

Annual Report 2011-12

Health Performance Council



Government
of South Australia

Health Performance Council

**Health Performance Council
Annual Report 2011-12**

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September 2012

ISSN 1837-1175



**Government
of South Australia**

Health Performance Council

The Hon John Hill MP
Minister for Health and Ageing
GPO Box 2555
ADELAIDE SA 5000

Dear Minister

In accordance with the *Public Sector Act 2009*, the *Public Finance and Audit Act 1987* and the *Health Care Act 2008*, I am pleased to submit the annual report and financial statements of the Health Performance Council for presentation to Parliament.

This report provides an accurate account of the operations of the Health Performance Council for the financial year ending 30 June 2012, in compliance with the Department of the Premier and Cabinet Circular on Annual Reporting Requirements.

Yours sincerely

A handwritten signature in blue ink, appearing to read "Anne Dunn".

Anne Dunn
Chair
Health Performance Council

30/09/2012

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Message from the Chairperson

I would like to thank the Deputy Chair, Council Members, Deputies and Secretariat for their service and valuable contribution in this final year of Health Performance Council's (HPC) first term. The HPC has achieved a great deal over its inaugural term including the establishment of a solid foundation for future reviews of the health system.

The HPC comprises 14 members including the Chair, Deputy Chair and five Deputy members. The HPC is supported by a four person Secretariat which provides professional and dedicated work to the Council.

With the impending expiry of the HPC's first term on 25 June 2012, the Minister for Health and Ageing requested an independent review of the HPC membership structure. This was conducted to ensure the size and membership was effective for fulfilling its functions. This review was undertaken in January 2012 by Mr Warren McCann, Internal Consultant, Office of Public Employment and Review.

The findings and recommendations from this review were endorsed by the Minister, noted by Cabinet on 19 March 2012 and formed the basis for selecting suitable appointees for the 2012–2016 term. An independent recruitment firm was engaged to support the ministerially appointed Selection Panel to undertake the recruitment process. The process commenced in late March 2012 and completed in early July 2012.

I was pleased to accept reappointment as the Chairperson for a second term, commencing on 29 May 2012 and expiring on 28 May 2016.

On 31 December 2011, the HPC submitted its report, *Review of Country Health Advisory Council's Governance Arrangements* to the Minister for Health and Ageing. The HPC wishes to acknowledge the contribution made to this review by all the people who provided valuable input and feedback, and to thank the Health Advisory Councils and the 269 people from country communities who generously participated in the review.

With the review finalised, the HPC focussed on preparation for the 2014 performance review of the SA public and private health systems by implementing its community and stakeholder engagement strategy. The engagement process provided the HPC with a list of 300 plus health system performance review questions and established the foundation for future engagement with key stakeholders and others.

Finally on behalf of the HPC, I wish to thank those individuals/organisations that we have engaged/consulted/collaborated over the past 4 years, and in particular SA Health for their cooperation at all times. By working with the health care sector and South Australians I believe we can improve the health system's accountability in delivering better health care outcomes for all.

I look forward to leading the work of the Council during its next four year term.

Yours sincerely



Anne Dunn
Chair
Health Performance Council

HPC Member List (1 July 2011 – 25 June 2012)

Chair Ms Anne Dunn AM

Deputy Chair Ms Barbara Hartwig

Members

Dr Michael Beckoff
Professor Justin Beilby (resigned on 1 August 2011)
Ms Rachel Bishop
Professor Michael Kidd AM
Mr Laurence Lewis AM
Professor Robyn McDermott
Honourable Carolyn Pickles
Dr Melissa Sandercock
Mr John Singer
Mr Thomas Steeples
Dr Thomas Stubbs
Dr Diane Wickett
Mr Ian Yates AM

Deputy Members

Mr James Dellit (Deputy to Thomas Steeples)
Mr Geoffrey Harris (Deputy to Michael Beckoff)
Mr Christopher Overland (Deputy to Ian Yates)
Dr Michael Rice AM (Deputy to Melissa Sandercock)
Dr Tahereh Ziaian (Deputy to Rachel Bishop)

Secretariat Staff

Director: Ms Barbara Power

Principal Health Analyst: Mr Nick Cugley

Principal Health Analyst – Community and Stakeholder Engagement: Ms Marcela Perez:

Project Support Officer: Ms Julie Edwards

Contracted Health Analyst: Ms Rachel Brown (from 2 Feb to 30 Jun 2012)

HPC Member List (26 June 2012 – 30 June 2012)

Chair Ms Anne Dunn AM

2011-12 Highlights

1. Preparation for the HPC 2014 Health System Performance Review

Preparation for the 2014 performance review of the SA public and private health systems continued with the implementation of:

- Phase two of the review process
- Three major projects – the State of Our Health report, Rural Mental Health Case Study and Cardiovascular Disease Case Study.

Review Process Phase Two – Community and Stakeholder Engagement Strategy

From September 2011 to April 2012, the HPC held a series of consultation forums with a diverse range of health system stakeholders – including community and consumer representative organisations, public and private clinicians, academic experts, and health system managers. The purpose of the consultations was to explore the issues that concern each key stakeholder group about the South Australian health system's performance. The feedback and data sources collected via the consultation process will inform the questions the HPC will pose to the system as part of the four-yearly review process.

State of Our Health

As part of the 2011–2014 review process, the HPC will produce an interim report, *State of Our Health*, to provide a comprehensive and up-to-date picture of the current health status of South Australians, and analysis of important trends contributing to this health status.

The first draft of *State of Our Health*, and its accompanying Technical Appendix, was accepted by the HPC at its June 2012 bi-monthly meeting. The final report will be completed by 31 December 2012.

Rural Mental Health Case Study

In September 2011, the HPC met with the Country Health Advisory Councils (HACs) to gain a better understanding of the issues impacting country communities in South Australia. Feedback received from the HACs suggests that mental health remains a significant priority issue for country residents. In response, the HPC engaged an external consultant to undertake a detailed review of the extent and impact of specific mental health issues on SA rural and remote community residents. The timeframe for this work was February 2012 to June 2012. The final report was accepted by the HPC at the June 2012 bi-monthly meeting. The information collected from this research will assist to guide the HPC's 2014 performance review of South Australia's health system.

Cardiovascular Disease Case Study

The HPC has recognised that reporting on how the system manages a specific health topic (e.g. Cardiovascular disease, or CVD) will provide valuable insights into the more general performance elements within the overall system.

CVD was chosen because it remains the biggest cause of death in Australia, and generates a considerable burden on the population in terms of illness and disability. It is also the most expensive disease group in terms of healthcare expenditure.

HPC limited the case study to health system responses to the prevention, early intervention, and management of people experiencing potentially fatal heart attacks (Acute Myocardial Infarction, or AMI).

Preliminary work has been undertaken to determine availability of suitable performance data, identify stakeholder performance review priorities, and identify the key elements of the system responses across the patient journey.

2. Review of Country Health Advisory Council Governance Arrangements

On 30 December 2011 the HPC submitted its *Review of Country Health Advisory Councils' Governance Arrangements Report* to the Minister for Health and Ageing and the Parliament in accordance with its mandate under the *Health Care Act 2008*. Part 11, Section 101 of the Act.

The HPC review found:

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

In June 2012, SA Health released its formal response to the report. The HPC is pleased to report that SA Health acknowledged all the findings and suggested improvements. Their response included specific information on current and planned improvement activities.

The HPC will continue to monitor and report on the effectiveness of community engagement action in the 2014 review report.

3. HPC Governance Review

In January 2012 the Minister for Health and Ageing asked that an independent review be undertaken of the HPC membership structure following a request from the HPC.

The Premier and Cabinet were subsequently advised:

- That independent advice is being sought on the areas of knowledge, expertise, experience, skills or qualifications required of appointees for the next term of the HPC (2012–2016).
- That Mr Warren McCann (Internal Consultant from the Office of Public Employment and Review) had been appointed to review the HPC membership structure, and to provide advice on a selection process for suitable appointees by 31 January 2012.

