



STRATEGIC PLAN 2009-2012

In Australia Catholic health care has a rich tradition of more than 160 years of commitment and service provision to the Australian community. Catholic Health Australia was established as an entity in 1999 replacing the Australian Catholic Health Care Association Inc. It was formed as a leadership group by the leaders of Congregations and other groups with responsibility for Catholic health and aged care ministries. Catholic Health Australia was created to participate in the life of the Church by advancing the health and aged care ministries through advocacy, facilitation and research.

VISION

Catholic Health Australia seeks an active, effective and growing ministry which is inspired by and reflects the healing mission of Jesus.

MISSION

Catholic Health Australia through the Stewardship Board has the responsibility to develop and enhance effective relationships within the sector to grow and enrich the ministry, aspiring to achieve a more visible Catholic health and aged care system. Catholic Health Australia works to promote justice and compassion in health care, influence public policy and strengthen the presence and influence of Catholic health and aged care within the Australasian health care systems.

CHA PILLARS OF SERVICE

HEALTH MINISTRY

Aims to promote a just system of health that has at its heart an imperative for those who are poor and marginalised.

ADVOCACY

Aims to promote, proclaim and protect the Catholic tradition and ethos in health and aged care.

CATHOLIC IDENTITY

Aims to promote and proclaim the presence of Jesus in the health and aged care ministries through the demonstration of Catholic social teaching, ethics and justice.

AGED CARE MINISTRY

Aims to promote a just system of aged care service delivery that has at its heart an imperative for those who are poor and marginalised. CHA has an established and growing interest in community care, which includes aged and other community care services.

MEMBER INTEREST

Aims to support and strengthen its membership to develop individually and collaboratively to ensure the healing ministry flourishes as an integral part of the mission of the Catholic Church. Work undertaken by Catholic Health Australia will have the interests of members at the centre of all activities, and proposals for new functions will be assessed against member interest.

Catholic Health Australia will assess the opportunity for Catholic organisations providing community care (in addition to aged care) to be served as potential members. This assessment will include Catholic groups working in health, aged or community care across Australasia.

Education formation was an important part of Catholic Health Australia's last strategic plan and many of the goals articulated then have been achieved three years on. Accordingly, the next three years will see a renewed emphasis on leadership development, particularly in the area of governance.

WHAT MAKES CATHOLIC HEALTH & AGED CARE DIFFERENT?

Catholic health and aged care services have traditionally focused on the following key elements of care:

- Holistic care- understanding a person's physical, emotional, social and spiritual needs.
- Respect for life- services respect the inherent dignity of persons, recognising that all are created in the image and likeness of God.
- Social accountability/community responsiveness- programs are concerned about the needs of communities and individual people within communities.
- Stewardship- Catholic sponsored organisations are good stewards of limited resources.
- Catholic identity- Catholic sponsored organisations are Ministries of the Church.

CHA's policy and advocacy principles are based on the following foundational principles:

- Dignity of the Human Person - each person has an intrinsic value and dignity.
- Service -the provision of health care is conducted out of a spirit of service and solidarity with those in need.
- Common Good - commitment to the dignity of every individual leads to an appreciation and dedication to the community at large.
- Preference for the Poor and Under-Served - Catholic social teaching has embraced a 'preferential option for the poor'. Concern is expressed for the provision of adequate, timely health care for all, especially those who have little choice, opportunity or capacity to pay.
- Stewardship of Resources - we are called to treat creation and human life responsibly and to manage them wisely. Health resources must likewise be prudently developed, maintained and shared in the interests of all. Economic discipline and realistic control on expenditure characterise sound health management.
- Subsidiarity - the needs of individuals and communities are best understood and satisfied by those closest to them, within a spirit of solidarity and service. Where at all possible, individual autonomy and the freedom to determine one's mode of health care need to be encouraged. The administration of health care is most suitably conducted closest to those being served.

OPERATIONS

The Catholic health sector forms the largest non government grouping of health, community and aged care services in Australia. It is a significant part of Australia's health system and plays a critical role in Australia's overall health care industry.



