



Consumers Health
Forum **OF** Australia

SUBMISSION

**Submission to the Federal
Treasurer for Federal Budget
2020-2021**

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Recommendations

Health as an Investment

CHF calls on the Federal Government to fund and implement a Health In All Policies approach and consider adopting a wellness budget to ensure all government policy supports health and wellbeing.

Aged Care

CHF calls on the Federal Government to implement a two-year plan to increase the supply of Home Care Packages to ensure the maximum wait time for a package is 60 days.

CHF calls on the Federal Government to support improved medication management for older people by funding

- dedicated pharmacists to provide medication reconciliation and management services in residential aged care facilities
- community-directed medication management packages for people living at home receiving Home Care Packages

CHF calls on the Federal Government to make changes to the MBS rebates to create better incentives for GP services provided to residential aged care facilities including the provision of after-hours care.

Prevention

Obesity

CHF calls on the Federal Government to fund and take a leadership role to implement the actions outlined in the National Obesity Strategy currently in development, including introducing a price mechanism to reduce consumption of sugar-sweetened beverages and high sugar snacks.

National Preventive Health Strategy

CHF calls on the Federal Government to include actions and funding to address the social determinants of health in the National Preventive Health Strategy, including specific measures to mitigate and address the health impacts of climate change.

Primary Health Care

*Social prescribing*¹

CHF calls on the Federal Government to incorporate social prescribing into the Commonwealth's 10-Year Primary Health Care Plan.

CHF calls on the Federal Government to work with States and Territories and local councils to identify and fund local community services and groups that could contribute to a social prescribing scheme.

CHF calls on the Federal Government to work with the education and training sectors to build capacity in the health workforce to undertake the 'link worker' role, including training, qualifications and skills.

Early childhood

CHF calls on the Federal Government to make early childhood the next priority area for the introduction of voluntary enrolment in primary health care.

CHF calls on the Federal Government to implement a Healthy Families, Healthy Communities initiative to educate and support primary care providers to engage effectively with parents to support healthy early childhood development by providing them with resources, education, training and new referral options.

Allied Health

CHF calls on the Federal Government to develop a tiered approach for provision of allied health services under the chronic disease management plans in the Medical Benefits Schedule.² The tiers should include an increase in the number of services, particularly for people with complex needs or comorbidities.

Private Health Insurance

CHF calls on the Federal Government to send a reference to the Productivity Commission to conduct an inquiry into the benefit of government involvement in the Private Health Insurance sector.

CHF calls on the Federal Government to leave the Private Health Insurance tax rebate at current levels.

¹ CHF/RACGP 2020 Report from Social Prescribing Roundtable November 2019- yet to be published

² Allied Health Reference Group MBS Review 2018

Pharmacy

CHF calls on the Federal Government to adopt the Pharmaceutical Benefits Advisory Committee recommendation to increase the maximum supply of a number of medicines from one to two months.

CHF calls on the Federal Government to ensure the eligibility for the Pharmaceutical Benefits Schedule safety net is automated.

CHF calls on the Federal government to reform the PBS safety net so consumers with predictable high usage of PBS medicines have their co-payments spread evenly over a year.

Health Literacy on Medicines and Medical Devices

CHF calls on the Federal Government to fund to the Therapeutic Goods Administration to undertake a comprehensive consumer engagement and health literacy strategy covering both medicines and medical devices.

Mental Health

CHF calls on the Federal Government to provide increased funding for mental health services in line with any findings of the Productivity Commission's Inquiry into Mental Health.

CHF calls on the Federal Government to implement all the recommendations from the Mental Health Reference Group of the MBS Review including

- creating a triaged structure for the Better Access items to allow consumers to access the level of intervention that is right for them
- extending access to Mental Health Treatment plans to people at risk of developing a mental disorder.

Oral and Dental Health

CHF calls on the Federal Government to develop a plan to move to a universal dental health scheme. The first step should be an increase in funding for public dental health services for adults through the implementation of an Adult Dental Benefit Scheme for adults on low incomes.

Social Determinants of Health

CHF calls on the Federal Government to increase in Newstart, Youth Allowance and related payments by \$95 per week and to ensure it is indexed in the future in line with wages.

CHF calls on the Federal government to develop a National Strategy on Climate, Health and Wellbeing.

