



SA Health's formal response to the
Health Performance Council's four-yearly review

Review of the Public Health System's Performance for 2011-2014

June 2015

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1. Introduction

On 24 December 2014, the Health Performance Council (HPC) submitted its report *What's Working, What's Not – Review of the South Australian Health System Performance for 2011-2014* (the Report) to the Minister for Health in accordance with the requirements of the *Health Care Act 2008*.

SA Health acknowledges HPC's four-yearly review of the overall operations of the State's health system, which requires the collection and evaluation of health intelligence information. It is the second such review since the HPC was established in 2008.

This response addresses the latest Report's key findings, and outlines SA Health's current undertakings and/or planned actions.

A focus on transparency in public reporting of information on health system performance began with the introduction of the HPC by the State Government in 2008, the first State to introduce an independent review process.

Since 2011, the introduction of national performance monitoring and reporting has driven continuous improvement of health care services, by offering extensive information for patients and consumers, health care providers and health system managers. Reports issued by the National Health Performance Authority, which operates independently of both the Commonwealth and State and Territory Governments, allows updated comparisons of performance, quality and efficiency of health services across jurisdictions.

The State Government also has an increased focus on open government and transparency in public reporting of information on health system performance. For example, the patient safety reports and the hospital dashboards published on the SA Health website provide easy access to up-to-date information about how the State's metropolitan public health system is performing in a range of areas.

SA Health continues to engage with clinicians, the community and consumers as it endeavours to ensure the best quality healthcare into the future. In October 2014, the Minister for Health sought to engage South Australians on the future of the State's health system with the release of the *Transforming Health* discussion paper. The paper was a response, in part, to funding challenges faced in light of the 2014/15 Federal Budget announcements. Following further community and staff engagement in early 2015, the Minister for Health released *Delivering Transforming Health* which outlines the next steps for Transforming Health, based on extensive input, feedback and ideas provided by the community, our staff and the health care sector.

Transforming Health seeks to achieve consistent, effective, efficient and quality outcomes for patients by providing the best service configuration and best practice models of care.

2. Summary of advice to the Minister for Health on areas of potential improvement

Building healthy communities

1. Require SA Health to set a performance outcome that all local health networks increase childhood immunisation rates to 92 per cent 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 per cent 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 per cent by 2018.

Getting into the system

5. Require SA Health to manage a reduction to 15 per cent or less by 2018 of people living in country South Australia reporting delaying or not seeing a dental professional.
6. Request the Department for Health and Ageing investigate what actions South Australia can take to reduce household out-of-pocket medical expenditure.
7. 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 per cent by 2018.
8. Require the SA Dental Service to reduce the percentage of people who wait one month or more for public dentistry to 70 per cent or less by 2018.
9. 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 to 75 per cent or above by 2018.

Being treated well

10. 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.
11. 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.
12. 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.
13. 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 per cent by 2018.
14. 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

15. 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.
16. 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.

17. 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.

18. 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.

19. 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

20. 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.

21. Develop strategies that will improve length of stay by identifying patients that can be better cared for in non-acute hospital settings.

22. 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.

23. 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

24. 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.

25. 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

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.

3. Response to the Health Performance Council's 26 recommendations to the Minister for Health

Building healthy communities

- 1. Require SA Health to set a performance outcome that all Local Health Networks increase childhood immunisation rates to 92 per cent or greater by 2018, with a priority focus on Aboriginal rates.**

Supported

Immunisation is provided across a range of providers, for example local government and General Practitioners, and is not the sole remit of the Local Health Networks. SA Health supports achievement of the national benchmark for immunisation, across a network of providers in government, non-government GP practices, and is pleased by positive improvements to rates for Aboriginal children.

