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2015/16 HAZELWOOD MINE FIRE INQUIRY

HEALTH IMPROVEMENT FORUMS

TRARALGON

TUESDAY, 13 OCTOBER 2015

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HEALTH CONSERVATION ZONE AND HEALTH ADVOCATE

MR SINDALL: Good morning, ladies and gentlemen, my name is Colin Sindall, I'm the Director of Population Health and Prevention Strategy in the Department of Health and Human Services.

I would like to also begin by acknowledging the traditional owners of the land on which we're meeting today, the Brayakaulung people of the GunaiKurnai nation, and pay my respects to their elders past and present and to any elders who may be present today.

I think I also need perhaps to say good morning to Evelyne, who I think is coming in via Skype; is that correct?

PROFESSOR DE LEEUW: Good morning, Colin; good morning Don.

MR SINDALL: So I might begin. Thank you very much for the opportunity to talk with you today. What I would like to do is to briefly reflect for a moment on the Board's proposal in relationship to the health conservation zone and health advocate, and then to talk a little bit about the way we have responded to that proposal in the Department of Health and Human Services, and to reflect a little bit on what we learned from our investigations and consultations.

I'd then like to move into talking a little bit more about some of the ideas and propositions that have arisen since then, and some of the developments in terms of the state policy context; and then finally to raise some issues about how we might think about the health conservation zone concept in terms of possibly into the future, but very much will be welcoming the discussion and the opportunity, as the Inquiry has

said, to see this as an opportunity for dialogue and discussion.

The Inquiry report, as obviously most people here are fully aware, identified the idea of a health conservation zone and a health advocate as really serious matters for further consideration, but as their report noted, were not able at the time to explore those concepts in depth or test them against a cost-benefit analysis. But they did nevertheless put forward those ideas as a potential mechanism for looking to the long-term future of the health and wellbeing of Latrobe Valley.

In doing that, in raising the concept of a health conservation zone, the Inquiry report pointed to some international examples, for example in particularly the health action zone experience in the United Kingdom and also some other international experiences, and drew on that health action zone concept to propose a health conservation zone which was a similar idea, but included the term "conservation" to pick up on some of the issues in terms of the environment.

The proposal was very much about how agencies could better collaborate, and not only around health, but also how there might be opportunities to bring in other sectors in terms of a more comprehensive approach to health and wellbeing, including for example, as the report noted, education, agriculture, industry and business.

The idea of a health advocate was presented as the need for, in a sense, a consistent local voice for the Valley that could win the trust of the community and be

a sound source of advice for mediation and advocacy on health-related matters, and that the Victorian Government should consider that possibility in consideration of a potential trial basis, and that position would provide a means of, not only representing the voice of the Valley, but also ensuring annual reporting back or monitoring of health issues.

Obviously, the Inquiry presented the report to Government and the Department was asked to give further consideration, as proposed by the Board, to those proposals.

In my area of responsibility, we have responsibility for the municipal public health wellbeing planning, the state public health wellbeing plan. We have responsibility for the initiative that had arisen out of the federal state agreement in terms of the Healthy Together initiative, and there was obviously quite a lot of activity in the Latrobe Valley arising from that and other responsibilities in areas such as tobacco and nutrition that obviously had relevance.

So, in conjunction with the regional office, I was asked to lead some work in terms of looking at the approach proposed and I'd like to talk a little bit about that.

The first thing we did was to look a bit further into some of the international experience and we also looked at health action zones; we he looked at some US experience, in terms of what were called enterprise zones and empowerment communities, and we also looked at some Victorian initiatives which perhaps resonated

in some way with what was proposed, and they included neighbourhood renewal programs.

Going back particularly some years, Victoria had a program of district health councils which were established to be systematic listeners to the concerns and issues of the communities in which they were based and that concept seemed to resonate a little bit around what had been proposed around the health advocate.

So we looked fairly carefully at some of those initiatives and took some - as I guess one would in any new policy analysis, thinking about new proposals to Government - having done some of that investigation, we then felt it was really important to take some of those ideas, test some of the views against the views of people on the ground, working on the ground in the agencies, both Government and non-Government, in the Latrobe Valley.

We convened through the regional office a pretty good range of people to come together from actually all levels of Government; we were able to include at least one Commonwealth representative to really explore their response to the health conservation zone proposal, to share with them what we had understood in terms of the international experience.

I should say that a combination of the health action zone - obviously was a Blair Government initiative - was not widely understood or known, and I think the concept of a health conservation zone took the idea further again, so it certainly needed some discussion and some unpacking.

The first roundtable was very much a preliminary

discussion where people were familiarising themselves with the ideas and the concepts. Out of that first roundtable a number of suggestions were made, including that one possible mechanism could be a consultative council created for Latrobe Valley under the Health and Wellbeing Act 2008, which empowers the Minister of the day to establish a consultative council - the Act specifies the sort of purposes they can be used for. The suggestion was also made that potentially the chair of such a council could also play the role of health advocate.

We then took a little bit more work on that idea back to the second roundtable and had some further discussion, further ideas and recommendations. One of the views that came through quite strongly at that second roundtable was, yes, this was a promising approach, but there was a real need to really test all of these ideas further with a wider group of stakeholders and, in particular, representatives of the local community.

We got to that point at around the same stage as there was the early thinking in terms of the holding of these forums, there were a number of other consultative processes underway, a number of other things obviously in train arising out of the Inquiry's work. So, other than further investigation and testing and looking at more recent analysis, we decided not to take that approach further at that point pending the holding of the improvement forums and the ideas that obviously were expected to serve us here, and I must say there has been incredibly - just what I've been exposed to

and as the Board has commented - an incredibly rich range of proposals and suggestions.

Just to come back to the roundtables: it was broadly agreed that, to be sustainable any new mechanism, whatever it was, for the Latrobe Valley, certainly it should be focused on the Latrobe City Local Government area; it was felt it could get a little bit diluted if it went on a more regional basis, but a particularly strong emphasis on complementing existing planning and coordination arrangements, although there was a very strong recognition that, although there was a lot of sharing and collaboration within the agencies in the Latrobe Valley, that in fact some mechanism which helped bring together a range of diverse perspectives could be beneficial; but, that said, very much within an emphasis on the need to build on what already exists and to strengthen the existing mechanisms and institutions within the Valley.

The roundtable, as I say, made further suggestions and considerations about thinking about the consultative council idea, further need to clarify how any new mechanism would interact with existing mechanisms, including Latrobe City Municipal Health and Wellbeing Plan, and in particular how to reflect community diversity in any governance arrangements, and to ensure active community participation and ownership in whatever new models might be proposed.

I won't go into more detail about some of the other background considerations, but I think that what we've seen, both in terms of what we learnt from those roundtable discussions and now from some of the

submissions to the Inquiry, I think it can be said that a number of strengths and weaknesses in the health conservation zone concept have arisen and I think we're now at a point where what I think has happened is that the proposal has generated a very rich surfacing of ideas and possibilities in a way that had not really been publicly considered before and that has been an incredibly important development.

For the most part, I think the submissions to the Inquiry support in principle the idea of something to help better coordinate and focus effort on the health wellbeing improvement in Latrobe and some real opportunities to build on existing initiatives.

I think there has been perhaps in some of the submissions and some of the discussions an issue about on the one hand really focusing attention on a community that has faced many challenges and in certain respects is highly disadvantaged, but also an area that has many strengths, both in the community, in its natural environment, in its local agencies, and there is a need, as I think has arisen, as to how does one get the balance right between not saying that this is an area that's so disadvantaged, it's a very special case and we've got to deal with all the problems, versus a more positive sense of the strengths and assets and future opportunities. That, to me, seems to have arisen in a number of things that I've read and things that I've heard.

Obviously, the existing infrastructure mechanisms that are there to be built on are generally very strong and we've seen new opportunities - not only obviously

the role of the Latrobe City Council, its elected representatives, its statutory responsibilities, its responsibility for the health wellbeing plan, its planning and economic development functions, but we already have some coordinating mechanisms in place between particular groups of agencies - for example, the Central West Gippsland Primary Care Partnership, the Inner Gippsland Children and Youth Partnership, and now, which was not the case when the proposal from the board was first made, we have the Gippsland Primary Health Network as a new entity with significant Commonwealth resourcing, which also has a mandate not only for improving aspects of clinical practice and linking services and general practice and looking at opportunities in that sense, but the primary health networks also have a mandate in terms of population and health planning for particular areas, and I think that that's important to keep in consideration.

In addition, we have the specific agencies and all of their links and networks, the Latrobe Community Health Service, the Latrobe Regional Hospital, they all their board structures, a variety of programs and collaborate in different ways.

The Children and Youth Area Partnerships offer a further opportunity to bring together health perspectives and areas that bring in the community sector and other sectors and social policy agencies.

Just to quickly - I think I've got about another five minutes. Once again, since the Inquiry proposal was made from last year, we have seen a number of new, or newish, developments. For example, the Brotherhood

of St Laurence recently produced I think a very helpful report, which some people might be familiar with, titled, "What next for place based initiatives to tackle disadvantage?" They review a number of case studies of communities that have made real steps forward, looking at programs like Better Future Local Solutions, also Neighbourhood Renewal, the Go Goldfields example and some Tasmanian initiatives, and gives some very interesting examples about how some of those communities are tracking and monitoring progress, reporting back to their communities on change. They give the example of a local data observer in the city of Playford, which very much helps pinpoint where the bright spots are and where real improvements are being made, not only focused on remedying disadvantage.

There are many lessons I think from that, but one of the things that the Brotherhood place-based approach recommends is trials of collective impact models.

We've also been looking fairly closely at collective impact approaches, results-based accountability, and one of the advantages of collective impact approaches is that they really have an opportunity to bring all the relevant participants to a common agenda and look at opportunities for shared measurement, really tracking outcomes across different initiatives and emphasising what collective impact literature terms "mutually reinforcing activities", so people do what they are best at doing but do that in a way that the integration means that, as far as possible, particular gaps are avoided. So, people working together, collaborating, developing mutual

plans and objectives, but making sure that all of the things that need to happen, whether it's clinical services or community-based programs, that everyone shares that responsibility.