Introduction

Australia has a high-quality health care system, with universal access to publicly funded and provided services augmented by a private health care system. In international comparisons Australia consistently does well, being ranked second overall by the Commonwealth Fund in 2017 and top in terms of health care outcomes³.

However, when the indicators of access and equity are examined Australia does not do so well, coming seventh out of the 11 countries survey on equity and fourth on access. This is despite Medicare providing universal access to primary care and hospital treatment. These findings are reinforced by the results of a survey Consumers Health Forum of Australia (CHF) undertook on people's views of the health system⁴. That survey found that whilst the majority of consumers were satisfied the outcomes of the health services they received they had concerns with uncertainty and the cost of services, both of which are important components of access. Clearly there is room for improvement in terms of access and equity.

There is a lot of activity around health care reform at the moment. In August 2019 the Minister for Health released *Australia's Long Term National Health Plan* which set out a reform agenda to build a better health system. To help deliver on that Plan the Minister has commenced work on a 10-year Primary Health Care Plan and a National Preventive Health Strategy, both of which are scheduled for release after the Budget. The Minister is also looking at mental health reform with the Productivity Commission undertaking an Inquiry into Mental health with the final report due to Government just after the Budget on May 23.

There are a number of other key policy processes underway that will influence health reform. The Medical Benefits Schedule review is still underway with recommendations on some key areas, including general practice, primary health care and telehealth measures yet to be finalised. The Minister has also announced that he wants to put in place another instalment of reforms of private health insurance, building on those implemented in 2018 and 2019 as well as addressing the pressing problem of out of pocket costs for specialist services and procedures.

The Seventh Community Pharmacy is due to come into effect on 1 July 2020 and this will determine the direction for community pharmacy for the next five years. CHF has participated in some discussion on the direction this agreement should take and is hopeful that it may lead to some reforms in community pharmacy that will ensure pharmacy is seen as part of the primary health care system. We hope the agreement will bring some reforms that will be of real benefits to consumers.

The Minister also commissioned a number of action plans and strategies, some for particular population groups such as the National Women's Health Strategy and others aimed at people

³ Eric C. Schneider, Dana O. Sarnak, David Squires, Arnav Shah, and Michelle M. Doty, 2017 *Mirror, Mirror 2017: International Comparison Reflects flaws and Opportunities for better US Health care*, Commonwealth fund.

⁴ CHF (2019) Results of the 2018 Consumer Sentiment Survey

with particular conditions, for example the National Action Plan for Endometriosis. CHF calls on the federal government to provide funding to implement all these strategies.

Australia has just experienced a catastrophic bush fire event, which saw numerous fires across the country. CHF acknowledges and supports the Federal Government allocation of funding to rebuild communities affected by fires. We specifically support Government funding allocated to additional mental health services and community support services. We also support the allocation of funding for research into the longer-term health consequences of the fires. The health impacts from the fires will be felt by many for years to come and there needs to be adequate provision in this and future Budgets to address the full health impacts.

Approach to this Submission

CHF has a broad remit, working across the whole health system. This submission has 24 recommendations covering ten broad areas. The recommendations cover a range of issues with a focus on improving access to care and reducing inequities. They also take into account the longer-term strategies being developed and address the priorities identified by the Minister. CHF is an active participant in the developments around primary health care and preventive health and the recommendations on these issues are presented as key first steps to delivering on substantive reforms in those areas. Our recommendations on mental health have been informed by the interim report from the Productivity Commission as well as our own submissions to that inquiry.

These recommendations need to be seen in the context of other work CHF and other organisations are doing to reduce inequities and improve health outcomes. One of CHF's strategic objectives is partnering with purpose and so we have joined with other organisations to pursue some issues where they have more expertise than us.

One of the key areas of inequity in health outcomes is for Aboriginal and Torres Strait Islander peoples who still, after many years of Closing the Gap measures, have shorter life expectancy than non-Indigenous peoples and worse health outcomes. We have not included any specific initiatives for this group, preferring to leave those to organisations and people who have expertise and experience. We call upon the Federal Government to act on the *Uluru Statement from the Heart*. We also call on the federal government to continue to work with National Aboriginal Community Controlled Organisations (NACCHO) and other key Indigenous health groups to work to close the gap.