CHA SECTOR SNAPSHOT

At any one time Catholic Health Australia (CHA) members house 19,000 elder Australians in homes they can call their own and manage 6,253 retirement and independent living units and serviced apartments.

CHA members care for 6,000 Home and Community care clients and deliver 8,000 Community Aged Care Packages and Extended Aged Care at Home packages (CACP & EACH) to people living in the community. CHA members are also working towards actively expanding

day centres and respite centres so that our most vulnerable members of the community can remain in their own homes for as long as possible.

CHA members are committed to ensuring access to services in rural and regional Australia. Members manage many rural and regional aged care facilities and services and, aside from state and territory governments, are the largest providers of rural and regional services across Australia.

CHA hospitals number 75 and these hospitals provide 9,500 beds. The not for profit hospitals within CHA are part of the national private hospital group that undertakes 64% of all elective surgery and 58% of all surgery, and has 40% of all hospital admissions. The not for profit hospitals within CHA make up 24% of the total number of private hospital beds available across Australia. 2,000 staff are employed across CHA member services in the area of pathology services and the Catholic not for profit sector represents 10% of the national pathology market.

The Catholic Church has always had a special place for the sick, the vulnerable and the dying, and for this reason palliative care has always held special significance and meaning in the ministry of Catholic health and aged care. CHA members manage eight dedicated hospices and palliative care services highlighting the special place that the end of life has in the Catholic tradition.

With 35,000 people working within the CHA sector, members contribute significantly to the clinical education of both doctors and nurses and, to a lesser extent, allied health professionals. CHA members offer clinical placements and rotations for doctors and nurses as well as taking on a sizeable number of newly graduated nurses and medical interns. In this way CHA members provide a significant contribution towards ensuring the sustainability of Australia's future health workforce. In addition CHA members have a substantial capacity and capability to conduct theoretical and clinical research.



PLANNING PRINCIPLES 2009 - 2012

MEMBER INTERESTS:

The interests of the membership base are central to development of CHA's operational plans – membership is the reason CHA exists. CHA will prioritise specific interests of its expanded membership to improve the opportunity for health and aged care ministries to develop in the service of the community.

RELEVANCE TO THE COMMUNITY:

CHA will focus public advocacy on those prioritised issues that most impact the future Viability of health and aged care ministries, that is, what is most relevant to the community and people these ministries serve. This principle relates directly to Member Interest.

IN COMMUNION:

In planning for the future, CHA will work towards creating an environment in which health and aged care ministries are able to act in communion as part of one Catholic Church, sharing the rich tradition and compassionate presence of Catholic health and aged care. It is as a united entity that our collective strength can be realised by those we serve.

THE POOR AND UNDER-SERVED:

CHA aims to breathe new life into the gospel imperative of preferential option for the poor through promotion of services and advocacy specifically targeting the needs of the poor and marginalised. In addition when instituting public policy CHA must always keep the “preferential option for the poor” at the forefront - public policy decisions must be viewed in terms of how they affect the poor. This is a central component of Catholic social teaching.

ETHICAL CHALLENGES:

The foundational principle of all Catholic social teachings is the sanctity of human life and CHA will aim to provide leadership in promoting the ethical nature of Catholic health and aged care beliefs.



STRATEGIC PRIORITIES 2009 - 2012

SOCIAL JUSTICE

Driving better access and provision of health services in the community and improvement in the health of the poor and under-served, Indigenous Australians and our Australasian neighbours.

In support of this priority it is necessary to:

- Articulate Catholic Health Australia's philosophical approach to social justice,
- Identify and support sustainable solutions that respect the dignity of all,
- Raise CHA members' awareness of social justice issues,
- Raise Government and community awareness of social justice issues and of Catholic health and aged care's commitment to social justice, and
- Identify priorities and opportunities through:
 - *Mapping of existing sustainable social justice services*
 - *Identifying gaps in services*
 - *Identifying type and level of services which should be provided*
 - *Identifying where CHA and its members could make a difference*

OUTCOMES

Over the next three years CHA will:

- 1.1 Provide leadership on issues of social justice, within the domain of health & aged care.
 - Appoint a CHA Commissioner for the Health of the Poor by 2010.
 - Produce an annual report on social determinants, health access and life expectancy as well as identifying areas of priority and opportunity.
- 1.2 Be the publicly recognised peak body to provide comment on issues of social justice within the domain of health and aged care.
 - Successfully represent the underserved in issues of access and service provision in health in the development and delivery of public policy.

