

# HPC Revisit Review Country Health Advisory Councils Governance Arrangements

Steve Tully, Chair HPC

Mary Patetsos, Deputy Chair HPC

Professor Jennene Greenhill, HPC member

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# Acknowledgement

We acknowledge this land that we meet on today is the traditional lands for the Kurna people and that we respect their spiritual journey with their country. We also acknowledge the Kurna people as the custodians of the greater Adelaide region and that their heritage beliefs are still as important to the living Kurna people today.

# Thanks to our Project Advisory Group

HPC project sponsors, Dr Stephen Duckett, Prof Jennene Greenhill and Mary Patetsos thank the members of our project advisory group for their time, expertise and guidance to support this review:

- Jeanette Brown, Country Health SA LHN
- Denis Clark, Local Government Association Rep
- Ellen Kerrins, Health Consumers Alliance SA
- Barrie Moyle, Country HAC Presiding Member Panel

And thanks to all our survey and focus group participants for their contributions.

# Session outline

- > Who is HPC?
- > Overview of revisit review
  - Context
  - Methods
  - Governance arrangements
  - Engagement
- > Emerging findings
- > Questions and discussion

# Who is Health Performance Council?

- > Established under SA Health Care Act 2008
- > 4- Yearly Review (2015-2018) topics
  - Implementation of Transforming Health
  - Aboriginal health and workforce outcomes
  - Culturally and linguistically diverse communities health outcomes
  - Country HAC governance (revisit 2011 review)
  - End of Life Care (revisit 2013 case study)
  - Health outcomes for people with mental health and addition issues
- > All reports on our website [www.hpcsa.com.au](http://www.hpcsa.com.au)

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# Findings from our 2011 Country HAC Review

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

# Context

- > Functions outlined in SA Health Care Act (2008) and constitutions/rules
- > HAC members have an unpaid, part-time role
- > Health system organisation is dynamic and constantly changing eg Presiding Members Panel introduced, Premier's review of boards and committees
- > New strategies are implemented eg Country Health Community and Consumer Engagement Strategy in June 2015
- > Social Development Committee Parliamentary Inquiry into Regional Health Services 2016
- > And this year, HACs and Country Health have been developing a Partnership Agreement to clarify roles and staffing to support HAC functions

# Scope of HPC's Revisit Review

## In scope

- > 40 country HACs (39 HACs & CHSALHN Governing Council)
- > Proposed review areas are guided by the findings from the 2011 Country HAC Review of Governance Arrangements

## Out of scope

- > Review of HACs in other LHNs in SA or other jurisdictions
- > Issues outside of Terms of Reference
- > Systematic Review



# Methods for 2016/17 Revisit Review

1. Pulse-check phone interviews (n=15)
  2. Desktop review (n=17)
  3. Survey
    1. Country HACs (n=49)
    2. Country Health staff (n=73 (63 regional; 10 statewide)
    3. Community members (n=44)
  4. Case Examples
  5. Focus Groups (6 HACs & 1 CHSALHN staff)
- > The range of methods used for data collection allow us to bring different perspectives together and validate what we observe.

