

TasCOSS

Health and Well-Being Policy Discussion Paper

Introduction

The Tasmanian Council of Social Service (TasCOSS), while having a long involvement with health and well-being issues, is seeking to expand its engagement with health policy as a result of clear evidence from community and member consultations that access to health care is a priority issue for the community services sector and its clients in Tasmania. In addition, we recognise the clear links between income levels, educational attainment and health status, and the inter-connectedness of health and other key factors such as access to affordable housing, employment, family support and adequate incomes.

TasCOSS intends to set up a Health and Well-Being Policy Sub-Committee of the Tasmanian Social Policy Council in order to establish a base for health policy consultation and advice. In pursuit of this goal, TasCOSS held a Health and Well-Being Policy Symposium in Hobart on Friday June 9, 2006 for members involved in health policy and in health and well-being service delivery. The intention of the symposium was to begin the process of increased TasCOSS engagement with health policy issues by providing prospective Sub-Committee members with an overview of the Tasmanian health policy system and with several specific health policy perspectives.

The symposium heard from three speakers with expertise in particular areas of health policy (copies of the presentation slides are available from TasCOSS). John Ramsay, former Secretary of the Department of Health and Human Services, provided a health policy system overview, and a guide to its players, particular policy levers, trends and challenges. Sarah Male, CEO of the Tasmanian Division of General Practice provided the GPs' perspective and identified issues of concern regarding the delivery of GP services in Tasmania. Miriam Herzfeld, President of the Tasmanian Branch of the Australian Health Promotion Association, gave an overview of the principles of health promotion and discussed the social determinants of health.

It was intended that, after the presentations, those attending the symposium would identify some significant policy themes, as well as priority issues for low-income and disadvantaged Tasmanians in relation to health services. It was also intended that discussion focus on identifying the most appropriate role for TasCOSS to play in advancing those health and well-being policy themes and priorities. Since there was insufficient time left to do this at the Symposium, it was agreed that the group would meet again in the not-too-distant-future to complete these important tasks.

The purpose of this paper is to help guide discussion and decision-making by identifying some of the health policy themes and issues that emerged from the presentations and discussions at the Symposium, to outline some of the opportunities and constraints that will effect TasCOSS and its ability to actively engage in health policy analysis and advocacy and to pose some questions for further discussion at the next meeting relevant themes.

Themes and issues

Commonwealth-State relations

While the Australian Constitution grants responsibility for the delivery of health care services to the States, the Commonwealth, as the major funding source can set the policy agenda by placing conditions on health funding to the States through Commonwealth-State funding agreements (Australian Health Care Agreements or AHCAs) and through specifically funded programs. The Commonwealth also controls a major institution of the Australian health care system, the Medicare Benefits Schedule (MBS), which maintains a focus on doctors and illness rather than preventive health and health workers (although this is starting to change a little). The Commonwealth also controls health policy through its policy announcements and statements – the central message emanating from the Commonwealth on health care is that it is an individual responsibility (especially in relation to preventative health and the private health insurance system).

In general, there has been a waning of State influence in health policy and an increase in control by the Commonwealth.

While there are a plethora of health-related Ministerial Councils and Advisory Councils comprising State, Territory and Commonwealth ministers and bureaucrats, blame shifting between the States and the Commonwealth is a central characteristic of Australian health policy. It is often difficult to ascertain which level of government is responsible for which aspect of the Australian health care system.

Absence of a health consumer voice in Tasmania

There is no organisation in Tasmania that represents a broad consumer perspective on health care. While there are groups that represent specific consumers' interests (eg Tasmanians with Disabilities and some of the specific disease / disorder groups), there is none with a broad mandate to speak on behalf of health consumers in general. The Australian Consumers Health Forum (CHF) is a (funded) national body and a key player in health policy; it also selects, trains and supports consumer representatives who sit on a wide range of national health-related committees and working parties. It does not have state branches although it does have membership in all states. TasCOSS is a member of the CHF.

