Sub # 007

THE UNION FOR QNU NURSES AND MIDWIVES

QUEENSLAND NURSES' UNION

Submission to the Health and Ambulance Services Committee

Inquiry into the establishment of A Queensland Health Promotion Commission

November, 2015

Queensland Nurses' Union
106 Victora St, West End Q 4101
GPO Box 1289, Brisbane Q 4001
P (07) 3840 1444
F (07) 3844 9387
E qnu@qnu.org.au
www.qnu.org.au

Contents **Page**

Introduction

The Queensland Nurses' Union (QNU) thanks the Health and Ambulance Services Committee (the Committee) for the opportunity to make a submission to the establishment of a Queensland Health Promotion Commission.

Nursing and midwifery is the largest occupational group in Queensland Health (QH) and one of the largest across the Queensland government. The QNU is the principal health union in Queensland covering all categories of workers that make up the nursing workforce including registered nurses (RN), registered midwives, enrolled nurses (EN) and assistants in nursing (AIN) who are employed in the public, private and not-for-profit health sectors including aged care.

Our more than 53,000 members work across a variety of settings from single person operations to large health and non-health institutions, and in a full range of classifications from entry level trainees to senior management. The vast majority of nurses in Queensland are members of the QNU.

The potential role, scope and strategic directions of a Queensland Health Promotion Commission

The QNU supports the establishment of a Queensland Health Promotion Commission (the Commission) signalled in the 2015/6 state budget as one of a number of preventative health measures. This is a timely initiative given the federal government's decision to reduce health funding to the states from 2017/8 and the previous state government's withdrawal from primary health services such as school based nursing and sexual health programs.

Primary care is the foundation of our health care system. But increasingly for patients, doctors, nurses, midwives, allied health practitioners and indeed taxpayers this foundation is under stress. This is due in part to the contested nature of funding arrangements and responsibilities between the states and the Commonwealth government. This correlation will be an important influence in determining the scope of the Commission's functions.

Broad social, economic and physical factors – known as the social determinants of health – largely shape the health and wellbeing of the population. Most of these are outside the control of the health system. Housing, transport, education and the environment can all affect health and wellbeing. Policies that adopt a shared goal to improve health and wellbeing need to integrate responses that cross all sectors of government and portfolio boundaries.

In our view it is essential the Commission operates independently from Queensland Health and has a broad focus beyond the traditional health portfolio area. Its sphere of activity should explore the key social determinants of health and recommend innovative strategies for improvement.

We note the *Federation White Paper* currently under development will consider principles and criteria for allocating roles and responsibilities between different levels of government. The practical application of these roles will include health, education, housing, transport, infrastructure, Indigenous affairs, justice, disability, welfare service, family and parental support, disaster recovery, environmental regulation and other areas (Australian Government, 2015). This will be an opportunity to consider the interrelationship between these policy areas and health outcomes as well as the ongoing debates around health funding arrangements that currently characterise state/federal relations.

The federal health minister (Ley, 2015) recently outlined several initiatives to 'rebuild' primary care. This involves:

- providing a 'healthier' Medicare package;
- relaunching and re-imagining digital health;
- delivering better mental health services; and
- integrating sport into the portfolio as a way towards living a longer, healthier and productive life without avoidable medical intervention.

In order to support this internal government policy work, the Minister has established:

- a Primary Health Care Advisory Group to review new and existing funding models to ensure the primary health system best supports the ongoing needs of patients, particularly those with chronic illness;
- a Mental Health Expert Reference Group providing advice to Government on how best to implement the broad ranging recommendations of the National Mental Health Commission's Review;
- an Aged Care Sector Committee that is due to report by the end of the year on a roadmap for the next wave of aged care reforms.

If, as the Minister claims, these reviews are 'integrated, considered policy work, not rash budgetary measures in isolation of each other' (Ley, 2015, p. 5), then we welcome a state based Commission that could work with the Commonwealth to promote primary health through a whole-of-government arrangement.