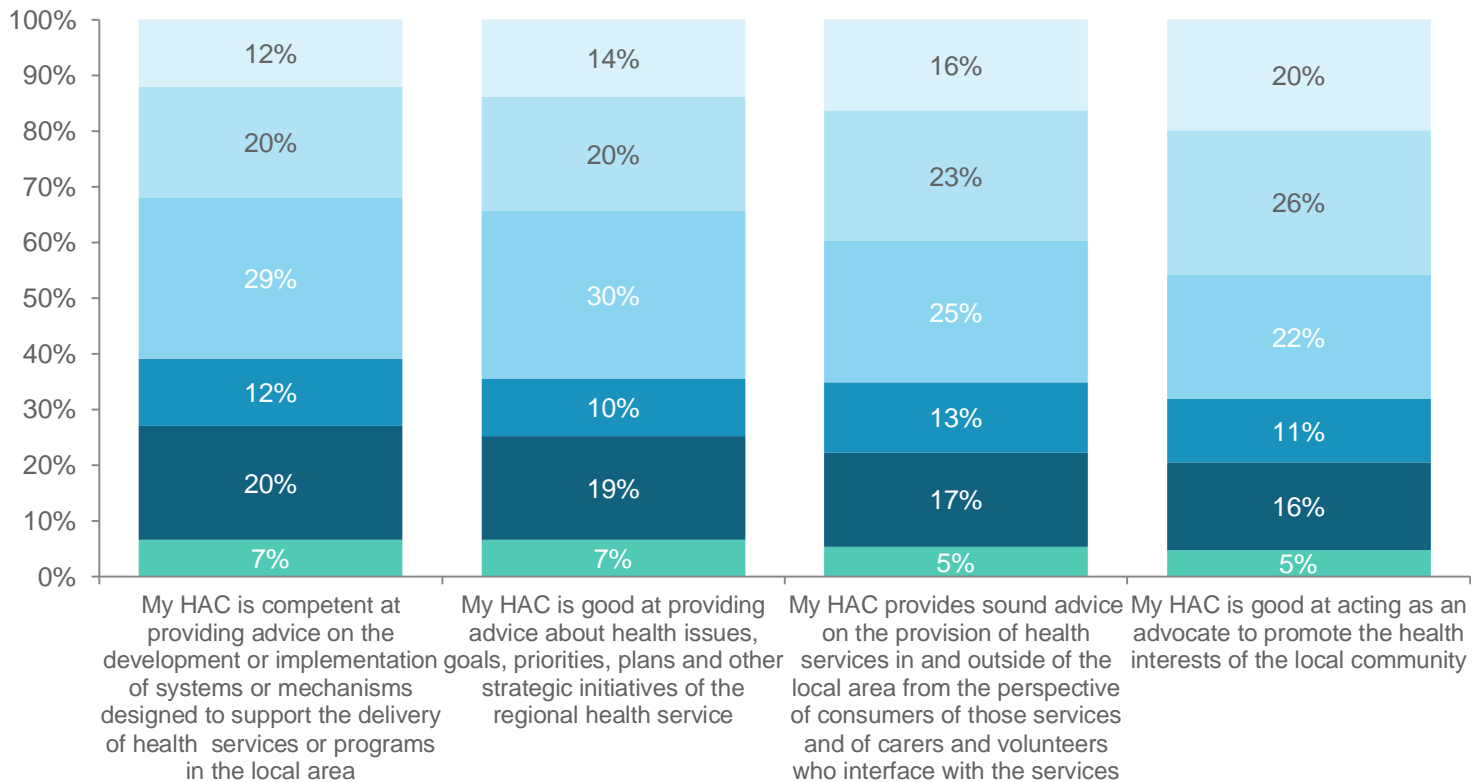
# Limitations of the review

- > Low response rates when compared with full population
- > Ease of use completing the survey
- > Initial project timelines (which were adjusted)
- > This was not a representative sample - perceptions of small number of community members and staff

# We looked at these aspects of governance arrangements

- > Level of agreement with HACs performance of their legislative functions
- > Functions of Governing Council and Presiding Members Panel
- > Relationships with Country Health (statewide and regional)
- > HAC skills, training and development
- > Health system reporting to HACs
- > Clinical governance role (knowing quality and safety of care)
- > Country HAC membership
- > Understanding and accessing health information

# Everyone surveyed was asked to grade how well their local HAC is at providing key functions.



■ Prefer not to say 
 ■ Strongly disagree 
 ■ Disagree 
 ■ Neither agree nor disagree 
 ■ Agree 
 ■ Strongly agree