There are a number of other things with collective impact that I won't have time to dwell on. It's quite interesting that the collective impact approaches draws more out of a social policy sort of background of thinking and approaches.

In some ways, it contains some similar thinking to some of the accountable care models that have come out from the US under the US Affordable Care Act, which also talk about specified populations where providers are jointly accountable, target outcomes that matter to the population, emphasising metrics and learning and so on.

There are other approaches we've been looking at, for example, the ways in which the use of a compact agreement in the UK as a mechanism for really tying those elements together across agencies, and compacts between local agencies themselves and with Government and with communities as living documents that are revised and developed and include Codes of Practice for how to work.

We've been looking at some of the opportunities for system leadership. One of the more sustained initiatives, or initiatives that has the potential to be sustained, which we've seen many things, like the health action zones not be, are the health wellbeing boards in England. Now, that's a different model because they're statutory requirements across the

country, but there's some very important thinking about system leadership and the sort of leadership that is needed to really make things work in a community and the need to give up turf and build trust and work together.

There are a number of other really important ideas I think that have been surfacing. I think Professor Campbell has talked about the thinking of a health commons and an approach that I'm sure he will talk about. Evelyne and Marilyn Wise in their paper talk very much about thinking about health advocacy as a function as opposed to a particular personal position.

I think that one of the lessons perhaps to conclude on is that, in almost every case where we do see things have been sustained, they have largely been designed with, owned by, local communities and local agencies.

I suppose what I would like to conclude on is that, wherever we go with this, that that process of co-design and engagement and really building something that, notwithstanding changes of Government and changes of policy and so on, really make sure that, what it is, is going to last.

The Minister has recently released the State Public Health and Wellbeing Plan. That was launched on 1 September. That wasn't there before, but that plan makes a real commitment to place-based initiatives and tackling disadvantage. I think that, with that in mind, and with all the lessons that have been learnt and the richness of the input from all of the different

perspectives that the Inquiry board has brought together, I would like to think that there are some real opportunities into the future and I might leave it at that.

MR ROZEN: Thank you very much, Colin. Our next speaker will be Professor Don Campbell, who is the co-author of a report to the Board entitled, "Improving the Health of the People of the Latrobe Valley". Thanks, Don.

PROFESSOR CAMPBELL: I'm going to pick up on some of the things that you've just elaborated on. Thank you for the opportunity to talk. I'm largely going to talk to the report that I wrote and draw on specific bits from it; in particular, the recommendations that I've written in the front and also a chapter about the principles of the commons and local governance of healthcare.

I'll start with the principle of inter-organisational networks. I'm going to talk about inter-organisational networks, the concept of the commons, the concept of healthcare as at commons, and then some recommendations - a specific example from Atlanta, the Atlanta Regional Collaborative for Health Improvement, and then talk briefly about the recommendations.

Firstly, the concept of inter-organisational networks. This has been recognised as a strategy for public and private sector management to address complex problems, share resources and achieve collective goals. These networks consist of both the structure of the relationships between actors, the nature of the links and the meaning of those relationships.

Trust emerges as the very important lubricant to make cooperation possible in this context, so an objective is to achieve trust. We all know that there are challenges to working in inter-organisational networks that need to be seriously considered, recognising that it's a rocky road and that work will need to be undertaken to mitigate the risk that these networks will fall apart under pressure.

The questions for consideration are really, do the added benefits of networks outweigh the challenges? And when are those advantages, when do they predominate? And when is an inter-organisational network the right organisational form to achieve the particular objective?

It's argued that a formally mandated network can provide a powerful incentive for organisations to work together.

There are three themes that emerge here: governance, management leadership and structures. All of this is a challenge, and leadership isn't the role of a hero. Leadership is an emergent property, and the manager of the network, their responsibility is to nurture leadership. So it's leadership at every level, if you like.

There are a lot of tensions and paradoxes that have to be managed. There are four stages in their evolution: what I used to call storming, forming, norming and performing, but we might call formation, growth, maturity and achievement of resilience, and then the inevitable, which is death and transformation.

We have to know when to choose a network as the

right organisational form. Increasingly in the clinical context attention is being paid to the development of clinical networks with the goals of strengthening care pathways and improving the quality and coordination of care provided for patients.

I think in Victoria we can point to a very great deal of success in this area, particularly in the cancer and cardiac services environment, and it just means that there are further challenges ahead for us to be able to look back and say that we were successful, so we look forward to seeing that.

To have these networks actually work the infrastructures and competencies needed will need to be identified. We'll need to develop a shared vision, develop trusting relationships, balance, power and authority, create participatory leadership, identify collaborative action plans, define our roles and be measurable and accountable for achieving success.

That's a little bit of a background about the concept of inter-organisational networks.

Then we come to the concept of the commons. I have drawn for my readings here on the work of a United States foundation, the Fannie Rippel Foundation, which is focused on initiatives to foster innovation in regional health as a path to the redesign of healthcare.

This foundation got a group of visionary original thinkers together, and their names are worth reflecting on: Peter Senge, who wrote a book called the Fifth Discipline; Don Berwick, who's the leader of the Institute for Healthcare and Improvement; a person

called Amory Lovins, who has built an Institute For Renewable Energy in the Rocky Mountains; Elinor Ostrom, who is a Nobel Prize Winner for Economics whose work on the commons is central to my thesis; and a man called Marshall Ganz, who organised the Grassroots campaign for the Obama Presidential Campaign.

So, far-sighted, visionary, deep thinkers, drawing on the work of Elinor Ostrom, whose work describes the use of long-lived voluntary social arrangements to manage natural resources, to optimise their use over time and prevent their degradation through individual exploitation. So, this is fisheries, forests, the natural world.

This concept has been reworked, and the Fannie Rippel Foundation has explored the utility of this concept of a commons and of common pool resources to guide collaborative reform of healthcare delivery at a regional level - very relevant to considerations in the Latrobe Valley.

It's argued that the complex system of health and Healthcare Services constitutes a commons, and the resources include both physical facilities, financial resources, human capital and social capital. This is described as trust between health professionals, community leaders and the citizens of the community.

One of the writers from this foundation argues that collaborative stewardship of health commons works best if there is a formal or informal leadership team involving all the stakeholder groups, that the leadership has been given the authority to manage the community's resources in a responsible and sustainable

manner, and that there are rules and procedures that fit their circumstances that look at how you distribute the costs and benefits, that the participants have access to information, and that monitors hold them accountable for their work, the participants who violate agreements are subjected to a series of sanctions, and that participants can resolve disputes.

When the group is working on a complex problem, the team can break itself into sub-teams to focus on achieving specific goals; that there are regular channels of communication that facilitate the identification of shared goals and help team members develop a common understanding of the system in which they're working, and that there is a sense of trust, that the teams keep their discussions going productively and pursue the opportunities to reach out to people who aren't yet involved.

These are the far-sighted workings of this group, they've embraced the conditions of collective impact that have been described and these principles are worth going over. That these are a common agenda; shared measurement; mutually reinforcing activities; continuous communication; and that there's a backbone organisation which creates and manages the initiative and coordinates participating organisations and agencies.

We're moving away from the concept of the state as the only agency and away from the concept of private sector ownership as the only alternative. It's, how do we bring these elements together and manage their relationships to achieve something collectively which

they cannot achieve each on their own. That, I think, is the challenge of healthcare as it's emerging at this stage of the 21st century at a regional level.

That's a little bit about the commons. What I'd like to do now is draw briefly on the recommendations that I've put at the front of the report that I made.

Really, I've suggested that there should be this platform. I strongly support the idea that there's a platform to enable the community of the Latrobe Valley to restore its health; that it should focus on health and wellness as a strategic objective. If we only look down, all we will see is problems, and we will have jealousies and we will fear what our neighbour is going to do. Whereas, if we focus on a far-sighted objective we can create the momentum that will sustain collaboration and partnership. This idea of a platform focus should foster engagement across both the health and the social sectors with broad community involvement.

This health conservation idea, if it's adopted with the concept of commons, would require collaborative management by a commission.

In my report I draw the reader's attention to the existence of the Atlanta Regional Collaborative Health Improvement and, for anyone who's visited the US, frankly if you can make it work in Georgia, I think you can just about make it work anywhere. They're a group of individuals who have a very strong sense of self, and I don't know that collaboration would have been something that was upper most in their minds, but nonetheless they've put together a playbook that's

available and it shows how they have done the hard yards to get to the point where they have this process working reasonably well.

I'm arguing for the adoption of these principles as the foundation for the organisation of the health conservation zone. I think that something like the Latrobe Regional Collaborative Health Commission could potentially be an exemplary manifestation of the work of something like the local health primary network. I've written this without knowledge of what a primary health network would do, and I think the position of blissful ignorance is a very fine position to write something like this from, so I'm not seeking to apologise, I wrote this at a time when it was not known what the PHNs would look like.

Arguably, something like a Latrobe Regional Collaborative Health Commission could have the responsibility of engaging with the community, adopting the principles of co-design for the healthcare system to meet its needs.

It could also be responsible for managing the scale and scope of the activities to obtain population or strategy. I think it would benefit from the broadest possible range of community representation and engagement, including the usual players, Local Government, the Community Health Service, the Regional Health Service, the general practitioners, and arguably including insurers, representatives of large businesses, and of which there are several big employers in the district, not limited to the health service, not limited to the electricity industry, but

general insurers, the social sector as well.

There should be a steering committee to provide oversight guidance. I've also suggested that they adopt the principles of alliance contracting which has been adopted in New Zealand, drawing from big building projects, where everybody has to put money into the pot for the activities that they collaborate on to ensure that everyone is committed. If you're wondering about the difference between involvement and commitment, it's the difference between bacon and eggs.

When you're talking about eggs, the chicken is involved; when you're talking about bacon, the pig is committed. So, what we're looking for is for people to be viscerally committed to the success of the overall project, not just the limited bit which is their purview. This is an important principle and New Zealand have adopted that principle from big building projects into healthcare at a regional level.

