

## Address to CEDA Protecting our living standards 24 October 2017

The Hon Scott Morrison MP Treasurer

#### **Employment growth**



Note: Change in year to September. Source: ABS Cat. No. 6202.0

#### **Real wages and productivity**



Note: The real producer wage is AENA (per hour) deflated by the GDP deflator; the real consumer wage is AENA (per hour) deflated by the household consumption deflator; labour productivity is per hour. Source: ABS Cat. No. 5206.0, Treasury



Source: BLADE

### Market sector labour productivity decomposition

Measured using aggregate market sector productivity cycles



Capital deepening contribution

Multifactor productivity contribution

5

Note: 12-industry market sector (ANZIC Divisions A to K and R). The long-term trends are not always easy to detect in annual data because of the effects of economic downturns (when labour and capital are only partially used, depressing productivity over the short run). For that reason, most productivity analysis examines trends across the peaks of the business cycle. Source: ABS Cat. No. 5260.0.55.002 and Productivity Commission estimates.

# The long run – MFP and labour productivity



Note: The series diverge from that presented above due to different methods for interpolating data, though the results are not markedly different for the overlapping time periods. Source: Bergeaud et al. (2016) and Productivity Commission (2017).

#### The essential elements of integrated care

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Person centred	Seamless lifetime care	Dynamic efficiency	Outcomes	
Change in provider, funder and policy maker mindsets	Thick linkages across the health care system	Innovation	Improved healthy life expectancy	
Health literacy	Links to public health and social capital	Systematic analysis of data to guide targeted and early intervention	Effective management of disease	
Relevant information	A team ethos across clinical disciplines and administrators	Diffusion of evidence-based practices	Good patient outcomes from interventions	
Self management	Incentives aligned to efficient, patient-oriented and quality care across people's lifetimes		Empowerment and good patient experiences	
Accessible, high-quality services and choice	Data collection and management		Effective prevention	
Shared decision-making	Clear governance and accountability arrangements		Value for money	
	Enough time, dollars and supporting staff			

#### Estimated impacts of health recommendations 2016 prices

	UNIT	AFTER 5 YEARS	AFTER 20 YEARS
Personal welfare gains from improved health	\$m	100	300
Personal welfare gains from less waiting	\$m	200	600
Workforce impact (as a GDP gain)	\$m	400	4 200
Health expenditure dividend	\$m	7 900	33 400
Total economic impacts	\$m	8 500	38 500
Health expenditure dividend as a share of total health spending	%	3.0	6.5

Note: The interpretation of these measures is discussed at length in SP6. Source: Productivity Commission (2017).

#### The contribution of cities to growth

Contribution to total employment growth by decade



Source: ABS Cat. No. 6291.0.55.001 and Productivity Commission (2017).

#### Road related revenues are in structural decline

Real revenues and expenditures to GDP



Note: Aggregated over all levels of government. Includes work done for and by the public sector, but excludes that done by the private sector for the private sector. Source: Productivity Commission (2017).



#### Average retail electricity price increases



Note: Cumulative increase since June quarter 2004. Source: ABS Cat. No. 6401.0

# Australian governments fare well by OECD standards

Measures of government performance, OECD countries, 2015



Note: Measures are from results for all countries, with data extracted for OECD countries. Values on the vertical axis are standardised deviations from the global mean. Source: World Bank (2015) and Productivity Commission (2017).