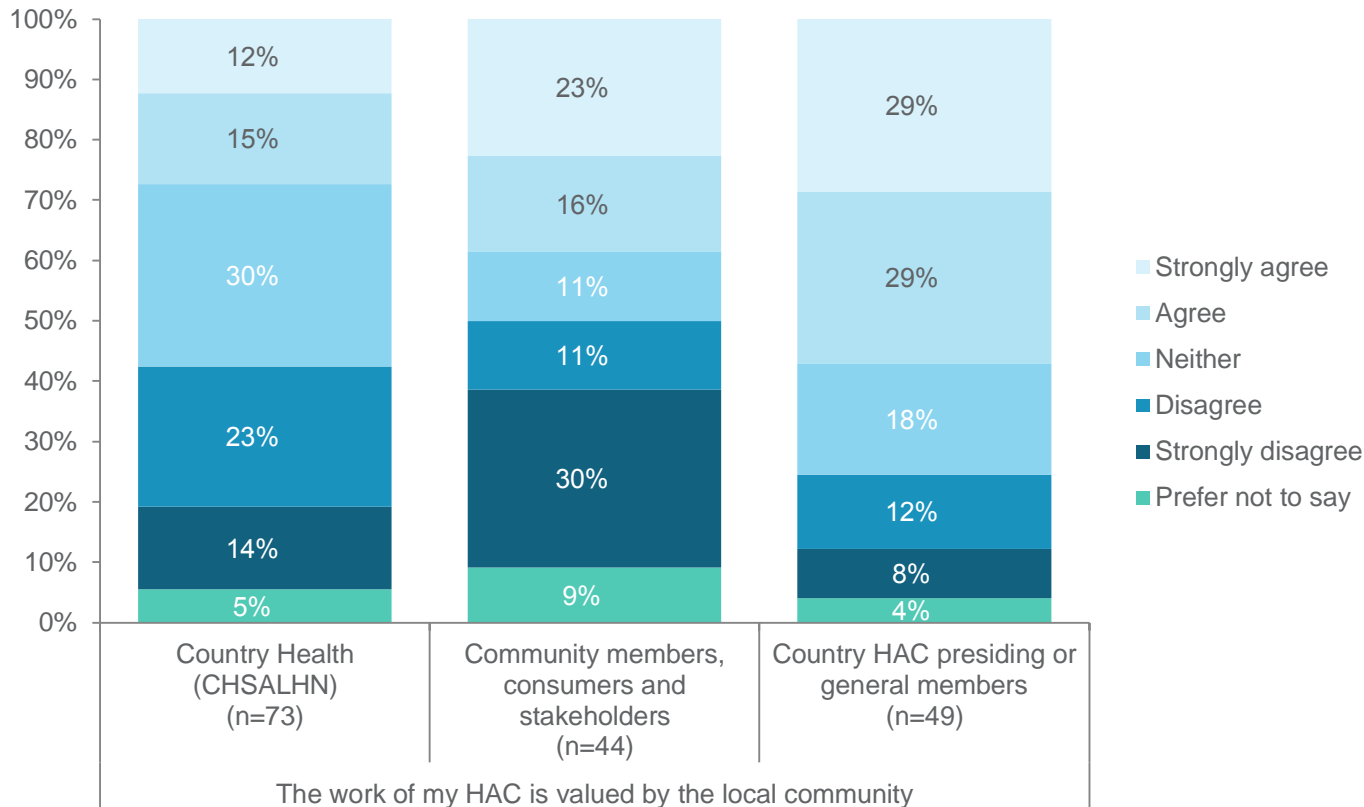
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