As at June 2014, in SA, 90.3 per cent of children aged 12-15 months were fully immunised, while 92.4 per cent of children aged 24-27 months were fully immunised. For children aged 60-63 months, 90.5 per cent were fully immunised. A state-wide Aboriginal immunisation program funded through *Closing the Gap* until June 2016 has lifted coverage of Aboriginal children, achieving a halving of the gap between Aboriginal and non-Aboriginal five-year-olds over the past four years. The campaign *Help Me Stay Strong* targets new parents of Aboriginal children.

SA Health continues to target the general public through health promotions, and health professionals through education programs. Changes to immunisation programs, such as additional vaccines or assessment rules and a small percentage of parents who refuse to immunise their children, as well as some providers who vaccinate children but fail to submit data to the register, present significant challenges in maintaining high vaccine coverage 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.**

Agree in principle

The responsibility for this matter falls to the Minister for Health. SA had the highest per cent of people aged 65 years or more fully vaccinated against influenza for 2009 at 81.3 per cent, above the Australian average of 74.6 per cent. Education programs and the promotion of an annual influenza vaccination program for residents and health care workers in aged care facilities are ongoing. In 2015, a new influenza vaccination educational program for health care workers will be released, and an initiative to allow pharmacists to directly administer the influenza vaccine. It is also noted that engagement with the primary care sector requires some input from the Commonwealth.

- 3. Request the Minister for Education and Child Development to set a target of 80 per cent by 2018 for the percentage of vulnerable families with young children accepting sustained home visiting services with a particular focus on Aboriginal families.**

Agree in principle

Parents of newborns are offered a Universal Contact Visit with a community child and family health nurse. Family Nurse Visiting is offered to eligible families identified by CaFHS nurses at the Universal Contact Visit. About 10 per cent of families may benefit from the sustained nurse visiting service, having being identified with low to moderate depression, a lack of social connections, having socio-economic disadvantage and lower levels of developmental literacy, which is consistent with the 2014 report, *Five by Five: A Supporting Systems Framework for Child Health and Development*.

This sustained visiting program does not meet the needs of all families identified as vulnerable (an agreed definition needs to be applied). This was highlighted in an external

evaluation in 2013 by Professor Michael Sawyer, *Evaluation of the South Australian Family Home Visiting Program Final Report*. Alternative services are targeted at parents affected by mental health conditions, parents who show psychological distress or report risky levels of substance abuse, including alcohol. The matching of families to the program that they are most likely to benefit from is important, rather than a general perception that 'home visiting' is the overall solution to families who experience challenges that impact on effective parenting.

It is therefore suggested the indicator be amended to "SA Health set a target of 80 per cent of the approximately 10 per cent of families with young children in South Australia accepting sustained nurse visiting services with a particular focus on identified risk factors, inclusive of Aboriginal families".

It is also noted that Royal Commissioner Margaret Nyland will report later in 2015 on a review of the policies, practices and procedures of the State's child protection authorities and other government and non-government organisations charged with the care and protection of children deemed at risk of harm.

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 per cent by 2018.

Agree in principle

Health/developmental check screening rates have remained relatively stable for many years. For the fourth year check, SA Health targets pre-school and child-care centres in lower socio-economic areas, while many parents organise this check with a GP. The outcome of those checks is that no issues were identified for the majority who present. (It is noted that 2014 Productivity Commission data related to developmental health checks does not include activity conducted outside Medicare, such as preschools and community health centres.)

SA Health notes there is currently no evidence that supports health checks at any particular age. The preferred approach is to increase the awareness of children's development and the types of activities which positively promote effective parenting. SA Health supports parents in many ways, including engagement with families with identified risk factors in the antenatal period, providing ongoing services (including access to child care and then pre-school) and for a health/developmental check at 18-24 months. The Blue Book (the child health record) is being promoted universally, with parents encouraged to seek help if they have concerns.

It is further noted that this target will be difficult to achieve as the Medicare rebate will no longer apply to GPs for this item, under Federal Budget changes announced in May 2015.

Getting into the system

5. Require SA Health to manage a reduction to 15 per cent or less by 2018 of people living in country South Australia reporting delaying or not seeing a dental professional.

