Medicare Locals Discussion Paper on Governance and Functions

Introduction

Women's Health West (WHW) is the regional women's health service for the western metropolitan region of Melbourne in Victoria. Our services include research, health promotion, community development, training and advocacy around women's health, safety and wellbeing. Since 1994, WHW has also hosted the region's largest family violence crisis support and prevention program. These two main arms of the service place WHW in a unique position to incorporate women's experiences directly into our research, health promotion and project work, ensuing that we clarify the connections between structural oppression and individual experience.

As a feminist organisation we focus on redressing the gender and structural inequalities that limit the lives of women. WHW's work is underpinned by a social model of health and, as such, we recognise the important influence of, and aim to improve, the social, economic and political factors that determine the health, safety and wellbeing of women and their children in the western region. By incorporating a gendered approach to health promotion that focuses on women, interventions to reduce inequality and improve health outcomes will be more effective and equitable.

WHW sits on the Board of the HealthWest Partnership and the Interim Governance Group of the Inner North West Primary Care Partnership and endorses the submissions by each of those partnerships. These are strategic partnerships designed specifically to achieve collaboration in the planning and delivery of health services and population health initiatives in the western and inner north western suburbs of Melbourne to facilitate real improvements in health and wellbeing outcomes, by engaging community and women's health centres, divisions of general practice, local governments, hospital and acute health sectors, ethno-specific services, indigenous agencies, mental health agencies, community nursing and the research sector.

The legitimacy given to collaborative work, along with the development of frameworks for a continuum of actions from primary prevention to tertiary intervention, has resulted in region-wide buy-in and has added enormous value to all of our work.

WHW is also a member of the Women's Health Association of Victoria and the Australian Women's Health Network. As one of twelve women's health services across Victoria, we are well positioned to provide strategic and operational expertise and advice on the intersection between women's social experience and their health and wellbeing.

Overarching Comments about the Discussion Paper

WHW strongly supports the reform agenda proposed by the Commonwealth Government and is pleased to see the centrality of primary health in this work.

While we welcome the opportunity to provide a response, we do not welcome the unacceptably short timelines for this response, particularly in light of the recent request for submissions about boundaries. There are a vast range of operational implications that will flow from the proposed changes. These must be given due time for consideration, as they will impact on the quality and range of services available for clients and communities.

With respect to the sector, that consultation process and the many other consultations and written comments provided should be used to inform this further analysis and consultation. The sector is repeating the same key messages that must not be ignored. We have highlighted these again in this document.

WHW is concerned that **the name 'Medicare Locals' is likely to exclude partnerships with key communities of interest** that sit outside the health system, but are key drivers of health, such as housing, local government, and employment services and sectors. We support the alternate name – 'Primary Health Care Organisations'. The use of unhelpfully medically-focussed language extends into the document with the use of the term 'patient' rather than consumers or communities.

Medicare Locals should incorporate governance structures that promote the diversity of interests in primary care and avoid medical dominance.

The current paper makes reference to collaborative processes, but describes a largely division of GP-centric process that has resulted in ambiguity about the nature of the reforms. The assumed leadership role for Divisions of General Practice (DGP) in facilitating Medicare Locals ignores the level of collaboration required across the

health sector among a range of health professionals, including allied health, health promotion and population health, which is well outside the expertise or scope of DGP's current role. **The interests of general practitioners represent only a segment of the health professionals who will be working together under Medicare Locals**.

The divisions themselves acknowledge that 'PHCOs represent a new entity in the Australian health system landscape with a wider range of functions than current GP Divisions or other primary care or community health services' (Cranny report).

The substantial achievements of our partnerships are based on a definition of primary health that extends beyond a medical one, with the ability to plan and deliver services from primary prevention to tertiary intervention. **A greater focus on prevention, population health and health promotion are integral to the vision of a healthy and fair Australia.** DoHA's report into *Primary Health Care Reform in Australia* (2009), for instance, outlined multi-government agreement that Australia's health system should be shaped around the health needs of individuals, their families and communities, with a focus on prevention of disease and the maintenance of health, not simply the treatment of illness. Support for an integrated approach to the promotion of health is required to achieve this, with hospitals, primary and community care agencies working together. Not all Australians receive equitable levels of primary health care services as a result of their geographical location, financial ability or the condition of their health, as outlined in the report. On the other hand, 'research shows that those systems with strong primary health care are more efficient, have lower rates of hospitalisation, fewer health inequalities and better health outcomes' (p. 8). **Ensuring strong primary health care services in tandem with a health equity approach are key to development of Medicare Locals.**

WHW is particularly concerned about the pitfalls of the 'one size fits all' approach that is being taken by the federal government. There are a range of health programs in each state and territory that do not exist in other jurisdictions. The Victorian Women's and Community Health program is a clear example of agencies providing responsive solutions to local and specialised needs. By pursuing this approach, the federal government risks losing the significant gains made in Victoria in developing and defining programs, projects and practices of collaboration, many of which include organisations that sit outside the health sector. **The best outcomes will be achieved by establishing governance structures that build on the strength of existing networks, common priorities and collaborative responses to demonstrated need.**

In the western metropolitan region the PCPs are active and innovative, with region-wide collaboration led by different agencies with particular expertise. Importantly, this work keeps us closely connected to local communities. Our experience, and the literature, indicates that communities who have genuine control over priority setting and allocation of resources also have better health outcomes.

