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CHAPTER 5: HEALTH IN THE LATROBE VALLEY

- 5.1 This chapter outlines the actions that the Government will undertake to work collaboratively with the Latrobe Valley community to improve health and wellbeing outcomes for residents. This chapter details:
- the Government's response to the need for health innovation in the Latrobe Valley
 - the Long Term Health Study, which is investigating the medium and long term health impacts of exposure to smoke from the Hazelwood Mine Fire on residents of Morwell and the Latrobe Valley
 - the Government's plan for responding to the Morwell community's concern regarding coal ash residue in roof cavities.
- 5.2 The Health and Wellbeing Working Group oversees and coordinates implementation of actions and deliverables relating to health innovation, and provides an additional forum for broader communication about community engagement activities and strategies.
- 5.3 The Health and Wellbeing Working Group is chaired by DHHS, with support from DPC, and has representation from DELWP, DET, EMV, EPA and others as required. The Health and Wellbeing Working Group meets quarterly in the Latrobe Valley and more often as required.

HEALTH INNOVATION

- 5.4 This section addresses:
- recommendations 2 through 5 inclusive, 8 and 10 and affirmation 5 of the Health Improvement Report
 - recommendation 2 of the Death Investigations Report
 - affirmation 26 of the 2014 Inquiry Report.
- 5.5 The State will:
- designate Latrobe Valley as the Latrobe Valley Health Zone
 - establish a Latrobe Health Assembly and executive Board to promote, support and oversee the development of the Latrobe Valley Health Zone
 - appoint a Health Advocate
 - engage with the community to identify local health priorities
 - support and fund the development and delivery of health improvement strategies to address health priorities.

OUTCOME FOR THE COMMUNITY

The Latrobe Valley is designated as the Latrobe Valley Health Zone.

The Latrobe Valley community is engaged in the Latrobe Health Assembly to work with Latrobe City Council, local agencies, business leaders and Government to identify local health priorities and implement health programs

Completed Government actions

Latrobe Valley Health Zone

- 5.6 The Latrobe Valley has been designated as the Latrobe Valley Health Zone.
- 5.7 This designation will drive innovation in the development and delivery of health services and health improvement programs, supported by the Latrobe Health Assembly.

Governance and community engagement

- 5.8 DHHS held round table discussions with a broad range of service providers in April and May 2015 to consider the Health Conservation Zone and Health Advocate proposals, which were put forward by the Inquiry in the 2014 Inquiry Report as 'proposals warranting serious consideration'.¹
- 5.9 DHHS has employed a dedicated community engagement officer for the Latrobe Valley, based in Traralgon, and has commenced work on a community engagement strategy.
- 5.10 DHHS is working with Latrobe City Council to support recovery and resilience building activities in Morwell. DHHS provided Latrobe City Council with \$373,000 in 2014 to support initial Hazelwood Mine Fire recovery activities, and a further \$100,000 to undertake door-knocking and household surveys and subsequent discussion workshops to build a body of knowledge about the Morwell community.
- 5.11 Work will soon commence on the development of the Latrobe MPHWP Plan 2017-21. The Latrobe Health Assembly will work with Latrobe City Council to align the Latrobe MPHWP Plan 2017-21 with themes that emerged from the Health Improvement Report.

Engagement with the Commonwealth

- 5.12 In February 2016, the Victorian Minister for Health wrote to the Federal Minister for Health identifying the importance of the Health Improvement Report and seeking support for future funding for the Latrobe Valley, in line with the reopened Board of Inquiry's findings in the Health Improvement Report.
- 5.13 In April 2016, the Federal Minister for Health replied, noting that the Commonwealth was familiar with the Inquiry's Health Improvement Report and the contribution of the Gippsland PHN to the medical services for the Latrobe Valley community. The Commonwealth provided flexible funding to the Gippsland PHN to respond to specific priorities and needs of the Gippsland region.
- 5.14 DHHS has also actively engaged with the Gippsland PHN, which will play a key role in commissioning Commonwealth funding in mental health, drugs and a range of other key services.

