

Annual Report 2013-14

Health Performance Council



Government
of South Australia

Health Performance Council

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Annual Report 2013-14**

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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 2014, 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 2014

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Message from the Chairperson

This report marks the end of the second year of a four year term of office for the second Health Performance Council (HPC or the council).

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 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.

'The Health Performance Council has provided an invaluable service to the people of South Australia throughout its existence. ... the HPC has proven its value as an independent evidence-based monitor of the performance of our health system and has been empowered to analyse, evaluate and provide advice about improvements that continue to result in real benefits to health consumers and health service providers.'

Professor Michael Kidd AM, Executive Dean, Faculty of Medicine, Nursing and Health Sciences, Flinders University 2014

In carrying out these tasks during the last twelve months the HPC has:

- a) Analysed a wide range of system performance data and the stories that give colour and meaning to the data. This evidence is used to develop a coherent story about South Australian performance trends over time, and where identified, any differences in health care delivery and outcomes between geographical areas and for specific population groups. The Council aims to spotlight any variations as potential areas for focus in improving the health of all South Australians.
- b) Reviewed the adequacy and appropriateness of end of life care for South Australians, especially implementation of SA Health's "Palliative Care Services Plan 2009-2016 and reported its findings to the Minister for Health. The report findings and advice were well received and have subsequently influenced system improvements.

'...there have been positive health and systems outcomes linked with work done by the HPC in the end of life space, due to work of the HPC being referred to and drawn upon to inform positive, informed action and help develop solutions....the recent end-of-life report provided valuable supporting data and evidence, as well as suggestions for change.'

Dr Patricia Montanaro, President, Australian Medical Association (SA) 2014

- c) Maintained its focus on monitoring Aboriginal Health care and outcomes. Consultations with Aboriginal leaders have led to the identification of priority areas where the most impact could be achieved by the health system.

'If we are to ever close the gaps in Aboriginal health and begin the process of securing better health outcomes, then we need the HPC and the work that they do.'

To not have a robust means of monitoring and evaluating our health performance is to disable our services in the future, as small problems are left to fester into huge burdens on our society and our limited financial resources. As they say "a stitch in time saves nine". Without the HPC we would not know where to start the stitching'

Mr Richard King, Director, Aboriginal Services Unit Department for Correctional Services 2014

These achievements have been enhanced by the valuable contributions from the public, consumers, community organisations and those working within the public and private health systems. The HPC is thankful for this ongoing engagement.

The HPC is mindful that the public health system is in a period of transformation that is likely to continue for some time as the State Government grapples with building the most efficient and best quality system to provide the best, most affordable health outcomes for South Australians.

'At a time when the health system is about to possibly undergo significant change, I believe it is essential to have an organisation such as the HPC to assist and offer critical comment on any proposed changes. Not only does it offer independent opinion, it is uniquely placed to provide essential advice and to analyse the impact of proposed change'. Mr Laurie Lewis, Chairman, Defence Communities Association

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.

This report presents the work of the HPC in the last year - the preparation of a comprehensive picture of the health system's performance, and two case study areas of particular concern: improving end of life care and Aboriginal health.

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.

Finally, it is with much sadness that we report the sudden passing of Mr Jim Dellit on 28 May 2014. Jim was a highly conscientious and valued member of the HPC (and before that as a deputy member), acknowledged for his honed skills of analysis and review. His passion for delivery of public sector services in the best possible way to meet community needs was a trademark quality that will be greatly missed by the HPC and beyond.

Yours sincerely



Anne Dunn
Chairperson
Health Performance Council

Introduction

The HPC is South Australia's only external review body for the health system providing expert, independent monitoring necessary to ensure accountability, transparency and public trust.

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
- 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 2013–14 has focused on significant review activities towards the preparation of that report.

The research and evaluation activities undertaken by the HPC during 2013-14 has enabled it to provide independent assurance to the Minister for Health, the Parliament and the community of SA that South Australia maintains an effective world class health system.

The HPC and its secretariat have significant expertise in health service administration, policy and data analysis, epidemiology, health economics, research and evaluation, and delivery of aged-care, and in engagement with culturally and linguistically diverse and Aboriginal groups and the broader community.

The HPC has demonstrated positive impacts on the quality of the health system.

Current national reporting requirements contribute to high level, broad-brush performance monitoring. National bodies, however, do not drill down, fully consider local South Australian factors, nor advise on future improvements to the system.

