Budget Consultation 2002-2003

Report Number 1

Standing Committee on Health

April 2002

Legislative Assembly for the Australian Capital Territory

Committee membership

Ms Kerrie Tucker MLA (Chair)

Ms Karin MacDonald MLA

Mr Brendan Smyth MLA

Secretary: Mr Derek Abbott and Ms Siobhán Leyne

Administration: Ms Judy Moutia

Resolution of appointment

The following general purpose standing committees be established and each committee to inquire into and report on matters referred to it by the Assembly or, after the Assembly's endorsement, matters that are considered by the committee to be of concern to the community.

> …a Standing Committee on Health to examine matters related to hospitals, community, public and mental health, health promotion and disease prevention, disability services, drug and substance abuse and targeted health programs.

Legislative Assembly of the ACT, *Minutes of Proceedings*, (1998), No.1, 12 November 2001, p 12

Terms of reference

In response to the invitation from the ACT Treasurer of 20 December 2001, the Committee to seek public comment on, and to consider, priorities for the ACT Budget 2002-2003.

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1. Conclusion and Recommendation

1.1. As noted in the introduction the Committee will refrain from making any recommendations with regard to specific funding proposals. However the submissions to it present a persuasive case for the importance of the community sector as an efficient and cost-effective vehicle for the provision of health services. The Committee is particularly supportive of efforts to integrate service provision and to take a broad approach to treating health problems recognising that social, cultural and economic factors may be at least as important as clinical factors. The committee also expresses its support for the development of a social plan, based on sound data and a variety of needs-mapping exercises.

1.2. The Committee also supports approaches that minimise the need for institutional care and the excessive 'medicalisation' of health issues. Thus it believes that early intervention programs, health promotion and education programs, transitional facilities and community care programs must be adequately supported.

1.3. If adequately supported such programs can offer improved health outcomes in the long term. However if they are required to struggle for funding from year to year with consequent difficulties in maintaining levels of service and recruiting and retaining suitable staff then their potential will not be fully realised.

1.4. **The Committee recommends that the Treasurer, in developing the ACT budget 2002-03, give detailed consideration to the issues raised in submissions and evidence given to this Committee, and also undertakes detailed analysis of community need.**

2. Introduction

2.1. On 20 December 2001 the ACT Treasurer, Mr Ted Quinlan invited this Committee and the other Standing Committees of the Legislative Assembly to take part in the public consultation process to develop the 2002-2003 ACT Budget. The Committee accepted that invitation at its meeting of 22 February 2002 and advertised in the local media seeking expressions of interest or submissions from the public by 15 March 2002.

2.2. The Committee received eighteen submissions covering a range of health issuers within the ACT. Public hearings were held on Monday 25 March and Thursday 28 March 2002 at which ten organisations and individuals were represented.[1] The Committee acknowledges and appreciates the work of the community organisations and individuals in preparing submissions and appearing as witnesses.

2.3. The Committee's consideration of Budget priorities has been constrained by the lack of any specific information about the Government's expenditure priorities for 2002-2003. In his letter to the Committee the Treasurer undertook to ' …release … an initial Budget Consultation document in early to mid February to aid the debate on budget issues and priorities.' Unfortunately this document was not produced until 28 March. The committee views this as unsatisfactory. Both the Committee and the wider community were somewhat in the dark about the financial and policy contexts in which budget issues might be considered. It is important that adequate time is provided to consider community input and that government input is provided in a timely fashion (six weeks prior to the reporting date in the case of budget and policy materials).

2.4. Set against the background of delay in the provision of information, this report draws together the priorities identified in submissions and at the Committee's hearings. The Committee has made no specific recommendations on individual proposals but reserves the option of further pursuing them during consideration of the Budget later in the year. The committee also regards this inquiry as limited in that the timeframe did not allow a full investigation of areas of unmet need. It is therefore important that the Government undertake its own further analysis.

[1] A full list of submissions received by the Committee and the program of the Committee's hearing is attached at Appendix I.
[2] *2002-2003 Budget Consultation*, p 3.

