Overview

What's working, what's not

Review of the South Australian Health System Performance for 2011–2014

December 2014

Health Performance Council

Government of South Australia
Health Performance Council

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- Review of South Australia Health System Performance for 2011-2014

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Health Care Act 2008

The objects of the Act are to:

Enable the provision of an **integrated health system** that provides **optimal health outcomes for South Australians** and Facilitate the provision of **safe, high-quality health services** that are focussed on the prevention and proper management of disease, illness and injury and to facilitate efficiencies through the use of certain facilities for veterinary science; and Facilitate a scheme for health services to **meet recognised standards**.

1. What's working, what's not

What's working, what's not is our second Health Performance Council (HPC) report to the South Australian public through the Minister for Health and Parliament. We were established in 2008 to independently monitor and report on the health system's performance in delivering a quality healthcare system for all.

In 2012 we compiled a comprehensive collection of the statistical information available on the health status of South Australians and the factors shaping their health. Understanding who we are, where we live and how these factors are changing are critical to understanding our health needs and the work of the health system. Our review priorities were determined from this picture of who is doing well and who isn't and what we heard through extensive consultations with community representatives, clinicians, health leaders and relevant organisations.

In evaluating the health system, we assessed how it performed across five dimensions of quality derived from the National Health Performance Framework: building healthy communities, getting into the system, being treated well, having good outcomes and working efficiently and remaining sustainable.

In addition we considered four specific areas: End of life care, Aboriginal health, mental health in rural and remote communities and the effectiveness of country Health Advisory Councils.

This report is the outcome of our health system review during 2011-2014. Overall we found 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.

2. However, while many of us are living longer in good health some of us are not. The health system continues to face significant challenges in achieving quality health care outcomes for all South Australians. The health system fails to focus as much on vulnerable groups as it ought.

   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.

3. While the poor health status of Aboriginal people is 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 the Aboriginal Health Care Plan was inadequate and illustrated the lack of attention paid to the failure of health services to reach set targets.

   Actions for improvement when undertaken were often established as time limited projects and not incorporated into mainstream health delivery services. Successful projects were stopped when the (often short term Commonwealth) funding ran out creating a syndrome described by Aboriginal health leaders as "if it works – defund it".

4. Despite convincing evidence from around the world there is a focus on hospital performance rather than prevention or primary care services. 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.

   Increasing demands on hospital services has 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 this is important work and improvements are urgently needed, there has been less focus on building the capacity of the primary health care sector. It is now harder 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. 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. We have detected a defensive tone when feedback is provided and this is 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.

The Health Performance Council has now been listed for abolition as part of the current Government's reform of boards and committees. The Council strongly urges the Minister to:

a) take action to establish alternate systems for continued evaluation and reporting on the "State of Our Health" – developed by this Council and still the only comprehensive analysis of the health status of South Australians, and

b) ensure the existence of an ongoing independent watchdog to monitor and report on health outcomes for Aboriginal people – a population group identified by the Health Department as of the highest priority but where few gains have been achieved during the 6 year life of this Council.

Anne Dunn
Chair, Health Performance Council

2. Our advice to Minister for Health

We have evaluated a priority set of key representative health system performance measures, in consultation with stakeholders, and produced the following advice to the Minister for Health on areas of potential improvement.

Building healthy communities

The Minister for Health:

1. Require SA Health to set a performance outcome that all Local Health Networks increase childhood immunisation rates to 92% or greater by 2018, with a priority focus on Aboriginal rates.
2. 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.
3. 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.
4. 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.

Getting into the system

The Minister for Health:

1. 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.
2. Request the Department for Health and Ageing investigate what actions South Australia can take to reduce household out-of-pocket medical expenditure.
3. 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.
4. 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.
5. 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.

Being treated well

The Minister for Health:

1. Ask the South Australian Health and Medical Research Institute 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.
2. 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.
3. 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.
4. Require the Department's Mental Health Unit to work with Local Health Networks to assess rates of community follow-up within 7 days of discharge from a psychiatric care admission, and develop strategies to increase this rate to 75% by 2018.
5. Require SA Health to work with the primary care sector to develop strategies to help people feel supported when they seek primary care.