Supported conditionally

The principle of reducing the proportion of people living in country areas who delay, or do not see, a dental professional is supported conditionally. It is understood this indicator resulted from a COAG Reform Council Report that highlights relatively more people delay or avoid seeing a dental professional due to cost, when compared with any other health professional, including General Practitioners. It is therefore suggested the indicator be amended to incorporate the 'due to cost' component.

In SA, including country SA, the majority of dental services are provided in the private dental sector, which is largely outside the scope of the Minister for Health, SA Health and/or Local Health Networks to manage.

Modest patient co-payment fees are applied within the SA public dental system. However, strategies implemented in the public dental system to reduce cost barriers include:

- Financial hardship arrangement for patients who are assessed by an accredited Financial Counsellor as being unable to pay the usual fees have care provided free of charge;
- Patients requiring urgent care are not refused care if they are unable to pay the emergency patient fee on the day;

- Targeted programs for specific client cohorts are fee free, for example clients who are Aboriginal, homeless or live in Supported Residential Facilities;
- Maintaining required staffing levels in country public dental clinics to ensure public patients can access their care locally and minimise additional travel-related costs;
- Continuing to work with private dental providers to maintain the viability of private dental practice in some small country areas. In the past four years, this has included initiatives in Peterborough, Kingscote and Kingston SE.

Improving access to affordable basic public dental care for people living in country areas has been a major focus for SA Dental Service in recent years. As a result, waiting lists have improved from 12,000 people in country areas waiting an average of 22 months as at 1 January 2011, to 11,000 people waiting 12 months in December 2014. Additional Commonwealth funding under the National Partnership Agreement (NPA) on Treating More Public Dental Patients contributed to this improvement.

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

Qualified

Out of pocket medical expenditure generally relates to private health insurance, Medicare, pharmaceuticals and General Practice (GP), all of which are outside the direct responsibility of the State Government. The listing of items on the Medicare Benefits Schedule (MBS) and pharmaceuticals on the Pharmaceutical Benefits Scheme is a Commonwealth Government responsibility. GP services are a Commonwealth responsibility under the National Health Reform Agreement, however, in recognising that primary care is a key component of health care, the State government continues to develop ways to work cooperatively with GPs.

The SA Government believes that health care should be affordable and will continue to advocate to the Commonwealth on behalf of South Australians.

7. 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 per cent by 2018.

Agree in principle

The responsibility for this matter falls to the Minister for Health. While SA Health has no control over the delivery of annual health assessments to older people, work is underway with the aged care sector, the Commonwealth and the primary care sector to support the health of older people. An Acute and Aged Care Taskforce is being established to ensure clear communication and collaboration exists between these sectors. Similar forums exist to support the work with the primary care sector. The State government continues to develop ways to work more effectively with General Practitioners for improved patient outcomes and pathways.

(It is noted that 2014 Productivity Commission data related to annual health assessments for older people does not cover all health assessments, it does not include services provided in public hospitals and excludes people living in residential aged care facilities.)

8. Require the SA Dental Service to reduce the percentage of people who wait one month or more for public dentistry to 70 per cent or less by 2018.

Agree in principle

The target is driven by results of the Australian Bureau of Statistics Patient Experience Survey 2013-14, based on a small sample of patient recollections, rather than actual public dental waiting times. It does not consider the proportion of urgent and non-urgent dental care provided in the SA public dental sector. It is assumed this measure is about public dental waiting times for general (non-urgent) dental care. People in need of urgent dental care (severe pain, bleeding or trauma) are prioritised and offered care within 1-2 days for the clinically most urgent, or 1-2 weeks for the second priority clinical category.

People assessed as requiring general (non-urgent) care are added to a chronological waiting list. Waiting times have reduced from 16 months as at 1 January 2011 to 11 months as at December 2014.

9. 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 per cent or above by 2018.

