

# Catholic Health Australia – 2010 Federal Election Platform

On any given day, one in ten of all Australians in a hospital or residential aged care bed is being cared for in a Catholic facility. One in three of all older Australians receiving Commonwealth funded community care is being cared for by a Catholic organisation. These services exist for all Australians, but particularly for those in socioeconomic disadvantage who, through no fault of their own, often miss out on quality health and aged care.

The Catholic Health Australia (CHA) Stewardship Board has adopted this 2010 Federal Election Platform. The Board invites all people or parties seeking election to the House of Representatives and Senate to consider adopting CHA's policy initiatives as their own.

<p><b>Adopt the World Health Organisation's Social Determinants of Health framework</b></p>	<p>In Australia, a person's wealth dictates their health. There is an urgent need for action to address the health needs of those living in socioeconomic disadvantage. The Parliament should adopt the World Health Organisation (WHO) action framework on the social determinants of health in order to prevent ill health in the community, which will in turn reduce future health costs being incurred. The Council of Australian Government (COAG) should implement this WHO framework.</p> <p><b>Specific Action:</b> To implement a new focus on ameliorating the detriments of the social determinants of health, CHA proposes that each Local Hospital Network and Medicare Local currently being established as part of the COAG agreed health reform process be given publicly reportable goals and targets requiring action plans to reduce inequalities in health outcomes and access barriers to health services. Success against these goals and targets should be reported to the new National Performance Agency, which in turn should direct funding to areas of proven need.</p> <p><b>Specific Action:</b> Nationally, a new target should be set to reduce the gap in life expectancy between the least disadvantaged and the population average.</p>
<p><b>Develop a new national Health and Aged Care Workforce Plan</b></p>	<p>The single most pressing matter confronting Catholic health and aged care services is the current and future availability of a skilled workforce. Despite many years of government programs, a long term plan to properly address Australia's future health workforce needs has yet to emerge.</p> <p><b>Specific Action:</b> Within six months of the election of the next Government, a ten year action plan should be presented by Health Workforce Australia to a Senate Inquiry with terms of reference to review what action can be taken by 2020 to provide sufficient doctors, nurses, allied health and other care givers to work in the nation's health and aged care services. The Senate Inquiry should report within a year of the election, setting out a bipartisan national approach to health workforce planning.</p>
<p><b>Ensure quality and efficiency in hospital care, and retain a strong role for private healthcare delivery</b></p>	<p>CHA proposes the establishment of a 'Health Reform Implementation Advisory Council', comprising non-government experts, to assist COAG in achieving maximum health outcome benefits through effective implementation of the health system changes. CHA also proposes:</p> <ul style="list-style-type: none"> <li>• The development of a national hospital performance standard and monitoring framework that builds on, rather than replicates, existing quality systems, and presents comparative cost and quality data in a meaningful way to the Australian public</li> <li>• Transparency of public hospital funding, demonstrated by the establishment of an independent national hospitals pricing authority, allowing governments to direct funding to health care providers who demonstrate cost efficiency and quality effectiveness</li> <li>• A weighting in the distribution of funding to Local Hospital Networks and Medicare Locals based on the assessment of health inequalities, so that socioeconomically disadvantaged areas have greater future access to resources</li> <li>• Immediate negotiations with private hospitals to ensure planned, not ad hoc use, of private hospitals to assist Local Hospital Networks meet public elective surgery targets</li> <li>• That Catholic public and private hospitals be able to continue to operate within new Local Hospital Networks with appropriate governance independence, but able to access funding on a level playing field with full transparency</li> <li>• The establishment of Local Hospital Networks and Medicare Locals boards of governance</li> </ul>

	<p>with skilled experts. Within 2 years of the establishment of these new governance bodies, a formal review of their operating efficiency and effectiveness should be conducted.</p> <p>CHA also proposes continuance of Federal Government programs that encourage the uptake of private health insurance. CHA invites political parties to consider new options of promoting the uptake of private health insurance in order to relieve pressure in the public hospital system.</p> <p><b>Specific Action:</b> Within one month of the election of the next Government, CHA proposes that the Productivity Commission be tasked to review the role and impact of ‘out of pocket health costs’ in hospital and medical care, with a view to strengthening the safety net for those least able to afford growing out of pocket health care costs. The review should consider how to achieve more equitable outcomes in the operation of private health insurance funds. It should review a cost efficient and quality effective manner for distribution of public funding for hospital services.</p>
<p><b>Ensure sustainability in aged and community care services</b></p>	<p>In aged and community care, CHA recognises that the Productivity Commission will report early next year on how to structure aged care services for the next decade and beyond. CHA proposes that process focus on:</p> <ul style="list-style-type: none"> <li>• Giving consumers choice, particularly those in socioeconomic disadvantage</li> <li>• Guarantee access by making aged care an entitlement to those assessed as needing it</li> <li>• Service provider sustainability to meet growing needs of an ageing population</li> </ul> <p>CHA endorses short term policies that would result in <b>Specific Action</b> to:</p> <ul style="list-style-type: none"> <li>• Ensure that the Daily Accommodation payment is set at an amount at least equal to the cost of service delivery</li> <li>• Ensure annual funding to aged care services is increased at the rate equal to the increase in cost of operating aged care services</li> <li>• Abolish the distinction between low and high care in residential aged care facilities, which would in turn enable those in high care with capacity to pay a bond to do so, and those who cannot to be protected by a robust safety net</li> <li>• Replace the current 3 year cycle of accreditation with a permanent system of accreditation assessed continually instead of every 3 years</li> <li>• Restore the value of Community Aged Care Packages so that clients could once again receive an average of 7 hours per week, up from the current 5, with priority given to those living in socioeconomic disadvantage</li> </ul>
<p><b>Provide palliative care to all who need it</b></p>	<p>CHA proposes:</p> <ul style="list-style-type: none"> <li>• Access to palliative care services that are equitable, and able to meet the need of all who could benefit from palliative services</li> <li>• Palliative care service delivery philosophy that is broadly integrated and embedded across all health and aged care services</li> </ul>
<p><b>Establish a Prime Minister’s mental healthcare summit</b></p>	<p>Governments have failed to invest in mental health services. CHA proposes the development of a new mental health system that guarantees universal access to mental health care. This can be achieved through the development of a new national mental health plan. Importantly, a new mental health system needs to be properly funded, and able to serve the needs of those for who it is designed, particularly those who are homeless or challenged in engaging with health systems.</p> <p><b>Specific Action:</b> Within two months of the election of the next Government, the Prime Minister should call a mental health summit to commence the work of designing a new national mental health system to be implemented by COAG. Medicare Locals should be given a role in reporting on the adequacy of access to services and success of reducing mental health incidence.</p>