

Annual Report 2014-15

Health Performance Council



Government
of South Australia

Health Performance Council

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Annual Report 2014-15**

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The Health Performance Council 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

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 2015, 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 2015

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Message from the Chairperson

It is with great pleasure I present the 2014-15 Annual Report for the Health Performance Council of South Australia (HPC), outlining some significant achievements over the last year.

It has been an exciting and challenging 12 months for the HPC. We are South Australia's *only* external review body for the health system providing expert, independent monitoring necessary to ensure accountability, transparency and public trust. Despite this, our council was one of many originally listed for abolition as part of the state-wide reform of government boards and committees. However, this decision was reversed and I'm very pleased to confirm that the HPC will continue in its vital role.

During this period of uncertainty the HPC didn't sit idle. We continued to work hard and completed several important reviews into how effectively the South Australian health system responds to the needs of the population.

So what did we find? What we know from independently reviewing and analysing the wealth of available data, and consulting widely with clinicians, managers, community leaders, prescribed bodies and other interested parties is that, overall, South Australia has a health system that we can be proud of. By world standards it *is* delivering effective services to our community and responding well to health care needs that range in complexity across our lifespan and impact in different ways on our families, friends and colleagues.

That said, we did identify areas for improvement. There's variation in the system's response and not everybody benefits equally from our health services. Some population groups, and in particular Aboriginal people, can miss out on equitable health care outcomes.

And while the HPC is pleased to see significant efforts to reduce time spent waiting for hospital-based care, we would also like to see primary health care and early intervention services be more highly valued.

Also, we would like to see the health system embrace consumer and community engagement more fully and realise the benefits gained from greater transparency and public accountability for its performance.

What the HPC *doesn't* want to see is a system that believes creating a plan for change is the end of the journey. There are already many good plans that have taken hours of work and consumed significant resources. But we find little evidence of these plans being effectively implemented or evaluated before further plans are developed.

So in 2015-16 and beyond we look forward to continuing our productive relationship with the Minister for Health, SA Health, the wider health system and the community at large. With the 2011-14 review behind us and the future of the HPC assured, work has now commenced in earnest on our next four-yearly review for the period 2015-2018.

In closing, I wanted to personally thank those of you who continued to support us over the last year, and especially the many health-based community organisations and university researchers who generously shared their research and insights with us. Our work would have been impossible without you. And last but not least I wanted to thank the professional and dedicated work of the HPC Secretariat in supporting the Council in fulfilling its mandate.

Yours sincerely



Anne Dunn
Chairperson
Health Performance Council

2014-15 Highlights

It was a busy and productive year for the Health Performance Council. We completed an extensive evaluation of Aboriginal health in South Australia, and delivered our second major four-yearly review of the performance of the South Australian health system. Work has now commenced in earnest on our next major four-yearly review for the period 2015-2018.

Major evaluation of the performance of the South Australian health system for the period 2011-14

The HPC was established with a primary purpose to independently monitor and review the health system's performance in delivering a quality healthcare system for all, and report our findings to the public through the Minister for Health and Parliament. At the end of 2014 we completed our second major evaluation of the performance of the South Australian health system, this one for the period 2011-14. The report, *What's Working, What's Not* evaluated a priority set of key representative health system performance measures and concluded that:

1. We have a health system that by world standards is delivering effective services to many South Australians whose health care needs range across their lifespan from simple to highly complex. During 2011-2014 our health system faced increasing budget and demand pressures but still achieved significant health gains for many South Australians. This is due to the dedicated efforts of its workforce who sought to deliver quality services and contain costs.

However...

2. While many of us are living longer in good health, some of us are not. Not everybody is benefiting from our health services – many identified population groups are missing out on accessing suitable services or gaining equitable health care outcomes. These groups include people from culturally and linguistically diverse backgrounds, rural and remote communities, veterans, prisoners and Aboriginal South Australians as well as people with sexual and gender diversity. The health system fails to focus as much on vulnerable groups as it ought.
3. In particular, while the poor health status of Aboriginal people is well known in the health system there is no cohesive approach to improving the outcomes for this population group. We found that implementation and monitoring of SA Health's *Aboriginal Health Care Plan* was inadequate and illustrated the lack of attention paid to the failure of health services to reach set targets. Further, actions for improvement when undertaken were often established as time limited projects and not incorporated into mainstream health delivery services. Many successful projects were stopped when funding ran out creating a syndrome described by Aboriginal health leaders as "if it works – defund it".
4. Rising demands on acute services have led to increased efforts to improve the patient journey in hospitals by reducing the time spent waiting for elective surgery, emergency care, outpatient appointments and admission to hospital. While we acknowledge that this is important work, and improvements are urgently needed, primary health care and early intervention services appear not to be valued as an integral part of the health system's efforts to achieve health for all. A relative lack of focus on building the capacity of the preventative and primary health care sectors makes it all that much harder for the system to meet the health care needs of vulnerable populations at an earlier and less costly stage.
5. The health system is awash with clinical, administrative and population health data, but we found limited evidence that the system linked and analysed this data or disseminated results to inform decision making across the health system for continuous improvement purposes. Gaps evident in the collection of relevant data for vulnerable populations make it virtually impossible to develop a complete picture of the variations in their health