It is clear there is an urgent need to improve health outcomes for people living in rural and remote Australia. CHF supports the proposal from the National Rural Health Alliance, in its pre-budget submission to develop Place Based Health and Well Being Networks (PBHNs). We see this initiative which looks to develop an integrated set of services for a community which builds on their strengths and is responsive to local needs as the way of the future in rural areas.

We have not included any other specific rural health measures but would like to emphasise the need to always include an assessment of what an initiative means for people living in rural areas, when a policy change may have unintended and sometime negative consequences. CHF

has created a Rural and Remote Special Interest Group for health care consumer to ensure that we reflect their needs in all our policy work.

Issues

Health as an Investment

Recommendations

CHF calls on the Federal Government to fund and implement a Health In All Policies approach and consider adopting a wellness budget to ensure all government policy supports health and wellbeing.

Why this matters

Health expenditure is an investment in human capital. Investing in the health system not only saves lives, it is also a crucial investment in the wider economy. This is because ill-health impairs productivity, hinders job prospects and adversely affects human capital development.⁵ Michael Brennan, Chair of the Productivity Commission, in his address to the CHF members Forum in 2019, made the point that we have had significant improvements in life expectancy that are due to “technological innovations such as anti-biotics, vaccines, statins, MRI, pathology, high quality anaesthetics and new surgical techniques. All of these have been major technological innovations. All of them have made our system better. Not one of them made it cheaper”.⁶

Australia’s has a world class health system with universal access to health services through Medicare and access to a wide range of medicines through the Pharmaceutical Benefits Scheme. However, there is room for improvement. Many of the necessary reforms need additional expenditure now for society to reap the longer-term benefits. They also put an emphasis on sickness and there is not enough emphasis on promoting wellness and well-being.

The problem with the portfolio budgeting approach is that it ignores completely the fact that the benefits of the health improvement will be spread across the whole community and economy. Changing the process to allow savings which accrue in terms of other areas of the economy as a result of improved health outcomes would facilitate long term planning and whole of person approaches to health and wellbeing.

The World Health Organisation (WHO) defines a health in all policies approach an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts, in order to improve population health and health equity. It acknowledges the fact that health policy and services do not exist in isolation and that policies in widely disparate areas of the economy and society may have health consequences and require additional investment in health services if not

⁵ Stefan Kapferer 2015 *The Importance of Investing in Health World Economic Forum* <https://www.weforum.org/agenda/2015/12/the-importance-of-investing-in-health/>

⁶ Michael Brennan 2019 *Healthcare: a wide angled view* Speech to CHF members Forum 2019

addressed. Some countries have already adopted this approach and CHF is urging the federal government to follow suit.

Aged Care

Recommendations

CHF calls on the Federal Government to implement a two-year plan to increase the supply of Home Care packages to ensure the maximum wait time for a package is 60 days.

CHF calls on the Federal Government to support improved medication management for older people by funding:

- dedicated pharmacists to provide medication management services residential aged care facilities, and
- community directed medication management packages for people living at home receiving Home Care Packages.

CHF calls on the Federal Government to make changes to the MBS rebates to create incentives for GP services provided to residential aged care facilities including the provision of after-hours care.

Why this matters

In response to community concerns about the quality of aged care the Government established the Royal Commission into Aged Care Quality and Safety. The Interim Report of the Royal Commission highlighted some areas which needed immediate attention from Government including more Home Care Packages and better medication management.

Home Care Packages are an important part of the aged care system. Older people want to remain living in their own homes for as long as possible and with the right support can do so. Currently this is not an option for many people as the waiting times for a package has been steadily increasing as supply has failed to keep up with the demand. This shortage of places has reduced consumer choice, pushed people into residential aged care prematurely and has meant people are more likely to accept substandard care because it is all that is available.

The 2019 Mid-Year Economic and Financial Outlook (MYEFO) including some additional Home Care Packages but not enough to reduce the waiting times. We join COTA Australia in calling for a significant increase in packages so that no one has to wait more than 60 days after assessment for a Home Care Packages.

The Royal Commission heard a lot of evidence about the need for better medication management, particularly in residential aged care. Many older people have multiple conditions requiring a complex set of medications and these need to be better managed to reduce adverse events and avoidable hospital admissions. The current system of periodic audits of medicines does not allow for proper ongoing management of the impact of medicines. Having a pharmacist working within a residential aged care facility would improve continuity of care as the pharmacist would get to know the residents and so is more likely to notice changes, pick up problems early and be able to respond in a timely way.