A Canadian review (Hutchison, Levesque, Strumpf & Coyle, 2011) outlined a number of key findings in relation to the characteristics of an optimal primary health care environment:

- Interprofessional primary health care teams;
- Group practices and networks;
- Patient enrolment with a primary care provider;
- Financial incentives and blended-payment schemes;
- Development of primary health care governance mechanisms;

- Expansion of the primary health care provider pool (e.g. nurses and midwives);
- Implementation of electronic medical records;
- Quality improvement technology, training and support.

In Queensland, the most serious gaps in the primary health system exist for patients requiring highly specialised and diverse health care such as patients experiencing mental illness, particularly in the category of child and youth, disability and domestic violence.

Service gaps in primary health care are more prominent in indigenous communities as demonstrated by the limited progress against the life expectancy target reported within the *Closing the Gap Prime Ministers' Report 2015* (Australian Government, 2015).

Access to appropriate primary health services for culturally and linguistic diverse communities and refugee communities remains an issue as does the ability to sustain the presence of primary health in regional, rural and remote areas.

The reasons for service gaps in the primary health care system include but are not limited to:

- Lack of health service integration;
- Limited patient coordination;
- Inability for clinicians to work to full scope;
- Limited access to the Medical Benefits Scheme (MBS) for nurses/midwives;
- Inadequate health workforce planning;
- Ineffective health policy/strategic direction;
- Insufficient funding/prioritisation;
- Minimal evaluation and public reporting;
- Geographical location.

The QNU recommends the Commission

- is independent of Queensland Health and has a broad remit to consider the social determinants of health extending beyond a narrow health policy framework;
- develops clear understandings of its role in primary health particularly given the ongoing debates around commonwealth/state funding;
- liaises with the federal government on matters the federal Minister identified as requiring integrated policy work – primary care, mental health and aged care;
- considers ways to measure and evaluate progress in closing the service gaps in primary health care through more effective workforce planning, public education programs and whole-of-government policy initiatives.

The effectiveness of collaborative, whole-of-government, and systems approaches for improving and sustaining health and wellbeing, including models used in other jurisdictions (including specific agencies or whole-of-government policy frameworks).

In recognition of the need for joint action where the most important determinants of health are found in sectors other than health, the World Health Organisation (WHO) (2011) promotes 'smart' governance through new independent agencies and expert bodies that combine whole-of-government with whole-of-society approaches. The QNU believes the proposals identified by the WHO could guide the role, scope and strategic direction of the Commission. These include governing through:

- collaboration;
- community engagement;
- a mix of regulation and persuasion;
- independent agencies, adaptive policies;
- resilient structures and foresight.

Independent expert bodies such as agencies, commissions, regulators and auditors are playing increasingly vital roles in providing evidence, maintaining ethical boundaries, extending accountability and strengthening democratic governance in health (World Health Organization, 2011). The Commission could encompass these roles as well as providing quality control and health impact assessments.

The importance of these functions increases with the move towards a knowledge society with rapid innovation. Health promotion must include objective and subjective measures to capture progress and enable public scrutiny. Given the long-term nature of many health conditions, anticipatory governance also requires new forecasting methods. A wide variety of smaller-scale interventions at local and community levels such as school based youth health nurses can increase social resilience and address more fundamental systemic challenges.

To that end, the Commission could consider the *Health in All Policies* approach of the South Australian Government. In South Australia, a whole-of-government framework - South Australia's Strategic Plan - seeks to enhance the state's prosperity, sustainability and quality of life for its citizens, and has been described as a blueprint for action on the social determinants of health (Kickbusch, 2007). Many of the targets contained in South Australia's Strategic Plan are important social determinants of health. Action on the targets aims to produce positive health and wellbeing outcomes for the population, and contribute to longer term reduction in health care expenditure. The plan recognises the need for concerted and cooperative action across multiple sectors of South Australian society to achieve the targets (Government of South Australia, 2015).