Due to its methods and membership, the HPC is capable of drawing together the disparate elements of the South Australian health system to provide insights. For example: *Assessing data, the HPC revealed country residents receive less community mental health care, specialised psychiatric care and follow-up after hospital discharge for a mental health reason, indicating areas for reallocating resources to reduce burden on hospitals.*

The HPC provides frank advice on whether departmental strategies are being implemented as planned. For example: *The HPC reported that quality engagement of rural South Australians remains a weakness despite Country Health SA's 3 Year and 10 Year Plans.*

The HPC applies technical rigor to its analyses. For example: *The HPC found a strong correlation between remoteness and dying in hospital and that a significant number of South Australians die in hospital due to under recognition of end-stage chronic diseases. These findings led to advice for ways to better meet South Australian's expectations while creating savings.*

The HPC formally reviews its processes and outcomes on an annual basis and identifies areas for increasing its effectiveness and improving its governance. Feedback from a recent stakeholder survey indicated that:

- Respondents valued all of HPC's core functions, with consideration of consumers' and stakeholders' views the most valued.
- Responses re HPC's performance across the functions were overall positive.
- Most respondents find some usefulness in HPC's reports.
- A majority of respondents to the question about HPC's strengths remarked on its independence.
- Increased communication and engagement were the most often mentioned areas for improvement.

The HPC is efficient and contributes to cost savings.

The HPC provides a cost effective advisory service to the Minister for Health and the health system that contributes to quality service outcomes and cost savings. *For example, in 2013, the HPC identified up to \$13 million in savings annually for SA Health through improving end of life care. This review was undertaken quickly and within existing resources.*

2013-14 Highlights

Health System Performance Review

2013-14 saw the Health Performance Council continue to build on its understanding of the health status of the community, and to develop measures for evaluating how well the health system is performing in responding to the health needs of South Australians. Performance measures were developed in consultation with SA Health, clinicians, community representatives, health system managers, and other expert stakeholders. The objective of assessing and reporting on the operation and effectiveness of South Australia's entire health system right across the continuum of care, from harm prevention to end-of-life care, poses an enormous challenge. However, out of this consultative process, the HPC has shortlisted a relatively small set of key representative health system performance measures for review that it will report on as priorities.

A focussed evaluation of these key priority measures will be presented in the final report, due in December 2014, and form the basis for the HPC's advice to the Minister for Health for improving the performance of the South Australian health system.

Improving End of Life Care

Quality end of life care is an important measure of a humane society and an essential element of health care systems. 'Improving End of Life Care for South Australians: A Report by the Health Performance Council of SA' was prepared in response to a request from Minister for Health, Hon Jack Snelling, that the Health Performance Council investigate the achievements and barriers to progress on SA Health's *Palliative Care Services Plan 2009-2016*. The HPC consulted with 33 organisations and nearly 350 individuals during preparation of the report.

The report reviewed progress on the implementation of SA Health's plans and considers ways to improve the quality of life for South Australians at the end of life. The HPC concluded that while

there was clearly progress being made towards the implementation of the Plan, there are many areas requiring attention and that the topic is much larger than can be covered by a review of palliative care arrangements.

The HPC made recommendations in the following areas:

1. Increase identification of the end of life stage
2. Make advanced care directives work
3. Do what was intended
4. Work better together, and
5. Put people first.

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

Aboriginal Health Case Study

One of the core functions of the Health Performance Council under the *Health Care Act 2008* is to advise the Minister for Health about health outcomes for particular population groups where appropriate. Since its inception, the HPC has identified Aboriginal health as a priority reporting area.

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 in 2011-12 highlighted lack of access to culturally appropriate health services and inadequate responsiveness to needs across the health sector as significant issues.

We therefore reviewed the status of Aboriginal health and the health system's response during 2011-2014 and are currently producing two documents:

- The 'State of Our Health: Aboriginal Population Compendium' is a collection of key quantitative measures presented without judgment or interpretation intended to be a resource for researchers and policy makers.
- The HPC's 'Aboriginal Health in South Australia 2011-2014: A Case Study' interprets this and other data to assess how the health system is performing for Aboriginal people.

We collaborated on elements of the case study with the Wardliparringga Aboriginal Research Unit at the South Australian Health and Medical Research Institute. We also consulted closely with the Aboriginal Health Council of SA to develop our priority focus areas and the examination of workforce issues. We consulted more widely with Aboriginal health leaders and Aboriginal leaders in other areas through two Aboriginal Leaders' Forums in 2013 and 2014. A working group of Aboriginal leaders from across government, university and community-controlled sectors worked closely with us outside the forums.

Both of these documents will be published early in the next financial year and available on the HPC website, www.hpcsa.com.au.

