Dr Jacqueline Goodall
Legislative and Policy Officer
Legislation Review
Public Health
Department of Human Services
GPO Box 1670 N
MELBOURNE VIC 3001

Dear Dr Goodall

Re Review of Health Act 1958

We have read with interest the Discussion Paper *A new legislative framework for public health in Victoria* and strongly support the proposed shift in emphasis in the new Act to a broader concept of public health, including the proposed emphasis on addressing the inequalities in the health and wellbeing of disadvantaged communities.

Much of the content of the Act is not relevant to GPDV's core business. We would like to comment on four sections only.

3.2 Scope of the Act

GPDV recognises that public health is broader than the prevention of communicable diseases and improvement unsanitary and unsafe conditions in the community. While we would be very interested to see the inclusion of provisions aimed at reducing morbidity from non-communicable diseases, we are unclear as to what these may look like. Therefore, we agree with the concept of including non-communicable diseases in the objects and making information about risk factors available but are unable to comment on what making provisions in the new Act flexible would extend to.

4.3 Partnerships in public health

One of GPDV's roles is to support divisions of general practice in their efforts to undertake health needs analyses and to plan population health programs at the local level. Such work is necessarily done in partnership with others. For example, divisions of general practice have worked very closely with local government to achieve consistently high rates of immunisation across Victoria. We consider it vital that such partnerships are continued as matters of principle but recognise that it is difficult, as the discussion paper states, to 'prescribe the parameters of these partnerships in legislation.' (p.18) However, we strongly support giving recognition to the value of intersectoral collaboration in the guiding principles.

4.4 Medical officers of health

The discussion paper asks:

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?

GPDV believes the requirement to access medical expertise should be included in the legislation but that the mechanism is not important. Current use of the MOH is patchy with some excellent examples and some very poor examples. We envisage that were the functions (rather than the personnel) to be enshrined in the legislation we would see more effective access to medical expertise. Some councils may choose to continue to appoint a MOH while others may, for example, come to a formal agreement with their local division of general practice to access relevant expertise. This mechanism may involve using one GP for immunisation issues and another for involvement with public health plans, for example. We would strongly support clearer definition of the functions that are required to be resourced by the council.

8.8.1 Role of municipal councils in providing immunisation

GPDV supports the change in legislation to recognise the municipal role in providing immunisation as well as coordinating the provision of immunisation. The local government role in immunisation has been crucial to the long-term success of immunisation levels in Victoria and it is important that this role is recognised and reinforced in the new Act. We endorse the comments of others that ensuring councils have an ongoing immunisation program ensures that staff and skill base are available for prompt delivery of mass immunisation programs and controlling disease outbreaks.

I hope this response is of assistance.

Yours sincerely

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