outcomes and makes identification of progress or problems difficult. The health system is also in danger of believing that creating a plan for change is the end of the journey. There are many plans – good plans - that have taken hours of work and consumed significant resources but little evidence that the plans have been effectively implemented and evaluated before further plans are developed.

6. The health system does not embrace consumer and community engagement and the benefits gained from greater transparency and public accountability for its performance. Further, we detected a defensive tone on occasions when feedback is provided and this was also reported by the community sector. There is a considerable opportunity being missed in engaging communities and front-line staff in collaborative problem solving to ensure better health for everyone.

We expanded on these six key findings with 26 pieces of independent advice to the Minister for Health on areas of potential improvement, based around seven domains:

DOMAIN 1 – BUILDING HEALTHY COMMUNITIES

- HPC advice 1:** The Minister for Health require SA Health to set a performance outcome that all LHNs increase childhood immunisation rates to 92% or greater by 2018, with a priority focus on Aboriginal rates.
- HPC advice 2:** The Minister for Health take action with the Minister for Ageing to develop a joint plan with the aged care and primary care sector that will increase protection of the older population from vaccine preventable conditions.
- HPC advice 3:** The Minister for Health request the Minister for Education and Child Development to set a target of 80% by 2018 for the percentage of vulnerable families with young children accepting sustained home visiting services with a particular focus on Aboriginal families.
- HPC advice 4:** The Minister for Health require SA Health to work with the primary health care networks to raise the rate of all children receiving fourth year developmental checks to 70% by 2018.

DOMAIN 2 – GETTING INTO THE SYSTEM

- HPC advice 5:** The Minister for Health require SA Health to manage a reduction to 15% or less by 2018 of people living in country South Australia reporting delaying or not seeing a dental professional.
- HPC advice 6:** The Minister for Health request the Department for Health and Ageing investigate what actions South Australia can take to reduce household out-of-pocket medical expenditure.
- HPC advice 7:** The Minister for Health take action with the Minister for Ageing to develop a joint plan with the aged care and primary care sector that will increase the percentage of older people receiving annual health assessments to 35% by 2018.
- HPC advice 8:** The Minister for Health require the SA Dental Service to reduce the percentage of people who wait one month or more for public dentistry to 70% or less by 2018.
- HPC advice 9:** The Minister for Health require SA Health to set a performance outcome that all Local Health Networks increase the rate that Aboriginal people attending hospital emergency departments are seen on time (treated within national benchmarks) to 75% or above by 2018.

DOMAIN 3 – BEING TREATED WELL

- HPC advice 10:** The Minister for Health ask the South Australian Health and Medical Research Institute (SAHMRI) to investigate, in collaboration with the Aboriginal community, what action can be taken by primary and community health care sectors to reduce the rate of potentially preventable hospitalisations for Aboriginal people.
- HPC advice 11:** The Minister for Health take action with the Minister for Ageing to develop a joint plan with the aged care sector that will reduce the rate of hospital patient days used by those eligible and waiting for Residential Aged Care to 1.0 per 100 patient days or less by 2018.
- HPC advice 12:** The Minister for Health require SA Health to direct Local Health Networks to investigate, in collaboration with Aboriginal leaders, the causes of each hospital's discharge against medical advice rates and develop appropriate implementation and monitoring strategies to achieve the SA Health target by July 2016.
- HPC advice 13:** The Minister for Health require the Department's Mental Health Unit to work with Local Health Networks to assess rates of community follow-up within seven days of discharge from a psychiatric care admission, and develop strategies to increase this rate to 75% by 2018.
- HPC advice 14:** The Minister for Health require SA Health to work with the primary care sector to develop strategies to help people feel supported when they seek primary care.