The appointment of Mr McCann enabled the review process to be led by an independent consultant with relevant expertise in health system and public sector governance. The review was completed within the timeframe and the report submitted to the Minister for Health and Ageing for his consideration.

The Minister approved the findings and recommendations made in Mr McCann's report regarding the selection of appointees for the next term of the HPC (2012–2016).

The report recommended the HPC consist of between eight and 10 Members (including the Chairperson), and that the practice of deputies be discontinued. It also proposed an independent process for selecting the most skilled people available for appointment to the HPC for its second term.

The inaugural HPC Chairperson, Anne Dunn, was reappointed for a further four year term in May 2012 by the Governor in Executive Council.

The recruitment for the remaining 2012–2016 members was underway as of 30 June 2012.

Health Performance Council

The HPC is a Ministerial advisory body established on 1 July 2008 under Part 3, section 9 of the Act.

The 15 members (including Chairperson) and five deputies were appointed by the Governor of South Australia for a four year term. They were chosen for their collective capacity, qualifications, experience and expertise. Prescribed bodies were consulted in the appointment process for the HPC members.

The broad spectrum of member expertise gives the HPC capacity to provide independent, high level advice to the Minister for Health and Ageing on the performance of the South Australian health system in achieving the objects of the Act.

The HPC is supported administratively by a four person secretariat and, with the Minister's approval, may make use of other public sector staff, services or facilities in undertaking its role.

As the first of its kind to be established in Australia, the HPC provides for greater public accountability for the health outcomes achieved by the South Australian health system.

Governance

The HPC operates within the responsibilities outlined in Part 3, section 9 and Schedule 1, section 6 of the Act, relevant sections of the Health Care Regulations 2008 and the HPC Terms of Reference.

Functions and Organisational Structure

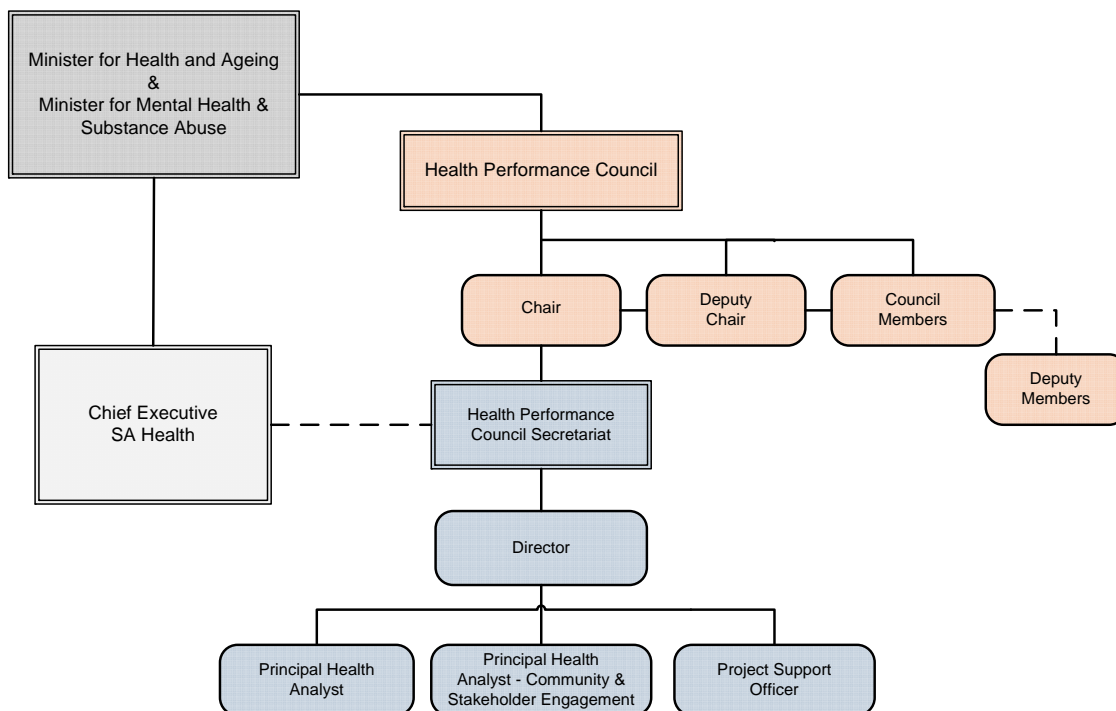
The HPC's key function is to conduct four-yearly performance reviews of the South Australian health system against the objects of the Act and submit a report to the Minister for Health and Ageing on:

- The operation of the various health systems established within the State
- Significant trends in the health status of South Australians including trends in health outcomes and, as appropriate, for particular population groups
- The effectiveness of methods used within the health system to engage communities and individuals in improving their health outcomes
- Any other significant issues considered relevant by the HPC.

The HPC submitted its first performance review report to the Minister for Health and Ageing on 31 December 2010, with its next four-yearly report due on 31 December 2014.

The HPC is also required to provide the Minister for Health and Ageing with an annual report on its operations and key strategic directions during the proceeding financial year. This is the fourth annual report for the HPC since its commencement.

Organisational structure as at 25 June 2012



N.B. The staff in the HPC Secretariat are employed by SA Health (the HPC is not an employing body) but work autonomously in the provision of high level services to the HPC. The Director of the HPC Secretariat is accountable to the Chief Executive, Department of Health and Ageing for the effective management of staff and resources, and is accountable to the Chair of the HPC for the provision of high level independent advice and the overall performance of the Secretariat.

Key Relationships

In order to ensure the HPC is well informed about health issues affecting South Australians and the health system, the HPC has established working relationships with stakeholders and interested parties involved with the public and private health systems. These include but are not limited to:

- The Minister for Health and Ageing and the Minister for Mental Health and Substance Abuse
- Relevant national, state and local government agencies
- Health Advisory Councils in country areas of South Australia
- Prescribed bodies named in the Act.

Health and Health Systems Defined

Health is a concept that is defined by the World Health Organisation as a 'state of complete physical, mental and social wellbeing and not merely the absence of disease and infirmity' (WHO 1946).

Health when viewed in a broader social and economic context can be viewed as an outcome of the combined efforts of the performance of the health system, social and economic organisation and actions of individuals.

Health inequalities are the result of structured unfairness and result largely from the impact of social and economic conditions on people's lives. These impacts determine their risk of illness and capacity to maintain health and wellbeing and ability to gain access to and use health services effectively.

Efforts directed at reducing social disadvantage contribute to health equity.

The South Australian Health System

South Australia's health system comprises a mix of public, private, and non-government sector providers that work independently and collaboratively at a national or state capacity, for the achievement of health outcomes. The services provided to individuals across the health care continuum range from health protection and promotion through to end of life care, within diverse settings, geographical locations and service delivery models.

The health system is supported by other agencies (for example, research and central statistical agencies, consumer, volunteer and advocacy groups, professional organisations and educational and training institutions) and other organisations that contribute to the broader health and wellbeing agenda.

Overall coordination of the public health care delivery system is the responsibility of Australian Government and State/Territory health ministers.

South Australia's Health Portfolio Context

Over the past few years, there has been significant reform activity across the whole system. These reform initiatives are being implemented in a challenging context of increasing demand for services, health workforce shortages, efficiency reviews, regional governance restructures and the emerging national health care reforms.

The national and state health systems reforms are designed to meet changing and growing demands for different and accessible services by a diverse and ageing population.

Under the functions listed in the Act, the HPC is required to take into account strategic objectives that have been set or adopted within the Government's health portfolios when reviewing the performance of South Australia's health systems.

National Health Performance Authority

The National Health Performance Authority was established as a statutory authority under the National Health Reform Amendment (National Health Performance Authority) Act 2011 on 21 October 2011.