STRATEGIC ALLIANCES WITHIN CHA

Developing more partnerships, alliances and special interest groups across CHA.

In support of this priority it is necessary to:

- Identify sub-groups across the CHA membership in which alliances for cooperative service delivery can or should be formed. Groups will only be established and supported where there is a key benefit or clearly identified outcomes,
- Determine the extent to which these alliances contribute to a unified national improvement in CHA members' efficiency and effectiveness in service delivery to target populations, and
- In the development of partnerships and alliances, ensure effective communication with executive and non-executive staff.

OUTCOMES

Over the next three years CHA will:

- 2.1 Develop its intranet capabilities for members so that group bulletin boards /forums /special interest groups and other means of communication can be established across the membership.
 - Set up blog, bulletin board and web pages by beginning of 2010
- 2.2 Support newly established groups through facilitation, provision of tools, contacts and evaluation, with the ongoing management of alliances driven by membership.
 - Report on progress to CHA Stewardship Board by June 2010.
- 2.3 Ensure its intranet facility is a useful clearing house for member interests.
 - Report on evaluation of clearing house to CHA Stewardship Board by December 2010.
- 2.4 Where appropriate, communicate the purpose and benefits of Catholic health and aged care alliances to the community generally.
- 2.5 Establish a pilot alliance in Australasian outreach to inform how future alliances may be formed.
 - Report on progress of alliance to CHA Stewardship Board by December 2010.



HEALTH OF THE CATHOLIC SECTOR

Identifying what is required for the long term effectiveness of the Catholic health and aged care sector.

In support of this priority it is necessary to:

- Establish what the 'sector' is, what are its 'characteristics'?
- Define what 'effectiveness' is –is it simply measured across financial and/or mission indicators and catholicity and / or other?
- Identify what is 'Catholic' and 'charism' in the context of an effective sector
- Provide an assessment as to how to achieve greater effectiveness and viability for the sector, through to 2020.
- Identify who are the 'customers' and what do they want?
- Consider what public policy drivers will impact the ability of Catholic providers to deliver services in the future.

OUTCOMES

Over the next three years CHA will:

- 3.1 Address these questions and put findings and recommendations to CHA Conference in 2010.
- 3.2 Develop a plan as to how to continue this discussion across the membership, including across Australasia.

HEALTH AND AGED CARE REFORM

Supporting the ministry of Catholic health and aged care through systemic reform.

In support of this priority it is necessary to:

- Articulate Catholic health and aged care sector's service philosophy, based on evidence / best practice and mission.
- Provide leadership in health and aged care policy through the development and promotion of key topical policy blueprints.
- Demonstrate how the Catholic sector adds value to the community, through research and evidence and the sharing (both within and external to the Catholic sector) of best-practice models of care, particularly in the areas of:
 - Improved health outcomes
 - Effective stewardship
 - Efficient service delivery
- Support CHA members to deliver innovation in health service.
- Lead the health and aged care sector in specific areas, supported by an evidence-based approach.

OUTCOMES

Over the next three years CHA will:

- 4.1 Measure and report to the CHA Stewardship Board, through brand recognition, the perceived relevance of CHA services to the community.
- 4.2 Establish a mechanism for publicly sharing Catholic health and aged care best practice.
 - Ensure CHA intranet facility is a clearing house for member interests in the area of health and aged care reform and leadership. Evaluation of clearing house to be reported to the CHA Stewardship Board by December 2010.
 - Produce an annual report that showcases Catholic health and aged care best practice, to be presented at the CHA annual conference.
- 4.3 Ensure CHA's response to the health reform agenda is pro-active, evidence-based, risk-informed and focussed on the needs of the community through the development and promotion of key topical policy blueprints.
 - Produce a palliative care policy blueprint by the end of 2009
 - Produce a hospital care policy blueprint by mid 2010
 - Produce a social justice policy blueprint by 2011