Future Government actions

Governance and community engagement

- 5.15 By July 2016, the Health and Wellbeing Working Group will establish a time-limited Latrobe Health Taskforce to facilitate the appointment of the independent Latrobe Health Assembly.
- 5.16 The Latrobe Health Taskforce will be chaired by DHHS and be open to representatives from Latrobe City Council, Latrobe Community Health Service, Latrobe Regional Hospital, the Gippsland PHN and others, as appropriate.
- 5.17 The Latrobe Health Taskforce will meet monthly, and will:
- by August 2016, develop an engagement strategy to guide the establishment of the Latrobe Health Assembly
 - by October 2016, support the establishment of the membership of the Latrobe Health Assembly
 - by October 2016, lead development of an operating model and supporting documentation (including proposed terms of reference) in partnership with the community, to support the establishment of the Latrobe Health Assembly
 - recruit an initial local team to support the work of the Latrobe Health Taskforce and Latrobe Health Assembly.

¹ 2014 Inquiry Report, page 38.

- 5.18 The Latrobe Health Assembly will include representatives from the community, business, service providers and government departments.
- 5.19 The functions of the Latrobe Health Assembly will be refined in consultation with the community, but will include:
- assisting in the development and design of the role and responsibilities of the Health Advocate, and facilitating the appointment of a Health Advocate
 - leading local health planning and priority setting in active partnership with the local community
 - creating local, community-led responses to priority health issues
 - embedding community engagement through all elements of its operation and that of the broader healthcare service system
 - collecting and reporting on progress made and outcomes achieved, working with local partners and the community to identify what measures will be meaningful and useful.
- 5.20 DHHS will develop an evaluation framework and plan by June 2017, which will enable evaluations of the work of the Latrobe Health Assembly.

Engagement with the Commonwealth

- 5.21 DHHS will engage with the Commonwealth and propose the Gippsland region as its preferred site for the Commonwealth Healthcare Home and COAG chronic disease integration trials.

Changes to the pattern of health investment in the Latrobe Valley

- 5.22 The Latrobe Valley Health Zone, and the work of the Latrobe Health Assembly, will result in changes to the pattern of investment in health services in the Latrobe Valley.
- 5.23 The Government will support innovation in the delivery of:
- prevention and health improvement initiatives
 - early detection and screening programs
 - chronic disease management
 - mental health services
 - initiatives to increase access to specialist services.

Prevention and health improvement initiatives

- 5.24 Prevention refers to initiatives designed to prevent poor health occurring by tackling underlying causes of ill health or changing patterns of behaviours to reduce the risk of illness.
- 5.25 Contemporary prevention approaches advocate for:
- strong community involvement in responding to identified health and wellbeing challenges
 - local approaches to identifying priorities and developing solutions
 - sustained investment in multiple strategies across multiple settings to improve health
 - population-level approaches to create lasting policy and environmental changes combined with targeted approaches for those at higher risk or greater vulnerability.²
- 5.26 DHHS will draw together available data and evidence, including that from other local approaches such as Healthy Together Latrobe, and provide this to the Latrobe Health Taskforce and Latrobe Health Assembly to inform the approach to prevention under the Latrobe Valley Health Zone, by July 2016.

² Peeters A undated, Exploring the relationship between social disadvantage and obesity, Baker IDI, Melbourne, viewed 22 January 2016, <http://admin.bakeridi.edu.au/Assets/Files/Baker-IDI-Perspectives-Forum-Exploring-relationship-between-social-disadvantage-and-obesity-Peeters.pdf>; Dobbs R, Sawers C, Thompson F, Manyika J, et al. 2014, Overcoming obesity: an initial economic analysis, McKinsey and Company, viewed 27 January 2016, www.mckinsey.com/insights/economic_studies/how_the_world_could_better_fight_obesity.

