

Annual Report 2012-13

Health Performance Council



Government
of South Australia

Health Performance Council

**Health Performance Council
Annual Report 2012-13**

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'HPC recognises Aboriginal and Torres Strait Islander people as two separate groups. However, for the remainder of this document we refer to Aboriginal people in recognition that Aboriginal people are the original inhabitants of South Australia. We also acknowledge the complexity and diversity of the Aboriginal communities of South Australia, recognising each has its own beliefs and practice.'



**Government
of South Australia**

Health Performance Council

Hon. Jack Snelling M.P.
Minister for Health and Ageing

Dear Minister

In accordance with the *Public Sector Act 2009 and the Health Care Act 2008*, I am pleased to submit the annual report 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 2013, 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
Chairperson
Health Performance Council

30 September 2013

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Message from the Chairperson

This report marks the end of the first year of a four year term of office for the second Health Performance Council (HPC or the council). Following a review of the HPC membership structure commissioned by the Minister for Health and Ageing, at the expiry of the HPC's first term on 25 June 2012 a new, smaller and skills-based Council was selected from an open call for expressions of interest from qualified members of the community, and appointed by the Governor in Executive Council. This new council has driven forward the data collection, analysis, research and evaluation processes necessary to prepare for the legislatively required report to Parliament in 2014. The changes to the structure of the HPC enabled savings to be returned to the government whilst at the same time enhancing its capacity as an independent authority.

The current focus of the HPC is to actively engage the health system (public and private) in reviewing its performance and outcomes and base its strategy, planning and operation on lessons learned from the past as well as current achievements and failures. The council spotlights areas of potential impact to improving the health of South Australians and engages in a systematic review of the data over time and the stories that give colour and meaning to the data.

The primary task of the HPC is to provide independent advice to the Minister and the Parliament on the effectiveness of the health system in its operation, in producing good health outcomes for South Australians, and in engaging communities and individuals in improving their health. In carrying out this important task there are both accomplishments and challenges.

Firstly the accomplishments:

- a) The HPC has now developed a successful review methodology, engaged many stakeholders and interested parties in understanding the review process and gained important commitment to assisting in the evaluation of outcomes, rather than the counting of activities. This will enable South Australia (SA) to be well regarded nationally and internationally for its review outcomes and standards.
- b) A complete collection of the statistical information available on the health status of South Australians has been compiled and has been made available for public consultation, to check the accuracy of the data and to find further research and data to improve the information that can be drawn from the data. This will ensure that SA has sound and extensive data sets that will support improvement of its population health status.
- c) A review of the operation of country Health Advisory Councils (HACs) was completed in the HPC's first term, followed in the past year by extensive work in looking at the effectiveness of mental health services in country South Australia. A report on this review will be published shortly.
- d) In its inaugural term, the HPC reported on the lack of progress in improving health outcomes for Aboriginal people. This has been followed-up in 2012-13 with focused attention on those areas where Aboriginal people have poorer outcomes than non-Aboriginal people, and where the results for Aboriginal people in SA are poorer than for Indigenous people across the nation. These areas include the rate of self-discharge from hospital against medical advice, the rates of cardiovascular disease and smoking rates. Work is progressing in consultation with Aboriginal leaders to identify the priority areas for action by the health system and the areas where the most impact could be achieved. It is intended that this will help to focus on the areas in which Aboriginal health outcomes need most to improve.
- e) The HPC has established significant national and international relationships with health and other bodies to enable meaningful comparisons beyond SA which will support improvement in health outcomes as well as informing the review.

And now the challenges:

- a) The public health system is in a period of considerable restructure that is likely to continue for some time as the State Government grapples with the demands of the community for better health services and the capacity of the budget to resource these demands. As a consequence the people working in the health system are overwhelmed by the need to fulfil their responsibilities under the old system and move to new systems at the same time.

Understandably it is sometimes difficult for the HPC to engage groups and individuals in the critical task of review of their performance when they are fully focussed on these competing priorities.

- b) The Department for Health and Ageing (the department) has a myriad of data collection activities to maintain and develop; however there seems to be little time to focus on analysis of all of these data so that they can be used for forward planning. There is a great emphasis on the preparation of plans and reporting on strategies and activities without sufficient detailed consideration of the actual outcomes of the strategies. Although many of the plans and strategies implemented by the public health system could not be expected to show significant results for some time, there is an urgent need to put in place the evaluation systems to show whether they deliver real outcomes over time.
- c) Many of the improvements needed in the health system relate to the need to reinvest from the acute health care system to preventive programs, and this topic leads to the complication of funding relationships between the State and Australian Governments.
- d) Ways of engaging the private health system in evaluation remain challenging. The private hospital system is not structured to easily engage with the HPC, and it is acknowledged that they are in an economically competitive environment and often reluctant to share information. Data available from General Practitioners are only available through Medicare information and the HPC considers these data to be superficial and without the depth required for understanding the problems and possible solutions.