The main role of the Authority is to report on the performance of the health system at the local level, including trends over time.

The Authority will:

- report on the performance of hospitals (public and private) and Local Health Networks (LHNs) through Hospital Performance Reports and on Medicare Locals through Healthy Communities Reports
- identify high-performing organisations, to facilitate sharing of innovative and effective practices; and poorly performing organisations to the Commonwealth, states and territories, to assist with performance management; and
- provide a comparative analysis of the performance of hospitals, LHNs and Medicare Locals across jurisdictions and across the public and private sectors, in order to identify best practice and ensure focus on the achievement of results.

The roles of the Authority and the HPC are compatible and complimentary as the HPC reports on the overall performance of the health system within SA whilst the Authority has a reporting focus on LHNs and Medicare Locals across the nation.

Health Performance Council Strategic Directions 2011–2014

Our Vision

South Australia has a safe, high quality, integrated health system with appropriate community engagement that contributes to optimal health outcomes for South Australians.

The HPC enables South Australia to be recognised as having an independent and evidence based appraisal of its health system.

Our Mission

The HPC is committed to the provision of independent advice to the Minister for Health and Ageing on improving the health status of South Australians and the overall performance of the SA health system including its engagement with individuals and communities.

Our Values

The HPC members are guided by the following values:

Respect	We value and recognise the differences, beliefs, customs, and heritage within the community
Accountability	We are committed to the HPC responsibilities under the Act
Excellence	We are committed to the best use of resources to deliver the best possible service and quality reporting based on evidence
Independence	We value being able to act, speak or think without externally imposed restraints
Openness	We value clear and open communication and decision making processes

The HPC demonstrates the behaviours it values in its interactions with others when reviewing the performance of the SA health system.

Statement of Our Strategic Directions

During 2011–2014 we will review the:

- Health status of South Australians including specific population groups
- Health determinants of South Australians
- Health system's performance in achieving Government's health portfolios strategic objectives
- Competence, commitment and capacity of the health workforce to deliver Government's health
- Portfolio's strategic objectives
- Capability, collaboration and contribution of the health system's community engagement processes

What We Do

Conduct regular reviews of the performance of the SA Health system and provide advice to the Minister for Health and Ageing consistent with:

- Strategic objectives that have been set or adopted within Government's health portfolios
- International, national and state health system performance standards and benchmarks
- Significant trends, health outcomes and future priorities of the health system
- Latest research on current best practice models of health care services including for specific population groups
- Community and individual engagement strategies and outcomes
- Foster improved accountability, community engagement and performance improvement within the SA Health system through our review processes.

Strategic Action Agenda – enduring commitments

Deliver on a 4-yearly basis, to the Minister for Health and Ageing a report that assesses the overall performance of the SA Health system in relation to:

- Health outcomes for South Australians and, as appropriate, for particular population groups
- The operation of the SA health system
- The effectiveness of methods used within the health system to engage communities and individuals in improving their health outcomes.

Strategic Priorities

- Conduct targeted review of the performance of the SA health system and provide advice to the Minister for Health and Ageing
- Establish effective working relationships with key stakeholders
- Promote our role to the SA health system and wider community.

Outcomes and Key Measures of Success

- The health system is independently reviewed every four years
- The Minister for Health and Ageing will have access to independent advice on the performance of the SA Health system
- There will be increased accountability of the SA health system performance to the public.

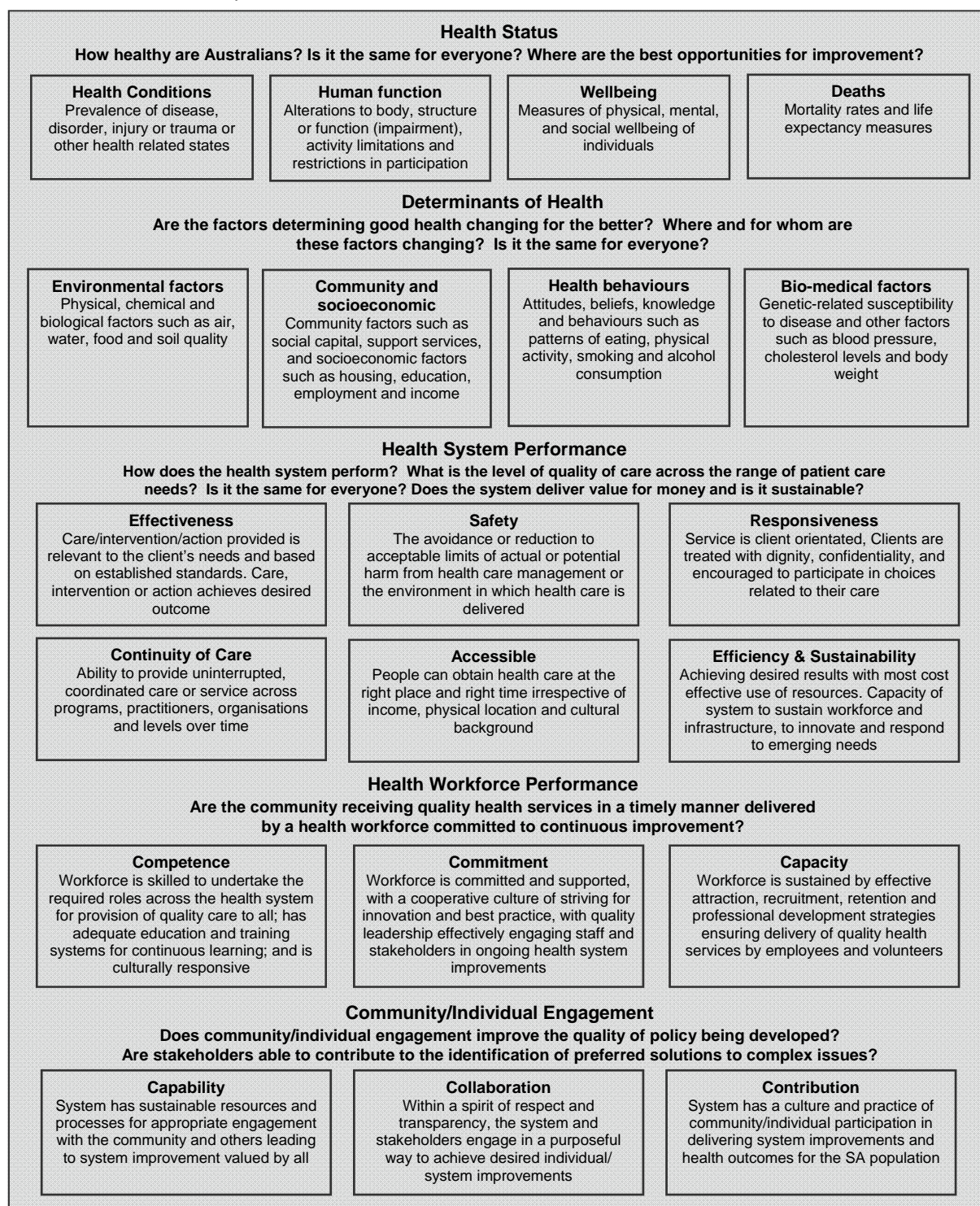
Our Performance Monitoring Framework

Health systems are complex with many different accountability relationships for the achievement of outcomes. The HPC has a fundamental responsibility to collect and analyse relevant performance data and information generated within this challenging context.

Health system performance monitoring by the HPC delivers improved system accountability and produces transparent, evidence based findings that support continuous improvement. An effective assessment of the SA health system's performance starts with a coherent performance-monitoring framework that identifies the various dimensions and levels of system performance.

The HPC has adapted the following National Health Performance Framework for this purpose (with the inclusion of specific health workforce and community engagement domains).