- 5.27 The approach to prevention will include a focus on collective impact approaches that align efforts, delivered through local partnerships and will be overseen by the Latrobe Health Assembly. To promote consistency in prevention planning, the Latrobe Health Taskforce and the Latrobe Health Assembly will seek to partner with Latrobe City Council in the development of the Latrobe MPHWP Plan 2017-21.
- 5.28 The Government will invest in initiatives to engage local agencies and the community to develop prevention initiatives. These initiatives will focus on the settings where people live and experience their daily lives including school and early childhood settings, workplaces, community infrastructure and residential care. These initiatives will be determined in collaboration with the community and delivered consistent with the Latrobe MPHWP Plan 2017-21, and will include:
- initiatives across early childhood services and school communities, to create healthier communities for children, focusing on developing lifelong positive and healthy habits
 - initiatives in workplaces, to support a stronger, healthier and more productive workforce in the Latrobe Valley for the long term
 - community-based initiatives, to support healthy living
 - additional support to strengthen strategies and policies of the Latrobe City Council, to deliver health improvements across all aspects of the community, including urban planning, tracks, trails and pathways, smoke-free environments and food procurement.



Early detection and screening

- 5.29 Screening refers to a variety of processes and tools aimed at identifying early signs and precursors of disease to prevent further disease progression through early intervention services.
- 5.30 DHHS will review the current screening practices and services in the Latrobe Valley by December 2016. The outcomes of this review will be used to develop a strategy and implementation plan to improve access to screening services, in partnership with the Latrobe Health Assembly.
- 5.31 DHHS will support the Gippsland PHN to develop pathways for the diagnosis and management of priority chronic diseases, such as diabetes, anxiety and depression, respiratory disease and cancer. The first pathway will be available for use by general practitioners by July 2017.
- 5.32 DHHS will also partner with the Gippsland PHN to promote and increase the use of existing systems in primary care settings to assist healthcare providers to identify clients for screening.

- 5.33 DHHS will work with the Latrobe Health Assembly to develop priority pathways for patient follow-up where the risk of disease is identified through health screening activities. By December 2017, the Latrobe Health Assembly and DHHS will promote these pathways to Latrobe Valley health practitioners.
- 5.34 The Government will invest in a smoking cessation initiative. By December 2016, DHHS, in consultation with local health practitioners and other relevant stakeholders, will develop a plan for implementing a system-wide approach to encourage health professionals to ask patients about their smoking and offer support to quit.
- 5.35 The smoking cessation initiative will be implemented in 2017, in partnership with the Latrobe Health Assembly, the community and stakeholders.

Enhancing priority services – chronic disease

- 5.36 By December 2016, DHHS will establish a Chronic Disease Improvement Forum to report to and assist the Latrobe Health Assembly. The Chronic Disease Improvement Forum will identify priorities for improving the design and utilisation of care pathways to improve coordination of services for people with chronic disease. This will build on the care pathway work developed to support intervention and screening.
- 5.37 DHHS will work with the Latrobe Health Assembly to support take-up of the approach to care pathways by general practitioners and others involved in the diagnosis and management of chronic disease, including statewide peak bodies.
- 5.38 DHHS will expand two programs providing specialised health services: the respiratory nursing service and the early intervention in chronic disease program. DHHS will provide funding for the Latrobe Community Health Services to deliver:
- additional respiratory nursing services
 - additional hours of allied health and care coordination services.
- 5.39 DHHS will invite primary health agencies to investigate options for the co-location of respiratory nurses within general practices in Latrobe Valley by July 2017.

Expanding priority services – mental health

- 5.40 DHHS will establish a Latrobe Valley Community Mental Health Forum by December 2016 to report to and assist the Latrobe Health Assembly. The Community Mental Health Forum will identify priorities for investment of new funding and opportunities to align funding streams to support locally responsive models of mental health support and treatment.
- 5.41 There will be an initial focus on priorities that have already been identified, such as delivery of mental health first aid courses and increasing awareness and understanding of mental health issues and available supports.
- 5.42 The Latrobe Health Assembly will engage with the community to determine priorities for investment, with funding support from the Government. In response to priorities for investment that have already been identified, the Government will fund:
- by January 2017, the development of strategies to increase awareness and community understanding of mental health issues and where and how to access mental health services
 - by July 2017, the development and delivery of programs to increase awareness of mental health issues
 - development and delivery, in partnership with health and community sector representatives, of an approach to build workforce skills in primary mental health service delivery, which will involve mentoring, supervision and training (where required) in managing mental health issues associated with chronic disease.