The HPC will continue to work closely with the department and the broader public health system in the coming year, and seek to gain the confidence of the private health system.

SA has a health system of a high quality and South Australians can be rightly proud of their services. There are, however, areas for considerable improvement and these areas are exposed by an analysis of outcome data. This report presents the work of the HPC in the last year - the preparation of a comprehensive picture of the state of the health of South Australians, and three case study areas of particular concern: mental health in country SA, cardio-vascular disease and Aboriginal health.

It is acknowledged that these are difficult times within the health system and that while review of performance has sometimes been uncomfortable and confronting, the public system has been open to engagement with the HPC – we believe this to be a demonstration of the commitment of decision makers and service deliverers to providing excellent services across the state. The HPC is thankful for this engagement.

The HPC thanks the health based community organisations and university researchers who generously shared their research and insights with us.

The HPC is supported by a four person Secretariat that provides professional and dedicated work to the council. We offer our sincere thanks to our Director and her team for outstanding work and support.

Yours sincerely



Anne Dunn
Chairperson
Health Performance Council

Introduction

In 2003 the Generational Health Review (GHR) took 'transparency and accountability' as a specific focus of its report, and recommended that:

'The State Government establish a small independent body to oversee implementation of the proposed health system reform agenda and to provide ongoing monitoring and regular reporting to the public on health system performance.' (GHR chapter 4)

It was recommended that the approach of this body would include:

- Ensuring an alignment between performance measures and community expectations
- Providing an external and independent check on system performance
- Reporting directly to the Minister for Health and Ageing
- Overseeing continuous improvement of the health system and monitoring progress.

The GHR considered it necessary to separate the governance and management of the health system from the monitoring and reporting functions to ensure accountability and transparency and to foster trust by the community in the health system. In response to this strong recommendation, the government established the HPC in the *Health Care Act 2008*.

In his Second Reading Explanation on the introduction of the *Health Care Bill (27 Sept 2007)* the then Minister for Health stated:

'The capacity for providing independent advice is addressed in the Bill by the establishment of the Health Performance Council. The council will ensure that the Minister can have access to high level advice independent from the department and provides greater public accountability for health outcomes. Having a single body will also support a more consistent and strategic approach in providing advice.'

The establishment of the HPC coincided with the abolition of hospital boards and the creation of HACs. Along with the HPC, these new bodies have played an important role in providing independent advice to the Minister.

The HPC reports four yearly to the Parliament of South Australia through the Minister for Health and Ageing. The next report is due in December 2014 and the work of the HPC in 2012–13 has focused on significant review activities towards the preparation of that report.

The research and evaluation activities undertaken by the HPC during 2012-13 has enabled it to provide independent assurance to the Minister for Health and Ageing, the Parliament and the community of SA that South Australia maintains an effective world class health system.

2012-13 Highlights

Health Status and Health Determinants of South Australians Draft Report

The HPC has undertaken extensive collection and analysis of available data about the health status of South Australians, providing a basis for the Parliament, the health system and the community to see the directions, achievements and challenges in health outcomes in this state. This is the first time an independent entity such as the HPC has collated the available data to provide a picture of South Australians' health and what influences their health across their lifespan.

The draft report *State of Our Health: Health Status and Health Determinants of South Australians* was released in June 2013 for public feedback. The *State of Our Health* provides up-to-date data on South Australian's health outcomes from birth to death and the social and environmental factors which influence these.

This is a significant report that brings together over 90 key indicators, associated with population profiles, pregnancy outcomes, physical health and prevalence of chronic disease, to create a snapshot of who South Australians are and what their health status is.

The HPC also released a separate companion volume, the *State of Our Health Technical Appendix*. This document contains details about each statistical measure presented in the report, including the rationale for selection of measures, sources of information, counting methodology, important caveats and other relevant data issues.

The draft report highlights a consistent downward trend in SA's overall smoking rate over the past 10 years, which includes a decrease in smoking during pregnancy. The report also shows more pregnant women in SA are receiving antenatal visits and improvements in the Aboriginal low birth weight rate. Some areas for improvement include the increased rate of obesity, higher smoking rates in SA's Aboriginal population and a high prevalence of perinatal depression.