Getting good outcomes

The Minister for Health require:

1. 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.
2. The Department to assess rates of adverse events, and develop strategies to reduce the rate to less than 10 per 100 overnight separations by 2018.
3. SA Health through its Infection Control Service continues implementation of quality programs aimed at improving infection control in hospitals, and monitoring the effectiveness of new interventions.
4. 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.
5. 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.

Working efficiently and remaining sustainable

The Minister for Health require SA Health to:

1. 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.
2. Develop strategies that will improve length of stay by identifying patients that can be better cared for in non-acute hospital settings.
3. Continue with its workforce commitments set out in the Strategic Plan, including identifying new approaches that further develop a competent, flexible, sustainable, responsive, and diverse workforce.
4. 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.

Engaging with the community

That the Minister for Health request that SA Health:

1. Build on its Framework for Active Participation by establishing a single point of contact to support units across SA Health to conduct quality engagement by:
   - providing engagement tools and advice
   - contributing to continuous improvement in engagement practices and delivery of health care by monitoring and making public engagement processes and their outcomes
   - implementing a strategic approach to relationships with community organisations, businesses, universities, consumers and the community
   - linking in with whole of government efforts to improve engagement practice through the Better Together Principles.
2. Commission a Consumer Experience Survey of Aboriginal and culturally and linguistically diverse South Australians to complement its existing mainstream survey.

Improving SA population health data collection and analysis

1. 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.

3. What factors are shaping our health?

Understanding who we as South Australians are, where we live and how these factors are changing is critical to understanding our health needs. Personal and community health status is widely recognised to be linked to social and economic capital. Differences in a range of factors including income, employment, education, housing, and social environment can produce inequalities in health outcomes.

...Data highlights

Who are we?

- We have an older population than the rest of Australia.
- Between 2006 and 2011, our population grew by 5.6%, mainly in the outer Adelaide area. Overseas migration accounts for 80% of population growth, the third highest nationally.
- One in five of us was born overseas and one in seven does not speak English as their main language at home.
- More of us live alone than in any other state other than Tasmania, with almost one third of South Australians over 64 years old living alone.
- We have the third highest proportion of carers nationally. The number of carers has increased by 9 percentage points over the last four years.
- We are among the least likely of all Australians to live in a home with a computer, the internet or a motor vehicle.

Other factors shaping us

- Our unemployment is second highest nationally and the average household disposable income is second lowest nationally.
- More than one in five of our children live in low income families while nearly one in five households experienced financial stress in the previous 12 months.
- The percent of us spending more than 30% of our gross income on housing costs is increasing and one in nine Aboriginal South Australian adults live in overcrowded households.
- Less than half of us overall and less than a quarter of Aboriginal South Australians completed Year 12, below the national average.
- The proportion of Aboriginal South Australians participating in Vocational Education and Training is second highest nationally.
- More than half of us do not have the minimum health literacy to meet the demands of everyday life and work in today's South Australia.

4. How healthy are we?

At a glance

Health outcomes and health determinants identified where improvements have been noted, or that present a challenge to the health system.

✓ Strengths ✗ Challenges

South Australians getting the best start to life

- ✓ Less women are smoking during pregnancy
- ✓ Less children aged 5 – 9 years are obese but overall rate remains high
- ✗ Highest rate of women with gestational diabetes in Australia
- ✗ Highest rate of women with perinatal depression in Australia
- ✗ Aboriginal babies born with a low birth weight more than double the non-Aboriginal rate

South Australians staying healthy and ageing well

- ✓ The number of adults that don't smoke is growing
- ✓ Aboriginal smoking rates are falling but overall rate remains high
- ✗ Obesity rates are increasing with higher rates for Aboriginal adults and those living in country communities
- ✗ High blood pressure & high cholesterol rates are increasing with higher cholesterol rates for those living in country communities

South Australians living with chronic conditions

- ✓ Chronic bronchitis or emphysema rates are decreasing
- ✗ The percentage of people with a diagnosed mental health condition is increasing
- ✗ Arthritis rates are the second highest nationally with higher rates for those living in country communities
- ✗ South Australia has the highest rate of diabetes nationally.