DOMAIN 4 – GETTING GOOD OUTCOMES

- HPC advice 15:** The Minister for Health require the SA Cancer Registry to include cancer stage at diagnosis as a core item in its database, and SA Health to make private hospital data available to SA-NT DataLink for data linkage.
- HPC advice 16:** The Minister for Health require the Department to assess the rate of adverse events, and develop strategies to reduce the rate to less than 10 per 100 overnight separations by 2018.
- HPC advice 17:** The Minister for Health require SA Health, through its Infection Control Service, to continue implementation of quality programs aimed at improving infection control in hospitals, and monitoring the effectiveness of new interventions.
- HPC advice 18:** The Minister for Health require SA Health to develop strategies that will close the gap in the rates of potentially avoidable deaths between Aboriginal and non-Aboriginal people in South Australia by 2018.
- HPC advice 19:** The Minister for Health require SA Health to develop strategies that support the community with the psychosocial and respite supports critical to helping people with a terminal illness remain at home if they wish.

DOMAIN 5 – WORKING EFFICIENTLY AND REMAINING SUSTAINABLE

- HPC advice 20:** The Minister for Health require SA Health to develop strategies and implement efficiencies that will reduce growth in health expenditure per person to bring South Australia's expenditure back to the Australian average within five years.

HPC advice 21: The Minister for Health require SA Health to develop strategies that will improve length of stay by identifying patients that can be better cared for in non-acute hospital settings.

HPC advice 22: The Minister for Health require SA Health to continue with its workforce commitments set out in its Strategic Plan, including identifying new approaches that further develop a competent, flexible, sustainable, responsive, and diverse workforce.

HPC advice 23: The Minister for Health require SA Health to develop strategies and implement efficiencies that will reduce growth in cost per casemix to a nominated target (e.g. Consumer Price Index) to bring down the South Australian average to the national average over a five year period.

DOMAIN 6 – ENGAGING WITH THE COMMUNITY

HPC advice 24: The Minister for Health request that SA Health build on its Framework for Active Participation by establishing a single point of contact to support units across SA Health to conduct quality engagement.

HPC advice 25: The Minister for Health request that SA Health commission a consumer experience survey of Aboriginal and culturally and linguistically diverse South Australians to complement its existing mainstream survey.

DOMAIN 7 – IMPROVING SA POPULATION HEALTH DATA COLLECTION & ANALYSIS

HPC advice 26: The Minister for Health recommend to Government that it supplements its data collection with purposeful sampling of specific population groups and routinely report on these groups on a cyclic basis.

Our report was tabled in Parliament in March 2015 and is now available with our other reports on the HPC website, www.hpcsa.com.au.

SA Health is required under legislation to provide the HPC with a formal reply to our findings and recommendations, and to also table this reply in Parliament¹.

¹ SA Health's formal reply to the HPC's findings in the 2014 report was tabled in Parliament on 30 July 2015.

Aboriginal Health – Population Compendium and Case Study

A core function of the HPC is to advise the Minister for Health about health outcomes for particular population groups, including Aboriginal and Torres Strait Islander people. Under the *Health Care Act 2008*, Aboriginal and Torres Strait Islander people are recognised as 'having a special heritage and the health system should, in interacting with Aboriginal people and Torres Strait Islanders, support values that respect their historical and contemporary cultures' (our emphasis). Since its inception, the HPC has identified Aboriginal health as a priority 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.

During 2014-15 we again reviewed the status of Aboriginal health and the health system's response to the health needs of Aboriginal people and completed two reports:

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

We took the *Compendium* to Aboriginal leaders in South Australia and asked them to help identify which measures represented standout performance improvements, or challenges, or a mix of both in the South Australian health system's response to the health outcomes of the Aboriginal population.

Aboriginal leaders identified 15 out of the more than 100 measures reported in the *Compendium* for "spotlighting" as significant issues in their communities, representing priority focus areas for ongoing monitoring and improvement. Broadly, the spotlighted indicators were across five areas:

1. Pregnancy, antenatal care, childbirth and early childhood
2. The impact of smoking rates
3. Management of chronic disease and long-term health conditions
4. Mental health, psychological distress and suicide
5. Access to health services and continuity/quality of care

The *Case Study* was a comprehensive qualitative and quantitative evaluation that delivered four key findings:

1. Some health service areas are succeeding in reducing the population health status differences between Aboriginal and non-Aboriginal people but the gap remains a significant challenge.
2. Concerted system efforts are assisting many Aboriginal people to achieve health gains but significant numbers are still missing out.
3. More Aboriginal people are accessing the right health care but the health system must do more to provide respectful, safe, relevant health services.
4. Aboriginal people are underrepresented in the health sector workforce and this needs to be addressed as a matter of urgency.

