Greater *collaboration* will deliver mission

Catholic health and aged care has a gift to the world – the healing ministry of Jesus – a promise of love, care and compassion for all. But how can we ensure that Catholic health providers in Australia can fulfil their mission?

At the CHA National Conference a panel of senior leaders, Michael Walsh of Cabrini Health Australia, Toby Hall of St Vincent's Health Australia, Martin Bowles of Calvary, Linda Mellors of Mercy Health, and Shane Kelly of St John of God Health Care, agreed greater collaboration is key to harnessing economies of scale and influence.

Here's a snapshot of the panel discussion...

Think differently

Toby: We need to think differently about how we produce what we do brilliantly which is medicine – and take it to people, without having to look at rebuilding new hospitals. The future will be in people's homes and how we do that will be an important part of the future for us. As we look to the future I think the first thing we have to do is to go back to principle, to extend the healing ministry of Jesus and if we don't create a system which is differentiated from everyone else we are wasting our time.

Collaboration

Michael: Our local communities support us so I believe it is important to support them. Health is all about what happens in a local economy. I think there are opportunities to work more closely with other local Catholic organisations. We should work together on logistics and procurement; the onus is on us to do something about that.

Toby: I was talking to a colleague at a hospital in an isolated regional hospital experiencing difficult negotiations with private health insurers (PHI) because they are on their own. Together we have the capacity and strength to support them. The same could happen in procurement – our aged care organisations and hospitals are buying products independently and not getting the benefit of economies of scale.

On leadership and inclusion

Linda: We have a board that mandates 50 percent women, our executive has at least 50 percent women and that's a strong message to the rest of the organisation. You cannot be what you cannot see. You need to be able to see those leaders, of your own gender, your own culture, your own background, actually sitting up there at the table – it's critical.

Martin: Yes – we have to be reflective of the communities that we serve and at the moment we are not. We need to look at how we can grow that. We are getting better but need to get better also at a multicultural level. If you look at our 12,000 employees we've got a smattering of everything and predominantly female, but from a cultural perspective we've got to start to deal with not only representation but also the flexibility within other religions in our workforces.

Politics and the way forward

Martin: Our political cycles are much too short to achieve reform. People see what is happening through the prism of the media, centred around the "gotcha" moments. The reality is the public service has reasonable expertise with consistent views and long-term vision across the states and the territories but because the political cycles end up being so short, driven in part by the nature of the media, everyone goes in with their own agenda. They come out with a 'deal'. As soon as you come out with a deal, a deal done in that silo, someone else is going to lose at some point. I suppose one of the disappointments, coming from someone who has spent a long time in that world (public service), is the lack of systems thinking, the lack of consistency, the lack of long term thinking, and the lack of courage of government to actually stand their ground. We need people to stand their ground to make a difference. If you look around the world, the only time that health care reform has actually worked is in a bi-partisan way, with commitment to reform for the long term. Nothing works in the short term. We don't have the capacity in this country politically at the moment to implement long-term reform and until we actually do, I think we're going to struggle. So if they're not going to do it, we have got to work out how we do it. We have to look at how we become a lot closer, stronger as a collective, and do it ourselves.

Toby: Aged care has become more and more complex and we have an opportunity to do things differently. Currently we are told by the government how we have to deliver aged care, and the regulations that say an old person can't go and grab a beer out of the fridge, can't cook a barbeque in an aged care facility for goodness sake, they can't even cook a cake. The key is to bring the brand together and bring ourselves into a position to say to the government, 'actually the model you have put in for aged care, isn't aged care at all, it is aged institutions', and as a Catholic sector we should be saying it is about 'aged care' and 'care' is about us showing people the healing ministry of Jesus. If we use our collective power, together we can do that. We know that hospital-in-the-home is the future and we have an opportunity to work together. There's no point in St John of God, St Vincent's, Mercy, Calvary, and Cabrini all setting up hospital in the home systems with CEOs, accountants, computer systems behind them. We have an opportunity to work together to do that jointly.

Listening to the consumer

Linda: In Ballarat we have built a fit for-purpose small household community aged care access model with 14 households that will have eight residents in each household, each with a care companion. The companions are people carefully selected for their behavioural attributes, who we can train in the skills that are needed. There is a nurse consultant on site. There's a pub that's been built into the home, there will be a happy hour, so you can take seven of your naughtiest friends with you and you'll have an absolute riot. Families can book the indoor and outdoor spaces, so if you want to have Nanas 90th birthday, Nana should be able to invite everybody into her home. People can cook in the homes. They are set up as domestic households and residents can participate in group preparation. There is a strong sense of community and support.

Michael: People are taking a more sceptical view of PHI and how and where they should use it. The demographic is ageing, with multiple chronic conditions. The voice of the customer is much stronger. We are seen as a safe pair of hands that offers high quality care but I think it is more than that. I think we should delve further into why folk come to our door to ensure we can meet their needs and expectations. If we are to succeed in providing the care that communities deserve we need to be attuned to how they are making choices so that they know, whether it's Cabrini, St Vincent's, St John of God, Calvary or Cabrini, that it will be high quality, responsive, reliable and able to provide personalised and customised care.

The future in aged care and mandated nurse ratios

Linda: The affordability of health and aged care for the Australian government and the Australian population is a great challenge ahead. We are seeing a push towards community care and keeping people at home as long as possible.

Based on current trends, the government couldn't afford for the number of people estimated to move into residential care. This translates to a need for a different type of product that we need to be offering, and we ignore the baby boomers at our peril.

I'm not an advocate for nursing ratios in aged care. We're building a nursing consultation model, the nurse will have her office and a consultation room in the facility, and can go into any of the households if anyone needs care or a care assessment. The resident can do what they'd do at home, they can go down and see the nurse as they would a GP. The other thing I particularly like about our Ballarat model is its suitability for those living with dementia. We will see a very significant increase in people living with dementia as we get better at treating physical illnesses. Ballarat has a beautiful garden and fence around the outside so that people with dementia can wander inside and outside, it's a safe space for them.

Looking to 2038

Toby: I'm positive. We have an incredible opportunity ahead of us. I would hope that people look at us and see us genuinely serving the marginalised and genuinely serving the disadvantaged. I think we have to be a voice for the people we serve and a voice for the disadvantaged. With due respect, people won't listen to the institutional Church but they will listen to the voices of those experts who engage in, work in and live in with people in disadvantage. I think that we should take that mantle on and I hope that we can be a leader in that field in the next 20 years and start to see some change.

Shane: I think in 20 years time we will be strong. There will be some consolidation. I worry about the smaller players in our sector. I think we need to get smarter about working more closely particularly with those in regional areas, and in partnerships.

We worry about the Amazons, Apples and the Googles but we need to look a little closer to home, by way of example, an in-home support service providing more than 100,000 episodes of care p.a. has just been bought by Medibank Private so there are some interesting maneuvers happening.

Martin: I'm absolutely positive about our future. We have the vision, we have the belief, we have the values. People are looking for that, we see it everyday, staff believe in it, patients look for it – they believe in the care they are getting and I think we are in a strong position.

Michael: I'm optimistic about our future. Across the spectrum we have a great range of services. The social determinants of health are really important and we need to address the way Catholic health and social services can step out of the traditional silos to work together for positive change within our local communities.

Linda: Catholic health is a fantastic opportunity to express the Catholic ethos and we have a great opportunity to be the church's expression everyday.

See Q&A with Dr Shane Kelly on page 20.