3. Priorities for the Health Sector in the ACT Budget

3.1. The Committee has brought together the issues and priorities identified in submissions to it by the community.

Community Care

3.2. Most of the submissions received by the Committee noted that community care is both a desirable and a cost-effective alternative to acute and institutional care and a necessary adjunct to that care. The Belconnen Community Services commented 'Over the past 12 months our programs have seen some significant increases in demand for essential services for frail older people, people with a disability and families experiencing social disadvantage.'[3] Other organisations commented on similar increases in demand or evidence of unmet needs in their specific areas.

3.3. Whether it be respite care to enable people to stay in their own homes for as long as is possible as is possible, transitional care to support those returning to independent living after acute care, early intervention mental health services, or, at the other extreme, midwife care supporting normal childbirth with the minimum of medical intervention, the common theme is enabling people to manage their own lives in the community.

3.4. This Committee believes that this is a desirable approach to the provision of health services. Health education, early intervention programs and community based care are also cost effective responses. In view of the increasing demand for these services a coherent approach to funding community care services and coordinating the government and community sectors is highly desirable.

3.5. The Committee supports the development of a social plan based on sound, empirically derived data. To appropriately inform the development of a plan, data collection is important and the committee supports a range of needs-mapping exercises to identify where gaps in services exist and to gauge the level of unmet need in the community, particularly in relation to health matters. ACTCOSS has advocated a social plan for some time and in its submission asked that, 'the Government… ensure that indicators of poverty, and risk factors continue to be monitored'.

3.6. The committee also notes that the ALP has previously committed to the development of a social plan as ACTCOSS points out in its submission:

> "The ALP in its policy platform and election commitments spoke of the need to collect and then utilise data to ensure evidence-based policy is developed to meet the needs of the community. This is exemplified by Labor's commitment to a Social Plan".[4]

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[3] Submission No. 5, Belconnen Community Service(BCS), p.1
[4] Submission No. 4, p 21.

Relations between the Government and the Community Sector

3.7. A recurring theme in submissions to the Committee is that, in the words of the ACT Council of Social Services (ACTCOSS),

> "The sustainability of services for people affected by poverty in under threat from increasingly complex and costly legal and regulatory environment, and the lack of funding for indirect costs of service provision that results from restrictive purchaser provider arrangements."[5]

3.8. The Belconnen Community Service (and others) noted that current funding arrangements limit the ability of community groups to gather data, liaise with government and contribute to the policy making process and service planning.[6] There is a clear need for funding arrangements to reflect the real cost of service provision and to provide for indirect costs incurred by community organisations.

3.9. It is clear from other submissions that this is not just an issue with regard to services for people affected by poverty but is of concern to many non-government organisations providing essential community health services.

3.10. The Government has already announced that it will review the purchaser-provider model used to fund community services in the ACT. The Committee supports such a review occurring and will continue to monitor this area.

Health Promotion and Health Education

3.11. A number of submissions to the Committee commented on the importance of health promotion, particularly among young people. For example the Junction Youth Health Service identified increasing incidence of sexually transmitted infections, poor mental health, blood borne viruses, poor nutrition and personal hygiene practices as areas of serious concern which are not adequately addressed in current health promotion activities. However, "currently the Junction Youth Health Service does not have funding levels to employ and resource a Health Promotion officer."[7]

3.12. ACTCOSS has drawn attention to the relationship between ill-health and the risks of slipping into poverty and called for greater emphasis to be given to health promotion and health education.

3.13. This is a significant concern. The benefits, not simply in terms of costs, of avoiding health problems, through good health promotion activities, or at least of early intervention and minimising the extent of a problem, were a recurring theme in submissions. Similarly an approach that views health in the broader social and economic context and recognises the links between health and issues such as employment housing and poverty is essential.