End of life outcomes for South Australians

- ✓ Perinatal deaths are the lowest in Australia
- ✓ Deaths from circulatory diseases are decreasing but are still in top three causes of death
- ✓ Deaths from colon cancer are decreasing but are still above the national average

* Some population sub groups are not well represented in state level quantitative data. We know from qualitative research that these groups face particular health challenges and require tailored responses:
  - > South Australians from culturally and linguistically diverse backgrounds
  - > South Australians living with a disability
  - > South Australians who are carers
  - > South Australians who are veterans
  - > South Australian lesbian, gay, bisexual, transgender, intersex and queer people
  - > South Australians in custody

These population groups may seem invisible to health services and this data gap needs attention.

5. How is the health system going?

At a glance

✓ Strengths ✗ Challenges

5.1. Building healthy communities

- ✓ *More children are fully immunised*
- ✓ *More children are having health checks*
- ✗ Aboriginal childhood immunisation rates need to be higher
- ✗ Vaccination rates for preventable conditions like influenza and pneumonia need to be raised

5. 2. Making it easy for people to get care

- ✓ *More people are being seen on time in emergency departments*
- ✓ *More older people are having annual health assessments*
- ✗ Financial barriers are limiting access to timely dental care
- ✗ Waiting times for public dentistry need to be reduced

5. 3. Treating people well

- ✓ *More people are getting community follow-up in 7 days after psychiatric hospitalisation*
- ✗ Rates of potentially preventable hospitalisations for Aboriginal people need to be reduced
- ✗ The coordination of care for people waiting in hospital to access residential aged care needs to be better managed
- ✗ The rate of Aboriginal people discharging themselves from hospital care against the medical advice needs to be reduced

5. 4. Having good outcomes

- ✓ *Cancer survival rates are getting better*
- ✓ *Infections associated with healthcare are very low and reducing*
- ✗ Open disclosure and analysis needs to achieve system safety improvements and reductions in adverse events
- ✗ The number of Aboriginal people dying from potentially avoidable causes needs to be reduced
- ✗ People's preferences for where they spend the end of their lives need to be supported by the health system

5. 5. Working efficiently and remaining sustainable

- ✓ *South Australians are spending less time in hospital*
- ✗ The growth in health expenditure per person needs to be restrained without compromising quality
- ✗ SA's high average length of hospital stay need to be analysed and suitable strategies implemented
- ✗ The growth in acute hospital care costs needs to be restrained without compromising quality

6. Specific areas of focus during 2011-2014

Key messages *

6.1 End of life care in South Australia

In 2013 we found that:

1. People with chronic, terminal conditions are under-recognised by health services as entering the end of life stage. Better identification would improve care and reduce costs.
2. Many people are not confident that clinicians will respect their wishes. Effective promotion of the value of Advanced Care Directives is needed.
3. The capability of the generalist workforce to provide quality end of life care needs enhancement.
4. Partnerships between the health and other sectors are needed to improve access to end of life services including access to equipment, pharmacy and after hour's advice and support.
5. More accessible psychological and respite supports are required. There is a lack of services for culturally diverse populations.

6.2 Aboriginal health in South Australia

In 2014 we found that:

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.

6.3 Mental health in rural and remote South Australian Communities

In 2012 we found that:

1. 1 in 6 South Australians has a diagnosed mental health condition and there isn't much difference between the city and the country. However mental health risks and poor outcomes are much higher in some country areas, like the Mid North and the Far North and West.
2. Rural and regional South Australians are half as likely to seek help for mental health issues. Promotion and early intervention are critical.
3. People in country South Australia receive 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. It's no surprise they are admitted to hospital for mental health issues more.
4. Mental health crisis care and infrastructure have improved. Continuity of care and workforce competence and sustainability remain challenges.
5. Actively involving communities will be the foundation of most efficiently meeting these challenges. The valuable knowledge of Health Advisory Councils could be better used.