In seeking feedback from key groups, such as community, university and government sectors, the HPC is striving to ensure it has a full and complete picture of SA's health profile. This information will allow the HPC to identify where the health system is doing well and indicate those areas for improvement.

Copies of the report can be obtained from the HPC website www.hpcsa.com.au.

It is intended that this statistical picture of the health of South Australians will be kept up-to-date. The present data will be used as a base-line by the HPC in its ongoing review of the health system, and by the public health system as input to its planning and budgeting. It is also anticipated that the data will be useful to the private, community and educational health systems in determining directions and understanding trends.

Rural Mental Health Case Study

This case study topic was developed through consultation with the HACs from country SA.

In September 2011, the HPC met with the country HACs to gain a better understanding of health issues affecting country communities in SA. Feedback received from the HACs suggested that mental health remains a significant priority issue for country residents. In response to the concerns raised during this consultation, the HPC commissioned in 2012 an exploration of South Australian rural and remote mental health issues.

In 2012-13, the emerging themes from this exploratory study were provided to Country Health SA, HAC Presiding Members and clinicians. The four themes were: the importance of contributing factors, including substance misuse and safety; appropriate and timely mental health services; a sustainable workforce; and local solutions from local communities.

The HPC then assessed available data about health system responses relevant to these themes. Health system performance data was acquired from a variety of sources, including from various SA Health datasets and from a customised data extract prepared by the Australian Institute for Health and Welfare. The HPC also closely considered the South Australian Social Inclusion Board's *Stepping Up: Social Inclusion Action Plan for Mental Health Reform and SA Health's Mental Health and Wellbeing Policy*.

Although not yet complete, the work undertaken to date confirms the concerns of the country HACs.

The report from this case study will be presented to the Minister for Health and Ageing in August 2013.

Aboriginal Health Case Study

In its first report, *Reflecting on Results - Review of the Public System's Performance for 2008-2010*, the HPC identified that there has been no significant improvement in the health status of Aboriginal people and that this population group needed to be more prominent in the planning and operation of the health system.

Under the *Health Care Act 2008*, it is recognised that Aboriginal people and Torres Strait Islanders should have access to services that meet their particular needs.

Monitoring progress on improvements in the system's delivery of culturally responsive services including the new *GP Plus* services, access to a culturally sensitive complaints management system and the quality of the system's engagement with the Aboriginal community controlled sector were priorities identified in the HPC 2010 review.

In 2010, SA Health implemented its *Aboriginal Health Care Plan 2010-2016* and committed to providing annual progress reports to the HPC. The first progress report provided in June 2012 indicated little progress since 2010.

In addition, the HPC community and clinician consultation forums (2011-12) specifically highlighted lack of access to culturally appropriate health services and inadequate responsiveness to needs across the health sector as significant system performance issues.

The HPC intends to further explore this topic in its 2014 report and has resolved to engage in depth with Aboriginal organisations, health professionals and community leaders.

In May 2012, preliminary meetings were held with Aboriginal representatives from the public, community controlled and Aboriginal research sectors to identify appropriate engagement processes between the HPC and Aboriginal health and other community leaders. These processes will guide the ongoing identification and monitoring of Aboriginal health system performance issues.

The HPC plans to hold its first Aboriginal Health Leaders Forum in October 2013. Work has commenced on an Aboriginal health status compendium to the *State of Our Health* report and it will be discussed at the forum.

Cardiovascular Disease Case Study

From its review activities, the HPC identified that cardiovascular disease (CVD) was the highest cost, highest death rate clinical issue for the health system and that it generated a considerable health burden on the population.

The case study will result in a report that analyses the operation and effectiveness of South Australia's health system across the continuum of care, from harm prevention to end-of-life care, through the lens of Acute Coronary Syndrome, within selected HPC health system performance domains of effectiveness, safety, responsiveness, continuity of care, accessibility, and efficiency & sustainability.

In 2012-13, the HPC undertook work to identify suitable performance data, determine the performance review priorities of stakeholders and other interested parties, and identify the key elements of system responses across the patient journey.

The HPC has also recognised that reporting on how the system manages a specific health topic such as Acute Coronary Syndrome will provide valuable insights into the health system. This information will be used in the 2014 report.

HPC Engagement Strategy

The *Health Care Act 2008* charges the HPC with responsibility for monitoring 'the effectiveness of the methods used within the health system to engage communities and individuals'. It is therefore incumbent on the HPC to itself engage in effective methods of engaging stakeholders, interested parties and the community in its own business.

During 2012-13, the HPC developed strategies for enhanced stakeholder engagement and conducted consultations not only with health system professionals and clinicians but also with health management groups within the community.