The Divisions of GPs (Southern, Northern, Tasmanian) have their own consumer forums that function as consultative bodies. In the past, DHHS developed, supported and maintained a network of district health forums across the State.

The absence of a peak health consumer body in Tasmania means that consumer input into health policy is uncoordinated, ad hoc, patchy or absent.

Workforce issues

This is a key issue in Australian health policy, and is especially relevant to Tasmania. There is a serious shortage of health care professionals across the State and across the professions (specialist doctors, GPs, general and auxiliary nurses, psychiatric nurses, dentists and allied health professionals). The health workforce is also ageing and, in the case of GPs, working increasingly part-time.

A major cause for the shortage often cited is the absence of professional training for many health professionals in the State (eg dentists, OTs, physiotherapists, dental therapists, etc), and the consequent need to recruit the workforce from elsewhere. Another likely reason is wage disparity between Tasmania and mainland states.

A significant workforce issue is boundary disputes between health professionals – for instance between nurse practitioners and doctors, and between registered nurses and auxiliary nurses (or nurses aides). This is a complex issue but we would not like to see a two-tiered practitioner system develop in which people without private health insurance or available cash are treated by ‘para-professionals’ and those with insurance are seen by health professionals.

Regional classification of Tasmania

All of Tasmania, with the exception of Hobart, is classified as RRMA 3-7, a classification that attracts Commonwealth assistance as ‘areas of need’. Assistance includes workforce incentives and other programs. Currently Hobart is classified as RRMA 1 along with other capital cities. There is a move to have all of Tasmania classified as RRMA 3-7 to increase Commonwealth assistance to all of the State.

[Note that RRMA = Rural Regional Metropolitan Area classification system]

Indigenous health

The health of Indigenous Tasmanians remains a major challenge. Serious health status inequities exist between Indigenous and non-Indigenous Tasmanians and, while much Aboriginal and Torres Strait Islander health policy is the responsibility of the Commonwealth, we need to increase our understanding of the role of the State and of NGOs.

Acute health care versus preventative health care

This is a long-standing and vexed dichotomy in health policy. Logic tells us that money spent on preventative health care will ultimately save money in the acute system (hospitals and ambulance services). However, acute care is expensive, has powerful advocates and receives the lion’s share of the Australian health care budget across the nation.

A significant issue in Tasmania is the apparent inadequacy of the acute sector, especially public hospitals with their long waiting lists, over-taxed and under-staffed out-patients / specialist clinics and insufficient beds.

In an environment in which the acute system is in crisis and receives a great deal of sensationalist attention from the media, it is difficult to convince government of the need to prioritise funding for preventative health care.

Changing consumer demands

There are changing / increasing demands on the health system from consumers – some of the factors affecting this are:

- an ageing population with increasing health needs;

- greater prevalence of chronic diseases;
- increasing mental health issues;
- shifting locus of care - shorter hospital stays – more home and community care; and
- greater consumer awareness of health issues and demand through better informed consumers.

The social determinants of health

Much health research demonstrates that health status is largely determined by the social conditions under which people live. Poverty, low levels of educational attainment, social exclusion, disadvantage and physical isolation are all significant factors in determining a person's health status.

The Ottawa Charter identifies the following key pre-requisites for health:

- peace,
- shelter,
- education,
- food,
- income,
- a stable eco system,
- sustainable resources and
- social justice and equity.

TasCOSS opportunities and constraints

With recent increased State government funding TasCOSS is currently in a good position to pursue increased engagement with health issues, both through its policy and advocacy work and through its sector development program.

TasCOSS staff are already actively engaged in a number of health issues and have developed expertise in those areas. These include Home and Community Care (through the HACC Consumer Consultation project), mental health (through involvement in Bridging the Gap Steering Committees), disability issues, dental / oral health issues, Medicare (through the Tasmanian Medicare Action Group), and electronic health records (through a partnership with CHF). TasCOSS is also acutely aware of the social determinants of health and the impact that its other areas of work (including housing, transport, consumer issues, etc) have on improving health outcomes for low income and disadvantaged Tasmanians.