6.4 Effectiveness of Country Health Advisory Councils

In 2011 we found that:

1. Country Health Advisory Councils were an active and vital link between communities and their health services.
2. Country Health Advisory Councils were promoting the general interests of local communities to the health system, although promotion of the interests of specific population groups was limited.
3. Country Health Advisory Councils had a low profile in the community and their efforts were not well supported or promoted by the health system.
4. Satisfaction with the governance arrangements between country Health Advisory Councils and the local health services from the perspective of community members, Health Advisory Councils and local health service staff was low.
5. The quality of communication and collaboration processes between country Health Advisory Councils and the health system was variable across South Australian country communities.
6. Health Advisory Councils needed additional resources and time to achieve the profile necessary for promoting community interests.
7. Health Advisory Councils relationships with the health system worked best where everybody understood and valued the strategic nature and scope of the relationship.

7. Previous advice to Minister for Health & SA Health

7.1 Improving end of life care (2013)

A. Increase identification of the end of life stage

A1. The Minister for Health and Ageing request the South Australian Health and Medical Research Institute explore factors which contribute to under-identification of people as being at the end of life.

A2. The Clinical Networks seek to increase recognition of the end of life stage by developing end of life pathways together, especially the Cardiology, Renal and Older Persons Clinical Networks in collaboration with the Palliative Care Services Network.

A3. The Older Persons and Palliative Care Clinical Networks develop a comprehensive strategy to address the end of life needs of people with dementia and their families, from early diagnosis to the end stages of the disease.

A4. SA Health implement protocols to reduce reliance on intensive care that does not provide quality of life for people with end stage diseases, particularly end stage respiratory disease.

B. Make advanced care directives work

B1. The Department for Health and Ageing initiate a public awareness campaign to encourage people of all ages to complete an advanced care directive and include it on their Personally Controlled Electronic Health Record.

B2. SA Health deliver comprehensive education to clinicians about the *Advance Care Directives Act 2013* and encourage them to complete a directive themselves.

B3. SA Health partner with the local government, community and aged care sectors to support South Australians to complete directives.

B4. The Department for Health and Ageing partner with the Public Trustee, the Law Society, and commercial companies to include a pro-forma advanced care directive in will packages.

B5. SA Health implement means of easily accessing advanced care directives electronically, including through SA Ambulance emergency call systems (as is being trialled with paediatric palliative patients) and EPAS.

B6. SA Health develop, implement and resource a clinical planning system with decision-making protocols to support clinicians to make good end of life decisions.

B7. Local Health Networks implement protocols for asking patients about advanced care directives if they are transferred from a residential aged care facility or are admitted to hospital twice in twelve months for a chronic disease.

C. Do what was intended

For the Plan's initiatives which have stalled or were not commenced, renewed effort by the SA Health is required, particularly developing the following statewide initiatives:

C1. Palliative care workforce strategy.

C2. Reporting cycle to monitor end of life care outcomes.

C3. Health in grief and loss plan.

To improve governance and accountability, the following is required:

C4. The Department for Health and Ageing lead discussions to achieve formal agreement about responsibilities under the Plan between: the Department for Health and Ageing, Local Health Networks, the Palliative Care Services Clinical Network and the Palliative Care Council SA.

C5. The Department for Health and Ageing document responsibilities under the Plan unambiguously in:

- Local Health Networks' service agreements, including actions required to support Level 4 and Level 2 services
- The Palliative Care Council SA's service contract
- The Palliative Care Services Clinical Network Steering Committee's Terms of Reference.

C6. The Palliative Care Services Clinical Network Steering Committee implement a comprehensive communication plan which, at a minimum, engages and informs network members and aims to expand reach among clinicians and other clinical networks.

C7. The Palliative Care Services Clinical Network consider the feasibility of a statewide model for delivery of palliative care services.