In May 2013, the HPC endorsed its 'Engagement Strategy and Action Plan'. The plan outlines HPC's strategic intent and planned actions to build and maintain key relationships. It also directly contributes to two of the three strategic priorities in the HPC's Strategic Plan 2011-14: establishing effective working relationships with others and promoting the HPC's role to the South Australian health system and wider community.

The HPC has identified engagement with others as a fundamental aspect of performing its role because effective relationships contribute to the HPC's knowledge, influence and the quality of its decisions.

Engagement has been a regular part of HPC's work as demonstrated by previous consultation projects, including most recently by extensive community forums in 2011-12. These community engagements provided two way benefits. It enabled the HPC to provide an independent affirmation of the general systemic quality of health care in South Australia to community groups, but it also enabled community groups to raise areas of concern, to identify underperforming areas of the health system and indicate inequalities in health provision.

The HPC, as indicated by the rural mental health case study, was able to conduct evaluations of some of these concerns and report on them in ways that enabled health improvement, created efficiencies and increased community confidence that government was 'listening'. Subsequent changes undertaken by SA Health as a result of HPC reporting has enhanced community confidence that the system can be responsive.

Appointment of Members

The HPC strengthened its evaluative and research capabilities during 2012-13 and its capacity for independent evaluation of diverse aspects of health care provision was enhanced by changing the council's structure and membership.

In 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. Mr Warren McCann, Internal Consultant to the South Australian Government, subsequently reviewed the HPC membership structure and advised on a selection process for suitable appointees. The report recommended the HPC consist of between eight and ten members appointed on the basis of skills.

The Minister approved the findings and recommendations made in Mr McCann's report regarding the selection of appointees for the second term of the HPC.

Following these recommendations, an independent process for selecting the most skilled people available for the HPC's second term was conducted. Recruitment was finalised in July 2012, with new appointments commencing in August 2012.

Ten members were appointed to serve on the HPC (four members were reappointed along with six new members). Two of the ongoing members were reappointed for a two year period to assist with the succession for the new council.

The changes to the structure of the HPC enabled savings to be made while at the same time enhancing its capacity as an independent authority, able to critically evaluate the South Australian health system and indicate areas requiring improvement. In this way, the HPC demonstrated that efficiencies can be enhanced despite budget reductions. It also brought to the council significant expertise in epidemiology, health economics, research and evaluation, aged-care, culturally and linguistically diverse and Aboriginal health and community engagement.

Work undertaken since the end of the 2012-13 financial year indicates that the restructuring of the council and its refocussed consultation, evaluation and reporting methodologies will generate greater outcomes and have encouraged other independent groups, like the South Australian Health and Medical Research Institute, to establish productive and efficient working relationships with the HPC.

Governance

The HPC has developed a methodology to consider its own work and look at ways to improve it. To this end, it formally reviews its processes and outcomes on an annual basis and identifies areas for increasing its effectiveness and improving its governance. This has included setting up a system of task-based, time limited working groups; regular reporting to the Minister by the Chairperson and the engagement of subject experts as required. In 2012, the HPC built on these processes with the development of an assessment instrument for more extensive evaluation of reports and case study activity, as well as further development of a methodology to review its performance.

On-Going Key Relationships

In order to ensure the HPC is well informed about health issues affecting South Australians and the health system, the HPC is committed to establishing working relationships with others involved with the public and private health systems.

These include but are not limited to:

a) The Minister for Health and Ageing and the Minister for Mental Health and Substance Abuse

b) Relevant state and local government agencies

- Health and Community Complaints Commissioner for SA
- South Australian Health and Medical Research Institute
- Medicare Locals

c) SA Health comprising:

- Department for Health and Ageing
 - Chief Executive and as relevant
 - Health Intelligence & Data Units
 - Safety & Quality Unit
 - Aboriginal Health Branch and
 - Mental Health Unit
- Clinical Senate
- Clinical Networks
- Local Health Networks
 - Country Health SA Local Health Network
 - Central Adelaide Local Health Network
 - Northern Adelaide Local Health Network
 - Southern Adelaide Local Health Network
 - Women's and Children's Health Network

d) Country and Aboriginal HACs

e) Bodies prescribed in the *Health Care (HPC—Appointment of Members) Regulations 2008*