Expanding priority services – access to specialists

- 5.43 Telehealth refers to the provision of health services using technology, such as telephone and videoconferencing, so that the patient and the health service professional do not need to be in the same room. For regional areas of Victoria, where access to specialist medical care may be limited, telehealth is an innovative health service delivery strategy.
- 5.44 The Government will increase the capacity of telehealth to increase access to specialist health services and decrease patient travel time.
- 5.45 The Latrobe Health Assembly will work with the community to identify priorities around access to specialist health services.
- 5.46 DHHS will work with the Latrobe Health Assembly and provide funding to enable health services to implement models to improve access to specialist care for patients with complex healthcare needs so that conditions can be more actively managed. This includes alternative service models such as home-based care and telehealth where appropriate.
- 5.47 DHHS will work with the Latrobe Health Assembly and other key stakeholders to develop and implement a marketing campaign to promote telehealth to the Latrobe Valley community as an option for accessing health services.
- 5.48 DHHS will work with health service providers to enable telehealth capacity at more points of primary and acute healthcare.
- 5.49 DHHS will work with the Latrobe Health Assembly to develop and deliver telehealth education and training packages to health service providers in the Latrobe Valley.

ABORIGINAL HEALTH

- 5.50 This section addresses recommendation 7 of the Health Improvement Report, which relates to the need for specific innovation and support for the Latrobe Valley Aboriginal community.
- 5.51 The Government will:
- give a greater voice to the Aboriginal community in determining health programs and investments affecting the community
 - recognise the need for culturally appropriate health and community services and facilities and work to implement appropriate initiatives.
- 5.52 Innovation and initiatives will aim to achieve a significant and measurable impact on improving the length and quality of life for Aboriginal people consistent with the Victorian Government objectives to:
- close the gap in life expectancy for Aboriginal people living in Victoria
 - reduce the differences in infant mortality rates, morbidity and low birth weights between the general population and Aboriginal people
 - improve access to services and outcomes for Aboriginal people.

OUTCOME FOR THE COMMUNITY

The Latrobe Valley Aboriginal community has access to culturally-appropriate health services that respond to their health and wellbeing needs, as identified in collaboration with the community.

Completed Government actions

Latrobe Local Aboriginal Community Partnership Project

- 5.53 Sponsored by DHHS, the Latrobe Local Aboriginal Community Partnership Project brings together representatives from the Latrobe Valley Aboriginal communities, government agencies and service providers.
- 5.54 With an emphasis on community led decision-making, the objectives of the Latrobe Local Aboriginal Community Partnership Project are to strengthen families and communities with a focus on improving maternal health, early childhood health, employment, education outcomes and economic development as identified by the local Aboriginal community.
- 5.55 In 2015, the Latrobe Local Aboriginal Community Partnership Project was involved in:
- promoting anti-family violence and anti-drug messages through the 'Enough is Enough' event held in Morwell
 - youth-specific activities, such as:
 - two Inspiring Young Koorie People dinners attended by approximately 60 young people
 - a three-day workshop on Youth Leadership and Corporate Governance where nine up-and-coming community role models completed the accredited training
 - two Deadly XFactor talent shows attended by over 70 people.