As older people remain living in their own homes for longer, they need additional support with medications. Many older people have built a good relationship with a local community pharmacist and CHF wants that relationship to be more formally recognised and funded. The introduction of a consumer directed medication management payment would allow an older person to choose their pharmacist and develop a medication management plan, including home visits, review of medicines and support that works for them.

The Commission held some public hearings looking specifically at the issue of access to health care and the intersection between aged care and health systems in December 2019. There are clearly problems with residents of residential aged care getting access to timely and appropriate GP services, including after hours. Better primary health care, with funding that promoted continuity of care, could help many avoid unnecessary emergency department presentations and hospital admissions, which would be better for the older person and better for the health system. The current funding arrangements for GPs to go into residential aged care, even with the 2019 changes, are clearly a disincentive and they need to be reformed to make it economically viable. This should be a priority area for the 10-Year Primary Health Care Plan.

Prevention

Obesity

Recommendation

CHF calls on the Federal Government to fund and take a leadership role to implement the actions outlined in the National Obesity Strategy currently in development, including introducing a price mechanism to reduce consumption of sugar-sweetened beverages and high sugar snacks.

Why this matters

Obesity is recognised as one of the greatest public health challenges of our time. It is a major risk factor for chronic and preventable conditions such as type 2 diabetes, heart disease, hypertension, stroke, musculoskeletal disorders and impaired psychological functioning. Nearly two-thirds of the Australian adult population is overweight or obese and these rates are some of the highest in the world.⁷ Of more concern is that more than quarter of Australian children are overweight or obese. The health impacts of obesity are well documented with marked increases in diseases such as type 2 diabetes, cardiovascular disease and cancers.

There is an urgent need to reverse this trend and put much more effort into combatting obesity if we are not to lose many of the gains we have seen over the last decades and to see our children and grandchildren have lower life expectancy than we have.

The COAG National Obesity Strategy has all the key components of a comprehensive approach to tackling this issue. Whilst some are clearly State and Territory issues, others, especially the

⁷ OECD (Organisation for Economic Co-operation and Development) 2015. *Health at a Glance 2015: OECD Indicators*. Paris: OECD. Viewed 16 August 2016

use of price mechanisms to reduce consumption of sugar sweetened drinks, are the responsibility of the federal government. The experience in the UK of implementing the Soft Drinks Industry Levy (a tax on sugar sweetened beverage) provides some useful lessons for Australia. One of the key impacts it has had is that large companies have reformulated drinks to reduce the sugar content which means that the amount of sugar being consumed has been reduced. The fears from the industry that sales would rapidly decrease appears not to have happened so in many ways it could be considered a win-win.

National Preventive Health Strategy

Recommendation

CHF calls on the Federal Government to include actions and funding to address the social determinants of health in the National Preventive Health Strategy, including specific measures to mitigate and address the health impacts of climate change.

Why this matters

In addition to boosting our overall focus on the primary health care system, a concerted effort to reach Australians with lifestyle risk factors with preventative measures, early interventions, and health education will be essential to address rising rates of preventable chronic diseases, obesity, and mental ill health.

We know that ignoring the early warning signs will mean a great burden for the health system in the future. However, the broader implications of an unhealthy population will be felt on many fronts, beginning with ability to participate in the community and economy. For these reasons CHF welcomed the announcement of the development of the National Preventive Health Strategy and has been an active participant development work.

Primary Health Care

*Social prescribing*⁸

Recommendations

CHF calls on the Federal Government to incorporate social prescribing into the Commonwealth's 10-Year Primary Health Care Plan.

CHF calls on the Federal Government to work with States and Territories and local councils to identify and fund local community services and groups that could contribute to a social prescribing scheme.

CHF calls on the Federal Government to work with the education and training sectors to build capacity in the health workforce to undertake the 'link worker' role, including training, qualifications and skills.

⁸ CHF/RACGP 2020 Social Prescribing Roundtable November 2019- yet to be published

Early childhood

Recommendations

CHF calls on the Federal Government to make early childhood the next priority area for the introduction of voluntary enrolment in primary health care.