There are a whole range of activities that are suitable for something like a regional collaborative Health Commission to adopt and a whole range of activities could include developing pathways to employment for disadvantaged people, ensuring that we have the right healthcare workforce, that we're not populated by fly in, fly out - or Vikings as I've heard them referred to. This could be a very productive activity and, if the Atlanta experience is anything to go by, it will require some seed funding but it will have to be charged with developing a financial model to ensure its ongoing viability.

I hope I haven't spoken for too long. Thank you.

MR ROZEN: Thank you very much, Don. The final speaker that we'll hear from this morning is Evelyne de Leeuw. Evelyne is the co-author of another report to the Board of Inquiry entitled, "Population and Health Development in the Latrobe Valley". Thank you, Evelyne.

PROFESSOR DE LEEUW: Can you hear me? And I see myself in the background on the big screen, that's fantastic. I'm just going to give a few brief reflections on everything that you've said.

I think Colin, as well as Don, really covered the basis of ways forward to address social disadvantage, to repair health, to grow health, to grow wellbeing, to grow resilience. My reflection on this is really looking at two words - trust and ownership. Colin, I think in particular, emphasised at the end of his presentation these issues of trust and ownership.

What I have felt when I visited the Valley and talked to people during the different forums and consultations, and also aside from formal interactions but more informal, through Twitter and other social media, is that, people believe that the structures that are already there are not serving them well.

When we talk about putting more structures in place, like advisory committees, consultative boards, partnerships - they're big words, but what the people in the Valley need is concrete action; they need to see deliverables on in this talk.

I'm sure that everybody who is there with you today shares that idea with me and with the people of the Valley, that action needs to be taken and action needs to be taken now.

That's not to say that putting structures in place is a bad plan - I think structures should be put in place, but it should be very clear that they yield results very quickly through a process of co-ownership.

I think, using the term "co-design" for systems development is a little bit trendy. I'm not sure whether people in the street would actually understand a call to co-design; would they know what that means? What really is important is that they see that they are involved in taking charge of their own fate, and their fate is not just health or wealth or wellbeing, it really is active improvements in their direct living environment and that of course connects to place-based health improvement.

Both of you, Colin and Don, have been talking about place-based health improvement, and health in a very broad social way, not just a biomedical delivery of clinical services, but really looking at the social determinants of health.

The last time I was in Traralgon, I was really pleased to see that there is general acceptance of one of the important current ideas of VicHealth, which is fair foundations, looking at social determinants of health, looking at the drivers of health equity, but in a direct people-owned way.

The paper that Marilyn and I wrote actually shows that people can own their own fate, that there are of course other factors at Government level, at private, at corporate levels, but it is possible for people to own their own fate and work toward their own fate, and maybe we should see those networks that particularly

Don talked about as mere facilitators of people taking charge of their own fate.

I would want to briefly talk about the idea of the health conservation zone and the work that Marilyn and I did looking at health action zones for instance but also healthy cities.

One of the things that I am a little bit concerned about is the terminology, because you could poke easy fun at the idea of a health conservation zone. Conserving health where there is no health is a challenging idea. So we write in our report that the terminology may have to be reconsidered.

Similarly, one of the things that we see in the literature is the notion of "resilient communities" or "resilient local areas". When you look at that literature, resilience is usually seen as bouncing back, the capacity to bounce back to a situation.

If we look at the Latrobe Valley as a resilient community after the mine fire, they would bounce back to a situation of disadvantage anyway. So, it's not just bouncing back, it is what we want in a resilient community is to also have the capacity to bounce up, getting better; and not just a few people getting better, but everybody getting better.

The last time I was in Traralgon, we talked about ideas of Michael Marmot about proportionate universalism, saying that everybody should get the same, but those who need it more should get more and better of it. Again, in our report we write about it, and it's very much in line with what Colin and Don have said, that we need to have a very clear idea that the

people who own their programs need to work to improve their fate, improve their lot, improve their engagement and ownership to the extent that, in solidarity, those who need it more would get more and I think that's very important to establish.

My final comment really is about the advocate. Colin alluded already to the fact that we see the advocate as a function rather than a person. One of the reasons that we've written that is, an earlier analysis that I did in Europe on healthy cities, effective operators in healthy cities in Europe could be labelled "social entrepreneurs". Now, whether a social entrepreneur is a health advocate could be debated, but effective social entrepreneurs are effective individuals, and those effective individuals tend to be so successful that they will be offered other jobs and they will move out, they will leave a vacuum behind.

Therefore, it is important for social entrepreneurs or health advocates, if they're persons, to institutionalise what they're doing. So, to have a person is legitimate and it's good to have a figurehead and someone that you know you can address and someone who is walking the street, but when that person leaves, you actually need to have an institution that can easily fill any gaps or be responsive to particular needs when they arise.

There's a combination between the person and the function and I absolutely see the importance of having a visible and recognisable health advocate who, in a term from political science, would be a street level

bureaucrat, someone who is able to make decisions on the street with the people right away; at the same time that needs to be embedded in the structures that both Colin and Don have described.

My recommendation is, yes, health conservation zone, but consider the name and consider how it is embedded and owned by the community. Yes, health advocate, but apart from it being a person or a network of persons, it needs to be institutionalised well so that it will be sustainable and survive all sorts of challenges in the community.

I'm going to turn on my light again and then I'm happy to continue the conversation with you.

MR ROZEN: Thank you very much, Evelyne. So, they're the three presentations - sorry, Evelyne, have you concluded your presentation?

PROFESSOR DE LEEUW: Yes.

MR ROZEN: Thank you. They're the three presentations that we are to hear from now. The proposal is that we will now move into a more informal discussion group. We've got about an hour available to us, we've got other members of the group. We've left it a bit flexible as to how we're going to do this in terms of logistics. We don't have a table to sit around, for example.

If we could have a break for a couple of minutes while we re-organise the room and then we'll reconvene.

(Working group 2 commences in the Grand Prom room)

(Short adjournment).

MR ROZEN: Thank you very much and welcome back to everyone. We've had a very useful discussion, albeit it perhaps a little bit brief, but we were able to cover a number of

issues that were stimulated by the very interesting presentations that we heard from Colin, Don and Evelyne this morning.

What we're now going to do for the next 25 minutes or so, I think we have, or possibly half an hour - I'll get told if I'm being too ambitious - no, it's nodding, so we've got about 30 minutes available to us.

What I would like to invite this group to do, which has been looking at the health conservation zone and health advocate, is to report back to the Board on the discussions we've had this morning. We're not limited to the things that were said this morning, we're very grateful to the group of people that have come together to assist the Inquiry in relation to this topic and I'm sure the Board is very keen to hear from you all.

Don, who you heard from this morning, took the role of chair of the group this morning, and Don, I'll invite you to do that again. But before perhaps throwing to Don, perhaps if we could start with you, Gary, if you could tell the Board and for the record your name and the organisation that you're here representing and then we'll go down the table please.

MR VAN DRIEL: Gary Van Driel, I'm the CEO of the Latrobe City Council.

MR LEIGH: Ben Leigh, CEO of Latrobe Valley Community Health Service and also deputy chair of the Gippsland Primary Health Network.

MR CRAIGHEAD: Peter Craighead, Chief Executive of the Latrobe Regional Hospital.

MS SHEARER: Marianne Shearer, Chief Executive of Gippsland

PHN.

MR SINDALL: Colin Sindall, Director of Population Health Prevention Strategy in the Department of Health and Human Services.

PROFESSOR CAMPBELL: Don Campbell, general physician, Monash Health.

MR BLAKELEY: Greg Blakeley, Regional Director, Health Gippsland, Department of Health and Human Services.

MR ROZEN: I'm just wondering to myself what the collective noun is for a group of chief executives and directors, but that's something we can mull over; maybe "a leadership" would be one possibility.

Don, perhaps if I could throw to you. We've got some slides which Monica has prepared. Perhaps we could go to the first slide if we could and that might help us.

PROFESSOR CAMPBELL: We had some themes come through very strongly. I think the first theme that came through was, I think, community frustration and a level of distrust with what has gone before, and a recognition that we need to avoid political disruption. At one level that will require long-term planning and long-term sustainability, but there needs to be runs on the board fairly swiftly or the community will further disengage and regard it as a bureaucratic exercise yet again. That came through as a theme.

It needs to be very pragmatic. We started to hear the voice of employers, and recognising that the health service itself is potentially the largest employer in the Valley, but if there's a role for employers to be heard, that's very important. Employers have a very

strong investment in the health of the community. Employers need healthy employees.

I think we heard a theme about learners and earners, that these were critical pathways to health, that people had to have an opportunity for employment as one of the precursors to health.

We also had a discussion about the health advocate and the need to institutionalise this concept. There was a question as to whether this was an evolutionary step, something that was important initially to manage communication and to create the conversation space with community and ensure that they could see, touch and feel the activities that arose as a consequence of potentially establishing a health conservation zone, and it had to be somebody who had a very strong sense of identity with the community; it couldn't be somebody who represented a bureaucracy - we heard that word a couple of times. Those were important concepts.

It was important for it to be above the political fray, something that couldn't be neutralised just because there was a change in Government or a change in perspective as to what the role of Government was.

MR ROZEN: Peter, I think from the hospital's point of view, you were talking about the hospital's role as an employer and the significance of that in the context of this discussion. I wonder if you'd just like to share that with the board, please.

MR CRAIGHEAD: We see, as a large employer who has a cross-section of employees, so I think our employees' health status matches the health status of the Latrobe Valley is large, even though we probably have some

better health outcomes than some of our higher employed staff.

Certainly, we have a large focus on employment across the sector and we see our role in improving the health and wellbeing of individuals in our organisation through some work-related programs - healthy eating, exercise, looking at those issues as an important preventative and improvement role that we can have as an employer.

I think it would be good to see perhaps the largest ten employer groups across Gippsland targeted in that way, or the Latrobe Valley.

