

Health Performance Council Webinar: **HPC Review of Country HACs Governance Arrangements**

Dr Stephen Duckett, HPC member and
Chair of HPC Country HAC Review Advisory Group

Thursday 24 August 2017 11:30am-12:30pm (CST)

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Acknowledgement

Before we begin today's webinar, and wherever our delegates are joining us from today, we acknowledge and pay respects to the traditional owners of the land on which we all meet and that we respect the traditional owners' spiritual journey with their country.

For those of us gathered in Adelaide at the HPC office, we acknowledge the Kaurna people as the custodians of the greater Adelaide region and that their heritage beliefs are still as important to the living Kaurna people today.

Webinar housekeeping

- > Today's one hour webinar is being recorded and will be uploaded to the HPC website
- > Please turn your mobile phones to silent
- > If possible, please mute your video-conference units until question time
- > I understand from Country Health that no fire alarm tests are expected in the next hour, so if you hear an alarm in your meeting room, please follow the directions locally.
- > When we get to questions, I will start with the questions you submitted when you registered, and then will ask for questions region-by-region.
- > This webinar is giving you pre-release access to the findings and advice in our HPC final report that will be posted to the HPC website on Friday 8 September.

Webinar outline 24 August 2017

- > What is Health Performance Council?
- > Overview of this review of Country HACs governance arrangements
 - Context & 2011 review findings
 - Review methods
 - Future vision and current perceptions of governance arrangements
 - Observations about moving from current state
- > HPC's conclusions and advice in the report
- > Questions and discussion

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What is Health Performance Council?

- > Established under SA Health Care Act 2008
- > 4- Yearly Review (2015-2018) seven topics
 1. Monitoring implementation of Transforming Health
 2. Aboriginal health and workforce outcomes
 3. Culturally and linguistically diverse communities health outcomes
 4. Country HAC governance (revisit 2011 review)
 5. End of Life Care (revisit 2013 case study)
 6. Health outcomes for people with mental health and addition issues
 7. In collaboration with SA Health and Adelaide and Country SA PHNs, examining health system data for indicators of potentially preventable hospitalisations using Grattan 'Perils of Place' (2016) method
- > All reports on our website www.hpcsa.com.au

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Context

- > HAC functions outlined in SA Health Care Act (2008) and constitutions/rules as a critical conduit of communication and collaboration between country community and health services
- > HPC commends all HAC members for their service, commitment and achievements in contributing to stronger regional health services, now and in the future. In this report HPC is particularly mindful that HAC members do all this in unpaid, part-time roles.
- > Since 2011, aspects of the country health system have changed eg Presiding Members Panel introduced, Country Health Community and Consumer Engagement Strategy etc
- > And since June 2017, HACs and Country Health have a Partnership Agreement to clarify roles and staffing to support HACs

Findings in 2011 HPC Review

1. Country HACs promote the general interests of local communities to the health system, although promotion of the interests of specific population groups is limited.
2. Country HACs have a low profile in the community and their efforts are not well supported or promoted by the health system.
3. The level of satisfaction with the governance arrangements between Country HACs and the local health service staff is low.
4. The quality of communication and collaboration processes between Country HACs and the health system is variable across South Australian country communities.

Scope of HPC's 2016-17 review

In scope

- > 40 country HACs (39 HACs & CHSALHN Governing Council)
- > Proposed review areas are guided by the findings from the 2011 Country HAC Review of Governance Arrangements

Out of scope

- > Review of HACs in other LHNs in SA or other jurisdictions
- > Issues outside of Terms of Reference
- > Systematic Review

Review methods

1. Pulse-check phone interviews (n=15)
 2. Desktop review (n=17)
 3. Survey
 1. Country HACs (n=49)
 2. Country Health staff (n=73 (63 regional; 10 statewide)
 3. Community members (n=44)
 4. Case Examples
 5. Focus Groups (6 HACs & 1 CHSALHN staff)
- > The range of methods used for data collection allow us to bring different perspectives together and validate what we observe.

Limitations of the review

- > Low response rates when compared with full population
- > Ease of use completing the survey
- > Initial project timelines (which were adjusted)
- > This was not a representative sample - perceptions of small number of community members and staff

HPC reviewed these governance elements

- > Level of agreement with HACs performance of their legislative functions
- > Functions of Governing Council and Presiding Members Panel
- > Relationships with Country Health (statewide and regional)
- > HAC skills, training and development
- > Health system reporting to HACs
- > Clinical governance role (knowing quality and safety of care)
- > Country HAC membership
- > Understanding and accessing health information

