



# COAG Health Council

## Communique

4 August 2017

The federal, state and territory Health Ministers met in Brisbane today at the COAG Health Council to discuss a range of national health issues. The meeting was chaired by the Victorian Minister for Health, the Hon Jill Hennessy MP.

Health Ministers welcomed the New South Wales Minister for Mental Health, the Hon Tanya Davies MP, the Victorian Minister for Mental Health, the Hon Martin Foley MP, the ACT Minister for Mental Health Mr Shane Rattenbury and the Minister for Aged Care and Minister for Indigenous Health, the Hon Ken Wyatt AM, MP who participated in a joint discussion with Health Ministers about mental health issues.

Major items discussed by Health Ministers today included:

### **Andrew Forrest and the Eliminate Cancer Initiative**

Mr Andrew Forrest joined the meeting to address Health Ministers in his capacity as Chairman of the Minderoo Foundation to discuss the Eliminate Cancer Initiative. The Minderoo Foundation is one of Australia's largest and most active philanthropic groups. It has established the Eliminate Cancer Initiative (the Initiative), a global initiative dedicated to making cancer non-lethal with some of the world's leading global medicine and anti-cancer leaders.

The Initiative is a united effort to convert cancer into a non-lethal disease through global collaboration of scientific, medical and academic institutes, commercially sustained through the support of the philanthropic, business and government sectors worldwide.

Australia has a critical role to play in this highly ambitious and thoroughly worthwhile goal.

### **Family violence and primary care**

Today, Health Ministers discussed the significant health impacts on those people experiencing family violence.

Health Ministers acknowledged that health-care providers, particularly those in a primary care setting, are in a unique position to create a safe and confidential environment to enable the disclosure of violence, while offering appropriate support and referrals to other practitioners and services.

Recognising the importance of national leadership in this area, Ministers agreed to develop a plan to address barriers to primary care practitioners identifying and responding to patients experiencing family violence.

Ministers also agreed to work with the *Royal Australian College of General Practitioners* to develop and implement a national training package.

Further advice will be sought from Primary Health Networks on existing family violence services, including Commonwealth, State and NGO service providers in their regions, with a view to developing an improved whole-of-system responses to the complex needs of clients who disclose family violence

### **Fifth National Mental Health and Suicide Prevention Plan**

Health Ministers endorsed the *Fifth National Mental Health and Suicide Prevention Plan 2017-2022* and its Implementation Plan.

The Fifth Plan is focused on improvements across eight targeted priority areas:

1. Achieving integrated regional planning and service delivery
2. Effective suicide prevention
3. Coordinated treatment and supports for people with severe and complex mental illness
4. Improving Aboriginal and Torres Strait Islander mental health and suicide prevention
5. Improving the physical health of people living with mental illness and reducing early mortality
6. Reducing stigma and discrimination
7. Making safety and quality central to mental health service delivery
8. Ensuring that the enablers of effective system performance and system improvement are in place

The Fifth Plan also responds to calls for a national approach to address suicide prevention and will be used to guide other sectors and to support health agencies to interact with other portfolios to drive action in this priority area.

Ongoing collaboration and engagement across the sector and with consumers and carers is required to successfully implement the Fifth Plan and achieve meaningful reform to improve the lives of people living with mental illness including the needs of children and young people.

Health Ministers also agreed that mental health workforce issues would be considered by the Australian Health Ministers' Advisory Council.

### **The National Psychosocial Supports Program**

Health Ministers agreed to establish a time-limited working group to progress the Commonwealth's National Psychosocial Supports program. This will have the objective of developing bilateral agreements to support access to essential psychosocial supports for persons with severe mental illness resulting in

psychosocial disability who are not eligible for the NDIS. Those bilateral agreements will take into account existing funding being allocated for this purpose by states and territories.

### **Development of the next iteration of the Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013–2023**

The Federal Minister for Indigenous Health, Ken Wyatt, attended the COAG Health Council discussed the Commonwealth's current work on Indigenous health priorities. In particular this included the development of the 2018 iteration of the Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013-2023 that will incorporate strategies and actions to address the social determinants and cultural determinants of health.

Ministers also considered progress on other key Indigenous health issues including building workforce capability, cultural safety and environmental health, where jurisdictions can work together more closely with the Commonwealth to improve outcomes for Aboriginal and Torres Strait Islander peoples.

Ministers acknowledged the importance of collaboration and the need to coordinate activities across governments to support a culturally safe and comprehensive health system. Ministers also acknowledge the importance of community controlled organisations in advancing Aboriginal and Torres Strait Islander health.