I also see in the health sphere, that's our area of primary healthcare that we can get into, but as an organisation we need to get into secondary and tertiary management of chronic disease to prevent debilitation and minimise hospitalisation, and that can be through the development of cardiac clinics, lung, pulmonary clinics, diabetes in the specialist area. Our specialists are starting to work, and I think we talked earlier in the forum about chronic disease and how we can best manage it to keep people out of hospitals to manage the growing demand that we have.

MR ROZEN: Marianne, if I could turn to you. The Primary Healthcare Network, a recent innovation which puts you in one sense at a disadvantage, and one of the points you were making in the group was what an opportunity that presents and this Inquiry is very timely in that regard.

One of the things that has come through a lot of the discussions and community consultation the Inquiry

has engaged in has been the need for greater coordination of service provision, greater coordination of different organisations such as the ones represented here; that's part of the function of the PHN.

The question in my mind is, we're talking about a health conservation zone, how does that potentially work with the PHN so that that would improve service delivery rather than merely being an additional layer of bureaucracy?

MS SHEARER: Thank you, and it's a question that raises, I suppose, the different sides of the opportunity as well as not adding a layer of fatigue, because there are a number of activities already in place, there are strong organisations already in place, and they have the existing structures. So, with the PHN, it will want to work with those structures and add value to those structures rather than adding another layer on top of that.

I think that's where the fatigue sometimes comes in, either for the community or organisations and sectors that think, I'm doing some of this already and here you go, we're just going to add more meetings and more meetings and no action and no benefit.

So, for the PHN, we'll be wanting to take the opportunity to add the value with our population health planning role to build on and use existing structures to inform what's needed for the community and to inform future purchasing.

From that, we will and do have funds for commissioning of services and we're hoping that that will grow, so we will want to be able to invest in

existing services and build capacity with existing services to be able to provide more for the community, and that might mean more from within existing settings or it might mean more in the way of being able to enable outreach services.

We have nearly 1,500 members with the PHN and we've got an opportunity to be able to commission in such a way that helps integration of services between the sectors. So it might be working with nursing services provided from the community health, working with specialists in telehealth as an arm that links with hospital; working with community services that are supported by council and many others; we want to be able to branch that out and help with the integration and help with the access.

MR ROZEN: Ben, perhaps if I can bring you in here, if I could, you're wearing at least two hats, the community health hat, but you're also Deputy Director, if I've got the title right.

MR LEIGH: Deputy chair.

MR ROZEN: Deputy chair of the PHN. Just talking specifically about the health conservation zone, if that was an initiative that was to be implemented in Latrobe Valley, how do you think it can work? How can it improve the health of the people in the Valley?

MR LEIGH: From the perspective of the PHN, I think it would assist the work of the PHN as it stepped up now and started taking responsibility for population health planning across the whole region, being Gippsland, and I think the PHN would look to local communities such as Latrobe to take charge of their own destiny and look at

the special needs that they might have and to be supported and assisted by the PHN perhaps.

Firstly, I would say that the PHN wouldn't want to take over the role of local communities necessarily in those special areas.

What a health conservation zone could do for us though, is that, in the past - and Marianne has made reference to this - is that there have been various initiatives, various networks that we've put together that have often been short-lived and perhaps haven't delivered the results we would have liked, and perhaps a little bit broad in their focus.

I would see a health conservation zone, if it were to be successful, needing to have a very clear focus on what it wanted to achieve. It would need to have a long-term commitment by the community, by the Government. It would need to have clear metrics that were understood and engaged the community in developing and monitoring about our health here, our wellness and that we work together to achieve those.

It would need to be adequately resourced so that it could stay the long-term and do the work that was required. It would need to have a very broad membership. It would need to extend beyond the traditional boundaries of health and wellness, but in all sorts of areas, being the environment, being industry, because the whole community has an investment in its health.

In my experience when I talk to people, the whole community has an interest in health, and so, we would need to have engagement mechanisms that would bring

those participants to the table and engage them.

Don gave the example this morning of the bacon and eggs, so we would need to have clear bacon in this that would bring all of those stakeholders to the table to pursue a clear focus on improving our health and wellness. If that were to be achieved, I think we would have some success.

MR ROZEN: So, you're very taken with the bacon idea. Gary, if I can bring the council perspective in here. You explained to the group about the council's existing public health and wellbeing plan which has its own initiatives and goals. How might health conservation zone, how might it overlap with the existing structures in a way that's beneficial?

MR VAN DRIEL: I think you would be looking at, I suppose, understanding the definition of "health" within that zone. The public health and wellbeing plan articulates wellness across a broader spectrum than just sort of biomedical. I think, if you're looking at communities - and I mentioned community development, the work that council does in engaging with communities - often it's about creating liveability, improving the enjoyment of citizens in their areas, and so, it's in the context of a broader definition around what adds to the health of the community.

Through the Local Government reporting framework there are a number of indicators that we already report on that actually link back to the delivery of the actions and outcomes within our plan.

MR ROZEN: Don, if I could perhaps go back to you. One of the clear themes for me from the discussion this

morning was the importance of sustainability of anything that's put in place being able to outlive the political cycle. Everyone agrees with that, it's easy to say, it's an obvious point to make; I suppose the challenge is, how does one do that?

One discussion point was that, the greater the community involvement, the greater the community support for any initiative, perhaps the more likely it is to outlive the political cycle in the sense that, politicians are less likely to tamper with something that is entrenched in the community.

Is that something that, from your understanding of international and interstate experience, is a significant factor in this debate?

PROFESSOR CAMPBELL: Yes, one of our community members, who's the lady at the end whose name I've forgotten, Marianne, she had this idea of the Latrobe Health Foundation. I'm reminded by one of my colleagues that the concept of social impact bonds is starting to get some air play in various sectors; the idea that there are bonds that are invested and there's a return, you know, a cash return on the bond if the investment achieves its objectives, its outcomes - this idea of sustainability that transcends the political cycle and takes people away from the idea of being dependent on Government handouts, translating that across into saying that the whole community has skin in the game around improving health outcomes or improving outcomes from the justice system.

In New South Wales there's been two examples of social impact bonds in the justice system, and they're

paying 8 per cent, because they're achieving their deliverables around return to employment and recidivism rates in the justice system. I know that has some intrinsic appeal, because we spent a lot of money on the justice system and, if we spent less money on the justice system, we might be able to spend more money on the healthcare system. They look awfully like the same customers quite frankly because people who are heavy users of the justice system also are heavy users of the healthcare system.

So this concept of social impact bonds as a potential vehicle for business to invest in improving the health outcomes of the community as a means of achieving sustainability beyond political cycles has a lot of merit.

MR ROZEN: The overhead slide there just reminds me about the link that was made a number of times during the discussion this morning between the two topics: the health conservation zone topic and the health advocate zone topic. Whilst they're separate, in a lot of ways they are related.

We heard discussion about having a champion for health in the area. I'm happy to open this up to anyone on the panel really, how the two ideas might interact and how a health advocate might be able to make a health conservation zone a more sustainable concept over time.

Perhaps, Don, if you could kick us off on that, if you don't mind.

PROFESSOR CAMPBELL: The first thought was, a very effective health advocate with their entrepreneurial role may

well find themselves receiving an offer too good to refuse and moving on to pursue their own career, so there's a risk of investing this role in only one person, but, if that's how it starts, the person who takes that role on, their first job is to ensure the persons who come after them can do their job, that they institutionalise that role, rather than have it vest only in one person.

It's very useful to have a figurehead, but the figurehead has to ensure the transfer of that role beyond them into a broader group sitting behind them. That was a concept that I think our group discussed and had some reasonably clear views on.

MR ROZEN: Marianne.

MS SHEARER: I was thinking of it a little like business and new ventures. Often you need a really entrepreneurial person to start that venture that's very engaging and engaging at many levels, and then to follow becomes that institution, and also a person that perhaps moves into the maintenance mode, because that then builds the sustainability of the organisation.

So, the vision at the beginning needs to be to have somebody quite at that entrepreneurial level and can engage the community and can be that link there, but then building in mechanisms that actually backfill and keep that maintenance mode and builds that strength.

MR ROZEN: Looking at the slide again, and I'm seeing the second point; I'm reminded of what we heard from members of the community during the group, and that is the idea that, if the health advocate's stuck in an

office behind a desk and inaccessible, then they're going to be less able to do that important work of engagement with the community.

Perhaps, Ben, if that's something you might like to make some observations about.

MR LEIGH: Yes, I sometimes wonder whether we are sort of trying to create a Gandhi-like person here, because I think what will be necessary is that that person will need to bring a certain level of vision to the role themselves, but a high level of engagement skills, as I said before, across industry, across sectors, across communities, and I think that will be critical to the success of this.

I think initially we are looking for someone that can bring us together and bring traditional players together in a space that perhaps they're not familiar with, but then, importantly what we then said was that it was going to be important to systemise this because, if that person is that good, they will probably be needed elsewhere after a time, and so, part of the process will be systemising that and building that up so that it's self-sustainable.

MR ROZEN: You made reference to Gandhi when Marianne was talking - I was thinking Steve Jobs, that's an interesting person we're creating here and I wonder where they are. I wonder if anyone else wanted to add to that discussion? Don't get all shy on me now.

PROFESSOR CAMPBELL: It's a very difficult role, because part of it is around communicating with community and carrying the community on a journey, and we're aware that there are disparate communities, that potentially

people do identify with the Latrobe Valley as a region, but they will have strong identification with towns within that and won't necessarily see the Latrobe Valley as a word that refers to them, whereas they might see themselves as a person from Morwell or a person from Moe.

So, people have strong identification with bits of the Valley, so the messaging is going to have to be targeted to particular towns or groups within those towns, so that person's going to have to have a very good local knowledge to be able to communicate that.

Equally, I think if they're going to play a role in relation to an entity that might be the entity that brings together a health conservation zone, to really be able to channel the desires of the community to see quick wins. They're going to have to see things that they want to see, touch, feel as representing outputs from this marvellous activity that isn't quite tangible when it's first announced, so that will be an important role for that person.

Equally, I guess, the question around the health conservation zone, if there's such a thing, is that it is assisted to ensure that it's successful by having access to some of the best brains that the state can muster who have got demonstrable success at regional levels in bringing in finance in innovative ways.