Not supported

Prioritisation of patients seen is based on clinical needs, regardless of cultural background or gender, even so, all Local Health Networks (LHNs) are required to meet Emergency Access Targets requiring that 82 per cent of all patients should be seen within four hours of arrival. A further target specifies that 80 per cent of all patients should be seen within the clinically recommended time for their triage category. These performance measures are also consistent across jurisdictions.

Nevertheless there is an agreement amongst all LHNs and the Aboriginal Health Branch, as part of the Aboriginal Health Care Plan Steering Committee, to develop a cultural competency framework across SA Health. The aim is to support an approach, through workforce development, that ensures SA Health employees have the required essential minimal skills and knowledge to be culturally competent and be flexibly responsive to the needs of Aboriginal people in their care. SA Health staff are also encouraged to use the cultural knowledge of Aboriginal Hospital Liaison Officers. SA Health has increased the capacity to manage chronic disease, prevention and follow-up care through investment and collaboration with Aboriginal Community Controlled Health Services.

As at December 2014 Calendar Year to Date, 64 percent of presentations to South Australian Emergency Departments were seen within 4 hours of arrival, an improvement of 2 per cent from December 2011. As at December 2014 Financial Year to Date, South Australia achieved 67 per cent of all patients being seen within the clinically recommended time. All LHNs remain committed to improving performance in relation to patients seen within four hours of arrival.

One of the key components of Transforming Health is to transform the design and structure of metropolitan hospitals, including Emergency Departments, so people are provided the best care by the right person or group of people, first time, every time. This includes the development of super-sites for major emergencies at the Royal Adelaide Hospital, Flinders Medical Centre and Lyell McEwin Hospital, where doctors will be available 24 hours a day, 7 days a week.

Being treated well

10. 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.

Supported

SA Health and the South Australian Health and Medical Research Institute are currently involved in a range of joint initiatives which work towards reducing the rates of preventable hospitalisations. Where appropriate, consultation with the Aboriginal community is undertaken. These initiatives include:

- The Cancer Data and Aboriginal Disparities partnership project which seeks to develop an integrated cancer monitoring system;
- SA State of Aboriginal Heart Health Project which will develop a SA cardiovascular health and service profile, and development of State-wide strategy for Aboriginal cardiovascular care;
- The Aboriginal Diabetes Care project which will establish best practice standards for Diabetes care, develop a state-wide profile of diabetes and related health conditions and services and the development of a state-wide strategy for care for people with diabetes and related conditions;

- SA Childhood Rheumatic Heart Disease Screening project which aims to provide in-school rheumatic heart disease (RHD) screening for approximately 2000 South Australian Aboriginal children aged 5-14 years;
- Aboriginal Cardiovascular Omega 3 trial is a multi-centre trial of omega 3 supplementation in Aboriginal patients with established coronary artery disease;
- COMMUNICATE is the acute cardiac in-hospital communication experiences of Aboriginal and Torres Strait Islander peoples project; and
- ESSENCE II is the name for projects to develop indicators and a primary health care project in relation to the ESSENCE standards for equitable cardiovascular care for Aboriginal and Torres Strait Islander people.

11. 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.

Agree in principle

The responsibility for this matter falls to the Minister for Health. The Acute and Aged Care Taskforce has been set up to ensure clear communication and collaboration exists between these sectors. While access to Residential Aged Care is the Commonwealth's responsibility, SA Health wishes to ensure effective transition of older people between these sectors. A 90-day project has also been undertaken with the aged care sector and hospital staff to help develop a range of strategies to improve the transition of older people from hospital to residential aged care. It will provide foundations for the taskforce to build on.

Country Health SA Local Health Network continues to support the transition of older people from metropolitan hospitals to access Residential Aged Care, Multipurpose Services, respite or Transitional Care Packages, as required.

12. 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.

Supported

SA Health will continue to monitor and implement strategies to address Aboriginal self-discharge against medical advice rates. LHNs monitor self-discharge rates according to their Health Performance Agreements. Ongoing efforts to prevent Aboriginal patients from self-discharging include patient pathway support (including social and emotional wellbeing, cultural brokerage and interpreter services), social work services and referrals to Step Down Units, and availability and promotion of Aboriginal Hospital Liaison Officers, Aboriginal Patient Pathways Officers and Aboriginal Liaison Units in acute settings.