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[5] Submission No. 4, ACTCOSS, p.7
[6] Submission No.5, BCS, p.6
[7] Submission No. 4, Junction Youth Health Service, p. 3

Access to Services

3.14. Virtually every submission received by the Committee identified access to services as a key issue. For many organisations it was simply a result of demand outstripping the available services. This is basically a funding issue. The Committee has chosen not to make specific recommendations with regard to increased funding for particular organisations or projects. However the unanimity of the concerns expressed suggests that this is an issue which requires urgent attention from government.

3.15. A second aspect of this problem is getting people in touch with the appropriate services. Many submissions commented on this problem. Often the first contact a person makes with a community or health service is not necessarily the appropriate service provider for the particular problem. Ensuring that the person is directed to the appropriate service and actually makes contact is extremely difficult.

3.16. A number of submissions discussed various approaches to this issue. Some, such as Supportlink Systems[8], focussed on developing systems to improve the coordination between existing services to ensure that people who come into contact with health and community services, whether through their GP, their place of work, or the police are referred to the appropriate service(s). The various community services, whether regionally based or focussed on targeted groups such as the elderly, the indigenous community or young people also seek to provide a range of services and ensure that people are put in touch with the services they require.

3.17. It is important that the 'first contact' service providers are funded to maintain their levels of service and to refer people on. For example Lifeline noted funding constraints have forced them to reduce the scope of their Youthline service and that calls to it have declined significantly in a period when objective criteria indicate that there is a growing demand for the service that Youthline provides.[9]

Advocacy Services

3.18. The Committee was informed that advocacy services for the disadvantaged are critical for the advancement of their service rights. ACTCOSS provided evidence to the Committee to suggest that access to appropriate advocacy services to people affected by poverty is decreasing. They recommended

> "that funds be allocated for a detailed study … into unmet need for advocacy services for disadvantaged people who are unable to independently defend their rights."[10]

3.19. The Committee supports the need for such a study.

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[8] Submission No. 11, Supportlink Systems.
[9] Submission No.14, Lifeline, p.4
[10] Submision No. 4, ACTCOSS, p 15

The Health of Young People

3.20. The health of young people is of particular concern. Indicators in a range of areas suggest that the incidence of health problems among young people is increasing. At the same time the ability of the health system to influence young people is under serious pressure.

3.21. Submissions identified substance abuse, smoking and alcohol, sexually transmitted diseases, mental health issues, nutrition and access to health services as important health issues. Equally important are the related issues of education, housing, employment and violence.

3.22. It was also brought to the Committee's attention that many of the needs to be met are basic, such as food, shelter, transport and the ability to pay bills. Evidence given to the Committee highlights the need for increased brokerage funds.[11]

3.23. It was pointed out to the Committee that the health problem which brings a young person to the health system may be a symptom or a result of a broader social issue. This emphasises the need for an integrated approach to health care.

Respite Care

3.24. Respite care is an issue of relevance to all age groups in the community. The Committee received two submissions from respite care groups – Family Based Respite Care Inc. (FaBRiC) and Respite Care ACT Inc. The former group provides care for families with a child or young adult with severe intellectual, physical or sensory disability, or a severe medical or behavioural disorder. Respite Care ACT provides services to the frail aged, people with disabilities and people with mental health issues.

3.25. It is clear from both submissions that the services provided are a cost-effective way of dealing with these problems within the community. Effective respite care can avoid the need for institutional care and, depending on circumstances, can enable families to stay together. It is also clear that there is significant unmet demand for these services within the ACT community.

3.26. FaBRiC has sixty families on its priority list and, while acknowledging that "…it is not possible … to fully calculate the level of unmet need in the ACT community"[12] it concludes from the ever expanding demand for its services that unmet need is high.

3.27. Respite Care ACT has concentrated on service delivery issues in its submission. It is particularly concerned about effective targeting of services to ensure that appropriate services are provided; the need for a more integrated system to reduce the problem of clients having to go to a range of service providers and the lack of support for innovative approaches to service provision. Woden Community Service

[11] Submission No. 8, Junction Youth Health Service, p. 4
[12] Submission No. 1, FaBRiC, p. 2

also commented on the problem of gaps in services when a person moved from one age group to another.