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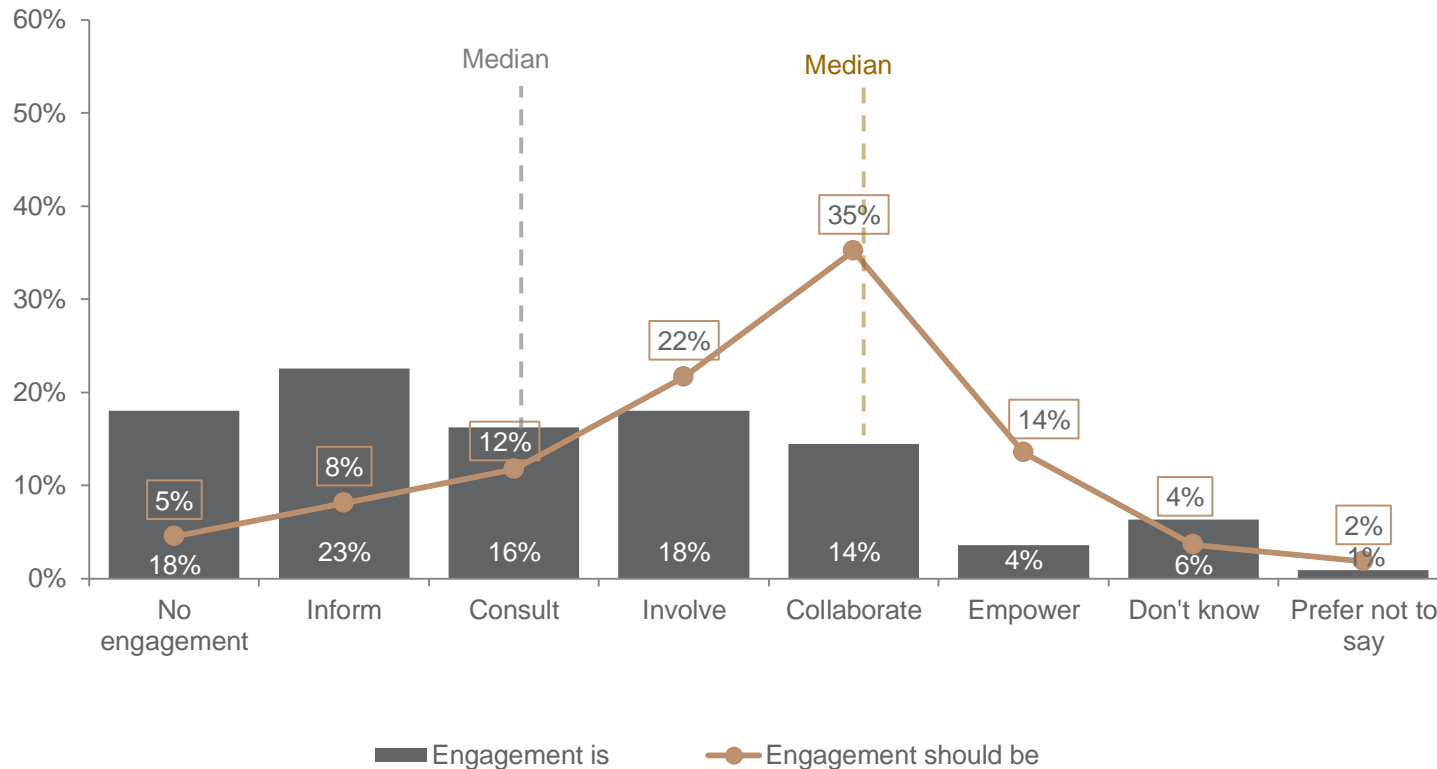
In 2016-17, HPC conclusions are

1. Country Health staff and Country HACs have a **shared vision** for future collaboration and the new Partnership Framework will address some current differences, but not all
2. Country Health should describe how HACs' efforts support Governing Council functions and its strategic directions for **patient safety and quality health services**
3. There is room for improving **Country Health performance data** provision to HACs and development of health literacy and linkage between staff and HACs so Country HACs can provide leadership in an advisory capacity and monitoring of regional health services performance
4. Country HACs promote the general interests of local communities but promotion of **interests of specific population groups remains limited**

Governance arrangements:

How is collaboration and community engagement going now and what is the future shared vision?

Country Health staff and HACs share a vision for future collaboration & community engagement



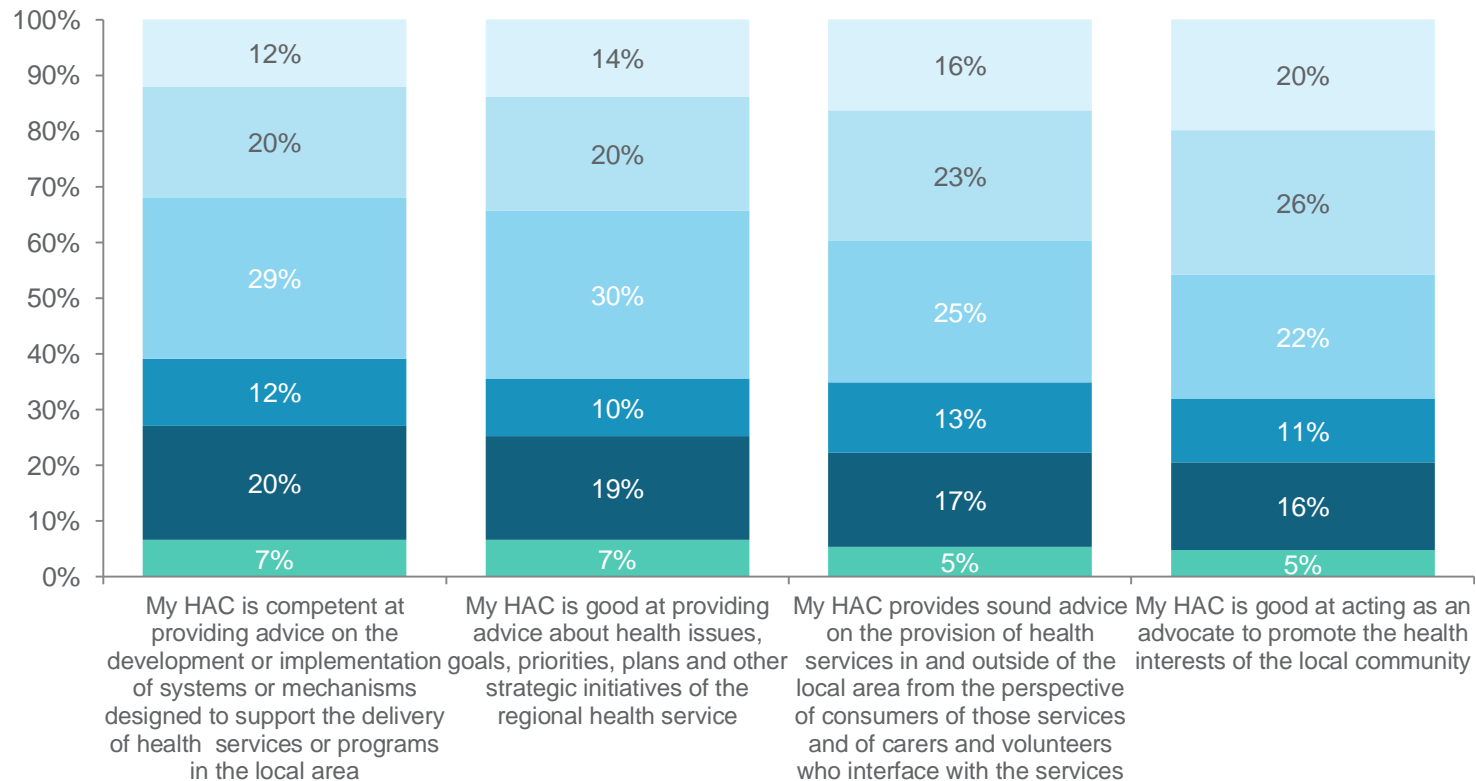
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Everyone surveyed was asked to grade how well their local HAC is at providing key functions.