We heard from our community representative that a quick win for them would be jobs in Morwell. So, how do we find out how to do this? Well, arguably not all of the expertise is going to come from Spring Street, not all of the expertise is going to come from Collins

Street, and potentially not all of the expertise is available locally, but there might well be people with a lot of expertise in other parts of Regional Victoria who have got something to contribute who would want to contribute something in some way to a very special initiative.

MR ROZEN: Thank you. What I'd like now to do is start to wrap up this presentation. What we've done with each of the groups that have previously come together and assisted the Inquiry is to conclude by asking each member of the group if they had one message they wanted to convey to the Board about the topic that's been discussed, then now's the opportunity to do it.

Just because where you're sitting, Gary, it seems opportune to start with you. If there was one message you wanted to convey from the council perspective or from a broader perspective as someone living in the Latrobe Valley to the Board about this concept of health conservation zone and/or health advocate, what would that message be?

MR VAN DRIEL: Again, I think it would be re-affirming the need to have a broader definition of what the health conservation zone is all about, and for the players to actually understand where their boundaries are on the playing field.

I think ultimately, though, the success will be the capacity of the advocate, or the office of the advocate, to engage with community to provide that conduit and capacity for - we used the word "cogenerating" solutions with community.

MR ROZEN: Thank you. Ben?

MR LEIGH: Yes, I think Latrobe deserves a special focus on its health, and particularly parts of Latrobe, and particularly Morwell. It needs to be long-term and it needs to be well resourced with strong engagement and commitment to improving the health of our community, and not re-instating us to the former level of disadvantage prior to the fire, but in fact elevating us to health status levels that are comparative with the best parts of Australia.

MR ROZEN: Thank you. Peter?

MR CRAIGHEAD: I'd like to see us get off the bottom of the league table now, because we've got poor health outcomes; I think we can make a difference starting with small steps.

We also need to see that the Valley has equity with our regional providers. We are so far behind the 8-ball on health investment in comparative, self-sufficiency. We lose a lot of our disadvantaged people who still have to go to Melbourne, have a lot of hidden money that's spent on travel, accommodation and that to provide the services that we should be providing in the Valley.

MR ROZEN: Thank you. Marianne?

MS SHEARER: It's getting harder to add value, you're all pinching my headlines here.

Integration of care will be important for the future, so it needs to be a key part of the focus of the zone.

Increasing access and looking at different mechanisms to do that so that people don't always have to travel back into Melbourne; and measurable

improvements for the community. So that means we need a commitment to shared data so that we can be accountable back to the community, back to ourselves, to know where to invest in the future, to attract investment, and new investors for the community.

MR ROZEN: Thank you. Colin?

MR SINDALL: Yes, thank you. I think it is really important to ensure that, whatever is done, really builds very much on the foundations of the existing structures and processes.

I think, without the real ownership, both from local agencies and the local community, whatever is done is potentially fragile and I think that absolutely has to be the starting point.

I've seen many initiatives come and go, as we all have, and there probably are not too many magic bullets. It probably needs to start with the strengths and opportunities that exist locally and, if there are some gaps, or if there are some issues that need to be addressed, we need to look at how we strengthen those structures and processes and really think very carefully about, in a sense, new, totally new directions.

MR ROZEN: Don?

PROFESSOR CAMPBELL: My final comment would be, to throw out the challenge to the community that, having established their health conservation zone, that they could report back to us in 12 months' time what they've achieved, and that in three years' time we look back and say, this was the point at which we turned it around and started to see a different future for the health of the

people of the Latrobe Valley.

MR ROZEN: Thank you. And, Greg?

MR BLAKELEY: Just probably adding to Colin's comments I suppose, and probably picking up on a few things that Ben and others have talked about, I think whatever solutions in a place-based sense that we're going to come up with additionally in the Latrobe Valley, you need to build on the existing. PHN is obviously a new player on the block that we can leverage off as well and a great opportunity to partner with them.

I think Ben's point, I just want to pick up on strongly as well, and that is that, addressing health inequalities and health prevention and social and economic participation in the upstream sort of sense is very much beyond the current health players. It's also, we need to engage a whole raft of other community groups, the community generally and private business in that co-design.

MR ROZEN: Thank you. I should ask if Members of the Board have any questions at this point. John, was there anything you wanted to ask?

PROFESSOR CATFORD: No, that was good, thank you very much.

MR ROZEN: Terrific. It just remains for me, on behalf of the Board and its staff, to thank the members of this group very much for the time they've made available to us this morning and for giving us the benefit of their collective wisdom and experience, local and external, I think it's been a very valuable session. Thank you.

We'll now have a brief break while we reconvene with the next group that will report to the Board.

(Short adjournment.)

MS SHANN: This is the community engagement and communication forum and we've got a full and extremely excellent and expert panel. We've got a chair, Sara, who I'll throw to, and a PowerPoint presentation, so we've got to cram it all into one hour. You'll hear from me, as I've already warned the panel, if they start not obeying the strict timelines, but otherwise Sara will explain and go through with the board what the panel discussed and what the ultimate recommendations are in this area. Thanks Sara.

MS RHODES-WARD: Thank you, Ruth. I think it's important to note - we'll introduce the panel members shortly - but we had of course wanted to deliver our presentation to you in mime, but Ruth said we'd go over time, so we're going with a very traditional PowerPoint format. We think you'd have enjoyed the other better but we'll see how this goes.

I'm just going to ask the panel members to introduce themselves and then we'll provide you with our reflections of this morning's session. Marilyn.

ASSOCIATE PROFESSOR WISE: I'm Marilyn Wise from the Centre For Primary Healthcare and Equity at the University of New South Wales. My background's in public health and health promotion.

MS SINHA: I'm Lisa Sinha, I manage the Gippsland Multicultural Service. I'm here representing migrant and refugee communities.

MS CHARALAMBOUS: I'm Stephanie Charalambous. I currently work at the Latrobe Valley Express newspaper and I've been a local journalist for almost nine years.

MS RECHTER: Jerril Rechter, the CEO of VicHealth, also known as the Victorian Health Promotion Foundation.

MS LUND: Tracie Lund, manager of the Morwell Neighbourhood House.

MR CAMERON: Steve Cameron is my name. I work for Emergency Management Victoria.

MS FARMER: Wendy Farmer, president of Voices of the Valley.

MR KLAPISH: Simon Klapish, I'm the corporate social responsibility manager for GDF Suez, and I've worked for - or originally Hazelwood - since 1995.

MS SHANN: Sara, can I step in, would you be able to explain, we've got two panel members who aren't physically present at the moment and perhaps you could introduce them in their absence.

MS RHODES-WARD: So we were joined by Jane and Carolyne. Jane is from EW - I always forget the other letter - EW Tipping, and Carolyne is from the community recovery committee, and both provided excellent input and were valued members of our session, but they had other commitments that they needed to attend to and they did ask that we provide their apologies to you for not being able to be here.

Our session considered the question of community engagement and communication, and I think there were a number of elements that we were particularly delighted by: I think, largely, the level of furious agreement that we had on a range of elements and recommendations that we'd like to provide to you and also the opportunity that we had to share and experience and tell stories from the collective depth and knowledge of the panel was particularly insightful and really helped

guide us in our conversations and provide an enormous amount of expertise into that space.

We'll be considering the questions and each of the panel members will provide you with their reflections from our session.

We first considered what were the best ways forward for community engagement. I think largely as a broad premise we said critically that engagement should be undertaken with communities, not done to communities, and that we felt that that was a really important foundation component of community engagement.

Marilyn has raised some interesting and important points around seats at the table.

ASSOCIATE PROFESSOR WISE: Thanks, Sara, very much. It was a great experience to be part of, thank you.

I wanted to start by - because there's never any question, at least in my mind, about community engagement and communication, but I just thought, in terms of linking it to, how does did contribute to improving the health of populations, it was important to not move beyond the sense in which it's important as a right of citizenship, which indeed it is, and that it's important for its instrumental reasons so that we can exchange information and so that decisions can be made in the interests of communities based on good information - that's obviously important as well.

But there's another part of the community engagement and communication which often gets missed out, and that is, that actually being represented as part of the community being consulted is independently important for health.

The communities that have been excluded from decision-making are always less healthy than those that are in, and it's consistent everywhere. So, being engaged is independently important for your health, irrespective of what you say or what you add, it's actually important to be at the table.

MS RHODES-WARD: We also talked about the importance of that being an honest and earnest dialogue and that it be a two-way communication - as much as there's generous communicating, there's generous listening and certainly Lisa has some interesting reflections in that space. Lisa.

MS SINHA: We're talking about there being a sense of belonging, and that being the difference between being marginalised or feeling like you're part of the conversation. And that, dialogue rather than consultation matters, and that people from authorities, decision-makers and leaders need to be able to consistently go to where groups are and where communities are, rather than have one or two representatives come to them, that that's not going to be effective.

So, apart from cultural diversity in general; youth, LGBTI, all sorts of communities, need to have leaders come to them and go to where they are consistently.

We talked about disconnected groups and those who are not involved in any group whatsoever and the importance of it not being token, so not having one youth or one person from a core background on a committee and thinking that that's going to be

consistent or effective, and not relying on print or forms that are not going to be useful if you're not literate in English, or it's not your first language, or you're blind or have some other disability or need for other ways of communicating.

MS RHODES-WARD: We also talked about it being very much a place-based approach, and that the way in which engagement will work for various communities or neighbourhoods or groupings will be quite different. The fundamental important component of that is in asking which way engagement works most effectively. Certainly Wendy had some great insights from her experience that she'd like to share.

MS FARMER: I think personally, or in a group as well, the community want to be engaged but we need to reach out and see how they want to be part of that engagement. Some people will want to have a big part of being engaged and others will want to have very little, but we've got to work out how we get to those people; what sort of form of communication that we give to them and what they really want to receive. So, some people will be good on social media, whereas others will read the Express, or some people will only listen to the news, so we have to work out how we engage them and use the services that they actually work with.