Table 1 HPC Health System Performance Framework



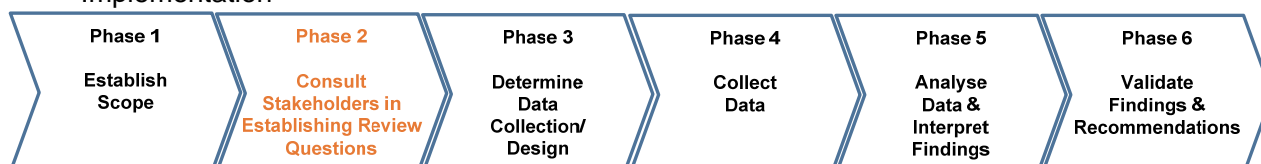
Our Progress during 2011-12

Over the past 12 months, the HPC has focussed on three key areas:

1. Preparation for the HPC 2014 Health System Performance Review

Preparation for the 2014 performance review of the SA public and private health systems continued with the implementation of phase two of the review process and three major projects – draft state of health report, rural mental health issues and cardiovascular disease case studies.

1.1 Review Process Phase 2 – Community & Stakeholder Engagement Strategy Implementation



The HPC held a series of consultation forums with a diverse range of health system stakeholders from September 2011 to April 2012. Specific interest forums were held with representatives of key community and consumer representative organisations, public and private sector clinicians, academic experts, and health system managers.

Key community and consumer representative organisations, public and private clinicians, academic experts, and health system managers were consulted by the HPC as part of the process of exploring the issues that concern each key stakeholder group about the South Australian Health System's performance.

1.1.1 Consultation Process

A total of 234 stakeholder representative organisations were invited to provide their views on what aspects of the South Australian health system's performance they would like the HPC to review. In total, 85 stakeholder representatives contributed feedback via surveys, 175 stakeholder representatives attended the consultation forums, and three participated via phone interview.

The demographics of survey and forum participants consisted of the following:

Participants	Surveys	Forums' Interviews
HACs/HAC Members	3	35
Clinicians – Private Sector Only	2	5
Clinicians – Public Sector Only (Including Snr System Managers)	27	44
Clinicians – Private and Public Sector	8	12
Community Members / Citizens	8	14
Local Government	2	4
Health Research Institutions	4	4
Government Advisory Councils	1	6
Non Government Community Health Service Providers	13	20
Peak Industry Representative Bodies	4	25
State Government Agencies (excluding Health Services)	4	9
Other	9	0

Of the 175 forum participants, 35 were HAC representatives, 75 community representatives, 56 private and public clinicians, and nine senior health system executives and managers.

The HPC considered that its review provided a strong overview of stakeholders' perspectives. However, it should be noted that the feedback collected constitutes the opinions of the participants. The HPC acknowledges that there may be a broader range of views within the consulted stakeholder and community groups.

1.1.2 Consultation Outcomes

The outcomes from the stakeholder consultations revealed similar concerns across the stakeholder groups regarding the health system's performance and significant agreement that the HPC review the following aspects:

<i>Effectiveness</i>	<ul style="list-style-type: none"> • System monitoring for health outcomes and patient experiences as well as system outcomes • Effectiveness of services across care continuum for all including palliative and end of life care
<i>Safety</i>	<ul style="list-style-type: none"> • Safety and quality impacts of service gaps and access delays on clients and carers and vulnerable population groups' health outcomes
<i>Responsiveness</i>	<ul style="list-style-type: none"> • System barriers for specific vulnerable population groups resulting in needs not being adequately met within a culturally safe care environment
<i>Continuity of Care</i>	<ul style="list-style-type: none"> • Quality of continuity and continuum of care relationships and structural linkages between health sectors and other agencies e.g., referrals and discharge planning
<i>Accessibility</i>	<ul style="list-style-type: none"> • The impact of socio-economic, geographic and systemic barriers on access to the health system (<i>some of which are within the responsibility of the health system, whilst others fall under the responsibility of other public and or private agencies</i>)
<i>Efficiency & Sustainability</i>	<ul style="list-style-type: none"> • Resources allocation between preventative and treatment services and more focus on involving community stakeholders in efficiency / sustainability discussions

Consulted stakeholders supported the HPC's intention to conduct a case study review of the health system's performance in responding to the prevalence and impact of cardiovascular disease in the SA population.

In addition, each stakeholder group had specific issues they considered worthy of review by the HPC, as outlined below.

A. Community Peak Body Organisations

1. System's capacity to fund equitable services, maintain a sustainable workforce and develop new infrastructure.
2. Responsiveness to the involvement of clients/patients, carers and families in care decision making.

B. Organisations Representing the Specific Populations

Country Health Advisory Councils representing rural and remote communities

1. Health System responsiveness to mental health issues in country communities (including the underlying/correlated issues of alcohol/substance abuse, domestic violence, after effects of depression).

Culturally and Linguistically Diverse Communities

1. Quality of health system's responsiveness to the diversity in life and health experiences within CALD communities and in particular the different needs between CALD community members who have been residing in Australia 20 years plus and the migrant/refugee population who form the emerging communities.

2. Responsiveness of the health system to:
 - a. Issues relating to poor health literacy - poor quality medication language skills in the community (i.e., the elderly who at the end stage of life seem to be revert back to their mother tongue, and new arrivals not knowing how to access services).
 - b. Barriers to accessing interpreters for new and emerging communities – this is perceived to be increasing depression levels in the community.
 - c. mainstream services that are not person centred and the lack of cultural awareness/competence amongst the mainstream health workforce.

Aboriginal Community Representatives and Aboriginal Community Controlled Health Service Providers

1. Quality of linkages between Aboriginal Community Controlled Health Services and other sectors of the health system
2. Health System responsiveness to:
 - a. preventing and/or managing chronic conditions and more importantly, co-morbidities
 - b. collaborate with other agencies in tackling young Aboriginal people's self harming behaviours that lead to mental health issues.
3. Continuity of care for:
 - a. those unable to afford transportation to local/specialist health services or medications
 - b. young offenders (in correctional institutions) with drug dependency issues.
4. Aboriginal health workforce sustainability due to:
 - a. Limited career pathways for Aboriginal Health Workers
 - b. ACCHS losing trained staff to the public/private health sectors as they cannot compete financially.
5. Assessing the use of Aboriginal Health Impact Statements by public health service units and whether this leads to service improvements for Aboriginal people.

C. Public and Private Sector Clinicians

1. Efficiency of the system in attracting and maintaining a sustainable workforce to deliver person centred care in constantly changing governance structures and work environments.
2. Impact of clinical and non clinical governance requirements on effectiveness of a multi disciplinary health workforce to deliver continuity of care across private and public sectors.
3. Quality of system monitoring on: a) measuring outcomes, and b) evaluating service effectiveness against clinical guidelines/standards. Measures should focus on patient outcomes to assist continuous improvement and identification of emerging needs.
4. Effectiveness of health information system.

D. System Managers

1. Impact on health system of State and Commonwealth funding boundary issues and ineffective interagency links and service gaps in aged care and disability sectors.

1.2 State of Our Health

As part of the 2011-2014 review process, the HPC commenced production of an interim report, *State of Our Health*, to provide members with a comprehensive and up-to-date picture of the current health status of South Australians, and analysis of important trends contributing to this health status.

State of Our Health will answer three fundamental questions for the HPC:

1. What is the current demographic profile of the South Australian population?
2. How healthy are South Australians?
3. Are the factors determining good health changing for the better?

A thorough understanding of what the current South Australian population looks like, the current health status of the community, and identification of emerging trends in these areas, will form the evidence-base as the HPC moves into the next phase of the review process – prioritising relevant performance measures for evaluating health system performance.

State of Our Health will establish where the health needs of the community lie, so that the HPC can evaluate whether the health system is responding to these health needs, and how effectively it is performing in delivering health care to specific and priority population groups.

The first draft of *State of Our Health*, and its accompanying *Technical Appendix*, was presented to the HPC at their June 2012 bi-monthly meeting.