CHF calls on the Federal Government to implement a *Healthy Families, Healthy Communities* initiative to educate and support primary care providers to engage effectively with parents to support healthy early childhood development by providing them with resources, education, training and new referral options.

Why this matters

We know that continuity of care and having a regular primary health care service provider, especially a GP, plays an important role in improving health outcomes. Our fee for service approach to primary health care does not promote this and is clearly not working for people with ongoing chronic diseases and other vulnerable groups. The Health Care Homes initiative was designed to address this, moving away from fee for service to a more coordinated approach to providing care for people with chronic conditions. The introduction of a voluntary enrolment scheme for people over 70 to encourage them to have a regular GP is another step towards this.

There is a growing body of evidence that tells us that experiences in the first 1000 days, from conception till the end of a child's second year can have lifelong consequences for health and wellbeing.⁹ Improving access to high quality primary health care for mothers and children is an important part of laying the best possible foundations. Extending the voluntary enrolment scheme to this cohort would do just that.

In Australia, more than one in five children are considered developmentally vulnerable at the time they enter school. This vulnerability is often due to socioeconomic and psychological adversity early in life, with rates among school starters almost three times higher in poorer areas. It is these children who so often continue to fall further behind at school rather than making up ground to their cohort. It is therefore essential that the foundations for a healthy life are put in place in early childhood.

Allied Health

Recommendation

CHF calls on the Federal Government to develop a tiered approach for provision of allied health services under the chronic disease management plans in the Medical Benefits Schedule.¹⁰ The tiers should include an increase in the number of services, particularly for people with complex needs or comorbidities.

⁹ WHO Commission on Social Determinants of Health 2008, Closing the gap in a generation: Health equity through action on the social determinants of health

¹⁰ Allied Health Reference Group MBS Review 2018

Why this matters

Allied Health Professional (AHPs) provide a broad range of services to improve the health and wellbeing of consumers. They are accredited and regulated based on a defined core scope of practice. There is significant evidence about the benefits that their care can have for patient recovery, wellbeing and capacity-building for self-management and prevention. This workforce is an important part of the multidisciplinary team providing specialist services to people such as older Australians and those with a disability, chronic disease, or facing mental health challenges.

The four major disease groups (cardiovascular diseases, cancers, chronic obstructive pulmonary disease and diabetes) account for 75% of all chronic disease deaths. All are linked to the four main behavioural risk factors (smoking, physical inactivity, poor nutrition and harmful use of alcohol)¹¹, which are likely to require ongoing support and management. This type of support is often best delivered by an AHP such as a dietitian or diabetes educator, an exercise physiologist, or a psychologist.

The current number of services claimable under the MBS through chronic care plans does not promote person centred care. For people with multiple chronic conditions it is totally inadequate. Rather than the current one size fits all of 5 allied health appointments per person per year we support the stratified approach based on complexity and need as suggested by the Allied Health Reference Group of the MBS Review. This would allow people to have ongoing support and help them more successfully manage their conditions.

Private Health Insurance

Recommendations

CHF calls on the Federal Government to send a reference to the Productivity Commission to conduct an inquiry into the benefit of government involvement in the Private Health Insurance sector.

CHF calls on the Federal Government to leave the Private Health Insurance tax rebate at current levels.

Why this matters

Private health insurance (PHI) is important to the Australian health care system: it is intended to assist with the costs of care in the private system, to support choice of private provider and to help take the pressure off public hospitals. However, it is also overly complex, confusing to consumers and costs the federal government more than \$6 billion per year. It affects a considerable proportion of Australians, with 44.1% of the population currently having hospital policies and over half (53.5%) having extras, or general policies.¹²

¹¹ Australian Institute of Health and Welfare, <https://www.aihw.gov.au/reports-statistics/health-conditions/disability-deaths/chronic-disease/overview>

¹² Australian Prudential Regulation Authority 2019 *Private Health Insurance Quarterly Statistics, November 2019*

Despite the changes implemented so far by this Government and the slowdown in the rate of premium increases we are still seeing a decline in the proportion of the population covered by private health insurance. At the moment what we see are ideas being floated by the various vested interest groups on ways to encourage/ coerce people into retaining or taking out private health insurance. Before implementing measures such as increasing the tax rebates for premiums or other ideas there needs to be a thorough examination of the value of private health insurance to the health system and to the taxpayers, over half of whom see no direct financial benefit from the current government expenditure.