- Aboriginal Health Council of South Australia Incorporated;
- Australian Medical Association (South Australia) Incorporated;
- Carers SA;
- Consultative Council of Ex-Service Organisations (SA);
- Council on the Ageing (South Australia) Incorporated;
- Health Consumers Alliance of South Australia Incorporated;
- Multicultural Communities Council of South Australia Incorporated;
- Regional Communities Consultative Council (SA);
- Rural Doctors Association of South Australia Incorporated;
- General Practice SA Incorporated;
- The Flinders University of South Australia;
- The Returned & Services League of Australia (S.A. Branch) Incorporated;
- The South Australian Country Women's Association Incorporated;
- The University of Adelaide;
- University of South Australia;
- Volunteering SA and NT Incorporated

f) The National Health Performance Authority

The National Health Performance Authority (NHPA) and the HPC are compatible and complimentary bodies. The NHPA was established as a statutory body under the *National Health Reform Amendment (National Health Performance Authority) Act 2011* (Cwth) on 21 October 2011. It reports specifically on the performance of Local Health Networks and Medicare Locals across the nation using a specific set of performance measures while the HPC reports on the overall performance of the health system within SA through review of relevant data and the stories that give colour and meaning to the data. During 2012-13, the HPC has continued to enhance its relationships with these organisations.

On the Immediate Horizon

In 2013-14, the HPC will continue its consultation on its discussion draft of *State of Our Health: Health Status and Health Determinants of South Australians*. The HPC plans to finalise the case study into mental health in rural and regional SA and present its findings in a report to the Minister for Health and Ageing. The HPC will also progress its cardiovascular case study for completion in 2014.

In addition, the Minister for Health and Ageing has requested the HPC to investigate the adequacy and appropriateness of end of life care for South Australians, especially implementation of SA Health's 'Palliative Care Services Plan 2009-2016.' This case study will specifically consider the quality of South Australians' end of life, considering individual, societal, and health and aged care system factors and perspectives.

Aboriginal Health will continue to be a key focus along with monitoring the health system's engagement with relevant parties.

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

The HPC is a Ministerial advisory body established on 1 July 2008 under Part 3 of *Health Care Act 2008*. It provides independent advice on the performance of the South Australian health system to the Minister for Health and Ageing and produces a report on the performance of the South Australian health system every four years. 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.

The HPC operates within the responsibilities outlined in the *Health Care Act 2008*, relevant sections of the *Health Care (HPC—Appointment of Members) Regulations 2008* and its Terms of Reference.

The HPC acknowledges the resilience of Aboriginal and Torres Strait Islander people in achieving personal, family and community wellbeing despite adverse social, environmental and economic factors.

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 SA 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 South Australian health system including its engagement with individuals and communities.

Our Working Definitions for Health and Health System

Health is a concept that is defined by the World Health Organization 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.

SA'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.

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 <i>Health Care Act 2008</i> |
| 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 strives to demonstrate the behaviours it values in its interactions with others when reviewing the performance of the South Australian health system.

Our 2011-14 Strategic Directions

During 2011–14 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 portfolio strategic objectives
- Competence, commitment and capacity of the health workforce to deliver government's health portfolio strategic objectives
- Capability, collaboration and contribution of the health system's community engagement processes.

What We Do

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

- The performance of the South Australian health system
- Significant trends in the South Australians' health status and future priorities for the health system in regards to health outcomes including for particular population groups
- Any other significant issues considered relevant by the HPC.

We do this in a way 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.

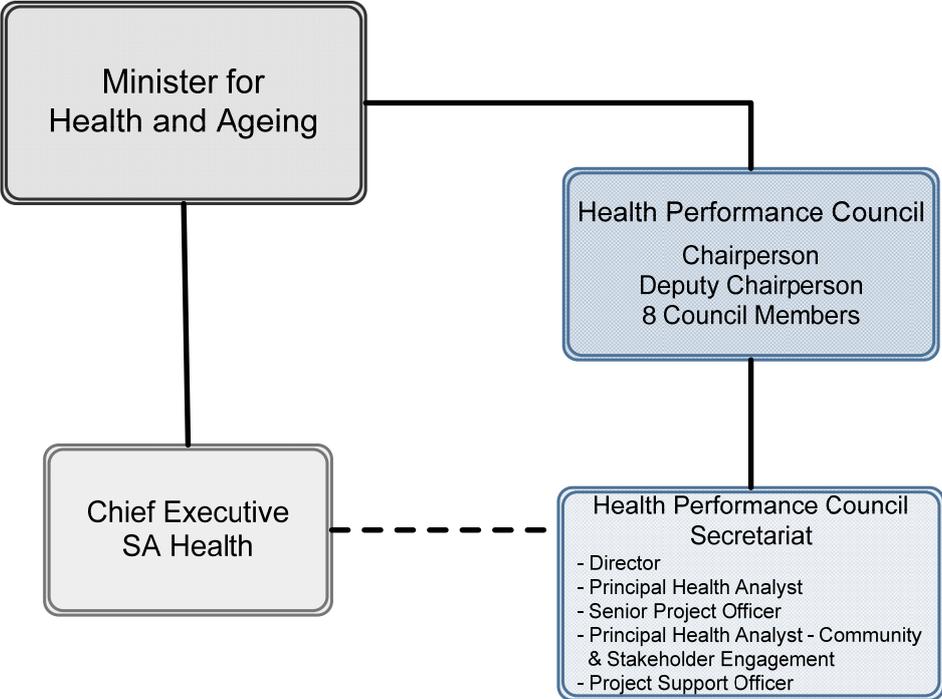
We aim to foster improved accountability, community engagement and performance improvement within the South Australian health system through our review processes.

