

## **Together Queensland submission for the Federal Budget – 2019/2020**

### **1. Introduction**

Together Queensland (TQ) welcomes the opportunity to provide a pre-Budget submission for the 2019-2020 federal budget.

Together is a Queensland based union with a large and varied membership. Together members in the Department of Health and Health and Hospital Services undertake essential work in our community. Together members are Medical Officers, Allied Health Practitioners, Administrative Officers, Professional Officers, Aboriginal and Torres Strait Islander Health Workers, Home Care Co-ordinators, Pathology Scientists and Assistants, Phlebotomists, Allied Health Assistants, Dental Officers, Dental Assistants, Oral Health Therapists, Technical Officers and Health Promotion Officers as well as many other disciplines. Our members work across a variety of settings from single person operations to large health institutions and everything in between.

Our members believe that public health care based on clinical necessity is a fundamental human right and patient care must always take priority over profits. Together members are extremely concerned with the changing climate of federal health funding. Particularly with the failure to meet commitments for funding spent based on existing agreements and also the increasing pressure on emergency departments and other health services due to shortages in other sectors (for example, patients presenting in Emergency Departments who should or could be seen by a General Practitioner).

### **2. Funding Cuts – Projected and Enacted**

Members are deeply concerned about the cut to health funding in Queensland of \$160 million over the three years from 2017 to 2020. The failure to progress the rate under the agreement from 45% to 50% of the cost of the activity occurring along with the introduction of the national growth cap, regardless of demand for health services will significantly impact health services, particularly health services in areas of high demand and high cost like in regional and remote settings. Further the retrospective funding cut announced in September 2018 for the years 2016 to 2019 has meant a loss of \$156 million for Queensland Health. This has a negative impact on health services now and will continue to.

Health workers and the community alike need certainty of funding. The funds committed to by the federal government under the agreement must also be paid on time. This is essential for good governance of the services and for real service delivery.

Health workers are struggling to meet the needs of the community already, further cuts cannot be made without a loss of essential services.

### **3. Impact on Health Outcomes – Inequity**

Together Queensland is concerned about equity in health outcomes. Queensland has higher proportions of Aboriginal and Torres Strait Islanders, people living with mental illness, and people living in rural and remote areas than other States. These groups have lower life expectancy and poorer health outcomes.

As such Together believes that the Federal Health budget should be based on providing better patient-centred and integrated care, with attached funding and care pathways. Health funding mechanisms should be based on value and outcomes rather than service volumes or the consumer price index (CPI).

Together believes that to ensure that there is no disadvantage for Queenslanders that the current funding arrangements should be renegotiated as part of the Commonwealth Heads of Government meeting 2019 to recognise and reflect this.

If the current agreement remains, Queensland will face an ongoing challenge over the coming years to meet the growing demand and people will suffer. We believe governments must continue to deliver free quality public health services to all Australians, regardless of their race or post code. In a state the size of Queensland with a decentralised population in regional and remote centres services must be funded appropriately. These communities experience acute disadvantage, largely because of their remoteness. Governments have an obligation to provide services to the community based, as far as is practicable, on fairness and equity.

The entire government budget, not just the health budget, needs to be readjusted because the health of Queenslanders is about the social determinants of health. Health isn't just about going to hospital or the General Practitioner, but it is about the whole welfare of the person. Further funding cuts and disadvantage like the termination of ongoing funding for the National Partnership on Indigenous Housing has a significant impact on the health outcomes for those Queenslanders and the stress on those health services. The Federal Government needs to stop breaking its promises on service provision and funding to Queenslanders.

The remainder of this submission makes comments and then recommendations about five key topic areas that are of concern to Together members being:

- Aboriginal and Torres Strait Islander Health Care
- Rural and Remote
- Medicare
- NDIS
- Health Promotion and Disease Prevention

#### **4A. Aboriginal and Torres Strait Islander Health care**

Per person expenditure for Aboriginal and Torres Strait Islander Queenslanders is more than double that for non- Aboriginal and Torres Strait Islander population and is consistent with the comparatively higher disease burden.

At a more fundamental level there is a need to embrace differing concepts about health and the needs of different cultures and peoples. To support the health of Aboriginal and Torres Strait Islander Queenslanders lives and understanding their relationships to ancestral lands, seas and waterways and how they are deeply important for cultural and physical survival and wellbeing. There needs to be a recognition that these relationships are the key enablers of the health for Aboriginal and Torres Strait Islander Queenslanders.