The rationale for government intervention on private health insurance has been that it funds the private health system and so takes pressure off the demand for public hospital services. This proposition needs to be thoroughly tested and an independent review is the best way to do so this. All of the policy objectives and policy levers would be examined, and a reform plan developed, based on evidence that would deliver for all Australians, both those with and those without private health insurance.

Pharmacy

Recommendations

CHF calls on the Federal Government to adopt the Pharmaceutical Benefits Advisory Committee recommendation to increase the maximum supply of a number of medicines from one to two months.

CHF calls on the Federal Government to ensure the eligibility for the Pharmaceutical Benefits Schedule safety net is automated.

CHF calls on the Federal government to reform the PBS safety net so consumers with predictable high usage of PBS medicines have their co-payments spread evenly over the year.

Why this matters

The cost of medicines is an important component of access and despite the subsidies provided through the Pharmaceutical Benefits Scheme (PBS) around 7 per cent of people who need a prescription medicine avoid or delay filling their script.¹³ All of the measures are recommended by CHF are designed to make medicines more affordable.

Moving to two months' supply for many common medicines would reduce the cost of medicines for many people as well as providing greater convenience for consumers, especially those in rural areas or with mobility problems.

The PBS safety net is designed to ensure high users of PBS medicines can afford to keep filling prescriptions. Unlike the MBS safety net, it does not automatically kick in when people reach the limits as it requires a person to get their community pharmacist to keep the record. If they use more than one pharmacist then they need records from both. We know some eligible people do not access the safety net. The Government has been undertaking a modernisation of the

¹³ AIHW 2018 Australia's Health 2018

health and aged care payments system and that process should include the automation of eligibility for the safety net.

People with chronic conditions are on medications for long periods of time and their usage is predictable. If they regularly become eligible for the safety net then they should be able to spread their medication costs over the whole year, reducing payments for the initial ones and paying a bit more for those that would be at the lower or no cost under the safety net arrangement. This smoothing would help people on low and fixed incomes as the initial payments for medicines might be prohibitive.

Health Literacy on Medicines and Medical Devices

Recommendation

CHF calls on the Federal Government to fund the Therapeutic Goods Administration (TGA) to undertake a comprehensive consumer engagement and health literacy strategy covering both medicines and medical devices.

Why this matters

Overall Australia has a robust and high-quality regulatory system for medicines and medical devices. The reforms recommended by the Medicines and Medical Device Regulations Review (MMDR) have largely been successfully implemented.

Currently the vast majority of the TGA funding comes from industry in the form of user fees. In our initial submission to the MMDR review we raised some concern about this as we felt it constrained the TGA in terms of seeing its role simply to serve the needs of industry. We believe that the TGA should have a broader role in improving consumers understanding of medicines and medical devices and how they are regulated.

To ensure people have confidence in the regulatory system for medicines and medical devices they need to understand it. Whilst the 2018 ABS Survey¹⁴ on health literacy showed that most people considered themselves health literate, CHF has found in its work on medicines and devices that many people do not know about the TGA and do not understand how the regulatory system works. It is usually adverse events, such as the recent problems with transvaginal mesh and some breast implants that draws attention to the TGA. These events, when viewed in isolation have a negative impact on people's confidence in the regulator and the regulatory system.

TGA needs to be funded by Government so it can run a broader consumer education and engagement strategy to help build confidence and trust and engage consumers in its work, particularly in the post market monitoring where consumer reporting of adverse events is a critical part of the work.

¹⁴ ABS 2019 National Health Survey 2018

Mental Health

Recommendations

CHF calls on the Federal Government to provide increased funding for mental health services in line with any findings of the Productivity Commission's Inquiry into Mental Health.

CHF calls on the Federal Government to implement all the recommendations from the Mental Health Reference Group of the MBS Review¹⁵ including:

- creating a triaged structure for the Better Access items to allow consumers to access the level of intervention that is right for them, and
- extending access to Mental Health Treatment Plans to people at risk of developing a mental disorder.