Aboriginal Self Discharge Project, completed by the Aboriginal Health Directorate, offers recommendations including greater flexibility of hospital discharge practices to enable nurse-discharge; solutions to having ready access to interpreters and encouraging "rooming in". Rates are evaluated by the CHSALHN Executive and Performance Committee, along with active monitoring by executive staff. Ceduna, Coober Pedy and Port Augusta Hospital all have an Aboriginal Patient Pathway Officer who works closely with patients identified at risk of self-discharge. Mechanisms implemented under the new Aboriginal Consumer Engagement Strategy also support making hospitals culturally safe and inclusive.

The Northern Adelaide Local Health Network engages with the Aboriginal community through consumer forums, the NALHN Aboriginal Advisory Board, and liaison with the Aboriginal community representative from the Lyell McEwin Hospital Consumer Advisory Council, to consider discharge strategies and patient feedback. The Women's and Children's Hospital Network monitors rates through its Executive Leadership Committee and the review of its Aboriginal Services Improvement Plan. Within the Central Adelaide Local Health Network, monitoring is undertaken through the Aboriginal Torres Strait Islander Advisory Committee, it also offers Aboriginal Torres Strait Islander Cancer Care Coordinators to identify and resolve

health and support issues for patients prior to discharge and support patients to maintain treatment regimes.

Drug and Alcohol Services South Australia (DASSA) delivers the Aboriginal Connection Program, funded by the Department of Communities and Social Inclusion. The Aboriginal Connection Program provides outreach and integrated assessment for Aboriginal people who are homeless or at risk of homelessness. The service also provides in-reach support to clients admitted to inpatient settings, including the Royal Adelaide Hospital and DASSA Withdrawal Services, with the aim of maintaining continuity of care and reducing the risks associated with premature discharge against advice. DASSA monitors the treatment completion rates of all clients admitted into its residential and non-residential services. Data indicates the rate of discharge against advice has decreased with the engagement and responsiveness of the Aboriginal Connection Program team.

The DASSA Consultation Liaison Service, located at the major metropolitan Adelaide hospitals, provides specialist drug and alcohol advice and support to hospital staff and clients admitted and referred to the service, improving treatment options and the appropriateness of interventions. This aims to improve outcomes and referral pathways for individuals admitted to the Emergency Department, often including referral to the Aboriginal Connection Program.

13. 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 per cent by 2018.

Agree in principle

Indicator not supported

The Statewide Mental Health Quality Improvement Committee, chaired by the Chief Psychiatrist with representation from all Local Health Networks, meets monthly to discuss and problem solve matters regarding Safety and Quality KPIs, including 7-day community follow-up from discharge.

All Local Health Networks use the national target of 60 per cent as part of their KPI reporting framework and have set up systems and care pathways for focus on achieving this target. It is noted that the 60 per cent target reflects that some consumers are discharged to the care of their GP or private psychiatrist, some consumers do not require follow-up as the crisis was resolved, and some consumers do not want follow up.

14. Require SA Health to work with the primary care sector to develop strategies to help people feel supported when they seek primary care.

Supported

As a funding partner in Healthdirect, SA Health works with stakeholders to raise awareness of the Healthdirect and National Health Services Directory. SA Health works with Medical Locals to develop pathways, disseminate information resources for consumers and encourage after-hours services. SA Health works with Medicare Locals and Non-Government Organisations to develop pathways and address access issues for CALD, refugee and Aboriginal patients.

SA Health owns and operates two GP Plus Super Clinics and six GP Plus Health Care Centres. The clinics and centres provide a broad range of allied health services including physiotherapy, podiatry, occupational therapy, dietetics, clinical psychology and social work. Other services include Aboriginal health services, children and youth health services, breast screening, dental services, drug and alcohol services, mental health services and nursing and midwifery services. Work with Medicare Locals will be transitioned to Primary Health Networks.