■ Prefer not to say ■ Strongly disagree ■ Disagree ■ Neither agree nor disagree ■ Agree ■ Strongly agree

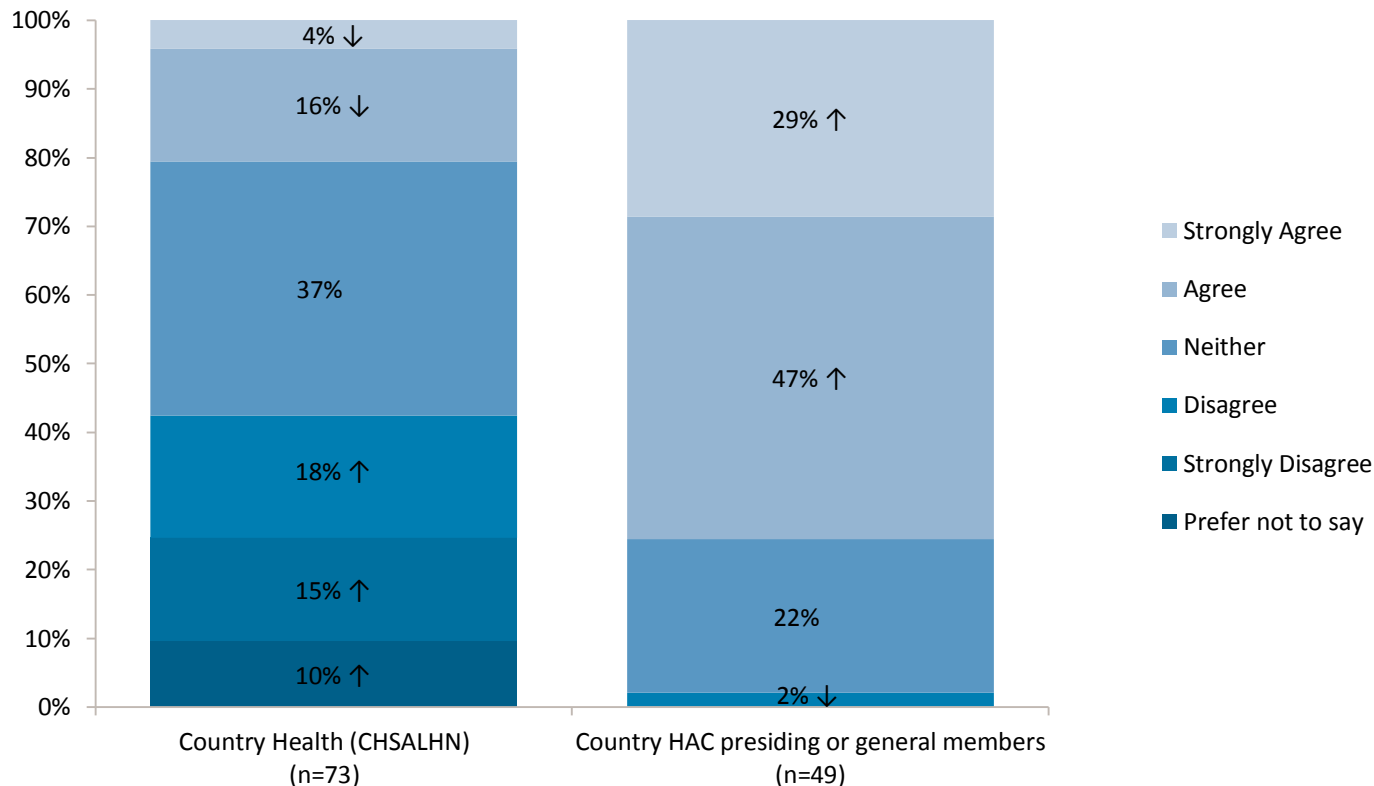
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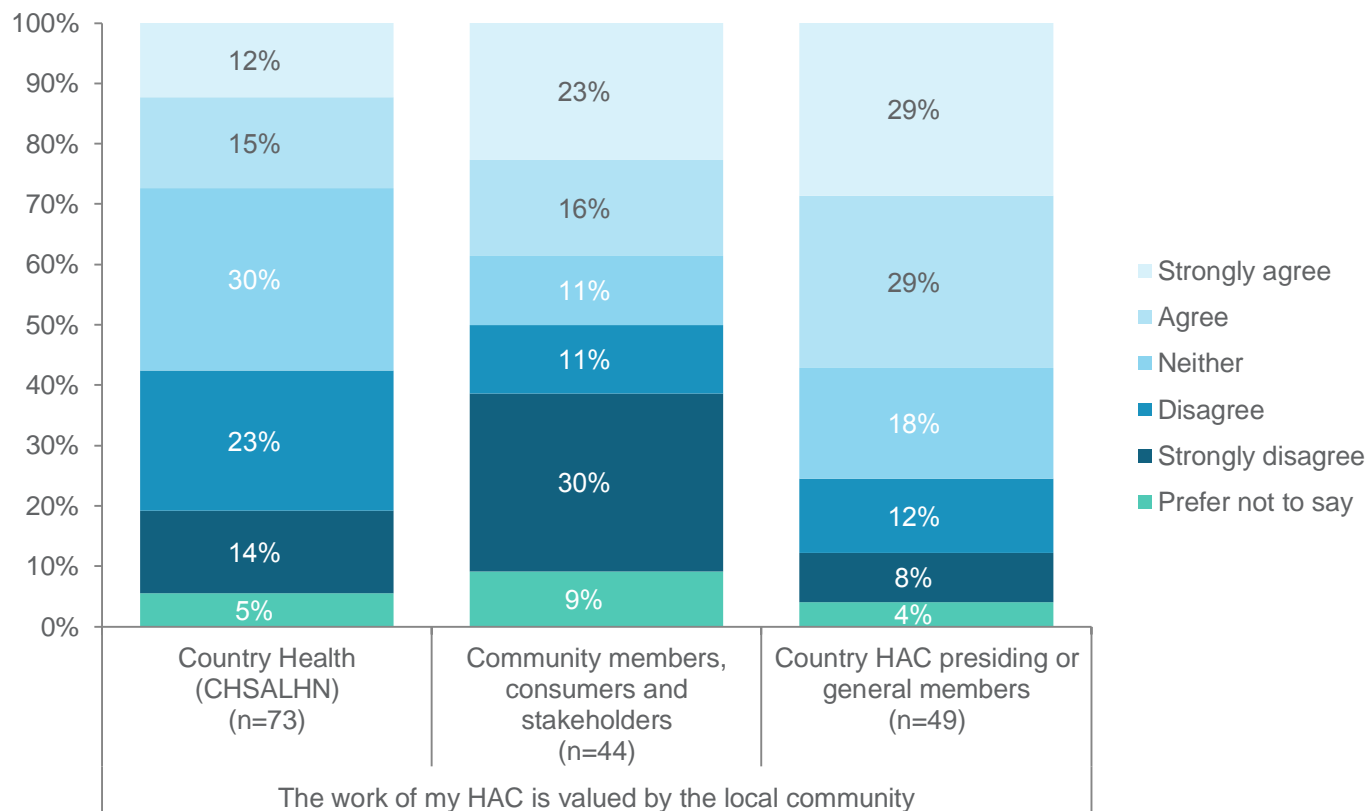
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HAC members and Country Health staff have different views about the skills of HACs needed to perform key functions under the Act 2008