I think we need to engage neighbourhood areas, where neighbourhoods are actually starting to talk to each other, when you're walking the dog or walking the street or walking past someone's garden or doing different things, that we're actually engaging and talking to people there, seeing what they want.

MS RHODES-WARD: And so, I'm going to go to Tracie now because we're on the neighbourhood theme. So Tracie, I'm going to ask you to share some of your experiences as well.

MS LUND: Okay. On a neighbourhood level I think that the most important thing that we need to do is actually come into the communities, go to the individual little towns and the areas and actually ask these questions. A way we can do that is by tapping into the already established trusted local leaders and community leaders in those spaces. They're already there, they know their people and they're often really good sources to actually infiltrate straight into the community directly.

We really have to start at that localised level and build and add on to that, rather than asking people to come into an unfamiliar space and be talking at them all the time.

One of the things that come up for me quite a lot through this was, if it's about us, then include us; we have to be included the whole way through and the way you can include us is by coming to us and asking those questions.

MS RHODES-WARD: Great, thanks, Tracie. Certainly, Steve Cameron brought us all back to a policy framework and had some reflections around existing structures that exist and how that aligns to the principles that we'd identified.

MR CAMERON: I think it was important to recognise that we talked about grassroots work with the local community, and that's linked to a policy perspective that's

already in place.

The example that we discussed, and I raised, was the Emergency Management Forum White Paper that's already in place, and that policy already looks at involving the community, it has three principles of community, collaboration and capability and we can link this local work through to a policy framework that's already in place.

MS RHODES-WARD: We also had a conversation about enablers. Tracie, did you want to say anything further about trusted networks?

MS LUND: I guess what I'd like to add to that is, stakeholders actually understanding the value of those trusted networks. Quite often presenting in a uniform, or coming in with a local council agenda or a State Government agenda already puts people up on the back foot.

I can't stress enough how important it is to actually have those networks with those community leaders beforehand; have them established. From my point of view, I'm still grappling with, where do I go, what do I do, how do I connect in?

Myself and other people in not-for-profits who are in those position need to be connected into that all the time, not as an afterthought when things go wrong and then we're grappling to get to our community. Then we go into these places and ask quite a lot of these community leaders, and they're not resourced or funded or connected in prior, it needs to be done all the time.

MS RHODES-WARD: Our conversation very much landed in that

localised building and supporting, strengthening community connectedness and social cohesion.

We also had a lovely offering from our room, that wasn't around the table, recognising that there are people who have lived in the Valley who no longer live here who also want to be proud advocates, supporters and champions of the area, and that they're an important community for us also to tap into in terms of creating a broader sense of optimism for this community.

We also spoke about community groups, so we very much recognised that neighbourhoods and place-based activities are critical, but we also spoke about the importance of community groups, and in supporting those community groups to be engaged and involved in a robust community development space, very much a strengths-based approach in moving forward with engagement. As Tracie said, that's very much where those trusted voices and networks are established.

We did have some conversation around barriers, and Simon, I'm going to throw to you at the end of the table there about barriers.

MR KLAPISH: I was just making the point that there are many, many positive stories in the Valley, and it is a healthy place to live, and the perceptions sometimes are completely erroneous.

One in particular is, the air quality; the air quality in the Valley is significantly better than Melbourne and has been for 30, 40, 50 years and continues to be that way. The factual elements of what life is really like here and how healthy it actually is

needs to be put out there. One of the barriers is either misinformation or a continuous negative view, which can then create that belief system locally and further afield in particular.

MS RHODES-WARD: And so, counter to Simon's claim was Steph, so it's always great when we've got one of our local journalists in the room. Steph, you had some thoughts around that yourself.

MS CHARALAMBOUS: Yeah, I guess it's the feeling that there are positive stories out there, and local media in particular wants to jump on those stories. It's about getting the message, I guess, to local media about those stories in our community, and getting the message out I think just to the general population, that we want to hear everybody's story.

I think there's a sense in the community that perhaps people feel like, well, why should I be in the paper? Why should I be having my say? I may have contributed to this football club for 30 years, but I'm nothing special. We want to counter that, we want to highlight that person and celebrate that person; celebrate individuals and local programs in the community that are positive, and it's just about making those connections and getting the message out that we want to hear these stories and we're happy to tell them.

MS RHODES-WARD: We saw that as a key recommendation moving forward, in terms of building support within neighbourhoods, strengthening community groups and supporting community groups to celebrate and sell the successes within their communities and to be able to

celebrate and champion great things that are occurring and certainly looking at leveraging partnerships and creating a greater connection to local media was certainly a key component to that.

The next question we considered was, should the community co-design future health initiatives. We thought this was the wrong question to ask this group because nobody was interested in saying no, we all interested in saying yes, and there was furious agreement in how many ways could we say yes. Jerril, I'm going to throw to you on this please.

MS RECHTER: As Sara said, there was just absolute agreement that we should be co-designing and that was really fantastic to hear. I guess, bringing back to the discussion around the community being responsible and wanting to drive the direction and the vision for the Valley, and experts coming in to help realise that vision, not to tell the community what the vision is, and I guess, understanding that that shared vision process actually enables to build some of the trust that needs to be built up, builds the relationships and the partnerships that need to happen across media, across community, across non-government organisations and how the group felt it would be a really fantastic way to build capacity across the community at the same time.

MS RHODES-WARD: Part of the conversation was also that we didn't feel the community should be limited to just health initiatives. We had a conversation broadly about the community co-designing a range of elements within the public realm that impact its health and

wellbeing and liveability.

We certainly spoke about the community being partners in co-designing and being an intimate part of the regulatory framework for the operation of mines and power stations, and certainly in co-creating a future vision for mine remediation and what that may look like and how the community can participate in a process where what the community receives at the end of a process is an asset for the community and not a thing that is left which meets all the regulatory criteria but doesn't meet the community's criteria for success, and we spoke about the importance of having community participating in that process.

We also spoke about that being a learning opportunity, a community learning opportunity, and Tracie had some insights around that as well.

MS LUND: Around that, I think there's an opportunity there for the community and stakeholders to be working together and it empowers the community to actually input into that process and, when we've all got a shared input here, and we're all stakeholders, then we will journey that road much more effectively together, and the outcome is then positive for stakeholders and community, everybody that can come together.

From my point of view, it's about that process of learning and empowering the community to actually have a say and be able to input into these areas.

MS RHODES-WARD: And so, any conversation that you have about the Latrobe Valley always at some point talks about the inherent sense of competition between towns in the Valley, and certainly Wendy had some great

insights into the thing that can connect us can make us stronger, so I'm going to throw to Wendy now for her thoughts around that.

MS FARMER: Thanks, Sara. Often when we talk about Latrobe Valley, we talk about Traralgon, Morwell and Moe as three different places - everybody would have heard that before. The competition between those three towns are ongoing. We need to start looking at Latrobe Valley as one place, one united place where we're working together to improve the whole of the Latrobe Valley rather than just one town.

I think, as we continue to break the communities down, we actually create more angst against each other and more competition against each other. I think, even sometimes in groups, clubs and things like that, there's also a competition as well and, rather than this competition between each other, we need to be working around the same goals that we want for the Latrobe Valley, and they will be a little bit different and everybody's opinions are important, but we also need to be working as one.

You look at places like Ballarat where they have massive amounts of little towns in them, but if you were to speak to someone from Ballarat, they would say I'm from Ballarat; okay, I live in Newborough of Ballarat - I can't think of a town in Ballarat - so I would say, I am from Latrobe Valley, I live in Newborough. I think we need to start connecting; instead of fighting, the three towns, we really need to connect, and I think it comes right from our local council down to the community working together to make

sure we get that.

MS RHODES-WARD: Thanks, Wendy. Certainly Steve had some experience in the emergency management lens in using common purpose to bring community together. Steve?

PROFESSOR CAMPBELL: There's always the opportunity to discuss with the broader part of the community, but using existing networks obviously is a key part of that process to discuss what those people think are important at the moment to see if there is a shared vision and there are some common goals. But also to extend beyond those networks and use those to connect to the broader part of the community that may not necessarily be connected at this point to see if there is some sort of a shared passion for the Valley in its way forward and whatever that might be to reflect the Valley and their future, and also to work more closely together with the organisations to see if they can be part of that and look at developing mutual goals and potential solutions for the issues and opportunities that are raised.

MS RHODES-WARD: We were all very mindful in our conversations too about the important need for inclusive practice. Certainly, Lisa had some wise words for us during our conversations.

MS SINHA: We need to think of ourselves as a culturally diverse community, and to look to the future we need to have cultural competence as part of the core business of our authorities and services and our agencies so that we're able to work in a partnership with all of our communities, and we're able to work effectively with them. We also need to have a lot of thought about

the shape of our doors and how we work with people so that "all welcome" really means something, and how we reach out to those that are particularly isolated, whether it be location, or culture or language or the reason for their isolation, that we're able to genuinely connect and partner with them.

MS RHODES-WARD: We then considered the question which was, how do we include others in co-design or include the broader community in co-design.

Certainly, we recognised that many of the experiences that we've had to date in working with our communities, those that really connected well, is a more traditional face-to-face, door-to-door, neighbourhood-by-neighbourhood approach. Tracie certainly had some learnings from her experience that she'd like to share.

MS LUND: I did, didn't I? I knew it would be me. Okay, so I think some of the things that we went on to do was around the databases and things. So, during the mine fire we went to our database and we called people directly. We encouraged people on social media to check in with their neighbours, we held information sessions.

After the mine fire we've gone on to do some other things where we did a Valley to Valley project. I actually drove around the Valley, all of the little towns, in my car and asked the people in each town what was of value to them, what would be the message they'd want to share about their community to another community. We got words like, in Boolarra it was about local heroes, and those were the people on the ground

that were making sandwiches all night for people when there were fires, or the men that opened up their store 24 hours a day and worked with its community that way.

In Morwell the words were around respect; this community wants to be respected, which is something I'd forgotten to say in there. And it was about, we are one, it was about being included.

In Yallourn North, their messages were about, it's a tight-knit community and their messages were about mateship and power and what that looks like for them.