When engaged in a review topic the HPC operates by first collecting the available quantitative data, initially from the department, and then from other state and national data bases. This is followed by a period of consultation with relevant groups and individuals chosen by the council for

their experience and expertise in the topic and further qualitative data are gathered. Draft reports of the information gathered are circulated to interested parties for validation of accuracy.

The HPC website presence is used to communicate with the public and interested persons. Since the website was updated in 2012-13 the numbers of hits has steadily increased.

Organisational Structure



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 South Australian 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 National Health Performance Framework (Table 1) for this purpose (with the inclusion of specific health workforce and community engagement domains).

Table 1. HPC Performance Monitoring Framework

| | | | |
|--|---|--|--|
| Health Status | | | |
| How healthy are Australians? Is it the same for everyone? Where are the best opportunities for improvement? | | | |
| Health Conditions Prevalence of disease, disorder, injury or trauma or other health related states | Human function Alterations to body, structure or function (impairment), activity limitations and restrictions in participation | Wellbeing Measures of physical, mental, and social wellbeing of individuals | Deaths Mortality rates and life expectancy measures |
| Determinants of Health | | | |
| Are the factors determining good health changing for the better? Where and for whom are these factors changing? Is it the same for everyone? | | | |
| Environmental factors Physical, chemical and biological factors such as air, water, food and soil quality | Community and socioeconomic Community factors such as social capital, support services, and socioeconomic factors such as housing, education, employment and income | Health behaviours Attitudes, beliefs, knowledge and behaviours such as patterns of eating, physical activity, smoking and alcohol consumption | Bio-medical factors Genetic-related susceptibility to disease and other factors such as blood pressure, cholesterol levels and body weight |
| Health System Performance | | | |
| How does the health system perform? What is the level of quality of care across the range of patient care needs? Is it the same for everyone? Does the system deliver value for money and is it sustainable? | | | |
| Effectiveness Care/intervention/action provided is relevant to the client's needs and based on established standards. Care, intervention or action achieves desired outcome | Safety The avoidance or reduction to acceptable limits of actual or potential harm from health care management or the environment in which health care is delivered | Responsiveness Service is client orientated, Clients are treated with dignity, confidentiality, and encouraged to participate in choices related to their care | |
| Continuity of Care Ability to provide uninterrupted, coordinated care or service across programs, practitioners, organisations and levels over time | Accessible People can obtain health care at the right place and right time irrespective of income, physical location and cultural background | Efficiency & Sustainability Achieving desired results with most cost effective use of resources. Capacity of system to sustain workforce and infrastructure, to innovate and respond to emerging needs | |
| Health Workforce Performance | | | |
| Are the community receiving quality health services in a timely manner delivered by a health workforce committed to continuous improvement? | | | |
| Competence Workforce is skilled to undertake the required roles across the health system for provision of quality care to all; has adequate education and training systems for continuous learning; and is culturally responsive | Commitment Workforce is committed and supported, with a cooperative culture of striving for innovation and best practice, with quality leadership effectively engaging staff and stakeholders in ongoing health system improvements | Capacity Workforce is sustained by effective attraction, recruitment, retention and professional development strategies ensuring delivery of quality health services by employees and volunteers | |
| Community/Individual Engagement | | | |
| Does community/individual engagement improve the quality of policy being developed? Are stakeholders able to contribute to the identification of preferred solutions to complex issues? | | | |
| Capability System has sustainable resources and processes for appropriate engagement with the community and others leading to system improvement valued by all | Collaboration Within a spirit of respect and transparency, the system and stakeholders engage in a purposeful way to achieve desired individual/system improvements | Contribution System has a culture and practice of community/individual participation in delivering system improvements and health outcomes for the SA population | |

Health Performance Council Membership

Membership Criteria

In accordance with *Health Care Act 2008*, the 10 members of the HPC were appointed by the Governor of South Australia on the recommendation of the Minister for Health and Ageing. They were chosen for their collective capacity, qualifications, experience and expertise. Bodies prescribed in the *Health Care (HPC—Appointment of Members) Regulations 2008* 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.