Everyone was asked about how their local community values the HAC



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Governance arrangements:

In what ways are HACs supporting Country Health strategic directions and local health system performance?

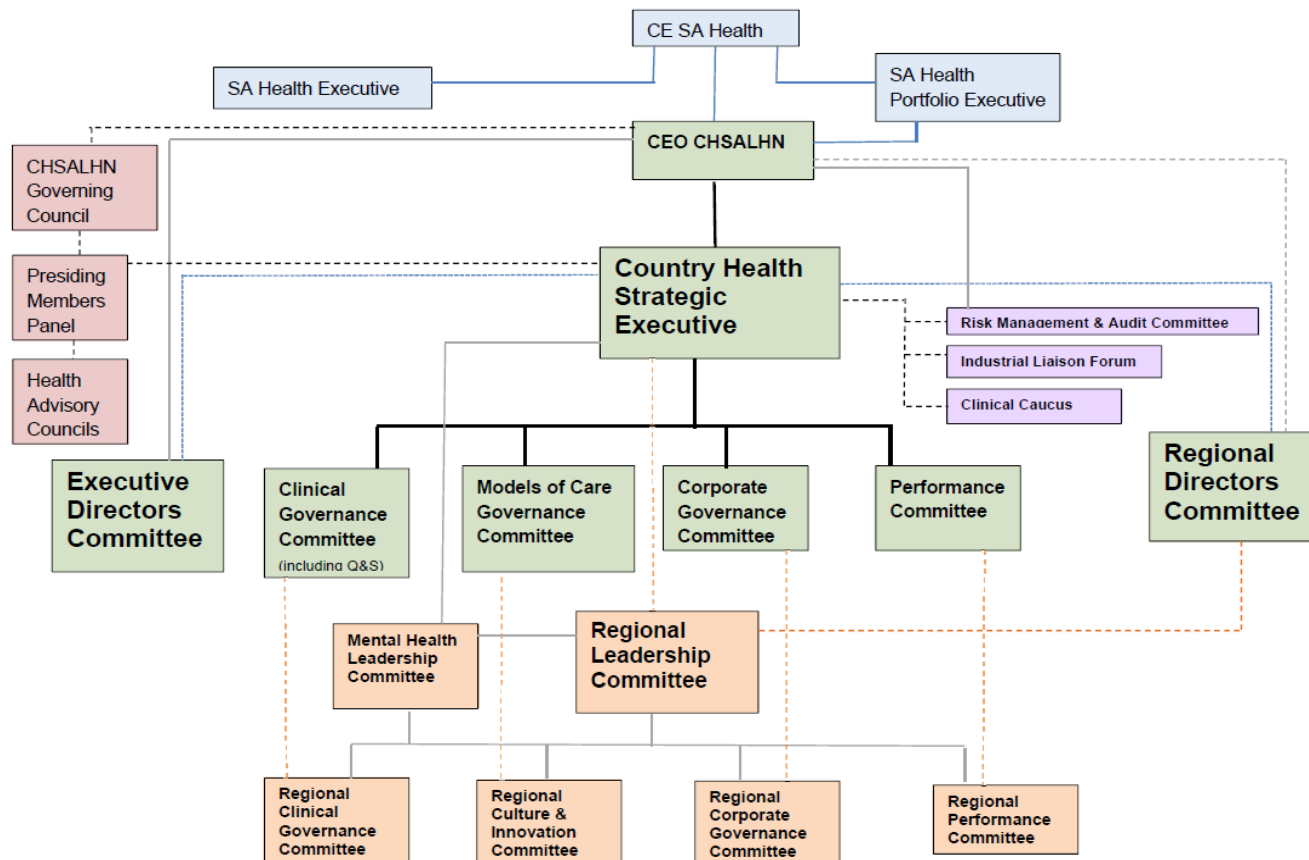
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In our document review, we looked for how well the new Country Health org chart & Governing Council functions recognised HAC contributions