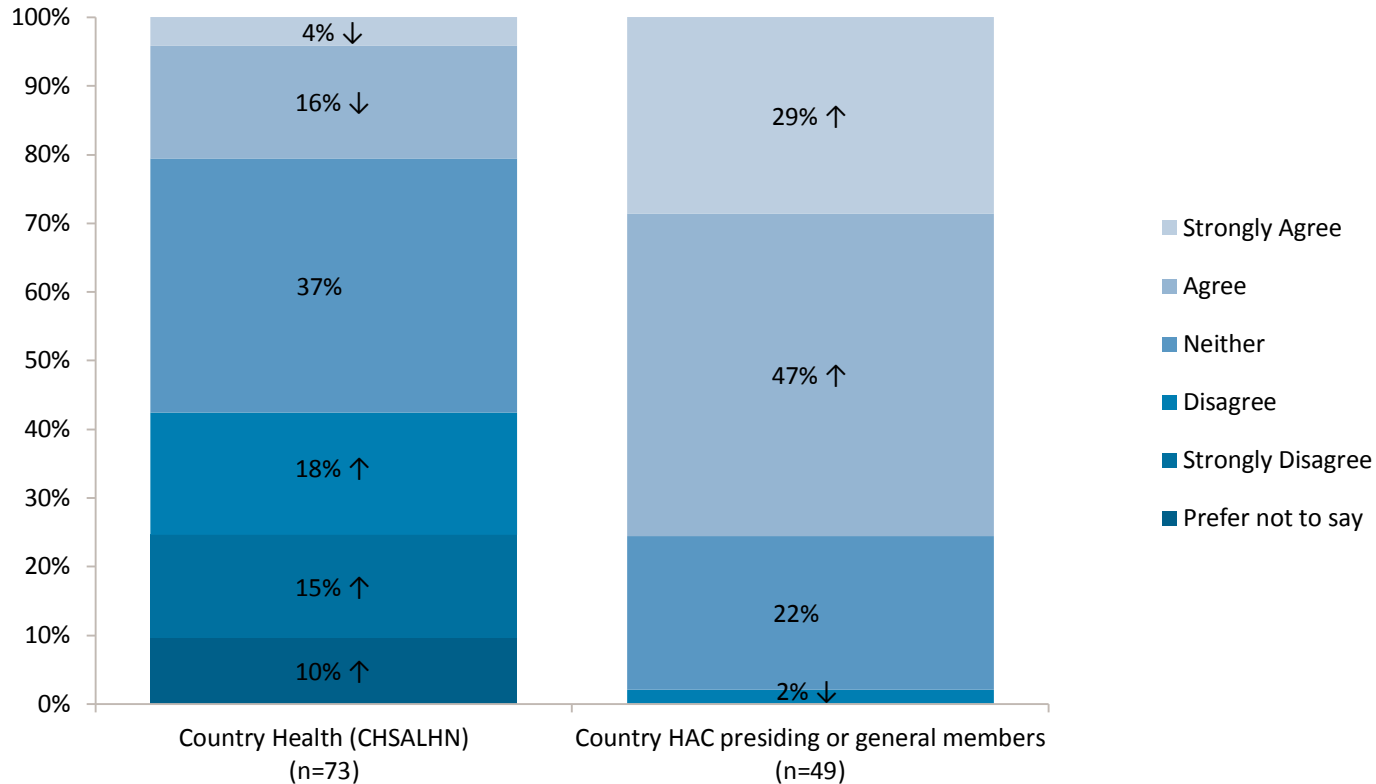
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