

BETTER HEALTH FOR ALL AUSTRALIANS

ACTION PLAN

PROMOTING GOOD HEALTH, PREVENTION AND EARLY INTERVENTION:

From 1 July 2006, governments will commence implementation of a four-year, \$500 million, national program called the ***Australian Better Health Initiative*** to start to refocus the health system to promote good health and reduce the burden of chronic disease. The initiative will include the following elements:

1. ***promoting healthy lifestyles***, includes addressing issues across alcohol use, nutrition, smoking and physical activity, with the following initial priorities:-
 - aligning efforts across jurisdictions in the provision of chronic disease prevention interventions,
 - a rolling national social marketing campaign on prevention, commencing with promotion of healthy eating and physical activity,
 - implementing nationally-consistent minimum school canteen guidelines across Australia based on 'A National Healthy School Canteen Framework', and
 - school-based programs and local community programs, on a jurisdictional basis, to create environments that facilitate and support healthy lifestyle changes;
2. ***supporting the early detection of lifestyle risks and chronic disease*** through a *Well Person's Health Check* available nationally for people around 45 years old, for those with one or more identifiable risks that lead to chronic disease and will commence November 2006;
3. ***supporting lifestyle and risk modification*** through referral to services that assist people wanting to make changes to their lifestyle. Referrals would follow a clinical assessment, such as the new *Well Person's Health Check*. Assistance could include nutritional advice, promoting physical activity, weight management, support to give up smoking, and counselling. This will include education and training support for providers;
4. ***encouraging active patient self-management of chronic disease*** with services ranging from group based face-to-face courses, to telephone counselling and mentoring, or motivational counselling. Services are likely to be delivered by a range of providers, including both State and Territory Governments and non-government organisations. This will also include education and training for primary health care providers; and
5. ***improving the integration and coordination of care***, which will particularly benefit people with chronic diseases, including people with a mental illness. Includes:-
 - providing incentive funds to improve the integration of services between medical services, public community health services, allied health services and non-governmental organisations, and
 - reforming cancer services by supporting case conferencing for cancer specialists through the Commonwealth Medicare Benefits Schedule (commencing November 2006), and improving state health care coordination services for cancer patients.

IMPROVING CARE AND SUPPORT IN THE COMMUNITY, INCLUDING IN RURAL AND REMOTE AUSTRALIA

1. Governments will establish a ***National Health Call Centre Network***, that will enable people anywhere in Australia to access information and advice from nurse-based telephone services. The Network will commence taking calls from July 2007 and aim to achieve national coverage within four years. The Network will:
 - operate 24 hours a day, seven days a week;
 - include the delivery of mental health services as an integral element;
 - have the capacity to assist in emergency services;
 - assist all Australians, and will be particularly beneficial for people in rural and remote Australia; and
 - have its outcomes and effectiveness evaluated.
2. By December 2007, governments will provide more timely and consistent assessments for frail older people requiring care services and their carers by improving and strengthening ***the Aged Care Assessment Program*** and will simplify entry points and improve eligibility and assessment processes for the ***Home and Community Care Program***.
3. From July 2006, governments will establish new arrangements ***addressing the challenges of service delivery in rural and remote Australia***, involving:
 - providing more primary health care services in small rural and remote towns with a shortage of General Practitioners, with the agreement of the local primary care practitioners. This will be done through an extension of the Commonwealth's Medicare arrangements to pay for non-admitted services, including those provided by salaried primary care practitioners, and by State and Territory Governments providing support and other assistance to improve and enhance primary care services in these areas to ensure a net gain in services;
 - improving the flexibility for health service planning at the local community level by consolidating funding for nominated rural health programs in selected localities; and
 - improving the use of health-related information and communications technology in rural/remote areas through the Commonwealth's existing *Clever Networks Program*.

IMPROVING PEOPLE'S CARE IN HOSPITALS AND IN RESIDENTIAL SETTINGS

1. From July 2006, governments will implement a new joint Commonwealth, State and Territory program to start to ***reduce the number of younger people with disabilities living in nursing homes***. The program will include:
 - offering younger people with disabilities in residential aged care homes a care needs assessment;
 - negotiating and providing appropriate alternative long-term care options, where it can be made available and this is what clients choose;
 - developing and establishing new services and care options, including improved services within nursing homes; and
 - reducing future admissions of younger people with disabilities to residential aged care.

The initial priority of the program will be for people under 50 years of age.

2. From July 2006 a new four year program will commence to ***assist older public patients who no longer require acute care or rehabilitation and are in hospital waiting for residential aged care*** by:

- providing more appropriate care for long-stay older patients in public hospitals, particularly in rural areas;
- improving the capacity of rural hospitals to provide more age friendly services, including through making capital improvements such as establishing new multi-purpose services;
- reducing avoidable or premature admission of older people to hospitals; and
- assisting older public patients requiring long-term care to take up appropriate care options.

STRENGTHENING THE HEALTH SYSTEM AND ITS INFRASTRUCTURE

- 1 . Governments acknowledge the crucial role that health professionals play in ensuring that Australians receive high-quality health care and the need to ***effectively use our skilled health workforce***. In response to the Productivity Commission Report on Health Workforce, governments have agreed:
 - to increase governments' collaborative effort regarding retention of health staff;
 - to endorse the National Health Workforce Strategic Framework with a biennial review and report to COAG on progress with implementation of the Framework;
 - that all broad institutional Health Workforce Frameworks should make explicit provision to consider the particular workforce requirements of rural and remote areas, and the particular workforce requirements of groups with special needs including indigenous Australians, people with mental illness, people with disabilities and those requiring aged care; and
 - that Senior Officials will undertake further work in relation to the remaining key recommendations of the Productivity Commission and report to COAG in mid-2006 on further action that governments could take in regard to health workforce, having consulted with key stakeholders.
- 2 . From February 2006, governments will ***accelerate work on a national electronic health records system*** to improve safety for patients and increase efficiency for health care providers by developing the capacity for health providers, with their patient's consent, to communicate safely and securely with each other electronically about patients and their health. This requires:
 - developing, implementing and operating systems for an individual health identifier, a healthcare provider identifier and agreed clinical terminologies; and
 - promoting compliance with nationally-agreed standards in future government procurement related to electronic health systems and in areas of healthcare receiving government funding.