Consumer & Community Engagement

Culture



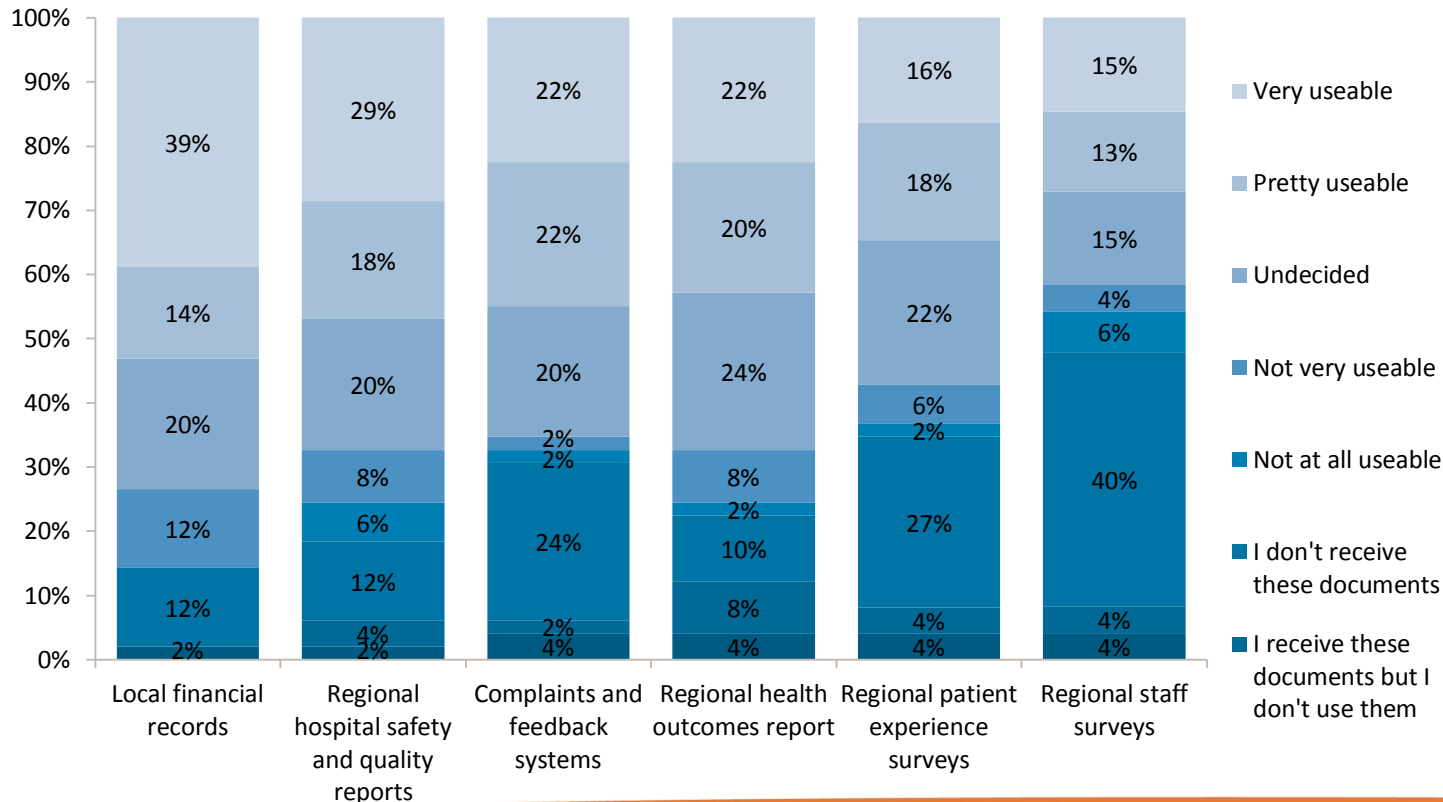
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Governance arrangements:

How well are HACs equipped to support Country Health and understand health system performance information?