The Department of Health and Ageing should undertake independent analysis and mapping of the health system that takes account of all existing health services, including health promotion activities.

DoHA is relying on work that maps DGP services available, but does not consider the link between these and existing health promotion and population health initiatives – despite the fact that these are outlined as key elements of Medicare Locals. This narrow definition of health services, and consultation with only one element of the health system, is not just a limitation, it is a serious concern. Independent analysis and mapping of the health system is required as a key element in the process of informing the form and governance of Medicare Locals.

Ensure that Medicare Locals respond to the social determinants of health.

As the document *Delivering the Reforms* (2010: 26) states, potential changes to funding arrangements arising out of the COAG agreement include either transfer to the Commonwealth or 'strong national reform efforts' for programs including community health promotion and population health programs, including preventive health.

This includes the majority of Victorian health promotion and women's health organisations, yet it is not clear how health promotion organisations and the way they function will be affected. WHW is concerned that the social model of health that is currently supported by PCPs will be replaced by a model of medical dominance under Medicare Locals, losing the very positive collaboration and program development that has focused on strategies to tackle the social determinants of health in Victoria.

Regardless of which body might fund women's services, there are key principles that are required for positive health outcomes. Women's health services must retain their independent governance structure. They must be able to participate in a range of actions with a range of organisations, not constrained by one employer.

This includes identifying collaboration required between Medicare Locals. One of the most important and complex roles of our health care sector is to ensure health equity

by focusing on the social determinants of health – such as gender, culture and socio-economic advantage – and the impact this has on individual and population health. The complexity and understanding of health promotion initiatives in Victoria has strengthened considerably over the previous decade, with activities implemented locally, regionally and at a state-wide level. If health promotion initiatives were to be confined to the local service delivery environment under Medicare Locals, they risk losing broader scope and application. **Disconnecting local initiatives from broader population-based initiatives fails to acknowledge the importance of strategic upstream action required to tackle the social determinants of health**.

A centralised funding model limits the ability of women's health and other health promotion agencies to deliver a range of interventions from individual to population-wide actions, as well as engagement in rigorous advocacy. The question of how population health initiatives will link with local initiatives to reach effective and complementary goals must be clarified before finalising Medicare Local boundaries.

Similarly, devolving responsibility for health promotion to Medicare locals de-professionalises health promotion practice, particularly where the focus of health promotion is on addressing risk factors to the detriment of the social determinants of health. This de-professionalising would be compounded by the NPHCS suggestion to expand the role of practice nurses to encompass health promotion requirements of Medicare Locals.

Each of the Commonwealth Government documents released to date have focused on health promotion and prevention as methods to deal with chronic diseases and conditions, particularly those linked to poor lifestyles, such as cardiovascular disease, diabetes and cancers associated with tobacco use. This focus on changing individual behaviour associates health promotion with individualised care to respond to chronic disease. It does not challenge the social determinants of health. Yet it is these factors that must be tackled through health promotion and population health initiatives if we are to realise the ambitious vision of health equity for Australians.

The principles of health promotion, prevention and the social model of health are key to the development of an efficient health care system with lower rates of hospitalisation, fewer health inequalities and better health outcomes. These principles risk being lost in the health reforms, which give primacy to general practitioners and clinical skills as the mainstays of primary health care.

In Victoria the women's and health promotion sectors are well established as leaders and innovators, with numerous examples of primary prevention and population health

initiatives that embed the social model of health across our catchments. The key to this work is having lead agencies, such as Women's Health West, responsible for driving reforms through collaborative practice. If health promotion becomes the responsibility of bodies such as Medicare Locals, without lead organisations with responsibility for the scope of health promotion and population health practice between these levels, progress is at risk. The chronic disease and behavioural change focus of the National Preventative Health Agency – and Medicare Locals it seems – with its initial focus on smoking, binge drinking and obesity, mean that a range of important health promotion activities will fall outside their sphere of activity. This leaves initiatives like advocacy, developing healthy public policy, redressing the broader social determinants of health, and acting to reduce inequities and injustices in the community, at risk of being lost. As the World Health Organisation (2005) point out, 'progress towards a healthier world requires strong political action, broad participation and sustained advocacy. Health promotion has an established repertoire of proven effective strategies which need to be fully utilized'.

We recommend that the commonwealth recognise and support the expertise of health promotion and population health organisations, including women's health services, to undertake these functions.

A population health approach to service planning should have two key goals in mind; to maintain and improve the health status of the entire population and to reduce inequities in health status between population groups. This is also the goal of the health care reforms. Any consideration of health care reforms must begin by ensuring that all of the elements required to enact these goals are front and centre.

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