I think there's wonderful examples of community coming together and being able to - there is a shared vision here for the Latrobe Valley; we all want the same thing. All the towns are going about it slightly differently, but we need to bring that into a space where we can journey that together and have that community engagement from all of those towns into one area.

I think the Neighbourhood House has been able to show over the last year or two some wonderful examples about how we engage our community and how we get the best information from our community and how we get significant input and buy-in from them.

MS RHODES-WARD: We certainly saw that trusted networks are critical and key in terms of gaining access and building those relationships in those communities. Somebody was unkind enough to suggest that, if I was in the car as opposed to Tracie, we wouldn't have gotten in the front door. I'm sure they didn't mean to offend at the time. I recognise that I'd invite Tracie in for a cup of tea as well.

Steve also then spoke to us about connected groups and leveraging the relationships between those groups as well.

MR CAMERON: I guess it builds on the comment that I made earlier, that the trusted networks and the key staff and volunteers are already part of the fabric of the community; we need to build on those strengths and not necessarily impose other people and processes on that, so to work collaboratively with those people that are already part of the community and will be for the future.

MS RHODES-WARD: Again, we were considering our inclusive practice during this conversation around co-design, and Lisa did note to us that, while we understand what co-design is, it's probably not the most inclusive piece of language that we were throwing around this morning.

MS SINHA: We often had to rethink these things and what they really mean in concept; even straight interpreting them still might not make sense.

Last year when the Inquiry held community consultations I got onto the staff to say, look, people I work with may or may not have seen that advertised in the paper but they wouldn't think it applies to them. If we invite them and say the Commissioner would like to talk to you and wanted to hear from you and we book an interpreter, then they'll come. So we really have to think, how do these things apply? Have you come from a background where there's no difference between Government and other statutory authorities, how would you find that intimidating, how do we make that clear

what the role of the Inquiry or other bodies are.

Police, for example, have been working hard with core communities in recent months, the importance of developing those sustainable ongoing relations so that the language will then make sense and the role will make sense was stressed.

MS RHODES-WARD: Fundamentally, in terms of considering co-design and a future for the Valley, we felt that there needed to be very strong bipartisan support for a long-term plan; that obviously is very much a strengths-based community-led approach.

We were leveraging from Jerril's considerable experience in this space around the importance of having key media partnerships in it.

MS RECHTER: We talked, particularly because Stephanie was in the room and such a champion for the power of local media and how the media really does want to work collaboratively. So certainly media in all its forms, from television through to print, through to newspapers, but also how you can develop those stories on the ground and use those stories to help build the vision for the community was certainly something that we talked about.

MS RHODES-WARD: Certainly we'd had a conversation, the recommendation around funding for a campaign to promote the Latrobe Valley; we would very much caution that conversation that, again, that needed to be almost a contagious community-led approach as opposed to an approach created by potentially consultants in Melbourne - not that there's anything wrong with consultants in Melbourne - but we felt that in all of

our conversations there was an unquestioning level of support for the fact that there's enormous wisdom in our community to not only solve its own problems but to envisage for itself a bright and prosperous future, and that potentially some of the approaches that have been undertaken in the past, we haven't had that as a grounding principle, that this is a wise community with many years of experience, and we need to, in some ways, tap into to unleash that potential that exists within the community.

We then spoke about ways to best improve communication, and because of course we had one of our favourite journalists in the room, we asked Steph if she'd be able to give us some insights, and she's going to share those with you now.

MS CHARALAMBOUS: Yeah, I guess if there was one main point that I wanted to make out of this whole discussion, it was the notion of partnership with the media, and that's not something that's often thought about when you think about the media; you perhaps think of Government and community as separate to media, but that doesn't have to be the case, and in many examples it's not the case.

In particular, in terms of campaign, whether that be a health campaign, whether that be a broader campaign, there are lots of opportunities and certainly a willingness from local media to partner with, whether it be Government organisations, the community or Local Government, because there is a common goal of improving the health of the Latrobe Valley and that's something that local media wants to be part of.

We could, I guess, put together a structured way forward with that partnership to really work collaboratively to achieve the goals that really we all want to see.

MS RHODES-WARD: Certainly, when we were having our conversation around communication with the community, we did of course go back to the time of the mine fire and Tracie and Wendy both shared with us their approach that they developed on-the-run, but on reflection a very strong community-based approach of, when fact sheets were produced, that on reflection they knew weren't going to hit the mark, they then had to adapt and create their own approaches.

MS LUND: Yes, some of the things that we did was, we went through our database and called people directly, we held information sessions - yeah, there was other things I've forgot.

MS SINHA: HACC managers were in contact with.

MS LUND: Yeah, so HACC managers were in contact with communities. Where we could, we encouraged people to check on their own - their friends and families and neighbours; we encouraged dialogue through phone trees. Actually, we found the phone trees were really useful, because people were quite happy to actually ring people that they knew to tell them that something was on, you know, whatever information we were sharing. That was particularly useful, I think, for Morwell because so many people are not connected on social media, so that heavy reliance on social media was not hitting the mark for the people we see in Morwell. I think they were some of the key things that came out of that

conversation.

MS RHODES-WARD: And Wendy, you stalked people at Coles, I remember?

MS FARMER: We did. We had a couple of forums where we wanted to engage people, knowing that you couldn't just put an ad in the paper, and we didn't have money to put ads in the paper anyway, we actually personally went and spoke to them at places like Coles, door knocked in the streets, wherever we could talk to people, tell them what we were doing, why we were doing particular things. For instance, when the last Inquiry handed down its report, we actually had nearly 100 people at a forum to look at the recommendations of the report, what are your opinions on those recommendations, what would you like to make sure that happens first.

So we engaged the community. I think it was successful because we personally spoke to them. Now, we understand that personally speaking to people is very time-consuming and you need to get a good team together to do that. But, if you're going to connect with people that don't normally connect in the area, you do need to meet them where they are, and if that's at Coles or anywhere else, that's where you need to go.

MS RHODES-WARD: So, conversations, face-to-face conversations, were the key to building trust and building relationships that could then be utilised for further communication and conversation.

Steve, you spoke also about the importance of that being two-way; speaking and listening.

MR CAMERON: That's right, and obviously we can provide a lot of information. During an emergency situation,

that needs to be a two-way street, so we're not only providing information about what's happening but also getting the feedback from those people as well, and Tracie mentioned some of those other connected parts of the community going out and doing outreach work within people's homes for HACC clients for example, and getting information in and out of those other places of interest that we mightn't normally connect to is most important in a two-way communication.

MS RHODES-WARD: We saw that there was an opportunity to formalise these modes of communication and to be able to create them in a more structured approach. Certainly, Tracie's reflection was that, if she wasn't here tomorrow, that that system would then critically breakdown, because it largely is reliant on her, her phone and her broad knowledge, and that, to be in service to our community, we can do better than that, we need to be able to create that system so that it's not reliant on any one individual, it can exist on its own.

Lisa also had some reflections around how at times we leverage and utilise community services and agencies in that space, but possibly not always in the most generous way.

MS SINHA: I think it was recognised in the VCOSS research about disasters and disadvantaged communities, the importance of trusted organisations and key leaders and community members.

I think for the not-for-profit sector, there's a need for those things to become systematic and embedded so that it isn't reliant on Trace or me or whoever's in

what role, it's part of how we do our business, it's core, but that needs to be properly resourced as well as the consultation side of it, so that there's some way that authorities that are going to rely on the community sector to get information out during an emergency or at other times, that can be properly resourced.

For quite some time following the mine fire, that was ongoing with information from psychologists going out in different languages and other information that we were needing to disseminate; we didn't feel it was the right format, we weren't resourced to do it and that hadn't properly been thought through, the consultation wasn't there.

It goes all the way down to the people that we want to consult with are often expected to turn up and join communities; it's the same people who put their hand up in communities, and they get consultation fatigue and there's nothing offered to them; we now try and ask, look, can you give every participant a voucher if you want them to be in a focus group, to at least some minimal recognition of their time and effort, and that needs to be factored in as a basic way of the way we do business, that we properly recognise the resource pool and agencies, especially the not-for-profit ones and community members themselves.

MS RHODES-WARD: Thanks, Lisa. We then moved on to, should there be a promotional/motivational campaign? We hadn't finished the question before Stephanie leapt in with, yes, there should be, of course there should be. So, I'm going to throw to her with her enthusiasm to

share with you her reflections.

MS CHARALAMBOUS: Yes, absolutely there should be. As a newspaper, the Latrobe Valley Express in the wake of the mine fire decided to start a hash tag campaign. Now, that campaign hasn't taken off, but that doesn't mean that something similar - and I'm not just talking social media, I'm talking an all encompassing campaign, multi-faceted campaign - that that won't be successful.

The success of that is dependent on, I guess, partnerships, once again, between media, the community and Government and getting everybody on board behind this one message and this campaign and looking at how we can take that out.

I think I mentioned later on that I firmly believe that we have the capacity and the resources with the people in the community currently to do that; that we don't necessarily need a high-paid consultant - not that there's anything wrong with that - to come and tell us what the message should be. We have the capacity to get together and work that out and make that happen with support from community, from local business and from Government as a full partnership, and to really work out what it is that we want to be achieving through such a campaign.

MS SHANN: I might just step in there just to, if you could explain this slide which has just come up and then I think we'll go back to the previous slide.

There was a bit of a commitment from our fabulous group; Stephanie, do you want to explain that?

MS CHARALAMBOUS: I guess we have - you've put us on-the-spot now, we can't go back on it - no. Yeah, I

think we were all in agreement that we do have that capacity and that we should move forward regardless of what any recommendations are; that that's something that can happen tomorrow.

I think everybody feels strongly, I think even just saying that was just really positive, just having this group together around a table is a perfect example of just how we can move forward in terms of better engagement generally, that just having people around the table, you can get these ideas and certainly Wendy and - Wendy, I'm dobbing you in now - yeah, are saying, let's do it, let's do it, there is no reason that we can't move on that.

MS RHODES-WARD: As a collective group, we weren't waiting for you to tell us and we weren't seeking your permission; I think collectively we decided that, yes, that's a fantastic initiative.