The South Australian Government's implementation of *Health in All Policies* was a significant development in the applied use of research evidence on determinants of health, and a first for Australia. This initiative was based on 10 underlying principles that reflect health as a shared goal across government. In particular, it:

- recognises health is a human right;
- acknowledges health is an outcome of a wide range of factors that require a shared responsibility and an integrated policy response;
- acknowledges that all government policies can have positive and negative impacts on the determinants of health;
- recognises that the impacts of health determinants are not equally distributed among population groups;
- recognises that health is central to achieving the State's strategic plan;
- acknowledges that efforts to improve health will require sustainable mechanisms that support government agencies to collaborate in developing integrated solutions;
- acknowledges that many of the most pressing health problems require long term policy and budgetary commitment;
- recognises that indicators of success will require monitoring and reporting;
- recognises the need to consult regularly with the public;
- recognises the potential of partnerships for policy implementation between levels of government, science, academia, business, professional organisations and non-governmental organisations (Government of South Australia, 2013) .

The success of the initiative has rested on a number of key drivers including:

- partnering with government departments on their policy imperatives to support the development of healthy public policy;
- high-level mandate from central government;
- leveraging from existing government decision making structures;
- jointly generating evidence based solutions with project partners;
- integrating qualitative and quantitative social science methodologies to identify solutions for complex, "wicked" policy issues (Government of South Australia, 2013).

The *Health in All Policies* initiative demonstrates its value as an approach to collaborative policy development. *Health in All Policies* also provides a framework for meeting the needs of sectors outside of health as well as long term population health and wellbeing goals. This reflects the idea of reciprocity, one of the key philosophies underpinning the initiative. Cross-sector collaboration and partnerships have been recognised as important system building strategies. Mechanisms to support and systematise these practices across state and local government help to ensure ongoing action to address the social determinants of health and improve the population's health and wellbeing (Government of South Australia, 2013).

The QNU recommends the Commission

- considers the *Health in All Policies* initiative of the government of South Australia as a whole-of-government approach to health policy development.

Emerging approaches and strategies that show significant potential

The 'health and wealth' agenda is based on the scientific evidence that health is an investment, not just an expenditure. Healthier populations are more productive, participate more actively in the labour market and gain higher incomes (McDaid, Drummond & Suhrcke, 2008; Suhrcke, Lorenzo & McKee, 2007; Suhrcke, McKee, Sauto Arce, Tsolova & Mortenson, 2005).

Recent European examples of a whole-of-government approach for health in all policies are found in England, Finland, France, the Netherlands, Norway and Sweden. These countries use combinations of governance tools such as policy formulation, target setting, public health laws, cabinet level coordination, interdepartmental committees, horizontal and vertical coordination mechanisms, public hearings, cross-department spending reviews within a relatively coherent government framework (Wismar & Ernst, 2010). They use these tools to reach out to other government departments and sectors to integrate health in other policies.

A recent OECD report (2015) found:

- Australia's health system is highly fragmented, making it difficult for patients to navigate. Devolving primary care to the states and territories would better align health services, increase efficiency, and reduce the disruption to continuity of patient care;
- The development of ten national standards for mandatory hospital accreditation represents an important element of the safety and quality improvement architecture of Australia's health system. Expanding the scope of the standards to take in aged care, mental health services and primary health care should be a priority.

Some aspects of the primary health care system are working well or the concept has the potential to work well for people with chronic/complex health conditions. These include:

- Access to chronic disease management plans, led by primary health care providers with access to integrated health care teams delivering primary, secondary and tertiary services across all health care sectors allowing holistic patient assessment, care planning, implementation of treatment and evaluation of health outcomes;

- In areas where primary health services are limited or do not exist (e.g. rural and remote communities) established state and local government health services and resources are used to fill the service gap;
- The introduction of Medicare Locals delivered some improvements in filling service gaps, coordinating care and rebuilding links between community services and hospitals within certain areas of Queensland's primary health care system. The success of this concept was mainly limited to geographical locations where high patient demand prompted 'buy in' from health service providers;
- Specialty community-based organisations such as the Heart Foundation, Diabetes Australia and the Kidney foundation advocate, establish and support networks between patients and providers spanning primary, secondary and tertiary services across all health sectors. These organisations contribute significantly to health care research.

