



Ref: 19-HPC-1986

Hon. Stephen Wade MLC  
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Dear Minister Wade

**Re: Health Care Governance Amendment Bill 2019**

Thank you for your letter dated 8 April 2019 (ref: HEAC-2019-00014) informing me about the introduction into Parliament of the Health Care Governance Amendment Bill 2019. The council appreciates the briefing on the Bill by officers from the Department for Health and Wellbeing. I share these comments following discussion at the full Health Performance Council meeting on Thursday 2 May 2019.

The council understands and supports the government's commitment to devolve accountability and responsibility for local health service delivery to the community level. This is an ambitious program of work to restructure the SA public health system including provisions for service agreements with local health networks and tightly focusing the role of the chief executive of the Department for Health and Wellbeing.

The council sees many opportunities, and is working to contribute to your government's efforts to provide quality care for all South Australians. In its current form, this Bill focuses too narrowly on public health services and a process perspective rather than a population wide and whole health systems perspective. This will be to the detriment of understanding all-of-SA population health outcomes. A picture of health system performance that only draws on public hospital activity is incomplete, and may be misleading. In our role under our Act, the council advises you on significant trends in the health status of South Australians and considers future priorities for the health systems in South Australia. This whole of system approach can identify movements in health outcomes, including trends that relate to particular illnesses or population groups; as well as reviewing the performance of the various health systems established within the State. For example, in the latest 4-yearly report (December 2018) patient movement between the public and private health systems remains a huge data blind spot in South Australia, and oversight is important to ensure that the SA population is adequately and safely served.

The Health Performance Council output has a distinct and strategic role that can authenticate and support service level agreement implementation. We offer a whole system perspective with legitimate challenge to information aggregated under service level agreements, and tests this information by drawing on different sources of intelligence, quantitative and qualitative, most especially in forming advice about how to tackle disparities between outcomes for specific population groups. Health Performance Council has a practice of designing review projects with stakeholders and community, and works in favour of publication of our work

to promote transparency. Aboriginal peoples' inclusion in the health performance process is intrinsic to the Health Performance Council way of working. For example, we proudly co-host Aboriginal Leaders' Forum with Wardliparingga, SAHMRI, and I look forward to welcoming your visit to our next forum meeting on Thursday 9 May 2019. Aboriginal Leaders' Forum originated in the recognition that more was needed to deliver Aboriginal intelligence and sense-checking to health statistics and health service performance assessment as it reflected the reporting of Aboriginal population health and the design of policy and service improvement.

I accept the value of understanding all-of-SA population health outcomes is not necessarily in the body that provides scrutiny, rather that it happens for the benefit of the community and health system consumers. The Health Performance Council would applaud SA government moving towards greater transparency about the health system, accountability and public trust with fewer overheads. Potentially, agencies such as the SA Auditor-General or SA Productivity Commission could be tasked with extensions to their current scrutiny roles to establish an overview of the various health systems (public and private) and interests of specific population groups. Alternatively, the Department for Health and Wellbeing datasets held from public and private health care providers could be made available to allow others to analyse performance and outcomes data. Providing more open data could be an efficient alternative to advise the Minister, and benefit many interests including local health network boards.

The council members, all serving their terms until 1 August 2020, will continue to contribute expert, independent analysis and advice to you about state-wide population health outcomes and health system performance and keep this analysis and advice publically available. I welcome an opportunity to meet and discuss our interests.

Yours sincerely



**Steve Tully**  
**Chair**  
**Health Performance Council**

6 May 2019

cc: [HealthGovernanceReform@sa.gov.au](mailto:HealthGovernanceReform@sa.gov.au)