Rural Mental Health Case Study

This case study topic was developed through consultation with country Health Advisory Councils (HACs).

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 case study highlighted:

- 1 in 6 South Australians have a diagnosed mental health condition and there wasn't much difference between the city and the country. However mental health risks and poor outcomes were much higher in some country areas.
- Rural and regional South Australians were half as likely to seek help for mental health issues. Promotion and early intervention were critical to better outcomes.
- People in country SA received less services, like alcohol and drug services, community mental health services, specialised psychiatric care in hospital, and follow-up for mental health in the community.
- Mental health crisis care and infrastructure have improved. Continuity of care and workforce competence and sustainability remain as challenges.
- Actively involving communities will be the foundation of most efficiently meeting these challenges. The valuable knowledge of Health Advisory Councils could be better used.

The report from this case study was presented to the Minister for Health and Ageing in August 2013. Copies of the report can be obtained from the HPC website, www.hpcsa.com.au.

List of Health Performance Reports

- Review of Country Health Advisory Councils' Governance Arrangements
- State of Our Health
- Mental Health in Rural and Remote South Australian Communities
- Improving End of Life Care for South Australians
- Annual Reports: 2009-10, 2010-11, 2011-12, 2012-13
- Four-Yearly Reports: 2010

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

On the Immediate Horizon

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

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
- SA Clinical Senate
- Statewide 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;
- Defence Communities Association previously 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 reports specifically on the performance of Local Health Networks and Medicare Locals 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 2013-14, the HPC has continued to enhance its relationships with these organisations.

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.

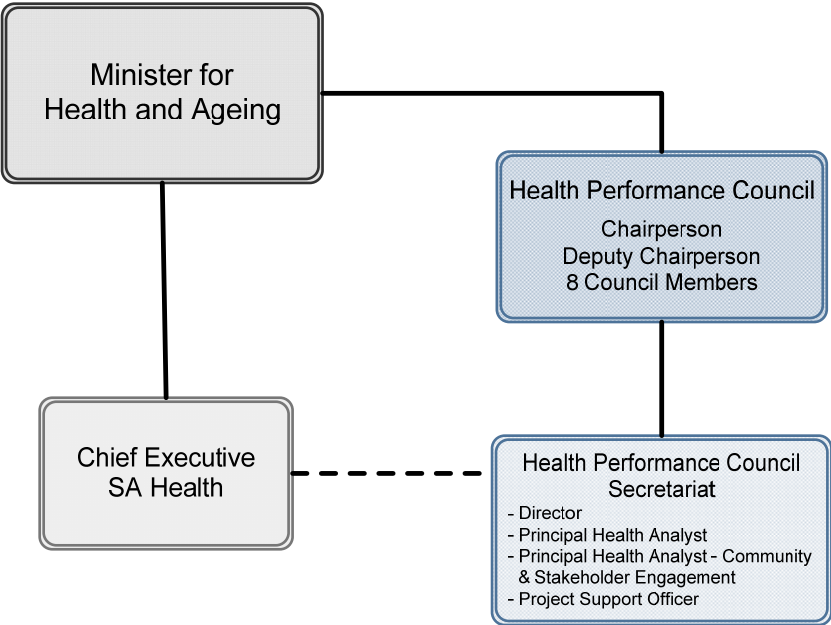
We aim to foster improved accountability, community engagement and performance improvement within the South Australian health system through our review processes.

Engagement is in our DNA. We value effective community and stakeholder engagement as a fundamental aspect of performing our role.

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 HPC added domains of specific health workforce and community engagement).