Members believe that a holistic approach to Aboriginal and Torres Strait Islander Health is required and this means looking at all aspects of the budget including socioeconomic, housing, cultural, emotional and trauma, grief and loss, and valuing Indigenous knowledge and cultural beliefs and practices. The current budget is more interested in promoting profits for contractors than closing the gap for Aboriginal and Torres Strait Islanders.

The government needs to take these issues seriously and provide enduring funding solutions to promote a sustainable outcome and to achieve long term goals

### **Recommendations - Aboriginal and Torres Strait Islander Health care**

The federal government through the Council of Australian Governments (COAG) should provide targeted and quarantined funding for:

- Incentives provided to develop Aboriginal and Torres Strait Islander models of care in general practice and community-based programs through measures such as improved access to technology, accommodation, study, training and professional development;
- Funding provided for mental health programs related to Aboriginal and Torres Strait Islanders;
- Funding provided to research and identify the elements that address institutional racism in the health system;
- Funding provided to increase the workforce levels of Aboriginal and Torres Strait Islander staff, with a focus on the employment of Aboriginal and Torres Strait Islander people trained and employed at all levels, including senior levels, of the health workforce;
- Funding for wage equality for all Aboriginal and Torres Strait Islander health care staff, inclusive of research into developing an Aboriginal & Torres Strait Islander Health Care Pay Stream;
- Funding for infrastructure, particularly housing for workers in remote communities.

### **4B. Rural and Remote**

The sheer size of Queensland creates an enormous challenge to provide health services given the high proportion of Queenslanders living in Inner and outer regional areas (37% of the Queensland population) which is very high, compared to other states.

Typically, Queenslanders who live in rural and remote areas will have lower access to health services and on average this population will have larger rates of sickness than Australians in large cities. The disease rates amongst rural and remote populations is 50% higher than those living in large urban areas. This population has a lower life expectancy of up to 1.4 to 2.3 years lower compared with urban inner regional areas, irrespective of Aboriginal and Torres Strait Islander status. Rural and remote Queenslanders have a higher lifestyle disease rate of death due to chronic conditions than that of major cities by one third in 2015.

The current Government budget parameters appears to give no recognition about these factors. Members believe that the government needs to substantially increase funding to deal with issues that people living in rural and remote areas deal with on a day to day. There

needs to be a clear recognition of the uniqueness of Queenslanders living in rural and remote areas by providing a long-term budgetary commitment to resolve these issues.

### **Recommendations – Rural and Remote Health**

The Federal Government through the Council of Australian Governments (COAG) provide targeted quarantined funding for:

- Incentives to recruit Allied Health Staff, Medical Officers and Clinical Assistants to assist in rural and remote models of care in general practice and community-based programs through measures such as improved access to technology, accommodation, study, training and professional development, including the development of scholarships;
- Psychiatrists, Psychologists and Social Workers to assist people living in rural and remote areas navigate the health system and gain access to appropriate care;
- Structured clinical placement opportunities in rural and remote health care facilities, for Psychiatrists, Psychologists, Social Workers, Exercise Physiologists, Dieticians and Medical Officers to promote the integration of physical and mental health;
- Funding should also allow for adequate numbers of trained administrative staff for the clinicians to ensure that they have the resources to fulfil their roles;
- Immediate implementation of the system improvements for suicide prevention identified in the Fifth Plan, and most importantly address the shortage of mental health professionals;
- Increased support, promotion and utilisation of telehealth services, with appropriate funding to both the rural setting and metropolitan support sites that can provide the services of the city to our most remotely located residents.

### **4C. Medicare**

Members believe that a robust primary health care is pivotal to an efficient, equitable and effective health system. Australia is known around the globe for providing a good quality primary care health system. However, members see inequity in this system daily with many poorer Australians unable to afford to go to a GP or a Dentist when they should.

With people in rural and remote areas not being able to access pharmacist or medical specialists. Australians who need to access Oral health services can wait for years to be seen by a public dental service. For Allied health services these are usually offered by private providers with patients not being able to access Medicare rebates thus excluding a vast proportion of people from accessing these services.

Members have seen the current Government running down the Medicare system announcing that it is not sustainable, trying to introduce co-payments in a hope of reducing the number of times Australians visit a GP and to ensure the user foots the bill. Added to this, members of parliament announce publicly that the system is broken and if you are unable to access a General Practitioner you should go to an emergency department. These statements are incomprehensible and have the effect of increasing Queensland's already stretched emergency departments. This is easily evidenced by our members who work in emergency

department with the regular physical and emotional abuse directed towards health workers working in already stressful situations.