1.3 Rural Mental Health Case Study

During the 2008-2010 review of the South Australian public health system's implementation of the State Government's mental health reform strategies, the HPC concluded the focus had been on capital infrastructure development as there was minimal evidence to indicate access to services for consumers and carers had improved. As a result of this finding, the HPC agreed to continue monitoring and assessing the impact of the government's mental health reform strategies on the South Australian community.

In September 2011, the HPC met with the Country Health Advisory Councils (HACs) to gain a better understanding of the issues impacting country communities in South Australia.

Mental health issues were a major concern to participants who attended the consultation process and as a result, the HPC engaged an external consultant to undertake a detailed review of the extent and impact of specific mental health issues on SA rural and remote community residents. The timeframe for this work was February to June 2012.

The overall purpose of the review was to:

1. Identify significant mental health conditions experienced by South Australians living in rural and remote communities compared with other Australians
2. Identify the extent of mental health issues in rural and remote South Australian communities and their impact on individuals, families, communities, specific population groups and the local health services
3. Identify the specific issues of concern to people living in SA rural and remote communities (by undertaking relevant health system stakeholder and Health Advisory Council consultations)
4. Describe the strategic health system's response to issues within their responsibility
5. Describe the issues outside the direct responsibility of the health system that require a response from other agencies
6. Identify what other agencies are doing and what data they have associated with mental health conditions experienced by people living in SA rural and remote communities and how this compares with other Australians
7. Identify the social factors that influence mental health and wellbeing in rural and remote communities.

The *Rural Mental Health Case Study* is guiding the HPC's 2014 review of how the mental health reform agenda is impacting the South Australian community.

1.4 Cardiovascular Disease Case Study

The HPC has decided that reporting on how the system manages a specific health topic (i.e. Cardiovascular disease, or CVD) will provide valuable insights into the more general performance elements within the overall system.

CVD was chosen because it remains the biggest cause of death in Australia and generates a considerable burden on the population in terms of illness and disability. It is also the most expensive disease group in terms of healthcare expenditure.

HPC limited the case study to health system responses to the prevention, early intervention and management of people experiencing potentially fatal heart attacks (Acute Myocardial Infarction, or AMI).

The overall purpose of the case study is to evaluate the performance of the health system in the prevention, early intervention and management of heart attacks. It will achieve this by:

1. Consulting with key public and private stakeholders (community, clinicians, system leaders) on priority performance issues
2. Gathering available relevant state, national and international qualitative and quantitative data around Cardiovascular disease prevalence, risk factors, patient/carer experiences and health care system responses to heart attacks
3. Identifying the health system's policies and protocols for the prevention, early intervention, and management of heart attacks
4. Identifying the specific performance review questions for the health system to answer about the effectiveness of its prevention, early intervention and management of heart attacks
5. Analysing health system responses and validating its findings with key stakeholders and include findings in the HPC 2014 report of the health system's performance.

Preliminary work has been undertaken to determine availability of suitable performance data, identify stakeholder performance review priorities and identify the key elements of the system responses across the patient journey.

2. Review of Country Health Advisory Council Governance Arrangements

Under the Health Care Act 2008 (the Act) Country HACs have been established to give local communities continued direct input into their health priorities and planning. In accordance with the Act, the HPC was required to review the HACs within a reasonable time after the third anniversary (1 July 2011) of the HACs having been established.

As part of developing the review scope, the HPC established a committee comprising representatives from the HPC, Country HACs and Country Health SA. The committee's role was to advise the HPC on the development and implementation of the review process, including the development of the stakeholder engagement process and communications plan.

The stakeholder consultation component of the review comprised a survey specifically targeted to each of the three key stakeholder groups named in the Act. An independent consultancy firm conducted the survey using hard copy, electronic and phone interview formats to obtain information.

Information gathered as a result of the stakeholder engagement process was utilised to identify themes which the HPC used to develop its findings prior to preparing its report. The final report was submitted to the Minister for Health and Ageing in December 2011.

The review results were highly informative as they provided insight concerning the relationships between HACs, local communities, local health services, the Board HAC and CHSA.

The review identified some examples of sound working relationships between HACs, local communities and local health services. Within these relationships local health needs were identified, advice provided, and relevant collaborative projects undertaken to improve the health system infrastructure and health care processes.

However, within a significant number of the relationships between HACs, local communities and health services, the review found that the ingredients for successful change were not evident, lacked effective implementation, or were still under development, despite these relationships operating for three years.

HACs stated they were unclear about the role of the Board HAC and that the communication processes between HACs, the Board HAC, the HAC Focus Group and CHSA lacked clarity.

Survey responses from community, HAC members and local health service staff indicated low satisfaction levels with the effectiveness of existing HAC governance arrangements. In particular, there were significant negative responses about the communication and decision-making processes of CHSA.

Country communities have a long history of support and advocacy for their local health services, but it appeared that there was limited local community knowledge about the activities and purpose of the HACs.

Overall the HPC's review found:

1. Country HACs are promoting 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 system from the perspective of community members, HACs and 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.

In the spirit of continuous quality improvement the HPC made the following suggestions:

HACs and Local Health Services:

- For HACs and local health services to develop joint local community engagement action plans inclusive of strategies for specific population groups, with HACs undertaking annual monitoring of implementation outcomes.

CHSA Local Health Network HAC Inc:

- To clarify its ongoing relationship with HACs.

For Country Health SA to consider:

- Regularly promoting to the wider country communities the value of HACs to the health system including members' contributions during 'Volunteer Week'
- Equipping HACs to participate in the monitoring of impacts of implemented local action and statewide clinical network plans
- Increasing the transparency of decision-making to country communities and the contribution of HACs to these processes
- Clarifying its ongoing relationship with Aboriginal Health Advisory Committees.

3. HPC Governance Review

In January 2012 the Minister for Health and Ageing asked that an independent review be undertaken of the HPC membership structure following a request from the HPC. The Minister requested the review to ensure the size of the HPC membership is cost effective for fulfilling its functions under the Health Care Act 2008 (the Act). The deadline for the completion of the review was set at 31 January 2012.

The Minister specifically requested independent advice on the areas of knowledge, expertise, experience, skills or qualifications required of appointees for the next term of the HPC (2012–2016) and a selection process for suitable appointees.

The Act (pursuant Part 3 section 9) stipulates that the Minister for Health and Ageing may appoint up to 15 persons to the HPC for a period not exceeding four years who:

- has high level of knowledge of, and expertise in, the provision of health care or the administration of health services
- is able to represent the diversities of South Australia's communities
- has experience, skills and qualification to enable HPC to carry out its functions effectively.

The Health Care (HPC-Appointment of Members) 2008 regulations (pursuant Part 4, section b, clause iii) state the Minister may specify the areas of knowledge, expertise, experience, skills or qualifications required of appointees.

In exercising his duty to appoint HPC members, the Minister must as far as practicable, ensure that the HPC consists of equal numbers of women and men (pursuant Part 4, section b, clause ii).

The appointment of Mr Warren McCann (Government's Internal Consultant) enabled the review process to be led by an independent consultant with relevant expertise in health system and public sector governance.

Mr McCann undertook and completed the HPC review from 17 to 31 January 2012 and submitted his findings and recommendations in a 22-page report to the Minister for Health and Ageing on 31 January 2012. The Minister approved the findings and recommendations made in Mr McCann's report regarding the selection of appointees for the next term of the HPC (2012–2016).

The report recommended the HPC consist of between eight and 10 Members (including the Chairperson) and that the practice of deputies be discontinued. It also proposed an independent process for selecting the most skilled people available for appointment to the Council for its second term.

The inaugural HPC Chairperson, Anne Dunn, was reappointed for a further four year term in May 2012 by the Governor in Executive.

The recruitment for 2012 – 2016 members is currently underway. The following skills and knowledge attributes listed on page 6 of the Report form the basis for selecting candidates for appointment. In recruiting Members of Council, the emphasis is on expertise and knowledge rather than representation and diversity.