Based on these four findings, we formulated ten separate pieces of independent advice to SA Health on how the health system could work better for Aboriginal people.

1. SA Health to reduce any variations in health care outcomes between Local Health Networks for Aboriginal people living in South Australia and aim for at least the national level for Aboriginal people in all Networks by 2018.
2. SA Health continue to provide culturally appropriate antenatal care by building on the successful Aboriginal Family Birthing Program to achieve antenatal care outcomes and meet existing targets for Aboriginal mothers and babies by 2018.
3. SA Health, through its Local Health Networks, support the efforts of local governments, Medicare Locals or their successor, Aboriginal community-controlled services and public clinical services to lift the immunisation rate of Aboriginal children to at least 92% by 2018.
4. SA Health to re-establish strategies to identify Aboriginal patients, like including identification methods in staff training, from July 2015.
5. The Chief Executive of SA Health hold Local Health Networks accountable for the production of public, quality local implementation plans as soon as they can and no later than December 2014.
6. SA Health continue to lead the implementation and monitoring of culturally appropriate smoking cessation programs and achievement of smoking rates to meet the SA Government target of 16.5% by 2018.
7. SA Health to make sure all the steps recommended in the 'Summary Report: Statewide Aboriginal Mental Health Consultation July 2010' are put in place by July 2016.
8. SA Health work with the relevant services to meet the community follow-up after psychiatric discharge COAG 'National Action Plan on Mental Health' target of 75% by July 2016.
9. The Chief Executive of SA Health to include Aboriginal status identification levels of employees in annual Health Performance Agreements, with a goal of each local health network having at least 80% of employee records with an Aboriginal identifier by 2016.
10. SA Health to report on and address by July 2015 why it has not met the South Australia's Strategic Plan target for 2% of its workforce to be Aboriginal across all classification levels by 2014.

In preparing both the *Compendium* and *Case Study*, we collaborated with the Wardliparrangga Aboriginal Research Unit at the South Australian Health and Medical Research Institute (SAHMRI). 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.

SA Health responded to the findings and advice in our *Case Study* in September 2014.

Both the *Compendium* and *Case Study* are available with our other reports on the HPC website, www.hpcs.com.au.

On the Immediate Horizon

We look forward to continuing our productive relationship with SA Health as we consider the implications of its formal reply to the findings and recommendations in our report into the performance of the South Australian health system for the period 2011-14.

With the 2011-2014 review behind us, work has now commenced in earnest on our next four-yearly review for the period 2015-2018. We met at the end of June 2015 and identified five potential priority topic areas to cover:

1. Transforming Health
2. Effectiveness of the consumer voice
3. Interfaces between primary, acute, and community care
4. Aboriginal health, with a focus on low birthweight
5. Health priorities and outcomes in the Culturally and Linguistically Diverse communities, with a focus on aged persons in these communities.

However, continued effective community and stakeholder engagement is a fundamental aspect of performing our role. We want to consult widely with our partners and seek *their* views on what topics *they* think are important to include in the HPC's 2015-2018 review. So we shall soon begin a formal process of seeking the advice of prescribed bodies, stakeholders, leaders, clinicians, and the community on aspects of the health system that are working well, those that are improving, and those that could be improved or present challenges.

Finally, the next few months will also see a comprehensive update and refresh of our popular *State of Our Health* product – a comprehensive and current view of what the South Australian population looks like, its health status, and emerging trends in population health outcomes.

Ongoing Key Relationships

In order to ensure the HPC is well informed about health issues affecting South Australians and the health system, the HPC relies on 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 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
 - Primary Health Care Networks
- 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 complementary 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 2014-15, the HPC has continued to enhance its relationships with these organisations.

Health Performance Council

Our purpose

The Health Performance Council (HPC) is an efficient and effective working Ministerial advisory body of currently seven members, including the Chair and Deputy Chair. Established on 1 July 2008 under the *Health Care Act 2008*, **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.**

The South Australian government, along with its federal and local government counterparts, as well as various non-government sources, together contribute more than \$10 billion per year in running the South Australian health system – an investment of over \$6,000 per person per year – and rising. The system is huge, busy, and complex. So it is with respect for the complexity of this system, respect for the more than 100,000 people that work in it, and respect for the nearly 1.7 million people that it services, that we evaluate the health system's performance in responding to the health care needs of the community, and make our recommendations on areas of potential improvement.