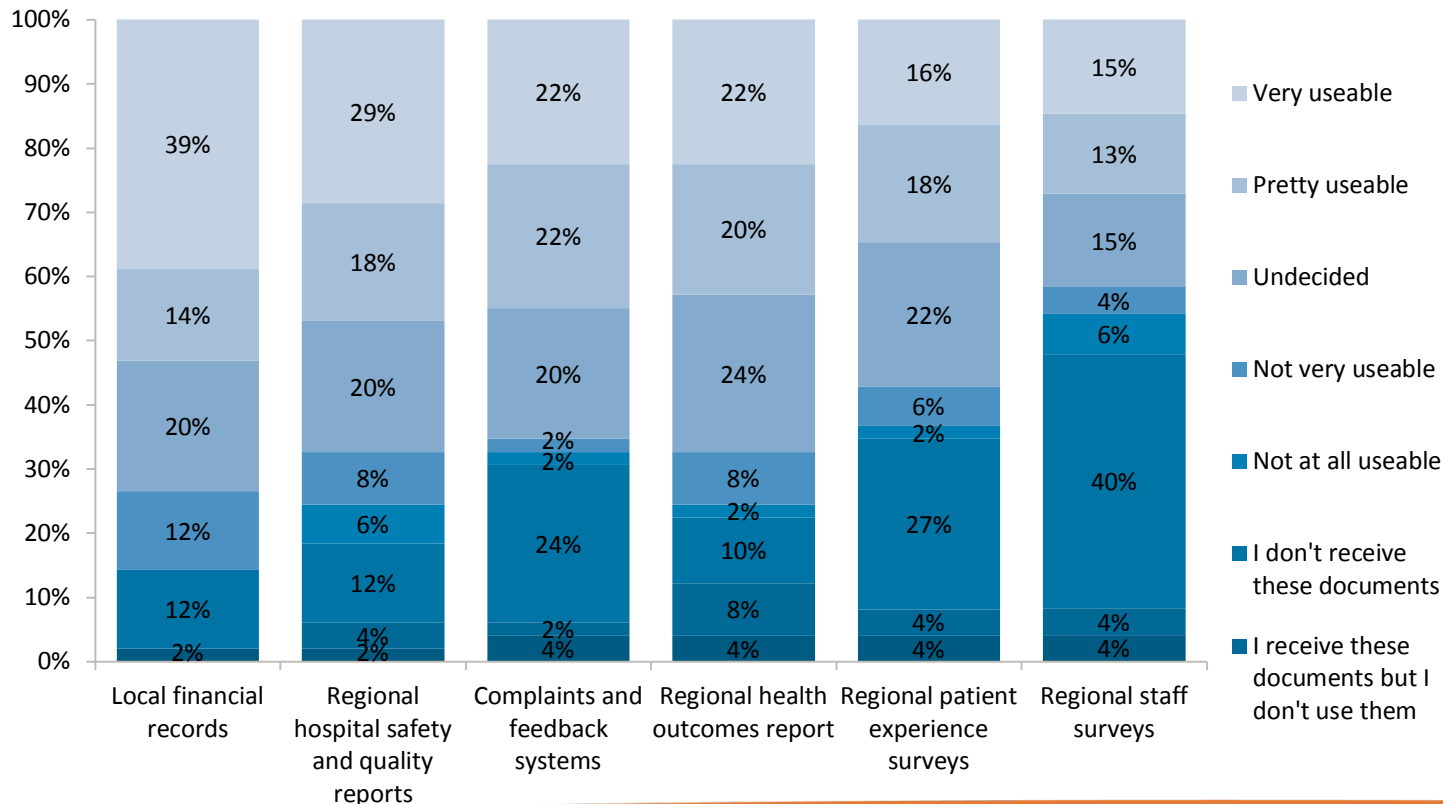
# Everyone was asked about how their local community values the HAC