And, if we truly want to show you what the embodiment of community-led co-creation is, we can probably start that tomorrow, and that was our commitment, that invariably we'll catch up in the coming days and start to put our minds to that particular task. We thank you for the opportunity to consider that as a piece of work moving forward.

I think we can probably just move to the building hope and optimism slide which was certainly our favourite point of conversation. As a collective group it was very difficult not to be in the presence of an incredible sense of hope and optimism, and in the power of our community and in the connectedness and the resilience and in the experience and learnings of our

community, and we really felt that that was a great place to start a conversation about what could occur to build a stronger sense of hope and optimism for the future.

We saw that economic resilience was key to that, and I'm going to throw to Simon around our approach.

MR KLAPISH: Well, I suppose the overriding thing was that generally the Valley's a great place to live, it has a tremendous number of positive attributes, and again harking back to what I was saying earlier, just avoiding negative stereotyping is a key to that. But business leaders and community leaders have a role to play in emphasising the positive stories out of the Valley, and its current situation, positive situations and the future.

One of those things obviously will be the evolving economic and jobs future of the Valley, which inevitably is going to go through a period of significant transition. By mid-century it's highly unlikely there'll be any coal fire generation in Australia, but we don't know at this point what the new industries of the future are going to be; we can't think forward 35 years the same way as it would have been difficult to think back to 1980 and then determine what today would be like - it's impossible.

Universities are already looking at getting students ready for the jobs that don't even exist yet, so we certainly didn't have a panacea, we don't have a crystal ball, but we have a lot of positive elements that we can promote and we need to continue to do that.

MS RHODES-WARD: Thanks, Simon. Certainly in that vein, it

wasn't that we felt that somebody should create that for the community, this being the community engagement group; we felt that the economic future for the Valley should be created with the community in partnership, that that's a co-created plan with bipartisan support that envisages a future post coal from a strengths-based approach. That is our hope for the future and what we think is probably a strong start for the community conversation that might take place next.

Certainly, I'm going to throw to Wendy who I think had one of the most poignant comments of the moment when she uttered this word.

MS FARMER: Yes, so what I basically said is, the Latrobe Valley - and I know it's been said before - we don't want handouts, but we want to be part of what our future is. As a community, as grassroots organisations, we want to see that the community of the Latrobe Valley is led forward and we leave a better future for our children and our next generations.

Saying that, I don't believe - no, I'll rephrase that. Saying that, we're not saying we don't want help from people outside of the Latrobe Valley. I think, if we really look at it, there are times we do need help. We may need a kick-start, but when it comes down to it, we don't want highly paid constants from Melbourne writing a report that gets put back onto a shelf and then it's re-hashed in three years' time and someone else signs their name on the end of that report.

We need to see change, but we also need to be part of the change that happens.

MS RHODES-WARD: Thanks, Wendy. So, we saw that there was

also a role there in building hope and optimism and that, talking about our good stories and celebrating our good stories was a key to that.

Likewise, we saw Steph, and the role of her media friends as important in that space - Steph. I'm happy to continue on if that's all right.

We'd spoken about the fact that certainly there's lots of good stories already occurring, and potentially there's an opportunity there to create connections between agencies and groups and community with great stories, and I'll pass to Steph.

MS CHARALAMBOUS: Sorry, I'm on point now. Absolutely, so moving on from - I guess, continuing in the theme of those partnerships and telling good stories as said earlier, we can absolutely continue that. That doesn't mean that we don't continue to hold Government to account; that doesn't mean that there's never any negative story ever put out; it just means recognising some of the fantastic things that are happening in our community every day that we all know exist and highlighting those.

I guess as the next point, some of those examples are already happening. The other point that I made, just in terms of industry is, the rebuilding of relationships and trust between the community and between the power industry and other industries as well, that they're not seen as this disconnected sort of international company, that we reconnect back with the people on the ground here and rebuild those trusts and have some ownership of those industries as we once did, and obviously rebuilding trust is obviously key to

that.

I think, also key to that is having key local people. I think industry has perhaps local media representatives that, say, somebody like me deals with on a day-to-day basis, but it's putting those faces on the television, those voices on the radio and those pictures in the paper of local people who are recognised as being associated with that industry, but also being a valued community member, and that brings that connection right back to I think where it once was, and obviously working together through any kind of transition there is this over-arching theme of what we're always talking about when it comes to the Latrobe Valley.

MS RHODES-WARD: Thanks, Steph. As your guide for this conversation, I hope I've reflected appropriately the themes of our conversation, but just on the off-chance that it hasn't worked out so well, we're going to throw to each of the panel members and they're going to communicate to you what their one recommendation would be should they get all their hearts desired in this moment in time. Simon, we'll start with you.

MR KLAPISH: Mine was to promote and emphasise the many positive elements of the existing healthy lifestyle of the Latrobe Valley.

MS FARMER: Whoa, that's hard one. I think it would be to recognise that we do have a strong community, grassroots are prepared to do a lot of work, and to enable us to do that work.

MR CAMERON: My point to raise was that we've got a lot of work already happening within the Valley, that's been

happening for some time. Post the mine fire, that has drawn out a whole range of issues, but there are a huge amount of people working together already and we need to build on those strengths. It's really important to acknowledge that that work is already underway, and that we don't start something new over and above and on top of that.

For the future, we've got some future vision for the Valley, that it is positive, that we understand what the scenarios will be and that the community develops those relationships with the organisations that are also involved in that co-design process we mentioned earlier, and that that starts to build the fabric of the community and we understand what the future hazards and risks may be, and that we can develop a surge capacity for the community organisations to pull together when needed, and also move on to a recovery process if that's required and continue to build on the strengths in the future.

MS LUND: Mine's pretty simple: if it's about us, then you need to include us.

MS RECHTER: Mine is around collaborating to create a shared vision for future generations; that is absolutely key coming out of today.

MS CHARALAMBOUS: Mine also, I guess, would be recognising the importance of the grassroots and that involvement, but also recognising that there does need to be a long-term goal; there needs to be a long-term plan and, while we don't know exactly what the future will hold economically and in terms of job opportunities once we're beyond coal, it is critically important that we

do have some kind of vision across - as we said, bipartisan across the community as well and across industry; that we know where we're heading and we have a plan and that can really, I guess, re-invigorate the community to work towards that and, in doing so, recognise the importance of the grassroots and the importance of partnerships as we've been discussing.

MS SINHA: I also think that post coal future and vision is the key; I think that's where we're going to need to really know how to market the place, what are our new technologies, what is our future? In working out that, that's where I'd like to see the resources going.

I'd like to see the value, the recognition. We built our coal and mined that on the backs of our culturally diverse community, and that also might be the key going forwards in what's next and what's to come. That's going to be the retention of our community, our youth and our diversity.

MS RHODES-WARD: My request would be that, whatever is next, be it our health and wellbeing or our economic future or our social resilience and cohesion, that whatever that is, that that's undertaken through the lens of a community-centered approach, one which taps into and truly believes in the wisdom of our community.

ASSOCIATE PROFESSOR WISE: I'd like to add my voice and say, all of the above, but to actually, as a very kind of pedantic end, to say, to pay attention to who's at the table; to actually have representation across the community.

Even with the best of intentions, our history tells us we leave people out unless we pay attention

quite carefully to who actually is in the decision-making role.

MS SHANN: Fantastic. All right, thank you very much. I might just ask whether the Board has any questions for the panel.

MRS ROPER: I don't have a question, but I just have a comment. There was a lot of fantastic ideas and suggestions but also a lot of very serious messages that don't just apply to the health terms of reference that we're discussing today but apply throughout the other terms of reference of this Inquiry. So we'll take that on board.

MS SHANN: Wendy, did you want to - - -

MS FARMER: Just one last comment - I thought I'd just have the last one.

I think the people in this room are responsible for what we leave for our future generations, our children, our grandchildren and so forth. So, we need to work together, everybody in the room, everybody outside the room, to make sure that we leave something that is going to benefit the future generations.

MS SHANN: That's not a bad note to end on. I'd like to formally thank the wonderful community engagement and communication panel. So, thank you.

PROFESSOR CATFORD: Perhaps if you could stay there for a couple of minutes and I'll formally close the meeting on behalf of my colleagues, Anita and Bernie.

Look, it's been a fantastic morning, and I want to particularly also thank this panel and the previous panel that presented on the conservation zone and health advocate.

We've heard a very wide range of ideas, very passionately put forward by you and your colleagues, strong themes of integration, working together, goodwill, building and celebrating what's been going on now, but very much looking at how we can strengthen and to bounce up, rather than bounce back, from the fire last year; a very strong commitment to engage across the whole community, involving all the community, and recognising that there are also other key players such as local businesses, other sectors in addition to the formal health sector which can also make a very significant contribution to better health.

I think we've heard very clearly that we are one Latrobe Valley, but we also recognise there are cultural diversities, and clearly communities that have strong place-based identities, but this notion of taking this message forward around the principles of partnerships, empowerment and this aspect of a shared vision for the future.

I think certainly the Board feels that we've got very clearly your passion and your ideas, so we're very grateful to you for that.

I'm pleased to say that the transcripts of these formal sessions will be up overnight - that's what we're hoping - and there is a limited period if any of you wish to make any further comments on what's been said today, you will have details on the Inquiry website, there's a few days for any subsequent submissions following the transcripts.

We will be meeting again here on 19 October next week for the final forum which brings together some of

the significant leaders of the local agencies, together with the Secretary of the Health Department, so we're very much looking forward to that forum and, of course, everyone is very welcome to attend.

Thank you again everyone involved, particularly the local people and businesses of the Latrobe Valley for making these forums so successful. We acknowledge also the support of Century Inn, the people working behind the scenes, not least the Inquiry team led by Genelle Ryan, and our Health lead, Monica Kelly, who put in a fantastic effort to bring together 13 very diverse forums which have been so rich.

So I think we should all congratulate each other on another very successful morning and I wish you very well and look forward to seeing you on 19 October if you can make it. Thank you again.

FORUMS ADJOURNED