



## **Comment**

**on the**

**Proposed ACT  
Health  
consultancy  
discussion paper:**

**“Reviewing the  
alignment  
between  
community  
needs and  
community-  
based health  
service delivery  
in the ACT”**

**October 2006**

### **INTRODUCTION**

ACTCOSS acknowledges that Canberra is built on the traditional lands of the Ngunnawal people. We pay our respects to their elders and recognise the displacement and disadvantage they have suffered since European settlement. ACTCOSS celebrates the Ngunnawal's living culture and valuable contribution to the ACT community.

The ACT Council of Social Service Inc. (ACTCOSS) is the peak representative body for not-for-profit community organisations, people living with disadvantage, and low-income citizens of the Territory. ACTCOSS is a member of the nationwide COSS network, made up of each of the state Councils and the national body, the Australian Council of Social Service (ACOSS).

ACTCOSS' objectives are representation of people living with disadvantage, the promotion of equitable social policy, and the development of a dynamic, collaborative and sustainable community sector.

The membership of the Council includes the majority of community based service providers in the social welfare area, a range of community associations and networks, self-help and consumer groups and interested individuals.

ACTCOSS receives funding from the Community Services Program (CSP) which is funded by the ACT Government.

ACTCOSS advises that this document may be publicly distributed, including by placing a copy on our website.

## **ACTCOSS' comment on the ACT Health paper: "Reviewing the alignment between community needs and community based health service delivery in the ACT: Proposed consultancy discussion paper"**

### **Access to healthcare is a human right**

By way of introduction, ACTCOSS notes that the right to the highest attainable standard of physical and mental health is included in the International Covenant of Economic, Social and Cultural Rights (ICESCR)<sup>1</sup>, to which Australia is a party. The ACT Government has an obligation under the ICESCR to comply with its terms in so far as it is within its powers to do so.

In particular, ACTCOSS highlights the following comments of the Committee on Economic, Social and Cultural Rights (CESCR) on the implementation of the right to the highest attainable standard of health:

"Health facilities, goods and services must be affordable for all. Payment for health-care services, as well as services related to the underlying determinants of health, has to be based on the principle of equity, ensuring that these services, whether privately or publicly provided, are affordable for all, including socially disadvantaged groups. Equity demands that poorer households should not be disproportionately burdened with health expenses as compared to richer households."<sup>2</sup>; and

"As with all other rights in the Covenant, there is a strong presumption that retrogressive measures taken in relation to the right to health are not permissible. If any deliberately retrogressive measures are taken, the State party has the burden of proving that they have been introduced after the most careful consideration of all alternatives and that they are duly justified by reference to the totality of the rights provided for in the Covenant in the context of the full use of the State party's maximum available resources."<sup>3</sup>

ACTCOSS notes that the consultancy paper avoids the question of whether there will be reductions in services, resources or eligibility for healthcare as a result of the proposed consultancy. However, the underlying tone of the paper suggests that this would indeed be the case. ACTCOSS is concerned that any unmitigated reduction in services could amount to a 'retrogressive measure' under the ICESCR, potentially in breach of the ACT's human rights obligations. ACTCOSS opposes a reduction in community health services, particularly those providing services to disadvantaged people and those living in poverty.

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<sup>1</sup> Article 12, United Nations ICESCR

<sup>2</sup> Section 12(b), CESCR General Comment No.14 (2000)

<sup>3</sup> Section 32, CESCR General Comment No.14 (2000)

## **The health care context**

ACTCOSS notes that the Canberra Social Plan articulates the following as goals to achieving improved health and well-being:

- Focus on prevention and early intervention throughout people's lives;
- Improve the good health of the Canberra population and narrow the health gap between the general community and the poor and disadvantaged;
- Strengthen the health of the community through a whole of government approach to health issues, together with community partnerships to develop sustainable social care supports.<sup>4</sup>

In the current healthcare environment, however, access to general practitioners and medical specialists remains difficult, with a shortage of health professionals contributing to high fee levels and low bulk-billing rates in the ACT. ACTCOSS also notes the recent rises in costs for items listed on the Pharmaceutical Benefits Scheme.

In this context, it appears difficult to defend an initiative that could further increase health price levels and reduce access to healthcare.

## **Problems with further targeting community health services**

At the outset, ACTCOSS notes that community health services are already tightly targeted, with many services already charging a fee-for-service (a co-payment) and others only available to concession card holders or other identified target groups. Even then, many services continue to have long waiting periods before medical treatment is received. ACTCOSS believes, given that that community health services are already stretched and are in desperate need of greater resources, they should not be targeted for cuts to services or withdrawals of funding.

The health system does not stand alone in addressing the needs of people living with disadvantage. Targeting of health services interacts with other systems of rationing health, human services and income support, and ACTCOSS warns that the cumulative effect of the current arrangements is already having serious disincentive effects. ACTCOSS is aware that there are consumers who already fear that finding work or improving their health will result in the loss of their pension, loss of important health services, loss of disability and social support services as well as increasing their housing costs, meaning that the targeting systems have the combined result of reducing their well-being should they 'improve' their circumstances.