Table 1. HPC Performance Monitoring Framework

<p>Health Status</p> <p>How healthy are Australians? Is it the same for everyone? Where are the best opportunities for improvement?</p>			
<p>Health Conditions</p> <p>Prevalence of disease, disorder, injury or trauma or other health related states</p>	<p>Human function</p> <p>Alterations to body, structure or function (impairment), activity limitations and restrictions in participation</p>	<p>Wellbeing</p> <p>Measures of physical, mental, and social wellbeing of individuals</p>	<p>Deaths</p> <p>Mortality rates and life expectancy measures</p>
<p>Determinants of Health</p> <p>Are the factors determining good health changing for the better? Where and for whom are these factors changing? Is it the same for everyone?</p>			
<p>Environmental factors</p> <p>Physical, chemical and biological factors such as air, water, food and soil quality</p>	<p>Community and socioeconomic</p> <p>Community factors such as social capital, support services, and socioeconomic factors such as housing, education, employment and income</p>	<p>Health behaviours</p> <p>Attitudes, beliefs, knowledge and behaviours such as patterns of eating, physical activity, smoking and alcohol consumption</p>	<p>Bio-medical factors</p> <p>Genetic-related susceptibility to disease and other factors such as blood pressure, cholesterol levels and body weight</p>
<p>Health System Performance</p> <p>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?</p>			
<p>Effectiveness</p> <p>Care/intervention/action provided is relevant to the client's needs and based on established standards. Care, intervention or action achieves desired outcome</p>	<p>Safety</p> <p>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</p>	<p>Responsiveness</p> <p>Service is client orientated, Clients are treated with dignity, confidentiality, and encouraged to participate in choices related to their care</p>	
<p>Continuity of Care</p> <p>Ability to provide uninterrupted, coordinated care or service across programs, practitioners, organisations and levels over time</p>	<p>Accessible</p> <p>People can obtain health care at the right place and right time irrespective of income, physical location and cultural background</p>	<p>Efficiency & Sustainability</p> <p>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</p>	
<p>Health Workforce Performance</p> <p>Are the community receiving quality health services in a timely manner delivered by a health workforce committed to continuous improvement?</p>			
<p>Competence</p> <p>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</p>	<p>Commitment</p> <p>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</p>	<p>Capacity</p> <p>Workforce is sustained by effective attraction, recruitment, retention and professional development strategies ensuring delivery of quality health services by employees and volunteers</p>	
<p>Community/Individual Engagement</p> <p>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?</p>			
<p>Capability</p> <p>System has sustainable resources and processes for appropriate engagement with the community and others leading to system improvement valued by all</p>	<p>Collaboration</p> <p>Within a spirit of respect and transparency, the system and stakeholders engage in a purposeful way to achieve desired individual/system improvements</p>	<p>Contribution</p> <p>System has a culture and practice of community/individual participation in delivering system improvements and health outcomes for the SA population</p>	

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 South Australia's Strategic Plan 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.



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.

Professor Stephen Duckett, PhD DSc FASSA FAICD

Professor Stephen Duckett is Director of the Health Program at Grattan Institute in Melbourne and Emeritus 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 and of the Institute of Company Directors.

Mr James Dellit, BA Dip Ed (1 July 2013 – 29 May 2014)

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 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 the National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data. She is a member of the Australian Medical Council and on the Australian Statistical Advisory Committee. She is the Director of Muru Marri at the School of Public Health and Community Medicine 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, the Cancer Institute NSW since 2004 and the Cancer Council South Australia since 2011. He is a Senior Principal Research fellow and holds the Beat Cancer Research Chair with the South Australian Health and Medical Research Institute (SAHMRI). Professor Roder is affiliated with over 20 lead committees, standing as Chair on five 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 supervises students at Masters and PhD level. He has authored over 200 journal publications and was made a Member of the Order of Australia in 2000 for his contributions to cancer epidemiology.

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

Dr Wickett has been involved in the area of nursing and midwifery locally and nationally for over 35 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); Manager Registration and Investigations, Nurses Board of South Australia; Director – Education, Royal District Nursing Service; Professional Officer, Australian Nursing and Midwifery Federation SA Branch; Project Consultant on Commonwealth funded projects relating to nursing and midwifery practice; Board, Governance and Finance Committee Member Resthaven Inc; and Deputy Chair of the Overseas Qualifications Board.



Meetings

Regular council meetings were held during 2013-14 as indicated in Table 2.

Table 2 HPC Members' Meeting Attendance in 2013-14

	24 Jul 13	4 Sep 13	29&30 Oct 13	29 Dec 13	26 Mar 14	28 May 14	Total
Ms Anne Dunn AM	•	•	•	•	•	•	6/6
Ms Barbara Hartwig	•	•	•	•	•	•	6/6
Dr Michael Beckoff	/	•	/	•	•	/	3/6
Mr Richard Callaghan	•	•	/	/	•	/	3/6
Mr James Dellit	•	•	•	•	•	/	5/6
Prof Stephen Duckett	•	•	•	•	•	•	6/6
Prof Lisa Jackson Pulver AM	•	•	•	•	/	•	5/6
Ms Mary Patetsos	•	•	•	•	•	•	6/6
Prof David Roder AM	•	•	•	•	/	•	5/6
Dr Diane Wickett	•	•	•	•	•	•	6/6
<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 2013-14, the Secretariat comprised:

Director:

Ms Barbara Power

Principal Health Analyst:

Mr Nicholas Cugley

Principal Health Analyst – Community and Stakeholder Engagement:

Ms Annetay Henderson-Sapir

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

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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