Skills

- High level skills in analysing and interpreting epidemiological, health care and health system data
- High level analytical skills to deal with complex concepts and problems
- High level skills in evaluation of complex systems, policies and programs including cost benefit analysis
- Interpersonal skills including team work, collaboration and constructive participation in analytical debate.

Knowledge

- Australian health care system and National and State health reform agenda
- Health care and health system management. Trends and issues impacting on health systems
- Broad knowledge of international/national/State health system performance monitoring measures and contemporary approaches to assessing and evaluating system performance
- Determinants of health and health of specific population groups
- Community and stakeholder engagement principles and practice
- Health workforce and research issues, trends and challenges and
- National health system safety and quality standards.

It is not intended that each candidate must be able to demonstrate all of these attributes. The task of the selection panel is to ensure that the full range is covered in the totality of the Council membership.

In making its final recommendations to the Minister, the selection panel will satisfy itself that each of the proposed appointees has the capacity and is willing to fully commit to the work of the Council and the need to plan for the Council's third term be taken into account.

On the Horizon

The HPC's main goal for the first half of the next financial year is to use its detailed understanding of the current health status of the community to prioritise relevant performance measures for evaluating the health system's performance.

The HPC will establish where the health needs of the community lie, so that it can evaluate whether the health system is responding to these health needs, and how effectively it is performing in delivering health care to specific and priority population groups.

Community and stakeholder system performance priorities will inform the development of suitable review questions.

Over the next two years, the HPC will implement its 2014 review processes whilst continuing to establish effective relationships with other relevant state, national and international performance review bodies.

The HPC's second 4-yearly report is due to be submitted to the Minister for Health and Ageing by 31 December 2014.

Health Performance Council Membership Details

Membership Criteria

The Act specifies that the HPC members be appointed by the Governor of South Australia on the recommendations of the Minister for Health and Ageing in accordance with the Act, for a period not exceeding four years. The Governor can also appoint a suitable person to be the deputy of a member of the HPC.

The Minister for Health and Ageing consulted with the prescribed bodies listed in the *Health Care (HPC – Appointment of Members) Regulations 2008* in relation to the selection of persons for appointment to the HPC by the Governor of South Australia.

The selection of HPC members has taken into account SASP targets relating to Women in Leadership. The gender balance in the HPC membership supports the attainment of Target 5.1 Boards and Committees: increase the number of women in all State Government boards and committees to 50% by 2008.

The appointment of Ms Anne Dunn as the Chairperson of the HPC supports the attainment of Target 5.2 Chairs of Boards and Committees: Increase the number of women chairing state government boards and committees to 50% by 2010.

Members

During the 2011–12 reporting period, the HPC comprised the following members and deputies:



Ms Anne Dunn AM – Inaugural Chairperson
(Reappointed to 28 May 2016)

Ms Dunn has had a distinguished career in the public service and extensive experience in chairing boards and committees including the National Regional Women's Advisory Council, the Adelaide Festival Centre Trust, the Australia Council for the Arts and the South Australian Training and Skills Commission. She previously served as a director of the Australian Rural Leadership Foundation, Australia Uniform Building Code Council, Local Government Grants Commission and the SA Government Management Board. Ms Dunn has also been CEO of the Port Phillip Council in Victoria and in South Australia she was the CEO of the Department of Arts and Cultural Heritage, the Department of Family and Community Services, the Department of Local Government and a Commissioner of the Public Service Board. She is currently the Managing Director of M I Murren Enterprises.



Ms Barbara Hartwig - BN CF – Deputy Chairperson
(appointed until 25 June 2012)

Ms Hartwig has worked in the nursing profession since 1970. During her long career, she has been actively involved in the Australian Nursing Federation (SA Branch) and the Nurses Board of South Australia, holding various positions including Chair of the Board as well as Chair of various committees. Ms Hartwig was previously the Chair of the Country Health SA Board and Chair of the Mid North Regional Health Service Board. For the past eight years she has been working in Aged Care.



Dr Mike Beckoff - MBBS, FACRRM, FAICD, Assoc Dip Agric (Dist)

(appointed until 25 June 2012)

Dr Beckoff has had over 30 years experience in the health sector in a diverse range of areas, including mental health, rural health, men's health, sexual therapy and general health. Dr Beckoff is currently Chair of Murray Mallee General Practice Network; Statewide Steering Committee of the Mental Health Shared Care in GP Program for SA Health, SA Inner Country Health Network Local Health Alliance, Murray Mallee Mental Health Forum and is on the Board of General Practice SA (Chair 2005-2010). He is currently Clinical Adviser - Mental Health for Country Health SA as well as a member of various Department of Health and Ageing and Country Health SA reference groups.



Professor Justin Beilby - MD, MPH, FRACGP, DRCOG, DA

(appointed until 25 June 2012 – Resigned on 1 August 2011)

Professor Beilby is currently the Executive Dean, Faculty of Health Sciences at the University of Adelaide and is still active in general practice. Professor Beilby has broad experience of the Australian and South Australian health care system and has been actively involved in research, both clinical and policy related in the areas of workforce planning, primary care financing, chronic illness and the quality use of medicines for over 20 years. He has held various positions on boards and committees including: Deputy Chair of the Children, Youth and Women's Health Service; and Independent Chair of the Medical Benefits Scheme Item Restructuring Working Group. Professor Beilby is a member of the Department of Health Clinical Senate and has been in the past a member of the National Health and Hospital Reform Commission. He is currently President of the Medical Deans of Australia and New Zealand.



Ms Rachel Bishop - BSc (NRM)

(appointed until 25 June 2012)

Ms Bishop worked in the South Australian Public Sector for over 12 years in Natural Resource Management and Communications. She now works as a Health Consumers Advocate with a variety of groups including; Cardiology Clinical Network, Flinders Medical Centre, SA Ambulance Service, National Prescribing Scheme and the Australian and New Zealand Fontan Registry. Ms Bishop has also been involved with the Women's and Children's Hospital, Heart Kids South Australia and the Women's and Children's Hospital Foundation. Ms Bishop was involved in the creation and promotion of a South Australian support book for families of children living with a chronic or life threatening illness 'No such thing as a Silly Question'.



Professor Michael Kidd AM - MBBS, MD, DCCH, Dip RACOG, FRACGP, FACHI, FAFPM (Honorary), FHKCFP (Honorary), FRNZCGP (Honorary), FCGPSL (Honorary), MAICD

(appointed until 25 June 2012)

Professor Kidd is Executive Dean of the Faculty of Health Sciences at Flinders University. He also works as a general practitioner with a special interest in the care of people with HIV. He is the president-elect of the World Organization of Family Doctors and is a past president of the Royal Australian College of General Practitioners. He chairs the Australian Government's Ministerial Advisory Committee on Blood Borne Viruses and Sexually Transmissible Infections and is a member of the Australian Government's Medical Training Review Panel. He chairs the South Australian Health and Medical Research Council. He is a board member of beyondblue, Therapeutic Guidelines Limited, General Practice Education and Training, the Arts and Health Foundation, the Channel 7 Children's Research Foundation, FCD Health, Flinders Reproductive Medicine and the Cora Barclay Centre.



Mr Laurie Lewis AM

(appointed until 25 June 2012)

Mr Lewis is the current Chairman of the Consultative Council of Ex-Service Organisations. Previously, he has been Chair of the Repatriation General Hospital Advisory Board and Chair of the Repatriation General Hospital Board of Directors. Mr Lewis is also a member of the Veterans' Advisory Council (SA); National Ex-Service Round Table on Aged Care and has also acted as advisor to the War Widows Guild of South Australia. Mr Lewis has a strong understanding of the public health system and the veteran community.