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

Ms Anne Dunn AM – Chairperson

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

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 eleven years she has been working in Aged Care.



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

Dr Mike Beckoff is best described as a Rural Generalist with over 35 years' experience, most of that time at Bridge Clinic in Murray Bridge South Australia (RACGP Practice of the year in Australia in 2005). His areas of expertise include mental health, sexual therapy, emergency medicine, procedural work and corporate health. He is a Board Member of ACRRM (Australian College of Rural and Remote Medicine), Clinical Adviser for CHSA LHN (Country Health South Australia Local Hospital Network), Chairperson of the Statewide Shared Care Program for SA Health, Chair of the MMGPN (Murray Mallee General Practice Network) and a senior GP Adviser for General Practice SA. His time is now spent providing rural and remote locum services across Australia and in various sector roles across corporate and clinical governance, health planning, policy, strategy and consultancy, particularly involving primary care and general practice.



Mr Rick Callaghan

Rick is an Aboriginal man from an extended Potarwutj family that comes originally from the Padthaway region of South Australia. He is passionate about the ongoing improvement in indigenous health and the social and cultural development of Australia's Indigenous peoples. The way forward is for Aboriginal people to be involved in business and the ongoing teaching and awareness of financial literacy and commercial opportunities, quality service delivery, diversity and long-term sustainability. He has worked in all States and Territories of Australia during his 17 year consulting career.



His business and consulting has focussed on the resources, health and government sectors. This has involved investigations, reviews and evaluations, native title negotiations, heritage management and best practice and quality health outcomes, research and policy advice, mediation, providing business advice, cross cultural awareness training, employment and training outcomes.

Mr James Dellit, BA Dip Ed

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 Senior Research Fellow (Honorary) at the University of South Australia. 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 digital teaching and learning, educational standards, intercultural education, education for marginalised children and youth, and evaluations of education programs.



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 (2003-2011) and was a consultation consumer for the recently developed National Transplant Guidelines.

Professor Stephen Duckett, PhD DSc FASSA FAICD

Professor Stephen Duckett is Director of the Health Program at Grattan Institute in Melbourne and Professor of Health Policy at La Trobe University. He has held senior health care leadership positions in Australia and Canada, with a reputation for creativity, evidence-based innovation and reform in areas as diverse as hospital funding (introduction of activity-based funding for hospitals) and quality (new systems of measurement and accountability for safety of hospital care).

Professor Duckett is an economist with a Masters and PhD in Health Administration from the University of New South Wales and a higher doctorate, the DSc, awarded on the basis of his scholarly contributions, from the Faculty of Medicine of the same University. He is a Fellow of the Academy of the Social Sciences in Australia.



Professor Lisa Jackson Pulver AM, Grad Dip App Epi MPH PhD

Professor Jackson Pulver is a Koori woman and currently holds the inaugural Chair of Indigenous Health and is a Professor of Public Health at the University of New South Wales. She is a member of the Lowitja Institute and is deputy chair of National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data. She is the Director of the Muru Marri Indigenous Health Unit and in 2011 became a Member in the General Division of the Order of Australia 'for service to medical education, particularly through the Muru Marri Indigenous Health Unit at the University of New South Wales, and as a supporter of educational opportunities for Aboriginal and Torres Strait Islander people.



Ms Mary Patetsos, BSW Hon Sociology JP MAICD

Ms Patetsos has a blend of academic qualifications and employment experiences covering economic, infrastructure and social policy areas. She has experience and skills in auditing and financial modelling and particularly Aged Care and Housing. She is a member of the National Housing Supply Council, Aged Care Financing Authority, Chair of the South Australian Local Government Grants Commission, Previous Member of the South Australian Social Inclusion Board as well as the Board of the South Australian Housing Trust and South Australian Affordable Housing Board and the National Housing Supply Council. As Chair the Audit Committee of the South Australian Department of Communities and Social Inclusion, she is required to apply rigorous scrutiny to sensitive and critical areas of Government spending.