The dependence of health service targeting on Commonwealth concession cards is of particular concern, especially if there are lengthy waiting periods for a service. In this case, consumers are frequently aware that they will only

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<sup>4</sup> Canberra Social Plan (2004), p.7

receive urgently required health care if they remain on income support, leading some to delay any improvement in their circumstances. It seems counterproductive to pursue health service rationing arrangements that can actually discourage people from improving their well-being more broadly.

While health services need to be directed to certain population cohorts in order to achieve equity in a mixed health system, ACTCOSS would advocate that the optimal level of targeting has already been passed.

## **Prevention is better than cure**

It is relevant to note that while the cover letter associated with this consultation suggested that health care services should target “people at greatest risk of suffering ill health”, the majority of cohorts listed for targeting in the document are people who already have chronic health problems. ACTCOSS agrees that these groups are in dire need of comprehensive healthcare services, and in no way suggests that they should suffer additional restrictions or have to pay more for services. Yet one of the many benefits of community health services is their role in prevention and early intervention, where, by providing a relatively low cost intervention at an early stage, a far more expensive and debilitating illness can be avoided in the future.

If the preventative nature of community health care is lost through targeting that is too narrow, it will not only reduce the health outcomes for the population, but also place additional cost pressures on acute service provision. This is neither good health care nor a good use of valuable resources.

## **Fees and Co-payments**

ACTCOSS notes that there are already fees charged across the health and human services systems, including for services tightly targeted at low-income and disadvantaged consumers. For instance, numerous Health and Community Care (HACC) services require co-payments, as do public dental services. ACTCOSS, through input from its member organisations, has observed that these fees or co-payments already act a barrier to access for health services.

Ultimately, imposing fees upon healthcare rationing services on the basis of consumers’ ability to pay. Even within a restricted target population of people living with poverty, it is those who are less disadvantaged who will be able to find the money to pay for essential health services, while those who cannot will miss out. This means of rationing health care does not provide services to those who are at greatest risk of poor health or those who need the services most – indeed, it frequently does exactly the opposite.

## **Delineation and 'overlaps'**

ACTCOSS raises a number of concerns about the proposal to "better define the roles and service delivery priorities of different service providers". The concerns go to:

- Whether services delivered to specific disadvantaged groups will be considered 'overlaps' because there are generic services available;
- Whether better 'delineation' means a transferral of responsibility to other agencies or non-government organisations that do not have adequate funding to address those needs; and
- Whether over-specific delineation of roles increases fragmentation of responsibility and 'siloeing' as well as resulting in an inappropriate intrusion into the service delivery framework of community sector organisations.

Firstly, ACTCOSS is aware that ACT Health funds a number of services that provide or co-ordinate general health services to target population groups, for example, indigenous people or refugees. ACTCOSS is concerned that these services might be identified as 'overlaps', simply because general services are available in Canberra, despite the fact that numerous disadvantaged groups have difficulty accessing generic health services, due to, for example, language barriers, cultural inappropriateness or fear of discrimination or intrusion into privacy. One of the major strengths of non-government delivery of health services, compared with generic health service, is that it frequently has greater reach and can generate far higher levels of trust with disadvantaged communities. Inappropriate targeting or loss of these services would create additional barriers to accessing healthcare, as these groups may reduce their interaction with the health system, leading to worsening health outcomes and higher use of acute services.

Secondly, ACTCOSS is anxious to ensure that 'delineation' of service responsibility does not translate into 'responsibility-shifting' onto community agencies that do not have the requisite resources to meet the demands that are placed upon them. ACTCOSS is aware that government health agencies frequently refer consumers to non-government agencies for service provision, despite the fact that those services are either not funded by government, or are already at capacity. Rather than trying to create artificial divisions between government and non-government agencies, a more productive approach is to share responsibilities and collaborate to ensure that services reach those who need them most.

Thirdly, ACTCOSS is concerned that overly prescriptive 'delineation' of service provision could result in fragmentation and 'siloeing' of healthcare. The Canberra Social Plan emphasises a whole-of-government approach to improving healthcare, where agencies, in partnership with community organisations, take collective responsibility for a holistic healthcare system – not segmenting healthcare into narrow areas of responsibility that no longer are able to contemplate the entirety of a persons need. Particularly when

considering the needs of disadvantaged and low-income consumers, it is clear that a range of services need to be co-ordinated across the health and human services sectors. Further segmenting the system is likely to produce additional gaps and bottlenecks.

Finally, ACTCOSS is uneasy at the tendency of government funding managers to increasingly place more stringent conditions on how funding is to be utilised. ACTCOSS maintains that community organisations are autonomous bodies with their own philosophies and structures. This is an essential element of their ability to reach disadvantaged consumers and explore new models of service delivery. Placing ever more strictures on service type, delivery models and consumer group reduces the capacity of organisations to be responsive to need and develop new models of engaging with their consumers.

An integrated, equitable and comprehensive health system has many doors through which to access the healthcare a person requires. It should not be a one-track corridor which cannot accommodate the diversity of directions from which consumers approach the service system.