D. Work better together

SA Health actively seek partnership and collaboration with the aged care, disability services and community sectors, including by:

D1. Supporting South Australians to complete advanced care directives.

D2. Developing pathways for people to access end of life services, including access to equipment, pharmacy and after-hours advice and support.

E. Put people first

E1. SA Health explore ways to reduce carer fatigue, including by advocating for improved and more flexible respite arrangements.

E2. Country Health SA develop an Aboriginal palliative care service in Port Augusta as committed to in the Plan.

E3. SA Health and the Palliative Care Services Clinical Network work with appropriate community organisations to improve end of life responses for diverse populations.

E4. SA Health actively recruit staff from diverse populations.

E5. SA Health train all staff in cultural sensitivities, including by using the Australian Government's 'Cultural Competency in Health' as stated in the Plan.

E6. SA Health continue to actively promote the principles of its 'Aboriginal Cultural Respect Framework' across health policy and service delivery.

7.2 Improving Aboriginal health in South Australia (2014)

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 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 holds Local Health Networks accountable for the production of public, quality local implementation plans as soon as they can and no later than December 2014. The Local Health Network Aboriginal Health Care Plans to include:
   a. Strategies to address the gap between Aboriginal people in South Australia and in other states who have chronic disease management plans with a target of meeting the national averages by July 2016.
   b. Action and targets to fix the differences in rates of procedures in hospitals between Aboriginal and non-Aboriginal and metropolitan and rural and remote South Australians by July 2015.

c. Action to check rates of discharge against medical advice at each of their hospitals to find problems, and then work with Aboriginal leaders to find solutions. These solutions are to be put in place by July 2016 and their results monitored every six months after that.

d. Production of Aboriginal Health Impact Statements, the evaluation of their impact, and the publication of results as required under SA Health's 'Cultural Respect Framework'.

6. SA Health continue to lead the implementation and monitoring of culturally appropriate smoking cessation programs and achievement of 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 SA Strategic Plan target for 2% of its workforce to be Aboriginal across all classification levels by 2014, in particular:

    a. What parts of the 'Aboriginal Workforce Reform Strategy' and the 'Aboriginal Employment Policy' have not worked for attracting, keeping and increasing Aboriginal employment as they were intended.

    b. Why the number of Aboriginal workers has gone down over the last three years, especially men, and what strategies may address this.

    c. Making sure no Aboriginal-identified positions will be lost due to any further funding cuts.

    d. Working with universities to make pathways for existing enrolled nurses to become registered nurses.

7.3 Mental health in rural and remote communities in South Australia (2012)

1. Health Advisory Councils have considerable, valuable knowledge of their local communities' perspectives, health outcomes and service needs. Health Advisory Council's knowledge of rural and regional mental health outcomes was corroborated by other evidence, including academic literature and quantitative data of health outcomes. Many of the concerns they expressed about service variations across the state also proved accurate when examining service delivery data.
2. Well-being and mental health care are major concerns for country South Australia. Given the diversity of South Australian communities, consideration must be given to assessing the risk factors and outcomes across different regions. Despite statistical challenges in disaggregating data, appropriate responses to communities need to be developed through collection of information from other sources, such as tapping into the full expertise and knowledge of local communities.
3. On many indicators, the health of residents in some regions of country SA is indeed lagging behind their metropolitan counterparts. The severity of mental health risk factors and outcome indicators is particularly evident in some areas, with the Northern and Far Western and the Mid North regions of the state performing particularly poorly on multiple indicators. Aboriginal South Australians as well are experiencing much poorer outcomes across the board and continue to seek appropriate cultural responses.
4. Alcohol, illicit substances and personal safety are a significant concern for rural and regional South Australians yet access to corresponding services is less outside the metropolitan area. Rural and regional South Australians are not accessing community or acute alcohol and drug services at the rate of metropolitan South Australians, indicating an area for consideration. As mental health has a strong interaction with cross-government services, the importance of a whole of government strategy is particularly evident in these issues. The health system has a role addressing the mental health outcomes of these issues and in working with other agencies better suited to address the fundamental causes.

