

Futures Planning Project
NSW Department of Health
Locked Bag 961
North Sydney NSW 2059

7 July 2006

Dear Sir/Madam,

Thank you for the opportunity to comment on the future directions for NSW Health over the coming twenty years. The Uniting Church welcomes the consultative nature of this process.

The church believes that health involves all dimensions of a person's life – physical, emotional, mental, cultural, social and spiritual. It is essential that those who seek to promote health, to prevent illness, to treat illness, or to ease death and dying recognise that health and healing require more than science and technology. Health depends on all dimensions of an individual's life, their spirituality and on the way society functions and impacts on the individual.

Health is also internationally recognised as a human right. Priority in the allocation of resources for health care should be consistent with the matters set out in Article 12 of the International Covenant on Economic, Social and Cultural Rights, which says:

The States Parties to the present Covenant recognise the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.

The church also believes that health is not, in the first instance, dependant on health care and treatment systems. It is affected by significant social determinants including the level of social violence, respect for human rights, social capital, a clean environment, affordable housing, education, infrastructure such as sewerage systems, occupation health and safety, and health promotion. The church is actively working on many of these fronts to address some of the social determinants of health that disadvantage certain parts of the community.

We welcome the seven future directions listed in the Fit for the Future document. In particular, we strongly welcome the emphasis on prevention, early intervention and primary health care, and the need for additional funding in these areas. We look forward to these areas receiving a substantially higher allocation of funding in future health budgets than they have in the past.

However, we are concerned that a number of critical challenges raised in the first half of the document do not appear to be addressed in the future directions, or are inadequately addressed. These issues are covered below, along with suggestions as to how they can be incorporated into the final strategy document. Our basis for recommending these issues be more explicitly identified is that this improves the likelihood they will remain central to the planning and evaluation of the NSW health system over the next twenty years.

Health Inequity

Health equity is one of the core values of the NSW health system (p8) but as the discussion paper notes, some groups continue to experience poorer health outcomes than others, particularly Indigenous Australians, but also the poor and those living in rural areas.

According to the NSW Health and Equity Statement, the gaps between the health of the most and least disadvantaged members of society are “persistent and significant, and there is concern that these gaps may be widening” (p3). The Statement acknowledges that inequity is difficult to overcome and that “system-wide action and new ways of working are needed” (p3), because “we do not want a future where the out-of-pocket costs of health care act as a barrier to access for people in lower socioeconomic groups, and contribute to a widening health gap between the most and least disadvantaged members of the community” (p18).

However, the reduction of inequity is not one of the seven future directions, being relegated to three dot-point action items (under directions 1, 2 and 5). Since the seven future directions will guide the five year state health plans, it is important that equity remains at the forefront of planner’s minds. To this end, we believe that a statement about addressing health inequity should be one of the future directions.

It may be that the writers of the discussion paper had equity issues very much in their minds when they came up with the seven future directions, as a number of them correspond directly to the priorities identified in the two equity-related position papers presented earlier in the futures planning process. If the intention is to infuse an equity focus into the directions in general rather than naming it as a separate issue, this needs to be made clearer in the final document and explicit references to action points in each direction.

Indigenous Health

While the document does make some references to equity, we are particularly concerned that Part 3 of the document contains no directions or action plans around Indigenous health, despite this being raised as a key challenge earlier in the document. The only time the word “Aboriginal” or “Indigenous” is mentioned under the directions is in the discursive text under direction 3.

The Uniting Church believes that improving Indigenous health is the highest priority for health policy, considering the appalling discrepancies between health outcomes of Indigenous and non-Indigenous people. We note that six of the other seven states and territories give explicit and detailed attention to Indigenous health in their future planning documents, with two (Tasmania and South Australia) explicitly linking it to the reconciliation process.

If equity was given its own direction item, actions required for improving Indigenous health would be well placed under this heading. If the department continues with the seven future directions listed in the discussion paper, action items relating to Indigenous health should appear under directions 3 and 4 under both “NGO” and “NSW public health system” headings.

Mental Health

Similarly, mental health is identified in the document as one of the biggest challenges facing the health system over the next twenty years. The discussion paper suggests that mental illness will carry the single largest disease burden of chronic illnesses by 2025. The *A New Direction for Mental Health* policy recently released notes that 1 in 5 Australians will suffer from a mental illness at some point in their life. The crisis in mental health care has been the subject of a recent Senate Inquiry, a number of independent inquiries, the COAG meeting in January and was even acknowledged by the NSW Premier on announcing the additional funding for mental health in April.

Despite this, mental health is mentioned just once in the future directions, as one of two items covered in a single dot-point as an action item for schools, community groups and NGOs.

It may be that like equity, mental health as an “issue” is intended to be covered by each of the directions, this approach being preferred to identifying it separately and listing improvement in mental health care as a direction in itself. If this is the case, it needs to be made much more clear, and action items under a number of directions provided (especially 1, 2, 3, 4 & 5), because at the moment it runs the risk of being marginalised in the strategic planning process, just as it has been in health policy in the past.

Other issues

We are also concerned about the lack of emphasis on improving access to health services for people living in rural areas. This is primarily a workforce issue, with shortages of all types of medical staff, but especially a lack of general practitioners and dentists (the latter highlighted in the recent NSW upper house inquiry into dental health). The small reference to using technology better under direction 6 is not nearly enough to redress this shortage. While the document should be commended for identifying and tackling future workforce shortages and changes in general, we believe more explicit attention to rural workforce shortages would ensure this serious problem receives greater attention. If equity is given its own direction, we recommend that rural access to health care be included in this section.

We welcome the attention given to cost pressures within strategic direction 5. The church agrees that rationing health care expenditure is an unavoidable reality in the context of increasing technological breakthroughs and finite expenditure capacity. We believe that when rationing occurs, the emphasis should remain on providing population-wide basic care over expensive treatments for the few, rationing must be free from discrimination and it should be reported in such a way that the application of these principles can be monitored.

It is important within this document that consideration be given to the implementation process and the evaluation of progress towards achieving the future directions.

In summary, the Uniting Church welcomes the draft future directions document and the new emphasis on prevention, early intervention and primary health care. We believe these are the basis for an excellent health care system in New South Wales over the coming decades. We urge the committee to incorporate ‘reducing health inequity’ as its own future direction in order to ensure it remains at the forefront of planners’ minds as they prepare the five year state health plans. We hope that our other suggestions will assist the committee in improving the final future directions document in order to meet the challenges of the next twenty years.

We have also attached the NSW Synod *Directions for Health Policy* statement for your reference. This statement lays out the principles that guide our thinking in this area of public policy and community action.

Once again, thank you for the opportunity to contribute to the futures planning process. We look forward to the final report.

Yours faithfully,



Rev. Harry J. Herbert
Executive Director