Professor Robyn McDermott - MBBS, FAFPHM, MPH, PhD

(appointed until 25 June 2012)

Robyn McDermott has been Foundation Director of SA NT Datalink, Professor of Public Health since 2009, and NHMRC Practitioner Fellow since 2011, after 5 years as Pro Vice Chancellor Health Sciences at the University of South Australia. She has previously worked as a clinician, health service manager and researcher in rural and remote Australia and South East Asia and also as a consultant for WHO, AusAID, World Bank, and the Australian and Northern Territory Governments. Robyn is a past President of the Australasian Faculty of Public Health Medicine and a member of the NHMRC Academy. Her main research interests are Indigenous Health, chronic disease epidemiology and health systems improvement.



Hon Carolyn Pickles

(appointed until 25 June 2012)

Ms Pickles was a Member of the Legislative Council, South Australian Parliament for 17 years. She held the position of Government Whip, Chair of the Social Development Committee of Parliament, Chair of the Industries Development Committee and chaired a number of select Committees on issues such as public housing, Aboriginal health, child protection policies in SA. She chaired the Social Development Committee which brought down the well recognised report on HIV/AIDS. In 1994 Ms Pickles was elected as Leader of the Opposition in the Legislative Council, a position she held until her retirement in 2002. On retirement Ms Pickles was appointed Chair of the Board of the Children, Youth and Women's Health Service and during that time was involved with many significant reforms in that service including: the development of the Family Home Visiting Program; Child Protection Audit; and a five year Aboriginal Health Strategy. She was Deputy Chair of the Adelaide Symphony Orchestra Board and is currently Chair of the State Library of South Australia Foundation Board.



Dr Melissa Sandercock - BMBS, MHKCOG, FRANZCOG

(appointed until 25 June 2012)

Dr Sandercock has worked within the obstetrics and gynaecology fields since 1988. She currently works in private practice as an obstetrician and gynaecologist and has a strong interest in the future of private obstetric care as part of the ongoing model of care for women in the future. Dr Sandercock is a member of various committees, including: Chair of the Perinatal Committee at Calvary North Adelaide, the Clinical Review Committee at Calvary North Adelaide; the Medical Advisory Panel for the Medical Insurance Group Australia; and the Editorial Committee for the Australian Medical Association (SA). Dr Sandercock is particularly interested in women's health issues.

Photo not
available at
time of
printing

Mr John Singer - Adv Dip CServMgt
(appointed until 25 June 2012)

John Singer has a strong background in the health, community and wellbeing of the Aboriginal people. Mr Singer has been an active participant on several boards and committees including: National Aboriginal Community Controlled Health Organisation; Aboriginal Health Council of SA; Country Health SA; Anangu Remote Health Alliance; and Centre for Clinical Research and Excellence in ATSI Health. Additionally, Mr Singer is the Director of the Nganampa Health Council, which is the largest Aboriginal community controlled health service in remote Australia. Mr Singer has a long standing commitment to the health and wellbeing of the Aboriginal community as well as broad experience in indigenous health.



Mr Thomas Steeples - BSc, GradCertMgt
(appointed until 25 June 2012)

Mr Steeples has had significant experience in the health sector over the past 20 years. Currently Mr Steeples is the manager of Streetlink Youth Health Service. He also lectures in Counselling in Adelaide University's Discipline of General Practice. Mr Steeples is the Vice-President of the Youth Affairs Council of South Australia and a previous Chairperson of the Health Consumers Alliance of SA.



Dr Thomas Stubbs - BSc (Hons), PhD, Dip Ed, L.Mus.A, FAICD, FAIM
(appointed until 25 June 2012)

Dr Stubbs brings over 30 years of public sector experience to the role. He was Acting Chief Executive of Health prior to his appointment as Chief Executive of the Government Reform Commission, and had previously had numerous senior Executive roles in a range of agencies including Health, Environment, and Premier and Cabinet. He had extensive national involvement in the areas of information management, electronic health records and primary health care. He is now Managing Director, Executive Advisory Services, providing advice to the public and private sectors in relation to information management, health system management and reform, and Executive recruitment and development. He has significant Board experience and is a Fellow of the Institute of Company Directors. Current roles include Chair of the Ministerial company Education Services Australia and Deputy Chair of the leading aged care provider ECH.



Dr Diane Wickett - RN RM DipN, BN (Edu) MN (Advanced Practice), PhD
(appointed until 25 June 2012)

Dr Wickett has been involved in the area of nursing and midwifery locally, nationally and internationally, for over 30 years. Dr Wickett has held several senior roles which have developed a high-level of understanding of education, practice, and regulation of the nursing and midwifery professions. These roles include: Chair of the Royal College of Nursing (SA Chapter); Professional Officer, Australian Nursing and Midwifery Federation; Manager Registration and Investigations, Nurses Board of South Australia; Director – Education, Royal District Nursing Service; Board, Governance and Finance Committee Member Resthaven Inc; and Deputy Chair of the Overseas Qualifications Board.



Mr Ian Yates AM – BA (Flin), MAICD

(appointed until 25 June 2012)

Mr Yates is currently the Chief Executive of COTA Australia, the national body of the Councils on the Ageing (COTA). He is also Chief Executive of COTA SA. Since 1989 Mr Yates has had involvement in various health related committees in SA including the Home and Community Care Program Ministerial Advisory Committee; Northern Venture Coordinated Care Trials; Health of Older Persons Policy advisory committee; Deputy Chair of the Repatriation General Hospital; Board Member of the Southern Adelaide Health Service; Board Member, Deputy Chair and then Chair of the Cancer Council of SA and Deputy Chair of the SA Council of Social Service. He is also Deputy Chancellor and Resources Committee Chair of Flinders University. At the national level Mr Yates serves on a number of advisory bodies to the Department of Health and Ageing; is a member of the consumer advisory bodies to both the Australian Securities and Investment Commission and the Australian Competition and Consumer Commission. From 1 July 2011 he has become a Director of the Commonwealth Government's Aged Care Standards and Accreditation Agency.

Deputy Members



Mr James Dellit - BA Dip Ed

(deputy to Mr Steeples – appointed until 25 June 2012)

Jim Dellit has a long career as an educator and is currently director of an international educational consulting company; www.jdellit.com.au. He was formerly an Executive Director in the SA Department of Education and more recently an Adjunct at the University of SA. He has a lifelong engagement in education and has published articles and reports, and presented papers at national and international conferences on curriculum issues, particularly focussing on inclusion. His current work focuses on ICT, educational standards, intercultural education and evaluations.

Jim suffers from renal failure and has been treated with dialysis and renal transplantation. His experiences have encouraged him to undertake voluntary health policy and advocacy work nationally and internationally. He is a member of the international medical research Cochrane Collaboration and has been a Board Member of the Renal Cochrane Collaboration, and undertaken research and reviewing tasks for it. Jim has participated in the development of renal treatment guidelines joining the CARI (Caring for Australians with Renal Impairment) Guidelines Steering Committee in 2001. He was the consumer representative on the national Renal Transplant Advisory Committee between 2003-2011 and was a consultation consumer for the recently developed National Transplant Guidelines.



Mr Geoffrey Harris - BAgSc, PostGradDip (Public Policy)

(deputy to Dr Beckoff - appointed until 25 June 2012)

Geoff Harris is currently the Executive Director of the Mental Health Coalition of SA (MHCSA). The MHCSA is the peak body for mental health in SA and aims to improve services for people with mental illness, particularly better supports to enable people to live well in the community. Mr Harris has wide experience working in mental health, health and Aboriginal-controlled non-government organisations in both SA and the NT. He has also served on many Boards including as President of the NT Council of Social Services, Board Member of Mental Health Council of Australia, elected Alderman on the Alice Springs Town Council and as a Director of two community-owned enterprises. At the Menzies School of Health Research he produced the book 'Environmental Health Handbook - a practical manual for remote communities in central Australia'.