HAC members were asked to grade how usable they found reports & documents supplied by the health service



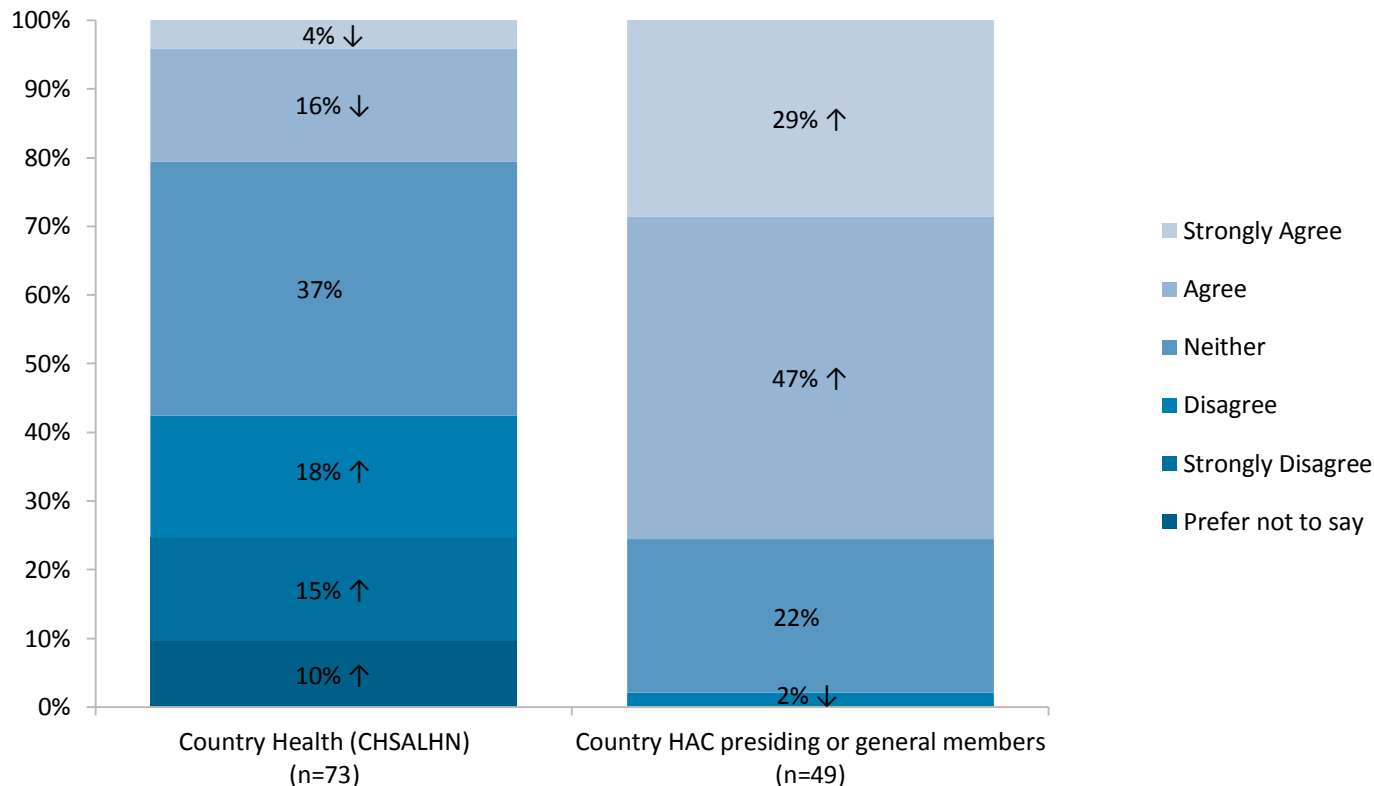
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HAC members and Country Health staff have different views about the skills of HACs needed to perform key functions under the Act 2008



Country Health SA Local Health Network

A Partnership Framework for Health Advisory Councils and Country Health SA

A guide to collaboration and engagement to help meet
the health care needs of country South Australians

2017 - 2022



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Governance arrangements:

Community and consumer
engagement

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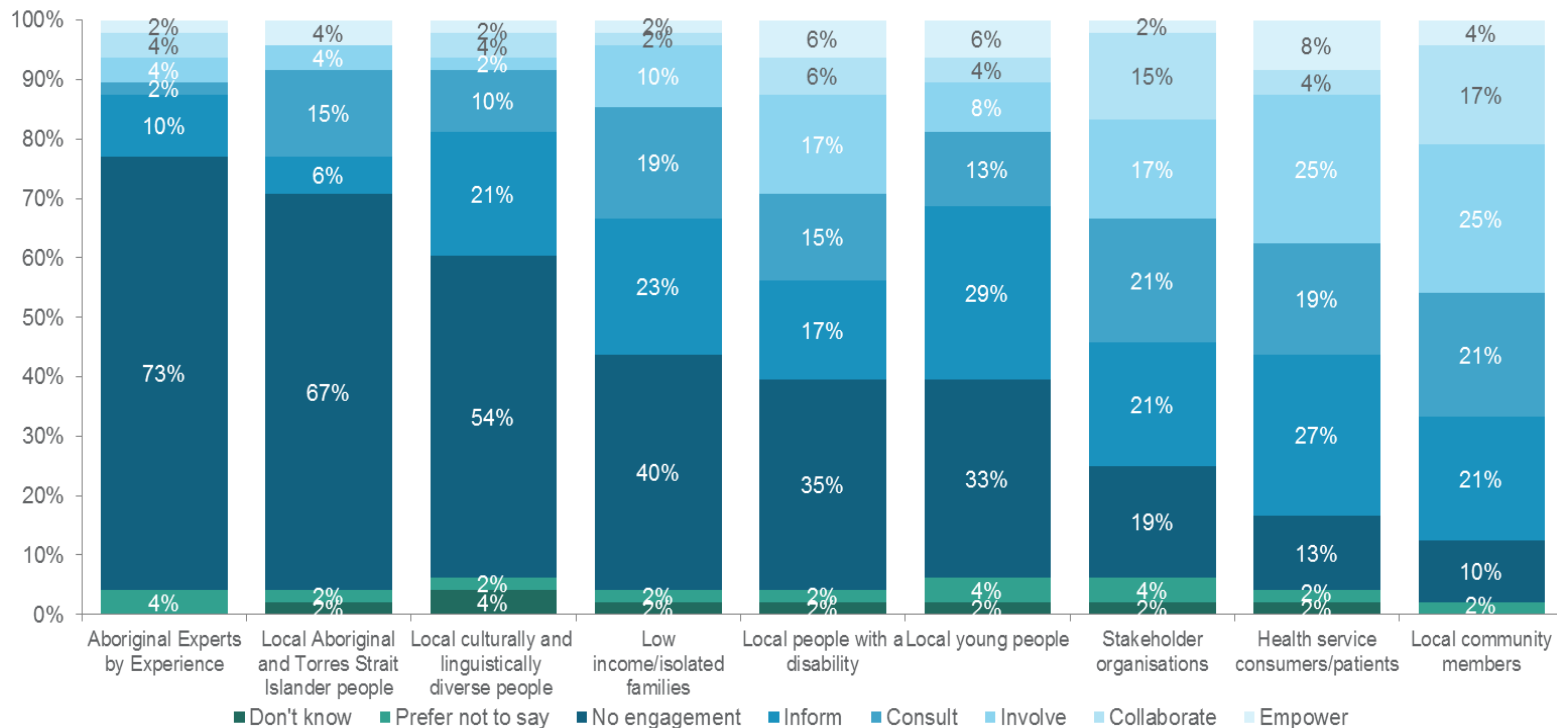
HPC reviewed what HACs did in community and consumer engagement