3.28. Woden Community Service also runs respite services for adults and for young people with a disability. Their adult program has a waiting list and has not been able to take any new participants since 1997. The program for young people is also severely constrained because of funding limitations.[13]

3.29. Respite Care also commented on the relationship between government and service providers. It identified the rigidity of government contracts and service requirements, limited departmental support for non-government agencies and the failure of government purchasing contracts to reflect the true costs of services. FaBRiC raised the same issue particularly with regard to salary related costs under the relevant awards.

3.30. FaBRiC noted that the ACT government undertook to provide a further $1 million for respite care during the last election. This committee is not aware whether this extra funding will be made available or in what form. However it does believe that the government must examine the issues raised in these submissions prior to committing additional funds to ensure that current and additional expenditure is properly targeted.

Midwifery

3.31. According to evidence given to the Committee, midwife care is internationally acknowledged as the most appropriate form of care for women having a normal birth. The World Health Organisation (WHO) estimates that between 80% and 85% of women can give birth without obstetric intervention. Midwife managed deliveries also result in higher levels of breast-feeding and lower levels of post-natal depression. In the ACT only a small proportion of women have access to one-on-one midwife care.

3.32. The Canberra Midwifery Program (CPM) currently provides such care for about 5% of women in the ACT. Approximately 80 women per year use an independent midwife and give birth at home. It is expected that, at the end of May 2002, access to independent midwifery services in the ACT will virtually cease because of the crisis in professional indemnity insurance.

3.33. The Maternity Coalition Inc has made a submission to the Committee proposing that midwifery services, as the preferred way to manage a normal birth, be expanded by creating a community based midwifery program similar to the Western Australian Community Midwifery Program. Midwives in this program would be contracted to government and covered government insurance arrangements.

3.34. It is argued that the Canberra Midwifery Program cannot be expanded quickly whereas the proposed community program, by allowing experienced midwives 'to work within the public health system while maintaining their professional autonomy

[13] Submission No. 10, Woden Community Service, p.3-6

would enable the ACT to attract experienced midwives from interstate'[14] while encouraging those already in the ACT to remain in practice.

3.35. The Maternity Coalition argues that midwife-managed normal births are both to be preferred medically and have the potential to offer significant savings in the health budget. It argues that savings of the order of $1500 per birth could be achieved when compared with 'medicalised' births. The Coalition does acknowledge that savings would only be forthcoming once a significant percentage of births in the ACT, perhaps 20%, were managed by midwives, thus enabling a reduction in the current 24 hour obstetric and nursing services that must be maintained in hospitals.

Indigenous Health

3.36. ACTCOSS noted that, across the whole health area but particularly with regard to indigenous health, a 'whole of government' approach is necessary. Improving indigenous health requires an integrated approach that involves mainstream health service provision and employment, education, housing, discrimination issues, law and specific issues such as alcohol and substance abuse.

3.37. ACTCOSS has recommended that the report of the 4th Assembly's Standing Committee on Health and Community Care, *Aboriginal and Torres Strait Islander Health in the ACT*,[15] be adopted as a blueprint for action in this area. The Youth Coalition of the ACT made similar points in its submission.[16]

3.38. The Youth Coalition raised a number of other issues with regard to the health of young indigenous people in the ACT:

- The financial difficulties being experienced by the Winnunga Nimmityjah Aboriginal Health Service;
- The need for improved detoxification and rehabilitation services for young indigenous drug users; and
- The importance of indigenous control of services to ensure that they cater for the specific cultural needs of indigenous young people.

3.39. ACTCOSS also noted the need for a sound information base for indigenous policy and called on the government to provide sufficient funds to ensure that the forthcoming Indigenous Social Survey is able to collect worthwhile data on the ACT and that the Survey be supplemented by continuing data collection specific to the ACT.