5. While there have been some improvements in the accessibility of mental health services in country areas, particularly for crisis interventions, levels of service are not yet appropriate for the level of need and complexity. There have been significant investments in infrastructure as a result of the *Stepping Up* recommendations which will improve the system's effectiveness and patient experiences.

   Yet Health Advisory Council feedback indicates that the less tangible elements of the country patient journey may need refinements, particularly to ensure continuity of care, such as after hospital discharge and transfer between services.

6. Rural and regional South Australians access community mental health services less, are admitted to hospital at higher rates, receive specialised psychiatric care in hospital less and receive less community follow-up once released. It is evident that early intervention is a priority for residents of rural South Australia. Lack of knowledge of available services and how to access them creates an accessibility barrier for some country residents, and this is compounded by stigma and a culture of self-sufficiency. This is even more keenly experienced by specific populations, particularly Aboriginal and culturally and linguistically diverse people.

7. An adequate and well-supported workforce – both generalist and specialist – will be critical to the system's efficiency and medium and long-term sustainability. In the short term, preparing existing staff with the tools they need to appropriately respond to patients with mental ill health will be essential to improving patients' experiences and reducing demand on the system.

8. Active contribution of individuals and communities will be the foundation of the system most efficiently meeting challenges in a way that responds to the diversity of rural SA. For rural and regional services, engagement of users of the mental health system and carers will be particularly important in ensuring services are designed to meet the populations' needs. The Country Health SA 3 Year and 10 Year Plans are a vital step in this process and communities see themselves as ongoing partners in their implementation. As these plans are relatively new, evaluation will be needed to see if they are implemented as planned and if they make a positive difference in communities.

7.4 Effectiveness of Country Health Advisory Councils (2011)

In 2011 we made the following suggestions:

1. Health Advisory Councils and local health services develop joint local community engagement action plans inclusive of strategies for specific population groups, with Health Advisory Councils undertaking annual monitoring of implementation outcomes.
2. Country Health SA Local Health Network Health Advisory Council Inc clarify its ongoing relationship with country Health Advisory Councils.
3. Country Health SA Local Health Network consider:
   - Regularly promoting to the wider country communities the value of Health Advisory Councils to the health system including members' contributions during 'Volunteer Week'
   - Equipping Health Advisory Councils to participate in the monitoring of impacts of implemented local action and statewide clinical network plans
   - Increasing the transparency of decision-making to country communities and the contribution of Health Advisory Councils to these processes
   - Clarifying its ongoing relationship with Aboriginal Health Advisory Committees.

8. Health system overview

South Australia's health system comprises a mix of public, private, and non-government sector providers such as Aboriginal community controlled primary health services, that work independently and collaboratively at a national or state capacity for the achievement of health outcomes. The system is made complex with many different funding and accountability relationships that influence the achievement of health outcomes.

The South Australian health system encompasses medical research and training, capital investment such as the new Royal Adelaide Hospital, major eHealth initiatives, and all the essential health services provided to the community across the healthcare continuum – all delivered within diverse settings, geographical locations, and service delivery models.

To give you an idea of just how busy our health system is, consider that on a typical day there are, in South Australia…

21,970	GP consultations
19,941	SA Pathology tests performed
4,442	Non-admitted hospital occasions of service
2,456	Doses of vaccine distributed
2,359	Services by Royal District Nursing Service
1,247	Emergency Department presentations
1,134	Public hospital hospitalisations
817	Private hospital hospitalisations
719	Responses by the SA Ambulance Service
466	Elective surgery admissions
447	Courses of dental care by SA Dental Service
420	Women screened for cervical cancer
349	Calls to *healthdirect Australia*
207	Women screened for breast cancer
182	Units of blood supplied to hospitals from the Australian Red Cross
98	Older people having an annual health assessment
81	People screened for bowel cancer
27	Four-year olds getting a developmental health check
21	Requests for assistance to *Quitline*
17	Royal Flying Doctor Service transfers.

… and that's just a small, select snapshot of the huge range of services that the health system provides to the community all day, every day.