- > Value of HAC work
- > HACs current engagement levels with population groups in the community
- > What the level of engagement of HACs with population groups should be

IAP2 from CHSALHN Community and Consumer Engagement Strategy (2015)

Increasing Level of Public Impact 					
	Inform	Consult	Involve	Collaborate	Empower
Public Participation Goal	To provide the public with balanced and objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions.	To obtain public feedback on analysis, alternatives and/or decisions.	To work directly with the public throughout the process to ensure that public concerns and aspirations are consistently understood and considered.	To partner with the public in each aspect of the decision including the development of alternatives and the identification of the preferred solution.	To place final decision-making in the hands of the public.
Promise to the Public	We will keep you informed.	We will keep you informed, listen to and acknowledge concerns and aspirations, and provide feedback on how public input influenced the decision.	We will work with you to ensure that your concerns and aspirations are directly reflected in the alternatives developed and provide feedback on how public input influenced the decision.	We will look to you for advice and innovation in formulating solutions and incorporate your advice and recommendations into the decisions to the maximum extent possible.	We will implement what you decide.
Example Techniques	<ul style="list-style-type: none"> > Fact sheets > Web Sites > Open houses 	<ul style="list-style-type: none"> > Public comment > Focus groups > Surveys > Public meetings 	<ul style="list-style-type: none"> > Workshops > Deliberate polling 	<ul style="list-style-type: none"> > Citizen Advisory Committees > Consensus-building > Participatory decision-making 	<ul style="list-style-type: none"> > Citizen juries > Ballots > Delegated decisions

HAC members were asked how well their HAC had been engaging with key groups over the past year



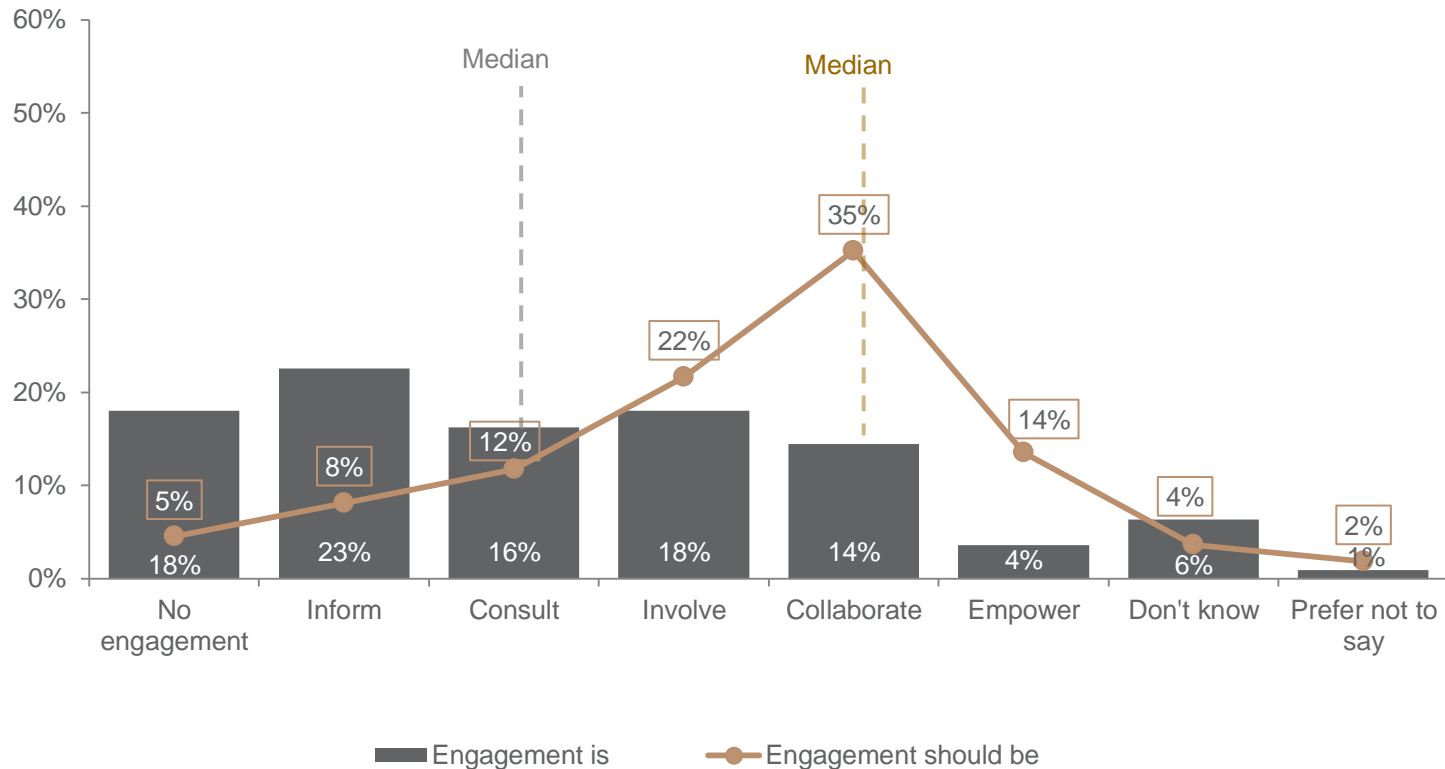
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There is a shared vision for future collaboration & community engagement