Professor David Roder AM, DSc (Epidemiology), MPH, BDS

Professor Roder is Chair of Cancer Epidemiology and Population Health at the University of South Australia. He has been a senior Population Health Advisor and Consultant Epidemiologist for Cancer Australia since 2007 and for the Cancer Institute NSW since 2004. Professor Roder is affiliated with over 20 lead committees, standing as Chair on 5 of these, including the National Safety Monitoring Committee, DOHA/WADOH Cross Jurisdictional Data Linkages Steering Committee and National Health and Medical Research Council Prevention and Community Health Committee. Professor Roder lectures on cancer epidemiology to students at South Australian Universities and supervises students at Masters and PhD level. He was authorised over 200 journal publication and was made a Member of the Order of Australia in 2000 for his contributions to cancer epidemiology.



Dr Diane Wickett, RN RM DipN, BN (Edu) MN (Advanced Practice), PhD

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.



Meetings

Regular council meetings were held during 2012-13 as indicated in Table 2.

Table 2 HPC Members' Meeting Attendance in 2012-13

| | 10 Sep 12 | 3 Dec 12 | 27 Feb 13 | 8 May 13 | Total |
|-----------------------------|-----------|-------------------------|-----------|----------|-----------------------|
| Ms Anne Dunn AM | • | • | • | • | 4/4 |
| Ms Barbara Hartwig | • | • | • | • | 4/4 |
| Dr Michael Beckoff | • | • | • | • | 4/4 |
| Mr Richard Callaghan | • | • | • | | 3/4 |
| Mr James Dellit | • | • | • | • | 4/4 |
| Prof Stephen Duckett | • | • | • | • | 4/4 |
| Prof Lisa Jackson Pulver AM | • | • | • | | 3/4 |
| Ms Mary Patetsos | • | • | • | • | 4/4 |
| Prof David Roder AM | • | • | • | • | 4/4 |
| Dr Diane Wickett | • | • | • | • | 4/4 |
| <i>Table Key</i> | • | <i>Attended meeting</i> | | | <i>Did not attend</i> |

In addition to these formal meetings council members actively participate in working groups, are involved in extensive out of meeting tasks identifying research and data, document preparation and review, formal consultations and review discussions with prescribed bodies and other interested parties.

Executive Support

In accordance with the *Health Care Act 2008*, the HPC Secretariat provides administrative and project support to the council. Pursuant to Part 3, section 14 of *Health Care Act 2008*, with the approval of the Minister for Health and Ageing, the HPC may also make use of other public sector staff, services or facilities in undertaking its role.

In 2012-13, the Secretariat comprised:

Director:

Ms Barbara Power

Principal Health Analyst:

Mr Nicholas Cugley

Senior Project Officer:

Ms Marcela Perez (ceased 14 September 2012)

Principal Health Analyst – Community and Stakeholder Engagement:

Ms Annetay Henderson-Sapir (commenced 3 September 2012)

Project Support Officer:

Ms Julie Edwards

The HPC Secretariat is employed by SA Health as the HPC is not an employing body. Nevertheless, the Secretariat works autonomously in the provision of services to the HPC. The Director of the HPC Secretariat is accountable to the Chief Executive, Department for 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.

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 affecting the public

The HPC is a Ministerial advisory body established on 1 July 2008 under the *Health Care Act 2008*. The website www.hpcsa.com.au provides an overview of the HPC's functions.

The 10 members were appointed by the Governor of South Australia. They were chosen for their collective capacity, qualifications, experience and expertise. Bodies prescribed in the *Health Care (HPC—Appointment of Members) Regulations 2008* 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.

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

- The performance of the South Australian health system
- Significant trends in the South Australians' health status and future priorities for the health system in regards to health outcomes including for particular population groups
- Any other significant issues considered relevant by the HPC.

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

Public participation

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

- HACs
- Advisory committees established by the Minister for Health and Ageing
- Bodies prescribed in the *Health Care (HPC—Appointment of Members) Regulations 2008*
- Other relevant stakeholders.

Types of documents held

The website www.hpcsa.com.au contains information about the HPC's terms of reference, vision, mission, values, annual reports, members and Secretariat staff.

The HPC provides four yearly reports on the overall performance of the health system. The first of these 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 and is available on the HPC's website. 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 to the HPC's records should be addressed to:

Principal Officer – FOI
Health Performance Council
PO Box 3246
Rundle Mall SA 5000
Telephone: (08) 8226 3188; Facsimile: (08) 8226 5220

Acronyms

| | |
|-------------|---------------------------------------|
| CVD | Cardiovascular Disease |
| GHR | Generational Health Review |
| HACs | Health Advisory Councils |
| HPC | Health Performance Council |
| NHPA | National Health Performance Authority |
| SA | South Australia |
| WHO | World Health Organization |

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