Mr Christopher Overland – BA

(deputy to Mr Yates - appointed until 25 June 2012)

Chris Overland has had a varied career, starting in 1969 when he became a Patrol Officer in Papua New Guinea. He returned to Australia in 1974 and took up a position in the SA Education Department. In 1979 he joined the SA Health Commission where he served in several senior roles including as Chief Project Officer in the Public and Environmental Health Division and Manager, Executive Services, in the Chairman's Office. In 1989 he was appointed as Chief Executive of the Mount Gambier Hospital and was subsequently appointed as Regional General Manager, South East Region. In 2001 he was appointed as Director of the Office for the Ageing where he gained further knowledge and experience in the health, ageing, community care and aged care industries. In 2004, Chris was appointed as Chief Executive of the Repatriation General Hospital. He retired in April 2006 to pursue personal interests and is currently President of COTA Seniors Voice Inc.



Dr Michael Rice AM - ED, MBBS, FRACP

(deputy to Dr Sandercock - appointed until 25 June 2012)

Michael Rice is currently a consultant paediatrician in both private and public hospital practice and has a particular interest in the care of children with cancer. He has had a long association with the Royal Australasian College of Physicians, as a national examiner and Council member, and also with the Australian Medical Association as a Federal Councillor and as a former President of the AMA (SA). Michael was the inaugural chairman of the SA Clinical Senate from 2003 to 2007. In recent years he has been involved in child advocacy at both state and national level.



Dr Tahereh Ziaian - MEdPsych, PhD (Health Psych), MAPS

(deputy to Ms Bishop - appointed until 25 June 2012)

Dr Tahereh Ziaian is a senior lecturer and course coordinator in the School of Nursing and Midwifery of the University of South Australia. She is a community health psychologist with a long and extensive engagement in trans cultural psychology and public health. Her research and consultancy activities at the state, national and international level have made a substantial contribution to the public discourse on migrant and refugee mental health. Dr Ziaian has been selected for the University of South Australia's Research Leadership Program to provide new leadership for the institution and the wider state and national research effort. She is currently a member of the Samson Health Research Institute and the lead investigator of a large scale research project investigating the prevalence and nature of mental health problems affecting newly arrived refugee children and adolescents. She is also involved in a Trans-Tasman research project to develop an innovative model of service development for refugee youth with mental health problems. She is currently a member of the editorial board of the Australian Community Psychologist and the Journal of Muslim Mental Health. She has been the recipient of a British Commonwealth Award for Excellence in Women's Health for the 'Non-English Speaking Background Women and Violence Project' in June 1997, and the 'Equal Opportunity Achievement Award, Individual Category' in 1996.

Executive Support

Pursuant to Part 3, section 14 of the Act, the Minister for Health and Ageing is obliged to provide the HPC with the staff and resources that it reasonably needs to carry out its functions.

In accordance with the Act, the HPC Secretariat provides administrative and project support to the Council. The Secretariat comprises: a Director; a Principal Health Analyst, a Principal Health Analyst (Community & Stakeholder Engagement), and a Project Support Officer.

The HPC with the Minister's approval, may make use of other public sector staff, services or facilities in undertaking its role.

Health Performance Council's Operations

Bi Monthly Meetings

Regular bi-monthly council meetings were held during 2011-12 as indicated in Table 2.

Table 3 HPC Members and Deputies meeting attendances in 2011-12

	11-Aug-11	20-Oct-11	08-Dec-11	08-Mar-12	12-Apr-12	12-Jun-12	Total
Ms Anne Dunn AM	•	•	•	•	•	•	6/6
Dr Michael Beckoff	•	•	•	•	•	•	6/6
Professor Justin Beilby	Member resigned on 1 Aug 2011						N/A
Ms Rachel Bishop	•	•	•	•	•	•	6/6
Ms Barbara Hartwig	•	•	•	•	•	•	6/6
Professor Michael Kidd AM	/	•	•	•	•	•	5/6
Mr Laurence Lewis AM	•	•	•	•	•	•	6/6
Professor Robyn McDermott	/	•	/	/	/	/	1/6
Honourable Carolyn Pickles	•	/	•	•	•	•	5/6
Dr Melissa Sandercock	•	/	•	•	•	•	5/6
Mr John Singer	•	/	•	/	/	/	2/6
Mr Thomas Steeples	•	•	•	•	•	•	6/6
Dr Thomas Stubbs	•	•	•	•	•	•	6/6
Dr Diane Wickett	•	/	•	•	•	/	4/6
Mr Ian Yates AM	•	/	/	•	•	•	4/6
Mr James Dellit ‡	N/R	N/R	N/R	N/R	N/R	•	1/1
Mr Geoffrey Harris ‡	N/R	N/R	N/R	N/R	N/R	/	0/1
Mr Christopher Overland ‡	N/R	N/R	N/R	N/R	N/R	/	0/1
Dr Michael Rice AM†	N/R	N/R	N/R	N/R	N/R	•	1/1
Dr Tahereh Ziaian ‡	N/R	N/R	N/R	N/R	N/R	•	1/1
Table Key	•	Attended this meeting					
	/	Apology					
	‡	Deputy to a member					
	N/R	Deputy not required to attend meeting					

Under Schedule 1, Section 6 of the Act, the HPC may establish committees or sub-committees to advise or assist it in carrying out its functions.

Freedom of Information Statement

The *Freedom of Information Act 1991* gives members of the public a legally enforceable right to access information held by the South Australian Government, subject to certain restrictions.

Functions of the HPC affecting the public

The HPC is a Ministerial advisory body established on 1 July 2008 under Part 3, section 9 of the Health Care Act 2008 (the Act).

The 15 members (including chairperson) and five deputies were appointed by the Governor of South Australia for a four year term. They were chosen for their collective capacity, qualifications, experience and expertise. Prescribed bodies were consulted in the appointment process for the HPC members.

The broad spectrum of member expertise gives the HPC capacity to provide independent, high level advice to the Minister for Health and Ageing on the performance of the South Australian health system in achieving the objects of the Act.

The HPC's key function is to conduct four yearly performance reviews of the SA health system against the objects of the Act and submit a report to the Minister for Health and Ageing on:

- The operation of the various health systems established within the State
- Significant trends in the health status of South Australians including trends in health outcomes and, as appropriate, for particular population groups
- The effectiveness of methods used within the health system to engage communities and individuals in improving their health outcomes
- Any other significant issues considered relevant by the HPC.

The HPC submitted its first report in December 2010. Furthermore the HPC is required to provide the Minister for Health and Ageing with an annual report on its operations and key strategic directions during the proceeding financial year.

The internet site at <http://www.hpcsa.com.au> provides an overview of the HPC roles and functions.

Public participation

The HPC in the performance of its functions obtains, to such extent as is reasonable and relevant in the circumstances, the views of –

- Members and deputies
- Health Advisory Councils
- Advisory committees established by the Minister for Health and Ageing.

Types of documents held

The internet site <http://www.hpcsa.com.au> contains information about the HPC's vision, mission, values, members, deputies, secretariat staff, and terms of reference.

The HPC's Annual Reports are available on the HPC's internet.

The HPC will provide four yearly reports on the overall performance of the health system, identifying significant trends, health outcomes and future priorities for South Australia's health system. The first of these four year reports, *Reflecting on Results – Review of the Public Health System's Performance for 2008-2010* was submitted to the Minister for Health and Ageing in December 2010. This report is available on the HPC's internet site.

The HPC is currently working on its second four year report which will be submitted to the Minister for Health and Ageing by 31 December 2014.

Arrangements and procedures for seeking access to records and polices

Applications for access to information under the Freedom of Information Act 1991 including purchase costs or amendment of the HPC's records should be addressed to:

The Principal Officer – FOI
Health Performance Council

PO Box 3246
Rundle Mall SA 5000
Telephone: (08) 8226 3188
Facsimile: (08) 8226 5220
<http://www.hpcsa.com.au>

Publisher: Adelaide: Health Performance Council, 2012
ISSN: 1837-1175
Subjects:
Other Authors/Contributors: South Australia.
Dept. of Health.

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