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Continuing to improve the effectiveness of governance arrangements:

A draft maturity matrix

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Appendix 5: Country HAC Good Governance Self-Assessment Maturity Matrix

The purpose of the Country HAC self-governance maturity matrix is for Country HAC members to self-assess your HACs progress against agreed standards and examples from practice. The matrix acknowledges that variations will occur between and within country SA regions. This is not for evaluation purposes.

To use the matrix: Identify with a circle the level you believe your Country HAC has reached then draw a line and arrow to the right to the level you intend to reach in the next 12 months. Eg 1 → 2

Progress level 1-3 Country HAC Functions	1 Basic level	2 Promising practice	3 Exemplar
Clarity of purpose, function and behaviours of country HACs	Country HACs activities are detailed in the annual report tabled in Parliament (Mandatory). All members have undertaken orientation/induction with Country Health to be familiar with functions of country HACs.	Evidenced annual discussion of purpose and function on country HAC agenda. Evidence of progress in the HACs Action Plan.	Description of country HAC activity in annual report highlighting achievements by HAC functions eg communications planning - pamphlets, newsletters, poster (pull-up banner), Facebook page describing what the country HAC is about, how it does its work and how to get in contact.
Effective external relationships with stakeholders and community members	Country HAC has a regularly updated list of stakeholders and contact people within the community.	Country HAC has a regular discussion item on their agenda to consider their stakeholder list and plans for all local population groups eg culturally and linguistically diverse people, Aboriginal people, young people and relevant organisations. HAC engages with all local population groups at the information sharing level. Country HAC collects feedback and discusses this at country HAC meetings. Invites relevant guest speakers to HAC meetings.	Country HAC has a plan for local community and consumer engagement, and awareness of opportunities for community engagement at the 'consult', 'involve' and 'collaborate' levels with Culturally and Linguistically Diverse people, Aboriginal people, young people and relevant organisations in line with the Partnership Framework. Country HAC arranges and/or has members available for regular community meetings. Country HAC periodically conducts community surveys.
Effective internal relationships with the Minister, Chief Executive, other country HACs, Country Health	Annual reports provided to the Minister. Attendance by HAC members at regional HAC meetings and/or the annual Combined HAC Conference.	Country HAC regularly engages with Regional Director, Presiding Members Panel and Governing Council, and reports this at HAC meetings.	Processes built in to monitor country HAC actions and evidence from Country Health that action has been addressed eg meeting minutes and feedback from interactions with internal stakeholders in line with the Partnership Framework. Information flows frequently in

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transparency, Health Services	safety and quality patient and staff surveys.	review. These activities are reported in meetings and minutes. HACs meet minimum distribution requirement of \$8,000 per year.	HACs are involved in budget investigation with Country Health.
Fiduciary responsibilities (if incorporated)	Country HAC review and approve a compliant financial report within the annual report in line with specifications outlined annually by Department of Premier and Cabinet. Asset management and ownership.	Country HAC has a regular discussion item on fundraising actions, and asks Country Health for advice on targeting local needs so local funds raised are invested in local health service priorities.	Country HAC has a fundraising strategy with plans to address needs identified from the community and consumer engagement strategy activities and from working with Country Health reports to assess gaps.
Fundraising (if incorporated and if applicable)	Country HAC review and approve a compliant financial report within the annual report in line with specifications outlined annually by Department of Premier and Cabinet.		



In 2016-17, HPC conclusions and advice:

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Thanks to our HPC Review Advisory Group

HPC project sponsors, Dr Stephen Duckett, Prof Jennene Greenhill and Mary Patetsos thank the members of our project advisory group for their time, expertise and guidance to support this review:

- Jeanette Brown, Country Health SA LHN
- Denis Clark, Local Government Association Rep
- Ellen Kerrins, Health Consumers Alliance SA
- Barrie Moyle, Country HAC Presiding Member Panel

And thanks to all our survey and focus group participants for their contributions.

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Questions and discussion

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Next steps

- > The full report will be posted to the HPC website on Friday 8 September.
- > If you have any questions about the report, or would like to receive a paper copy in the post, please contact the HPC Secretariat on:
- > Tel 08 8226 3188 or
- > Email healthhealthperformancecouncil@sa.gov.au



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