### **Strengthened penalties and prohibition orders under the Health Practitioner Regulation National Law**

Health Ministers agreed to proceed with amendments to the Health Practitioner Regulation National Law (the National Law) to strengthen penalties for offences committed by people who hold themselves out to be a registered health practitioner, including those who use reserved professional titles or carry out restricted practices when not registered.

Ministers also agreed to proceed with an amendment to introduce a custodial sentence with a maximum term of up to three years for these offences.

These important reforms will be fast tracked to strengthen public protection under the National Law. Preparation will now commence on a draft amendment bill to be brought forward to Ministers for approval, with a view to this being introduced to the Queensland Parliament in 2018. The Western Australian Parliament is also expected to consider legislative changes to the Western Australian National Law.

### **Amendment to mandatory reporting provisions for treating health practitioner**

Health Ministers agree that protecting the public from harm is of paramount importance as is supporting practitioners to seek health and in particular mental health treatment as soon as possible.

Health Ministers agreed that doctors should be able to seek treatment for health issues with confidentiality whilst also preserving the requirement for patient safety.

A nationally consistent approach to mandatory reporting provisions will provide confidence to health practitioners that they can feel able to seek treatment for their own health conditions anywhere in Australia.

Agree for AHMAC to recommend a nationally consistent approach to mandatory reporting, following discussion paper and consultation with consumer and practitioner groups, with a proposal to be considered by COAG Health Council at their November 2017 meeting, to allow the amendment to be progressed as part of Tranche 1A package of amendments and related guidelines.

### **National Digital Health Strategy and Australian Digital Health Agency Forward Work Plan 2018–2022**

Health Ministers approved the National Digital Health Strategy and the Australian Digital Health Agency Work Plan for 2018-2022.

The Strategy has identified the priority areas that form the basis of Australia’s vision for digital health.

This Strategy will build on Australia’s existing leadership in digital health care and support consumers and clinicians to put the consumer at the centre of their health care and provide choice, control and transparency.

### **Expanding the public reporting of patient safety and quality measures**

Health Ministers supported Queensland and other interested jurisdictions to collaboratively identify options in relation to aligning patient safety and quality reporting standards across public and private hospitals nationally.

Ministers agreed that the Australian Commission on Safety and Quality in Health Care (ACSQHC) would undertake work with other interested jurisdictions to identify options in relation to aligning public reporting standards of quality healthcare and patient safety across public and private hospitals nationally.

The work be incorporated into the national work being progressed on Australia’s health system performance information and reporting frameworks.

### **National human biomonitoring program**

Health Ministers noted that human biomonitoring data can play a key role in identifying chemicals which potentially cause adverse health effects and action that may need to be taken to protect public health.

Health Ministers agreed that a National Human Biomonitoring Program could be beneficial in assisting with the understanding of chemical exposures in the Australian population.

Accordingly, Ministers agreed that the Australian Health Ministers’ Advisory Council will explore this matter in more detail by undertaking a feasibility assessment of a National Human Biomonitoring Program.

## **Clarification of roles, responsibilities and relationships for national bodies established under the National Health Reform Agreement**

States and territories expressed significant concern that the proposed Direction to IHPA will result in the Commonwealth retrospectively not funding activity that has been already delivered by states and territories but not yet funded by the Commonwealth.

States and territories were concerned that this could reduce services to patients going forward as anticipated funding from the Commonwealth will be less than currently expected.

The Commonwealth does not agree with the concerns of the states and territories and will seek independent advice from the Independent Hospital Pricing Authority (IHPA) to ensure hospital service activity for 2015-2016 has been calculated correctly. The Commonwealth committed to work constructively and cooperatively with all jurisdictions to better understand the drivers of increased hospital services in funding agreements.

## **Legitimate and unavoidable costs of providing public hospital services in Western Australia**

Health Ministers discussed a paper by Western Australia on legitimate and unavoidable costs of providing public hospital services in Western Australia, particularly in regional and remote areas, and recognised that those matters create a cumulative disadvantage to that state. Health Ministers acknowledged that Western Australia will continue to work with the Commonwealth Government and the Independent Hospital Pricing Authority to resolve those matters.

## **Vaccination**

Health Ministers unanimously confirmed the importance of vaccination and rejected campaigns against vaccination.

All Health Ministers expressed their acknowledgement of the outgoing Chair, the Hon Ms Jill Hennessy and welcomed the incoming Chair Ms Meegan Fitzharris MLA from the Australian Capital Territory.

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