Health, sports and recreation

- 5.56 As part of the implementation of Koolin Balit: Victorian Government Strategic Directions for Aboriginal Health 2012-2022, the Government is supporting delivery of the 'Deadly Sport Gippsland' and oral health project in Gippsland.
- 5.57 'Deadly Sport Gippsland' is delivered by GippSport in partnership with a range of Aboriginal and sporting organisations. The initiative promotes healthy lifestyles and early detection activities through social media by embedding health messages into the promotion of Aboriginal sporting events and participation. The 'Deadly Sport Gippsland' initiative has a significant reach in the local Latrobe Valley Aboriginal community, with the Facebook page having over 1,700 followers.
- 5.58 Ramahyuck District Aboriginal Corporation is delivering an Aboriginal oral health project in partnership with the Latrobe Community Health Service. It aims to:
- increase teeth-brushing rates among Aboriginal children
 - decrease the consumption and raise awareness of the impacts of, and alternative options to, sugary drinks
 - increase the number of Aboriginal children having oral health/dental check-ups through the implementation of mobile services.
- 5.59 Screening has been conducted in Gunai Lidj Multifunctional Children's Services and the Dala Lidj Woolum Bellum Kindergarten and regular teeth-brushing programs are being promoted. Early childhood service providers, Aboriginal health workers and maternal and child health workers have been trained through the 'Bigger Better Smiles Program' to strengthen oral health promotion and screening as part of their service model.

5.60 Budjeri Napan (good food good tucker) Association Incorporated is recognised as the leader in Aboriginal Sport Programs for the Latrobe Valley. Budjeri Napan is supported by Sport and Recreation Victoria and aims to promote a healthy, active and vibrant Aboriginal community in the Latrobe Valley. Budjeri Napan has formed a sports committee to:

- improve health through encouraging a healthy, active lifestyle
- create opportunities for community participation
- celebrate Aboriginal culture
- identify and support leadership
- build relationships between community, local organisations, service providers and the broader community
- promote potential pathways in sport, education and training
- recognise and promote the achievements of Aboriginal groups and individuals.³

5.61 The Budjeri Napan Committee is made up of local Aboriginal members and support organisations that meet on a regular basis to plan and develop a range of products. Current programs of Budjeri Napan include:

- Gippsland Sports Forum, in partnership with GippSport, held in April 2016
- Koorie Women's Fitness Program
- Koorie Boxercise Program
- AFL 9's and Koorie Auskick Community Day, held in March 2016
- Harmony 8's Cricket Junior Programs, run with Cricket Victoria and Sport and Recreation Victoria.

Future Government actions

5.62 The Government will continue to implement Koolin Balit and improve cultural awareness and competence with agencies and health services.

5.63 The Government will provide support to implement initiatives to address health priorities identified by the local Aboriginal community. This will provide the flexibility necessary to be responsive to the needs of the Aboriginal community.

5.64 The Latrobe Health Assembly will build upon the existing work being undertaken to support the local Aboriginal community to:

- identify health priorities for investment
- investigate the possibility of creating a gathering place.

5.65 Budjeri Napan is expanding into other areas of recreation opportunities. This expansion will continue to build on the principle of promoting healthy lifestyles to encourage long-term relationships of trust between the Aboriginal community, health professionals and other organisations.

³ http://www.foxsportspulse.com/assoc_page.cgi?c=1-6084-0-0-0&sID=85721.

LONG TERM HEALTH STUDY

5.66 This section addresses:

- recommendation 10 of the 2014 Inquiry Report
- affirmations 25 and 28 of the 2014 Inquiry Report
- recommendation 6 of the Health Improvement Report.

5.67 The State has commissioned the Long Term Health Study to investigate the medium and long-term health impacts of exposure to smoke from the Hazelwood Mine Fire on the Latrobe Valley community.

5.68 The State will:

- review the governance arrangements for the Long Term Health Study to ensure they promote independence and community engagement
- review the scope of the Long Term Health Study to consider the proposal to extend the scope of the Adult Survey to first responders to the Hazelwood Mine Fire who are not residents of Morwell and other cohorts.

OUTCOME FOR THE COMMUNITY

The community is participating in the Long Term Health Study, which is investigating the medium and long-term health impacts of exposure to smoke on the Latrobe Valley community.

