchored in a clearly articulated guiding set of principles. Such principles should draw on the Social Model of Health as defined by the world Health Organisation in its publication the Solid Facts. The WHO state that 'people's lifestyles and the conditions in which they live and work strongly influence their health and longevity' (WHO: The Solid Facts 1998). This principle underpins the DAREBINhealth Municipal Public Health Plan, Council believes that it would be appropriate if this commitment to the social model of health was reflected at the State level and placed in the new Act. Emphasis on the social model of health cannot be sustained without a partnership approach between various levels of government and non

government local stakeholders. As a result Darebin City Council believes that the notion of partnerships in public health and public health planning should also be a guiding principle in the Act.

Municipal Public Health Plans

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| 12 | Should the new Act place greater emphasis on implementing the MPHP and achieving its outcomes, rather than just developing a document, and if so, how could this be achieved? | 4.4 |
| 13 | Should the new Act require that municipal councils set out how they intend to fulfil their statutory functions in their MPHPs? | 4.4 |
| 14 | Should the new Act retain the requirement to prepare MPHPs at set intervals and to review MPHPs annually in consultation with the Department of Human Services? | 4.4 |
| 15 | What should be the local government reporting requirements, if any, under the new Act? For example, should the new Act retain the requirement to report annually, and at other times as directed by the Secretary? Should there be a requirement to submit MPHPs at set intervals? If so, what would be the expected value of such reporting requirements? | 4.4 |
| 16 | Should the new Act link the requirement to prepare a MPHP to other planning processes within local government, such as the Council Plan? For example, should the requirement be to prepare MPHPs every four years? | 4.4 |

Comment

Over the past few years Darebin City Council has worked hard to clarify its role in local health planning to gain agreement across the municipality regarding how the MPHP can add value to the work of local stakeholders. The model of health planning undertaken in Darebin is anchored in a partnership approach to understanding local health need in the context of the social model of health. The DAREBINhealth Municipal Public Health Plan aims to provide both Council and local agencies with the best possible picture of local health issues in order to plan for the future. Darebin City Council believes that at present there is an opportunity through the new Act to strengthen the population health planning role of local government. At present there is no one recognised body that undertakes population health planning on behalf of a certain geographical area. Public Health Plans, through the new Act, could be mandated to undertake such a role and provide the State government and local providers with a clear picture of population health issues. This role would include each Victorian local government endorsed through the Act with the responsibility for population health planning that would include input from Burden of Disease data, local hospitals, Community Health Services, Division of General Practice and other local agencies. This role would require adequate and ongoing resourcing from the State government. It is anticipated that if adequately funded such a role would add significant value and knowledge to the State government's understanding of the health needs of the Victorian Community.

Darebin City Council believes that greater emphasis in the Act on achieving outcomes through and MPHP would potentially require more reporting to the Department of Human Services. At present Councils are legislated to produce an MPHP, however local government receives no core funding from DHS for implementation or development of the plans. Darebin City Council would advocate that core State government funding would consolidate and strengthen MPHP's within Councils and assist with their implementation and development. At present the only funding program from the State is the Good Practice Program. Darebin City Council believes that future core funding from DHS for MPHP's would be appropriate and would demonstrate a commitment at the State level to support public health planning. Darebin Council believes that such funding would assist those Councils, particularly in rural Victoria, that have experienced

difficulties in sustaining Council commitment to public health planning. It should be noted Darebin City Council would not support increased legislative accountability to DHS in the absence of additional funding. Council would not be prepared to report extensively to an external body regarding the expenditure of Council funds.

The development and implementation of a Victorian Municipal Public Health Plan would be supported by Darebin City Council. At present there appears to be no broad population health planning at the State level. Although the State government has completed the Victorian Burden of Disease Study 1996 and the Victorian Population Health Survey 2002 it appears that such data is not used to plan for the future health outcomes of the State. Darebin City Council is of the opinion that the DHS could combine the Burden of Disease 1996 and Victorian Population Health Survey 2002 with the completed MPHPs from across the state to develop a Victorian Public Health Plan. Such a plan would draw on the rich local knowledge present in MPHPs as well as provide a credible pathway for local municipal based knowledge to become part of an overall picture of Victorian Health need.

Medical Officer of Health

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| 17 | Should the new Act remove the requirement that every council appoint a MOH, and instead rely on non-legislative mechanisms for ensuring municipal councils have access to medical expertise? | 4.5 |
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Comment

Darebin City Council believes that there is no longer a need for the legislative requirement to appoint a Medical Officer of Health. When developing non legislative mechanisms to ensure Councils have access to medical expertise the Department of Human Services should consider linking local government with local Divisions of General Practice and or Community Health Services to find such expertise.

Environmental Health

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| 37 | Should a general statutory duty of care, if adopted, replace the separate nuisance provisions and, if so, should municipal councils still retain responsibility for dealing with public health risks similar to nuisances in their municipalities? | 7.3 |
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| 38 | If separate nuisance provisions are retained, should nuisance be defined so as to focus on public health risks and, if so, does removing the term 'annoying' from the definition of 'offensive' achieve this? | 7.3 |
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| 39 | If the obligation on municipal councils to abate nuisance in their municipality is retained, should the abatement provisions be removed and municipal councils instead rely on general enforcement provisions under the new Act? | 7.3 |
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| 41 | Should RMPs have a role in the regulation of public health risks under the new Act? | 7.5 |
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| 42 | Who should be required to prepare RMPs: | 7.5 |
| | <ul style="list-style-type: none"> ➢ persons undertaking a registrable or licensable activity by way of a condition of registration/licence? ➢ persons required to do so by an improvement notice? | |

The nuisance provisions under the existing Health Act are already too broad and difficult for Council officers to use as an enforcement or encouragement tool. Court costs and times are escalating and Councils are unlikely to take a nuisance issue to court due to the costs and uncertainty. Resourcing to build a successful case in court will generally far outweigh the actual nuisance. It is agreed that removing the word “annoying” from the definition of offensive will improve the existing definition of nuisance.

However if these provisions are changed there should be an adequate impact assessment undertaken and appropriate consideration of resourcing implication for enforcement including training packages.

Further consideration including consultation and focus groups with Local Government should be undertaken if risk management plans (RMPs) are required. There may be a large number of referrals for Planning permit applications which require the applicant to identify any potential risks and produce a plan which will require extensive analysis which may have an effect on resources required within Local Government.

The statement in the discussion paper that public health risks relating to rats, mice, vermin, pests or other animals suspected of transmission of infectious diseases should be dealt with the issue of an improvement notice is supported.