# HAC members and Country Health staff have different views about the skills of HACs



# HAC members were asked to grade how usable they found reports & documents supplied by the health service




# We looked at what HACs did in community and consumer engagement

- > Value of HAC work
- > HACs current engagement levels with population groups in the community
- > What the level of engagement of HACs with population groups should be

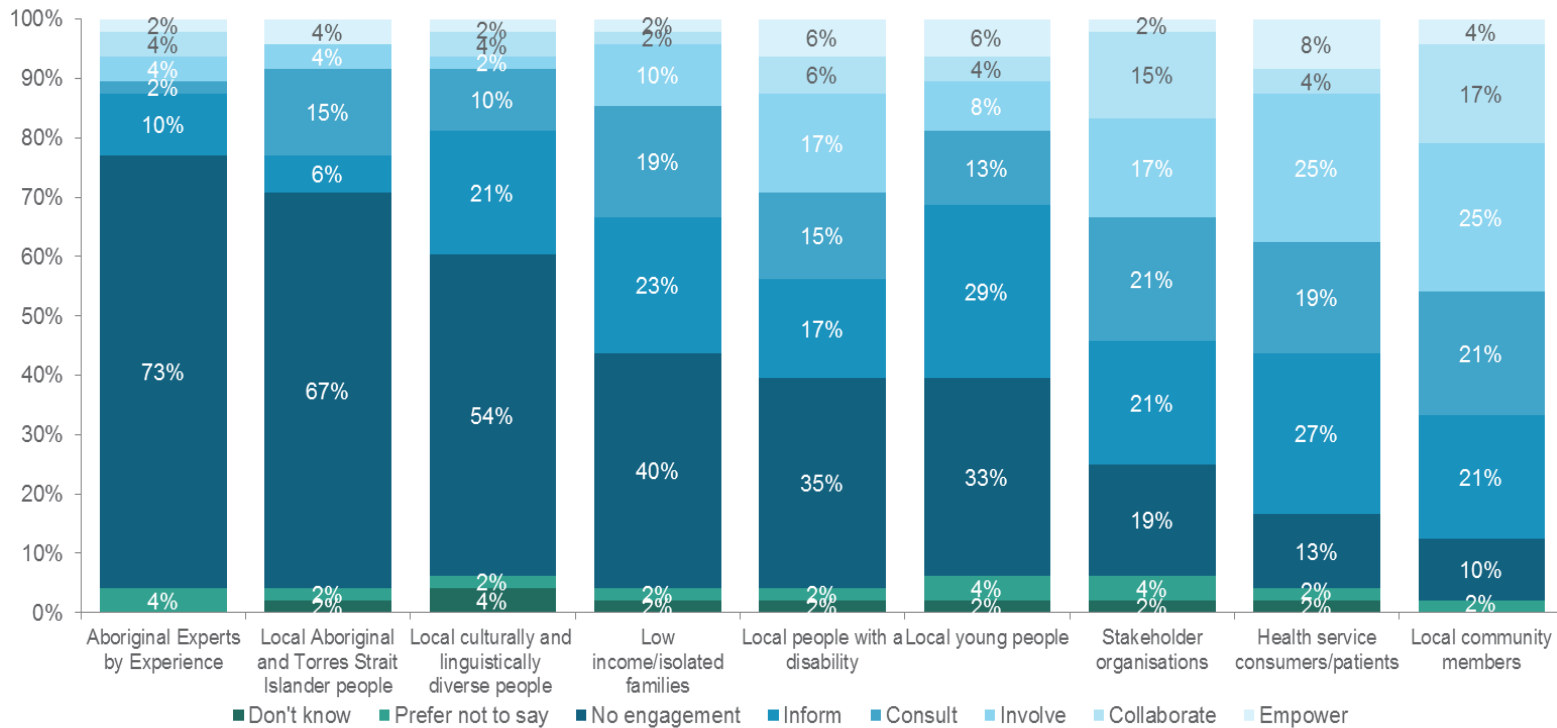


# IAP2 from CHSALHN Community and Consumer Engagement Strategy (2015)

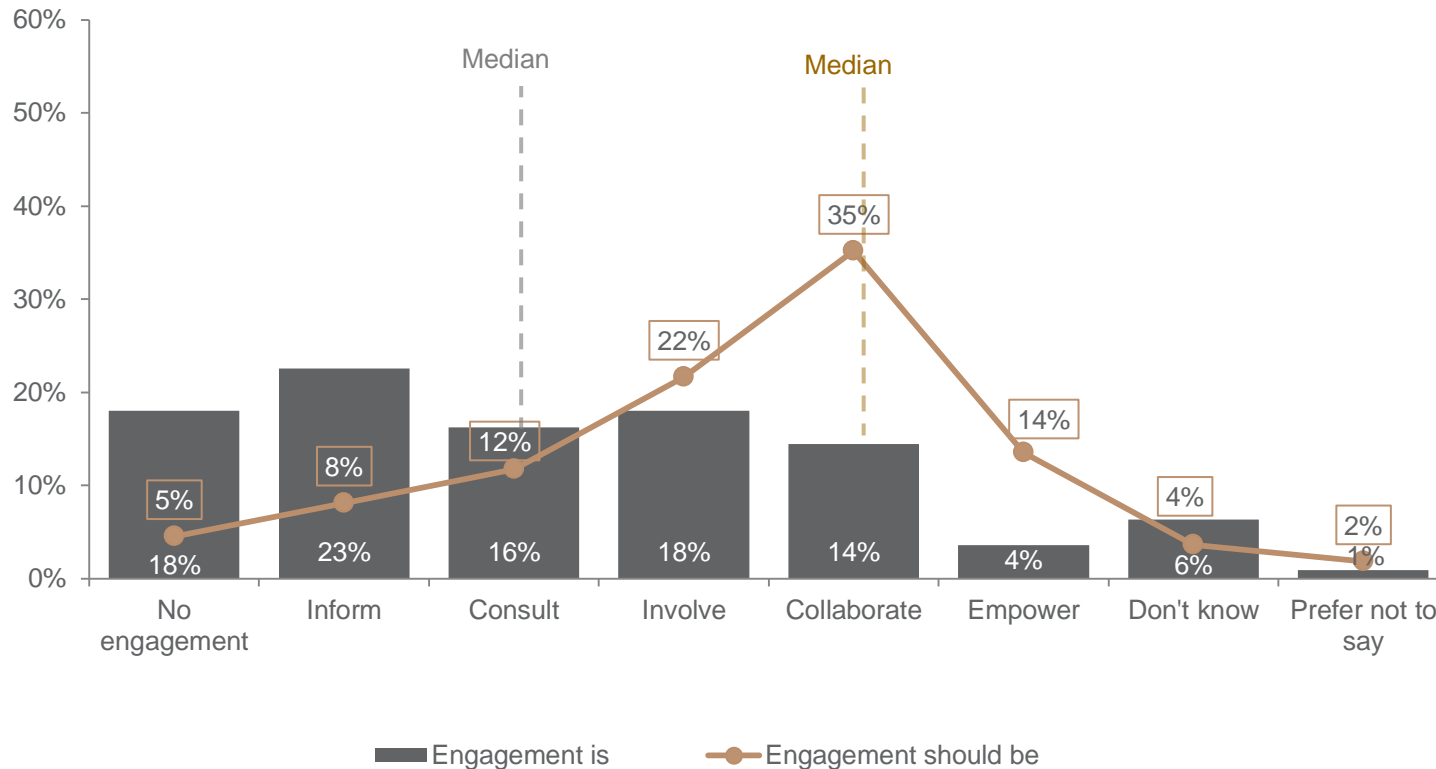
Increasing Level of Public Impact 

	Inform	Consult	Involve	Collaborate	Empower
<b>Public Participation Goal</b>	To provide the public with balanced and objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions.	To obtain public feedback on analysis, alternatives and/or decisions.	To work directly with the public throughout the process to ensure that public concerns and aspirations are consistently understood and considered.	To partner with the public in each aspect of the decision including the development of alternatives and the identification of the preferred solution.	To place final decision-making in the hands of the public.
<b>Promise to the Public</b>	We will keep you informed.	We will keep you informed, listen to and acknowledge concerns and aspirations, and provide feedback on how public input influenced the decision.	We will work with you to ensure that your concerns and aspirations are directly reflected in the alternatives developed and provide feedback on how public input influenced the decision.	We will look to you for advice and innovation in formulating solutions and incorporate your advice and recommendations into the decisions to the maximum extent possible.	We will implement what you decide.
<b>Example Techniques</b>	<ul style="list-style-type: none"> <li>&gt; Fact sheets</li> <li>&gt; Web Sites</li> <li>&gt; Open houses</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Public comment</li> <li>&gt; Focus groups</li> <li>&gt; Surveys</li> <li>&gt; Public meetings</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Workshops</li> <li>&gt; Deliberate polling</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Citizen Advisory Committees</li> <li>&gt; Consensus-building</li> <li>&gt; Participatory decision-making</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Citizen juries</li> <li>&gt; Ballots</li> <li>&gt; Delegated decisions</li> </ul>