Completed Government actions

Long Term Health Study

5.69 On 30 October 2014, following a formal engagement process, a consortium of researchers led by Monash University was appointed to undertake the Long Term Health Study. The contract with Monash University ensures appropriate competencies and experience in epidemiology, environmental health risk assessment, air quality and toxicology, infant and child health (University of Tasmania) and community engagement, wellbeing and resilience (Federation University) are applied during the Long Term Health Study.⁴

5.70 Monash University has established governance arrangements for the Long Term Health Study, which include:

- a Community Advisory Committee, comprising representatives from the Latrobe Valley community, health and community service providers and Latrobe City Council
- a Clinical Reference Group, comprising key clinicians from the local region who provide advice on the clinical aspects of the research
- a Scientific Reference Group, which oversees and contributes to the methodological framework of the study
- a Project Management Group, comprising the principal investigators and research leaders, which monitors the progress of the study and reports to the Project Steering Committee
- a Project Steering Committee.⁵

4 <https://www.tenders.vic.gov.au/tenders/contract/view.do?id=21994&returnUrl=%252Fcontract%252Flist.do%253F%2524%257Brequest.queryString%257D>.

5 <http://hazelwoodhealthstudy.org.au/about/governance/>.

Community engagement

- 5.71 The Community Advisory Committee meets on a quarterly basis and includes local community members selected as part of an open expression of interest process. The local community members are currently a community science educator, the Morwell Neighbourhood House Coordinator and two local teachers. There are two community members from Sale, which is the comparative control sample for the Long Term Health Study Adult Survey. The Community Advisory Committee also has nominated organisational representatives from Latrobe City Council, Wellington Shire Council, Federation University, Latrobe Community Health Service Board, the Latrobe Regional Hospital Board, Central Gippsland Health Service and the Office of the CHO.⁶
- 5.72 As a part of the reporting requirements under Monash University's contract, an annual community briefing is prepared and included in the Long Term Health Study annual report. All annual reports are made public.
- 5.73 As part of the commitment to reporting and community engagement Monash University launched the Hazelwood Health Study website on 1 June 2015.⁷ The website aims to provide the community with a centralised point of information about the Long Term Health Study and includes information on the Long Term Health Study's timeline and locations. Members of the public also have the option to subscribe to newsletters.

Design of the Long Term Health Study

- 5.74 The Long Term Health Study has five study areas investigating the impact of the Hazelwood Mine Fire:
- Latrobe Early Life Follow Up Study, which is investigating the impacts of exposure to smoke during pregnancy or infancy and on the health and development of children in the Latrobe Valley
 - Older Persons Study, which is investigating the impacts of the smoke event on older people and a review of policy decisions made during the event that affected older people
 - Community Wellbeing Study, which is gathering community perceptions of the most significant changes since the smoke event and the key feature of effective communication
 - Schools Study, which is investigating any ongoing psychological impacts of exposure to smoke in school-aged children, and exploring other educational and wellbeing outcomes
 - Adult Study, which is investigating whether there are any long-term health effects by comparing exposure and health outcomes of adults who were residents of Morwell with a similar population in Sale who had minimal exposure to the Hazelwood Mine Fire.⁸

Future Government actions

Long Term Health Study

- 5.75 Monash University is engaged to undertake the Long Term Health Study for a three-year period (to end on 30 October 2017), with three two-year options to extend and a final one-year option to extend.
- 5.76 Each year of the contract, Monash University must meet all performance measures stipulated in the contract document before DHHS makes milestone payments or exercises options to extend the contract.
- 5.77 The Government is committed to a 20-year Long Term Health Study, as recommended by the 2014 Inquiry Report and the Health Improvement Report.

6 <http://hazelwoodhealthstudy.org.au/about/governance/community-advisory-committee/>.

7 <http://hazelwoodhealthstudy.org.au/about>.

8 <http://hazelwoodhealthstudy.org.au/research-areas/>.