The South Australian government, along with its federal and local government counterparts, as well as various non-government sources, together contribute a total of $10.5 billion per year in running the South Australian health system – an investment of over $6,000 per person per year – and rising. It is vast, 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 attempt to evaluate performance in responding to the health care needs of the community, and make recommendations to the Minister for Health on areas of potential improvement.

9. Our Review process

A thorough understanding of what the current South Australian population looks like, its health status, and emerging trends in these areas was the evidence base we used in our evaluation of health system performance.

The evaluation framework

In considering how to evaluate South Australian health system performance, we built our assessment on the five pillars below, which were adapted from the National Health Performance Framework.

"Building Healthy Communities"
The performance of the health system is founded on the resilience of the community to meet health challenges through protective and preventative measures such as health checks and immunisation.

"Getting Into the System"
Access is key to the performance of the health system. People need to be able to obtain appropriate health care at the right place and right time irrespective of income, location and cultural background.

"Being Treated Well"
A high-performing health system is client-oriented. People must be treated with dignity, confidentiality, and encouraged to participate in informed choices about their care.

"Having Good Outcomes"
People have an expectation that their health care, intervention, or action achieves its desired outcome – that is, they leave the system on a path to better ongoing health.

"All Done Efficiently and Sustainable"
The community expects the highest-quality health system, but one that is sustainable and that achieves its desired results with the most cost effective use of resources.

We recognised early on in its 2011-2014 review process that it wouldn't be possible to evaluate and report on every single quantitative measure relating to the health system performance, and still provide a coherent story for decision-makers.

Consultation

So we embarked on a consultation process, engaging with SA Health, Aboriginal leaders, clinicians, health system managers, community representatives – including culturally and linguistically diverse community leaders, Medicare Locals, the Health Advisory Councils, and other expert stakeholders. We wanted to understand the issues of concern to key interested parties about the South Australian health system's performance, and base our advice to the Minister for Health in a way that is reflective of the views of people right at the coalface of healthcare.

Stakeholders were invited to provide their views via surveys, specific consultation forums hosted by us, meetings, and phone interviews. These consultations proved invaluable in highlighting a common set of concerns and revealed broad agreement that we cover in our review:

- System monitoring of health outcomes, patient experiences, and system outcomes
- Effectiveness of services across the care continuum for all
- Safety and quality impacts of service gaps and access delays on clients, carers, and vulnerable population groups
- Barriers for specific vulnerable population groups resulting in needs not being adequately met within a culturally safe care environment
- Quality of continuity and continuum of care relationships and structural linkages between health sectors and other agencies
- The impact of socio-economic, geographic and systemic barriers on access to the health system
- Resource allocation between preventative and treatment services and more focus on involving community stakeholders in efficiency / sustainability discussions.

Data audit and shortlisting of priority measures

We then conducted a thorough investigation of a wide range of nationally reported system performance data containing South Australian context and comparison that described trends over time, differences between geographical areas, and a focus on specific population groups wherever possible. It was then out of this larger dataset, and in ongoing engagement with stakeholders including SA Health, that we were able to shortlist a relatively small set of key representative health system performance measures to report on as priorities. These included areas identified in our inaugural 2010 review for follow-up, especially around disparities in Aboriginal health service outcomes. From this priority list, one improvement and one challenge has been highlighted as a focus under each domain.

A focussed evaluation of these key priority measures, improvements, and challenges formed the basis for our advice to the Minister for Health for improving the performance of the South Australian health system.

Strengths and limitations in the Health Performance Council's system performance measures

We used only high quality data sources and every effort has been made to ensure that data used reflects source material. However, data custodians referenced throughout the report are primarily responsible for the quality, accuracy, validity, and consistency of their own information.

In addition, all data have limitations – in their collection, definitions and assumptions. Even the most comprehensive data collection will still be unavoidably more simplistic than the complexity of the South Australian health system. While the measures are intended to reflect the system performance, this collection of indicators is by necessity limited in scope.

For more information

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