# We asked HAC members how well their HAC had been engaging with key groups over the past year



# Looking to the future, findings indicate how Country HAC engagement with local community members could develop



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# Emerging findings – 1 of 2

- > We found that Country Health staff and HACs have a shared vision for future collaborative action across the whole community
- > However, we observed great variation between individual HACs and where they focus their efforts
- > From HPC findings in 2011, there remains room for improvement in the level of HAC engagement with the whole community including vulnerable populations

## Emerging findings – 2 of 2

- > We observed there are challenges and tensions for HACs seeking to engage their communities especially when the system might be unable to deliver on or influence communities' expectations/suggestions for change
- > Community needs outcomes in response to what they say to their HACs and HACs need outcomes to know they are heard by Country Health
- > We acknowledge expectations for HAC activities should be proportionate with the unpaid part-time role of individual HAC members

# Positive developments

- > Acknowledge HACs and Country Health are developing the Partnership Agreement to clarify roles and staffing to support HAC functions

# Next steps to finalise this review

- > There is one data collection exercise to finish our revisit review.
- > The last focus group with Country Health regional staff will be run in June.
- > HPC will consider the final report at the next HPC bimonthly meeting, and the final report will be posted to the HPC website and incorporated into the HPC 4-Yearly Review (2015-2018).

# HPC questions for you

1. There are different perceptions of skill base and value between Country Health and HAC members. What should happen about this?
2. How should HACs evolve?

## Contact HPC

E:HealthHealthPerformanceCouncil@sa.gov.au

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