As the largest clinical workforce, nurses and midwives play a significant role in leading and driving patient-centred improvements across the health system. Nurses and midwives are appropriately regulated, educated and competent to lead and participate in the delivery of primary health care and are known to be proficient in providing holistic health services that directly meets the core principles of primary health care including:

- Patient/family/carer advocacy;
- Individual process of care;
- Educating, enabling and supporting self-management;
- Leading and coordinating multidisciplinary care;
- Leading and participating in quality improvement.

In Queensland, there are several nurse-led chronic disease services working in collaboration with multi-disciplinary team members to provide effective and efficient chronic or complex care within Hospital and Health Services. These services have produced a variety of positive outcomes for patients, communities and health services.

The introduction of Nurse Navigator positions will be a positive means of addressing the current difficulties in accessing and traversing the health system. This is just one practical method of giving people more information and ultimately better care.

The QNU recommends the Commission

- engages with the health workforce, their representatives, employers, community groups and the Queensland public as a first step in developing strategies promoting health and wellbeing through preventative measures.

Conclusion

The work of the Commission will enable the government to address long-term preventative health issues such as chronic disease caused by obesity. Its program should not be a series of isolated initiatives but rather an integrated, whole-of-government approach to health and wellbeing. Together they offer an opportunity to make the whole system more capable, modern, efficient and appropriate for the 21st century.

References

Australian Government (2015) Reform of the Federation White Paper terms of reference, retrieved from https://federation.dpmc.gov.au/terms-reference

Australian Government (2015) *Closing the Gap Prime Minister's Report*, Australian Government, retrieved from https://www.dpmc.gov.au/sites/default/files/publications/Closing_the_Gap_2015_Report.pdf.

Government of South Australia (2013) *South Australian Health in All Policies Initiative: Case Study,* retrieved from https://www.sahealth.sa.gov.au/wps/wcm/connect/f31235004fe12f72b7def7f2d1e85ff8/SA+HiAP+Initiative+Case+Study-PH%26CS-HiAP-20130604.pdf?MOD=AJPERES&CACHEID=f31235004fe12f72b7def7f2d1e85ff8

Government of South Australia (2015) *South Australia's Strategic Plan* retrieved from http://saplan.org.au/

Hutchison, B., Levesque., J., Strumpf, E., & Coyle, N. (2011) 'Primary Health Care in Canada: Systems in Motion', *The Milbank Quarterly*, 89, (2), pp. 256-288.

Kickbusch, I. (2007) *Healthy Societies: Addressing 21st century health challenges*, Government of South Australia, Adelaide.

Ley, S. (2015) National Press Club Address, 28 October.

McDaid, D., Drummond, M., & Suhrcke, M., (2008) *How Can European Health Systems Support Investment in and the Implementation of Population Health Strategies?,* World Health Organization on behalf of the European Observatory on Health Systems and Policies.

OECD (2015) *OECD Reviews of Health Care Quality: Australia 2015: Raising Standards*, OECD Publishing, Paris, retrieved from http://dx.doi.org/10.1787/9789264233836-en

Suhrcke, M., Lorenzo, R. & McKee, M. (2007) *Health: A Vital Investment for Economic Development in Eastern Europe and Central Asia*, World Health Organization on behalf of the European Economy Observatory on Health Systems and Policies, Copenhagen.

Surhcke, M., McKee, M., Sauto Arce, R., Tsokova, S. & Mortenson, J. (2005) *the Contribution of Health to the Economy in the European Union,* World Health Organization on behalf of the European Economy in the European Union, Office for Official Publications for the European Communities, Luxembourg.

Wismar, M. & Ernst, K. (2007) 'Health in All Policies in Europe' in Kickbusch, I. & Bucket K. eds (2010) *Implementing Health in All Policies*, Adelaide, Department of Health, Government of South Australia, pp 53-65.

World Health Organization (2011) *Governance for Health in the 21st Century: a Study conducted for the WHO Regional Office for Europe*.