44 Hazelwood Mine Fire Inquiry: Victorian Government Implementation Plan

Review of the scope of the Long Term Health Study

- 5.78 A contractor has been engaged to undertake:
- a cost benefit analysis of the Inquiry’s proposal to extend the Long Term Health Study to include emergency responders to the Hazelwood Mine Fire who are not residents of Morwell
 - a review of the scope and structure (methodology) of the five study areas
 - a review of the scope and structure of the governance groups
 - a review of the process whereby key health information obtained through the Long Term Health Study about the health status of the population and the health effects of the Hazelwood Mine Fire is provided to the study participants, the community and local health practitioners and the Latrobe Valley Health Assembly
 - a review of the process whereby policy-relevant health information obtained through the Long Term Health Study is considered by the Government for action to improve the health of the Latrobe Valley and other populations in Victoria.
- 5.79 The contractor will provide a report to DHHS by July 2016, making recommendations as to the optimal governance, oversight and structure of the Long Term Health Study to:
- achieve the aims and objectives
 - ensure independence
 - ensure meaningful community engagement
 - ensure key health information is accessible.
- 5.80 DHHS will publicly release the consultant report.
- 5.81 DHHS will review the report and all recommendations and determine the next appropriate step. The scope and structure of the Long Term Health Study may be amended to ensure that they meet the aims and objectives.

ASH IN ROOF CAVITIES

- 5.82 This section addresses recommendation 9 of the Health Improvement Report, which relates to ash in roof cavities in houses in Morwell.
- 5.83 The Government will:
- commission an analysis of the ash contained in roof cavities in houses in Morwell and publish the results of that analysis, together with clear advice about the potential known or unknown health effects
 - if the analysis of the ash in roof cavities reveals any content that is potentially hazardous to health, or of unknown impact on health, conduct an audit of the extent of the exposure to ash and develop an action plan of next steps.

OUTCOME FOR THE COMMUNITY

Roof cavities in Morwell are randomly sampled and the results of the analysis are publicly released to the community. The Latrobe Valley community is informed of the sampling and analysis, with next steps determined in consultation with the community and the Latrobe City Council.

Completed Government actions

- 5.84 During and after the Hazelwood Mine Fire, EPA collected and analysed ash samples from several open locations around Morwell.
- 5.85 EPA analysed the ash samples for a suite of potential contaminants, including metals, polycyclic aromatic hydrocarbons, halogenated volatiles, solvents and monocyclic hydrocarbons. EPA published the results of the sampling and analysis on its website in September 2014. The results showed that contaminant levels were below the levels of concern, based on the relevant environmental standards. This earlier analysis by EPA will help inform the analysis of ash in roof cavities.

Future Government actions

- 5.86 DHHS will develop a project proposal that outlines the proposed approach to conducting a risk assessment. This will involve designing a project plan that includes random sampling of roof cavities in Morwell for ash.
- 5.87 DHHS will engage an independent consultant to:
- peer review the project plan, including the detailed methodology and, if necessary, make recommendations to amend
 - contract an occupational hygienist to collect and analyse samples from roof cavities of randomly selected homes in Morwell
 - analyse available data and information on ash and roof cavity contamination
 - assess potential exposure pathways for residents
 - prepare a report, that:
 - interprets the results of the occupational hygienists' sampling and analysis
 - assesses the potential exposure pathways
 - recommends next steps for DHHS.
- 5.88 The independent consultant report will be made public.
- 5.89 Any subsequent steps are dependent upon the recommendations made in the independent expert's report and will be decided in collaboration with EPA, Latrobe City Council and the Latrobe Valley community.
- 5.90 DHHS will engage and communicate with EPA, Latrobe City Council and the Latrobe Valley community throughout the development and implementation of the ash in roof cavities investigation.

DELIVERABLES

- 5.91 The lead agency for delivery of health in the Latrobe Valley is DHHS.
- 5.92 The deliverables for health in the Latrobe Valley are set out in actions 46 to 113 of the Deliverables Table in Appendix 1.