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[14] Submission No. 3, The Maternity Coalition, p.3
[15] Legislative Assembly of the Australian Capital Territory, Standing Committee on Health and Community Care, *Aboriginal and Torres Strait Islander Health in the ACT,* Report No. 10, August 2001.
[16] Submission No. 7, Youth Coalition of the ACT, p.32

Aged Care

3.40. The need for transitional care for the elderly who are returning to their own homes after institutional care was identified by ACTCOSS and by the Council for the Ageing (COTA) as an issue of particular concern in the ACT. COTA advocated the construction of a convalescent facility in the ACT and a greater emphasis on discharge planning for the elderly being released from hospital.

3.41. Belconnen Community Service (BCS) identified case management, personal care and home help and access to transport (both community and public) as key issues for the frail aged (and those with disabilities) which require more funding to meet demand.

3.42. COTA also drew attention to the need for a high-level dementia care facility in the ACT at some time in the not too distant future and argued that, at the very least planning for such a facility should be commenced.

Mental Health

3.43. The BCS identified those with a 'mild to moderate mental illness' as a group who are not getting appropriate care in the ACT. ' The people we see cannot access [mental health services] because they are not considered high need enough … some will not improve without intervention and assistance.'[17]

3.44. This view was supported by Lifeline who identified a need for a crisis service that,

> "would fill the gap for these clients, particularly youth and those with mild to moderate mental health problems who would benefit from some immediate preventative intervention but do not qualify for access to other mental health services."[18]

3.45. A number of the BCS programs which provide services to this group do not have secure long term funding.

3.46. The Youth Coalition identified similar needs within the community and particularly among young people. It suggests that services in this area, such as the Child and Adolescent Mental Health Services (CAMHS) and the Crisis Assessment Team (CAT), are facing increasing demand. This was confirmed by the Junction Youth Health Service, who raised the need for a fulltime counsellor to expand existing services to provide early identification, intervention and treatment of depression and other mental health issues experienced by some young people.[19]

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[17] Submission No. 5, BCS, p 2
[18] Submission No 14, Lifeline, p 1
[19] Submission No. 8, Junction Youth Health Service, p. 6

3.47. The Coalition also noted that,

> "Although early intervention and prevention has consistently been identified as the most cost effective approach [to addressing mental health issues], almost all ACT resources are allocated to acute care and resource intensive institutions."[20]

3.48. The Committee generally supports the view that the opportunities for early intervention models in the treatment of mental health problems need to be further explored.

3.49. The Youth Coalition also identified a problem similar to that mentioned above with regard to respite care – gaps in the range of services available. CAMHS currently supports children up to the age of eighteen and Adult Mental Health Services is responsible for those over that age. The Youth Coalition suggests that continuity of care for the 15 to 25 age group would be beneficial and that CAMHS responsibilities be altered to achieve this.

3.50. A need for funding of targeted programs for certain mental health problems was also raised with the Committee. The submission from the Abortion Grief Counselling Association advised that:

> "Post abortion counselling is emerging as a highly specialised area of counselling ... that is unfamiliar to many health professionals."[21]

3.51. The committee received a comprehensive submission from the Mental Health Advisory Council outlining budget priorities as perceived by consumers, carers and community mental health service providers.

3.52. The Council undertook a consultation process with its membership regarding budget priorities and produced a summary of these in its submission. Regarding its consultation process, the Council noted that, 'It became clear through this consultation process that there was a large measure of agreement between different stakeholders so far as the deficiencies of current arrangements were concerned and even, in some areas, about the main strategies for action to address these problems'.[22]

3.53. The Council proposed the following areas/issues as key priorities:

- Healthy Housing Pilots
- Quality mental health services
- A program targeting the needs of people with dual diagnosis
- Promotion of emotional well-being and mental health
- Getting active and staying well

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[20] Submission No. 7, Youth Coalition of the ACT, p.34
[21] Submission No. 15, Abortion Grief Counselling Association
[22] Submission No. 17, Karinya House, p 2

- Criminal justice assistance – A 'Just Care' program
- A community development program to bring mental health services to people with diverse cultures and languages
- Mental health phone information and help service like Health First
- Strategies to address staffing levels.