We meet continuously throughout the year, bi-monthly, and consult widely in-between sessions for the purpose of developing independent advice and reporting on the performance of the South Australian health system to the Minister for Health, the Parliament and the public.

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.

Our vision is for South Australia to be recognised as having an independent and evidence based appraisal of its health system.

Our mission

We are committed to the provision of independent advice to the Minister for Health 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 values

We are guided by the following values:

Respect	We value and recognise the differences, beliefs, customs, and heritage within the community
Accountability	We are committed to the HPC responsibilities under the <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

We strive to demonstrate the behaviours we value in our interactions with others when reviewing the performance of the South Australian health system.

Our strategic directions

We continually 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.

Our impact

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. Further, the health system is awash with clinical, administrative and population health data, usually linked to activity-based funding. However, there is limited evidence that the system links and analyses this data or disseminates results to inform decision-making across the health system for continuous improvement.

HPC members 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. From this combined expertise and the technical rigour that the HPC applies to its analyses, our impact is to draw together the disparate elements of the South Australian health system to provide insights, as well as provide frank advice on whether departmental strategies are being implemented successfully.

Our key function is to conduct four-yearly performance reviews of the South Australian health system, and submit a report to the Minister for Health on:

- The performance of the South Australian health system
- Significant trends in 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 or Minister.

We do this in a way consistent with:

- Strategic objectives 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 we operate 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.

We formally review our own processes and outcomes on a regular basis to identify areas for increasing our effectiveness and improving our governance. Feedback from the most recent survey of prescribed bodies and stakeholders indicate that our core functions are valued, our performance is regarded positively, our reports are useful and our independence is appreciated.

Our history

We were the first council of its kind to be established in Australia, to provide for greater public accountability for outcomes achieved by the South Australian health system.

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.

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 September 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 Health Advisory Councils (HACs). Along with the HPC, these new bodies have played an important role in providing independent advice to the Minister.

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.

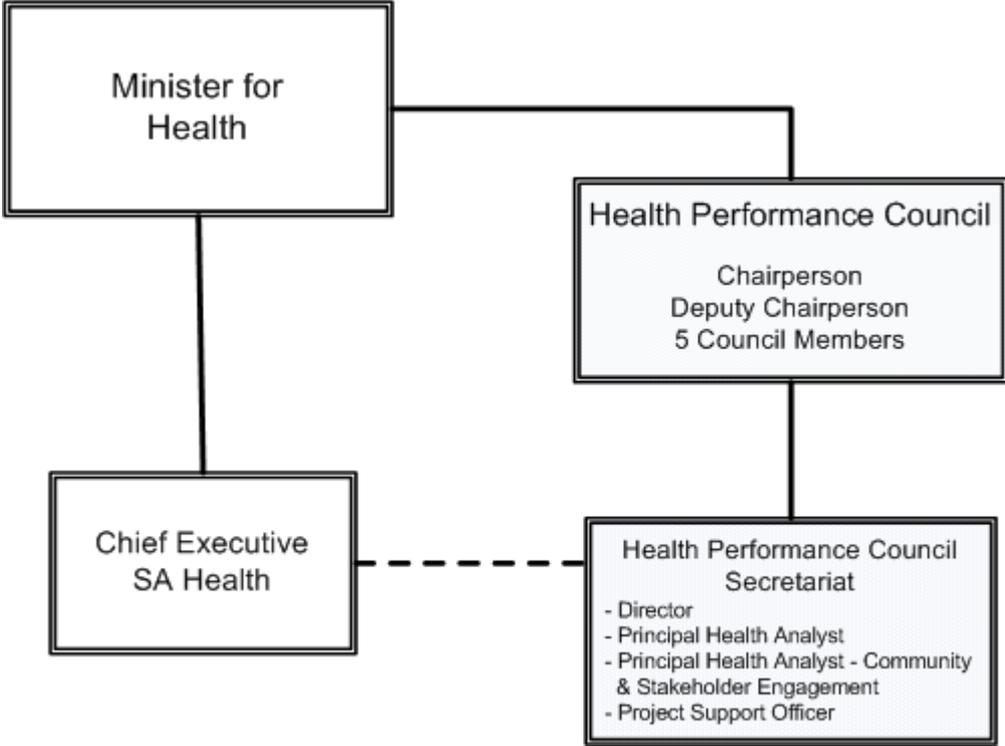
Health inequalities are the result of structured unfairness and result largely from the impact of social and economic conditions on people’s lives. These impacts determine their risk of illness and capacity to maintain health and wellbeing and ability to gain access to and use health services effectively.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

South Australia’s health system comprises a mix of public, private, and non-government sector providers that work independently and collaboratively at a national or state level, 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.