In addition, TasCOSS has the benefit of its members' expertise in the health area. TasCOSS members are involved in a wide range of health-related programs and services including women's health, HIV-AIDS and related diseases, disability, mental health, youth health, community nursing, community care, drug and alcohol services, and reproductive / sexual health services.

TasCOSS has developed good working relationships with the State Department of Health and Human Services and has worked closely with DHHS for many years. We enjoy good access to the Minister and to staff at all levels within the department. We also have established relationships with staff in the State office of the Commonwealth Department of Health and Ageing (DoHA), particularly through our HACC Consumer Consultation Project.

The annual TasCOSS budget priorities statement is a key opportunity to put forward health policy concerns and options. The budget statement is well-regarded within government and is considered an influential document in the annual government budget process. It is the foundation document for our social policy agenda each year.

If TasCOSS is to become a more significant player in health policy, we will need to continue to develop our policy expertise in health. The recent Symposium was a good first step in this process.

The health policy arena, at both State and Commonwealth levels, is dominated by extremely influential lobby groups including doctors' groups, employee groups (especially nurses and other public sector health service providers), the private health insurance industry and the pharmaceutical industry. Issues relating to resources for acute health services, in particular, is dominated by doctors' groups who hold a great deal of influence.

TasCOSS involvement in health policy may be circumscribed to some extent by its mandate and its relationship with the other councils of social service, including ACOSS. TasCOSS is funded largely by the State DHHS and its membership comprises individuals and organisations actively involved in the community services sector in Tasmania. It therefore sees its mandate as primarily relating to the State government and to State-based issues and policy. In addition, as a member of a national network of councils of social service, TasCOSS is bound by agreed protocols concerning areas of involvement. While the COSSes work collaboratively on many issues of mutual concern, ACOSS is presumed to handle federal policy matters and the state COSSes focus on state based concerns. Obviously federal policy, especially health policy, affects all states and territories and while state COSSes are not 'prohibited' from commenting on federal issues, they are required to inform ACOSS of their intention to comment. This could constrain TasCOSS from active and ongoing engagement in health issues at a federal level. However, there are no constraints on how TasCOSS might respond to federal policy that adversely affects Tasmanians in particular (eg low bulk-billing rates, low take-up of Medicare safety net payments).

In order to maximise its efforts in health policy and advocacy, we believe that TasCOSS needs a very clear focus on identified priorities and carefully planned engagement strategies.

Where to next?

In order to move forward, we would like to consider the focus questions that were to be posed to the group attending the recent Symposium. The first concerns **themes and issues arising from the presentations at the Symposium**. A number of these have been noted in this paper; however, there may be others that people would like to raise.

The second question asks us to **identify the key priority issues for the community services sector representing the interests of low income and disadvantaged Tasmanians in relation to health**.

The final question concerns the **most appropriate and effective role TasCOSS can play in advancing the priority issues**.

We ask you to consider these questions and be prepared to discuss your responses at the next meeting of prospective members of the TasCOSS Health and Well-being Policy Sub-Committee.

A note on the language of health policy

There is confusion about some of the terms used in health policy, for instance, the term *primary health* is used by DHHS in Tasmania to describe community-based (non-hospital) health care including GP services, and is used by DoHA on its website to describe hospital and screening services – two largely opposite meanings.

In medical terminology, *primary care* refers to care offered by GPs, the first point of contact with the medical system (as opposed to the health system). *Secondary care* is provided by specialist doctors and *tertiary care* is carried out by advanced consultant medical practitioners such as neurosurgeons, plastic surgeons and burns specialists.

We propose that we use the term *primary health* in the same way that DHHS does, that is, to describe a range of non-hospital health care services such as GPs, community nurses, allied health professionals, etc; however, we need to also be aware of its alternate usage.

To be more precise, we can use the term *preventative health care* to cover those activities that keep people healthy (where-ever they occur) and *community health care* to describe care offered in a community (non-hospital) setting and including GPs. *Acute care* is used to describe hospital and ambulance services.