Members need to see the funding, organisation and management of primary care that is keeping pace with changes to disease patterns and the financial pressures on health services, and technological advances and ensure equity for all Australians in being able to access basic health care.

#### **Recommendations - Medicare**

The federal government through the Council of Australian Governments (COAG) provide targeted quarantined funding for:

- An increase in the budget for Medicare initiatives to encourage all Australians to be able to access bulk billing GPs who are diagnosing disease earlier and providing preventive interventions for health risk factors and diseases such as hypertension, high cholesterol and type 2 diabetes.

#### **4D. NDIS**

The NDIS is monumental reform for Australia: a grand scheme that has the potential to make vast differences in the life experiences of an array of people with disabilities, their families and carers both now and in decades to come. The NDIS was implemented to help people get the support they need so their skills and independence improve over time. It was designed to empower people to enable them to get the best quality support and care.

Together members are seeing valuable services being shut down at the expense of people due to poor decisions made by the NDIA or being blamed on the roll out of the NDIS in that area or region. Members also fear that the closures of vital community services such as the Rockhampton community centre, which dealt with people with mental health and homelessness issues now having to utilise the already overwhelmed public health system to get support.

Other issues that members are dealing with is the impact of a maze of red tape with centres such as the Halwyn Centre in North Brisbane which currently has 39 residents with intellectual and physical disabilities. The residents and their families were advised of the facility's closure in mid-January 2019. It has been home to some of the residents for decades, but they were told the centre had not received approval from the National Disability Insurance Agency to be a specialist disability accommodation provider and would close on November 27. Respite care is also provided but will cease from February 28, 2019.

#### **Recommendations - NDIS**

The federal government through the Council of Australian Governments (COAG) commits to:

- Urgently address the interface issues between the NDIS and other sectors (Health, Mental Health, Education, Housing, Employment etc.), especially those interface issues having a significant impact on the wellbeing and experience of people with

disability. This should include continuing to fund great publicly run services that residents and families appreciate through the state system;

- Amend NDIS prices to reflect the components of quality service delivery and support a skilled and qualified workforce, including adequate supervision, professional development, administration and reporting;
- Adequately fund travel costs for high quality, equitable service delivery.

#### **4E. Health Promotion and Disease Prevention**

Preventive health measures aim to reduce illness, prevent disease and promote wellness. This in turn reduces individual, intergenerational and health system burden, improves health system resource use and boosts productivity through greater economic participation and productivity. Yet Australia spends less on public health promotion and prevention than most other OECD countries. Australians should be enabled and supported in taking charge of their own health, and the Federal and State Governments should support more preventative approaches than the expensive reactive model of care.

The National Partnership Agreement on Preventative Health (NPAPH) was to be instigated to fund lifestyle changes to improve health levels and reduce the risk of chronic disease. This was to be implemented from 2012 to 2019, however the Abbott Government unexpectedly ceased funding of the NPAPH on 30 June 2014. The decision by the Commonwealth Government to cease this funding arrangement is continuing to put at risk the health gains of Queenslanders and forcing the State Government to bridge the funding gap. This cut is potentially costing Queenslanders their lives.

Funding arrangement changes make it impossible to implement preventative long-term health measures that will improve the lives of Queenslanders. There is large scope for preventative health as about 33% of the disease burden can be attributed to the combined effect of variable risk factors—these same risk factors account for about 15% of hospital admissions in Queensland.

For every dollar invested in selected public health interventions in high income countries, there was a \$14 yield. Can we afford not to invest in preventative health when a greater investment will generate huge dividends for the health of Queenslanders? Prevention is a sound investment—it improves population wellbeing, delays the onset of disease and helps to constrain increasing costs associated with an ageing population over the long term.

#### **Health Promotion and Disease Prevention Recommendations**

The federal government through the Council of Australian Governments (COAG) commits to:

- Re-establish a National Preventive Health Body;
- Announce a national obesity strategy;
- Increase funding for the community-controlled Indigenous health sector;
- Increase funding for public dental services;

- Increase funding for public treatment of mental health;
- Development of formal agreements between the Commonwealth, the states and Primary Health Networks to improve system management; and new funding, payment and organisational arrangements to help keep populations healthy and to provide better long-term care for the increasing number of older Australians who live with complex and chronic conditions.

For further comments or questions please direct enquiries to:

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