Why this matters

Australia has a universal mental health system in principle but not in practice, and we need to begin a process of significant investment and reform to change this. Multiple reports and the experiences of consumers and carers in the system over many decades highlight many problems and possible solutions to the challenges of mental health. The Draft Report from the Productivity Commission's inquiry outlined the scale of the problem, finding that those who seek help are not getting the necessary level of care and that many people are not accessing care due to stigma, cost and the complexity of the system. This highlights the need for substantial, long-term reform, which requires a significant investment of time, resources and effort.

CHF support the call in the draft report for a more responsive, person-centred and better coordinated system of care for people with mental ill-health and believes the recommendations within that report, if fully implemented would create such a system in Australia.

The recommendations from the MBS Mental Health Reference Group are in line with the recommendations from Commission's draft report and would provide a useful first step in improving access to mental health services for many people.

Oral and Dental Health

Recommendations

CHF calls on the Federal Government to develop a plan to move to a universal dental health scheme. The first step should be an increase in funding for public dental health services for adults through the implementation of an Adult Dental Benefit Scheme for adults on low incomes.

Why this matters

Despite a significant and growing body of evidence that shows the positive relationship between oral health and overall health status, there is no universal coverage in Australia. Most oral health

¹⁵ Report from the Mental Health Reference Group 2018

and dental care services are provided in the private sector on a fee for service basis and access to oral health care is inequitably distributed in Australia. Oral health status is one of the worst disparities in the Australian health system.

Data from the Australian Bureau of Statistics (ABS) for 2017 shows that nearly 2 million people or around 18 percent of those needing dental care either delayed or did not see a dentist due to cost. This is probably underreported as cost may be a factor for some other delaying treatment, but it is not the primary or only reason for deferral.

CHF research on out of pocket costs in 2018 showed that the cost of health services is a real barrier to access and people either delay treatment or must make difficult decisions about going without other necessities to pay for some kinds of health care. It was not uncommon for consumers to delay or defer completely seeking dental health care.

There is inadequate attention to investing in prevention, in addressing the causes of dental disease and in fostering stronger community attention to oral health hygiene and eating habits. As a result, too many Australians suffer preventable oral disease and more than 60,000 Australians are hospitalised each year because of oral conditions, which is an unnecessary health burden for consumers and an unnecessary cost to the health system.

Support for quality oral health services has gone backwards over the last several years with public waiting lists for dental care blowing out to almost two years in some areas and no national oral health care plan in place to address the broader issues around prevention and oral healthcare.

Social Determinants of Health

Recommendations

CHF calls on the Federal Government to increase in Newstart, Youth Allowance and related payments by \$95 per week and to ensure it is indexed in the future in line with wages.

CHF calls on the Federal government to develop a National Strategy on Climate, Health and Wellbeing.

Why this matters

Australia has the lowest rate of unemployment payments in the OECD and the evidence shows that the payments are not adequate to meet the costs of housing, food, basic healthcare and transport. This means that people relying on these payments are living in poverty.

There are currently more than three quarters of a million people living on unemployment and student payments which means they are living in poverty. There is substantial evidence that links poverty with lower health outcomes¹⁶. Not only can people on low incomes not afford to pay for visits to doctors or for medicines that are prescribed but their general standard of living in terms of nutrition, poor housing and other factors contribute to lower levels of health.

¹⁶ M.G Marmot and Richard G Wilkinson 2005 *Social Determinants of Health*

Even though we have a universal primary health system through Medicare many people do not seek or delay care because of the cost. The most recent estimate by the Australian Institute of Health and Welfare (AIHW) showed more than one million people put off going to a doctor because they could not afford it.¹⁷

Raising the rate of Newstart and related payments would mean that people moved out of poverty and would be more able to fund adequate housing, better food and health care as and when they need it. It would make a difference in helping to reduce health inequities and improve the health outcomes for a significant group in the population.

Climate change is already having significant adverse effects on human health. These include physical and psychological trauma associated with extreme weather events, warmer temperatures contributing to worsening air pollution, spread of infectious diseases, and risks to food and water security, to name a few.

The Climate and Health Alliance, of which CHF is a member, has developed a framework for a national strategy. This was produced in collaboration with over thirty health and medical organisations and followed a year long consultation process. Recent events with the bushfires and related poor air quality in Melbourne, Canberra and Sydney and surrounding areas provides more evidence that there is an urgent need to take action and that action needs to be national and coordinated.

¹⁷ AIHW Australia's *Health 2018*