Organisational Structure



Our Performance Monitoring Framework

Health systems are complex with many different accountability relationships for the achievement of outcomes. The Health Performance Council 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 Prevalence of disease, disorder, injury or trauma or other health related states</p>	<p>Human function Alterations to body, structure or function (impairment), activity limitations and restrictions in participation</p>	<p>Wellbeing Measures of physical, mental, and social wellbeing of individuals</p>	<p>Deaths 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 Physical, chemical and biological factors such as air, water, food and soil quality</p>	<p>Community and socioeconomic Community factors such as social capital, support services, and socioeconomic factors such as housing, education, employment and income</p>	<p>Health behaviours Attitudes, beliefs, knowledge and behaviours such as patterns of eating, physical activity, smoking and alcohol consumption</p>	<p>Bio-medical factors 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 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 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 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 Ability to provide uninterrupted, coordinated care or service across programs, practitioners, organisations and levels over time</p>	<p>Accessible People can obtain health care at the right place and right time irrespective of income, physical location and cultural background</p>	<p>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</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 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 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 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 System has sustainable resources and processes for appropriate engagement with the community and others leading to system improvement valued by all</p>	<p>Collaboration 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 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 members of the Health Performance Council are appointed by the Governor of South Australia on the recommendation of the Minister for Health. They are chosen for their collective capacity, qualifications, experience and expertise. Bodies prescribed in the *Health Care (HPC—Appointment of Members) Regulations 2008* are consulted in the appointment process. The broad spectrum of member expertise gives the HPC capacity to provide independent, high level advice to the Minister for Health on the performance of the South Australian health system.

The selection of HPC members takes 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.

There are currently seven members of the HPC.

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.



Mr Rick Callaghan, BM, Grad Dip FC, FGLF, MAMIC, MAICD

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 Indigenous people to be involved in the wealth of the country 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 20 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, the Australian Academy of Health and Medical Sciences and of the Institute of Company Directors.

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, public financing and financial modelling particularly in Aged Care, Local Government and Housing. She is currently a member of the Aged Care Financing Authority, Chair of the South Australian Local Government Grants Commission and previous Member of the South Australian Social Inclusion Board and National Housing Supply Council. She currently is the Chair of the Board of the South Australian Housing Trust and Board Director Aged Care Housing Group. As Chair of 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 has been affiliated with over 20 lead committees, standing as Chair on five of these, including the National Cervical Screening Quality and 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 240 journal publications and was made a Member of the Order of Australia in 2000 for his contributions to cancer epidemiology.

Meetings

Regular council meetings were held during 2014-15 as indicated in Table 2.

Table 2 HPC Members' Meeting Attendance in 2014-15

	21&22 Jul 14	24 Sep 14	25 Nov 14	30 Jun 15	Total
Ms Anne Dunn AM	•	•	•	•	4/4
Ms Barbara Hartwig	•	•	•	•	4/4
Mr Richard Callaghan		•			1/4
Prof Stephen Duckett	•	•	•	•	4/4
Prof Lisa Jackson Pulver AM	•		•	•	3/4
Ms Mary Patetsos	•	•	•	•	4/4
Prof David Roder AM	•		•	•	3/4
<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 discussions with prescribed bodies and other interested parties.

Executive Support

In accordance with the *Health Care Act 2008*, the Health Performance Council 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, the HPC may also make use of other public sector staff, services or facilities in undertaking its role.

In 2014-15, 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.

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
E-mail: hpc@health.sa.gov.au

Public Complaints

No public complaints were received by the HPC in 2014-15.

Acronyms

GHR	Generational Health Review
HACs	Health Advisory Councils
HPC	Health Performance Council
LHN	Local Health Network
NHPA	National Health Performance Authority
SA	South Australia
SAHMRI	South Australian Health & Medical Research Institute
WHO	World Health Organization

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Department for Health

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