Nursing

3.55. The Australian Nursing Federation (ACT Branch) provided the Committee with a brief, but comprehensive and concise submission[23] identifying three key areas of need within the ACT:

- Nursing Workforce Shortage;
- Public Sector Parity and Consistency for Wages and Conditions; and
- Nursing Leadership.

3.56. Detailed proposals to address each of these concerns are presented in the submission. These are important issues. The Committee is not in a position to comment on the merits of each proposal but it does support the need to address the nursing workforce shortage.

[23] Submission No. 6, Australian Nursing Federation (ACT Branch)

4. Conclusion and Recommendation

4.1. As noted in the introduction the Committee will refrain from making any recommendations with regard to specific funding proposals. However the submissions to it present a persuasive case for the importance of the community sector as an efficient and cost effective vehicle for the provision of health services. The Committee is particularly supportive of efforts to integrate service provision and to take a broad approach to treating health problems recognising that social, cultural and economic factors may be at least as important as clinical factors. The committee also expresses its support for the development of a social plan, based on sound data and a variety of needs-mapping exercises.

4.2. The Committee also supports approaches that minimise the need for institutional care and the excessive 'medicalisation' of health issues. Thus it believes that early intervention programs, health promotion and education programs, transitional facilities and community care programs must be adequately supported.

4.3. If adequately supported, such programs can offer improved health outcomes in the long term. However if they are required to struggle for funding from year to year, with consequent difficulties in maintaining levels of service, recruiting and retaining suitable staff, then their potential will not be fully realised.

4.4. **The Committee recommends that the Treasurer, in developing the ACT budget 2002-03, give detailed consideration to the issues raised in submissions and evidence to this Committee, and also undertakes detailed analysis of community need.**

Kerrie Tucker
Chair
9 April 2002

Appendix I - 2002-2003 budget consultation

Submissions received by the committee

1. Ms Cheryl Daw (FaBRiC)
2. Ms Eileen O'Brien (Respite Care ACT Inc)
3. Ms Justine Caines (The Maternity Coalition Inc Act Branch)
4. Mr Daniel Stubbs (ACTCOSS)
5. Ms Margo Mitchell (Belconnen Community Service)
6. Ms Colleen Duff (ACT Nursing Federation)
7. Mr Alex Cahill (Youth Coalition of the ACT)
8. Ms Melanie Greenhalgh (The Junction, Youth Health Service)
9. Dr Ann Villiers (Intrapersonal Wellbeing Network)
10. Ms Betsy Gallagher (Woden Community Service)
11. Mr Tony Campbell (Supportlink Systems)
12. Ms Maureen Cane
13. Mr Jim Purcell (COTA)
14. Ms Marie Bennett (Lifeline)
15. Ms Cindy Dare (Abortion Grief Counselling Association)
16. Ms Marie-Louise Corkhill (Karinya House)
17. Ms Fiona Tito (Mental Health Advisory Council)
18. Dr J.M. Dickins (Nth Canberra Community Council)

Public Hearing, Monday 25 March 2002

10.30-11.00am	ACTCOSS, Mr Daniel Stubbs
11.00-11.15am	Belconnen, Community Service Ms Margo Mitchell
11.15-1130am	Lifeline, Ms Marie Bennett

11.30-11.50am	Youth Coalition of the ACT, Mr Alex Cahill
12 noon-12.15pm	Council on the Ageing, Mr Jim Purcell
12.15-12.30pm	The Maternity Coalition Inc, Act Branch, Ms Justine Caines
12.30-12-45pm	The Junction Youth Health Service, Ms Melanie Greenhalgh
12.45-1.00pm	FaBRiC, Ms Cheryl Daw
1.00-1.15pm	Supportlink Systems, Mr Tony Campbell

Public Hearing, Thursday 28 March 2002

2.00- 2.15pm	Abortion Grief Counselling Association, Ms Lynne Pezullo