Getting good outcomes

15. 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.

Supported in principle

The SA Cancer Registry currently collects staging information on a limited number of cancers and is about to conduct a pilot investigation of the feasibility of cancer staging for five major cancer sites in conjunction with Cancer Australia. A final decision regarding the feasibility from a resource perspective on staging cancers will depend on the results of the pilot and also pending legislative change to enable staging information to be collected. The HPC were advised in late 2014 by the Minister for Health that SA Health will work with the SA-NT DataLink, the private sector and privacy and ethics committees on this process.

16. 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.

Agree in principle

SA Health has a focused patient safety program targeting areas of patient harm which may result in an adverse consumer outcome. These strategies are aligned to the National Safety and Quality Priorities and National Safety and Quality Health Service Standards.

SA Health has established a suite of safety and quality metrics in LARS (LHN Analytics and Reporting Service) to support continuous monitoring and improvement. These include volume of incidents and near misses reported and the actual level of harm. Planned work includes establishing rate of event (i.e. fall, medication, pressure injury) by 1000 occupied bed days, consistent with Australian Council on Healthcare Standards (ACHS) indicators - allowing for peer comparison.

17. SA Health through its Infection Control Service (ICS) continues implementation of quality programs aimed at improving infection control in hospitals, and monitoring the effectiveness of new interventions.

Supported

ICS has developed policies, guidelines and resources on the prevention of infection in healthcare settings. Documents are renewed as required, including at the request of LHN CEOs. ICS continuously monitors and reports on the incidence of key infection indicators in all public acute hospitals. Surveillance data are reported to the Department and Hospital Executives on a monthly basis.

A focus on the development of additional educational resources, such as on-line learning modules in key infection prevention principles for SA Health staff, is planned for 2015.

18. 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.

Supported

Closing the Gap commitments receive \$32 million over three years, until 30 June 2016. Chronic disease programs include Quit Smoking initiatives and Aboriginal Well Health Checks. Cancer Care Coordinators promote service improvements. Other strategies include immunisation, the Aboriginal Family Birthing Program, the Aboriginal Infant Support Service for vulnerable infants and Aboriginal oral and eye health programs. These programs are in addition to support from Aboriginal Patient Pathway Officers and Aboriginal Hospital Liaison Officers, along with Aboriginal Step Down Services at Ceduna and Port Augusta. Child and Adolescent Mental Health Services in the APY Lands provide consultation, assessments and referral to support services. SA Health supports a Ngangkari (Aboriginal Traditional Healers) brokerage program, in which esteemed members of the Aboriginal community encourage consumers and patients to continue receiving acute and primary health care. The Aboriginal Environmental Health Program promotes environmental improvements in remote areas.

As stated in the response to Recommendation 9, there is an agreement among all Local Health Networks and the Aboriginal Health Branch, as part of the Aboriginal Health Care Plan Steering Committee, to develop a cultural competency framework across SA Health. The aim is to support an approach through workforce development that ensures SA Health employees

have the required essential minimal skills and knowledge to be culturally competent and be flexibly responsive to the needs of Aboriginal people in their care.

19. 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.

Supported

SA Health has various strategies and programs in place to support people to receive palliative care in their homes. Royal District Nursing Service (RDNS) are contracted by SA Health to provide palliative care services in the patient's home (day and/or night) for up to 6 months at the end stage of their disease. A new model of care will enable General Practitioners (GPs) to deliver palliative care in a shared care arrangement with hospital palliative care medical staff. The program includes development of shared care protocols and pathways, training and accreditation of GPs in palliative care.

In country South Australia, Country Health SA Local Health Network employs both community nurses and specialist palliative care nurses to support people with terminal illness and their families, with the main goal to remain at home if they wish. CHSALHN has also implemented End of Life Choices Packages to increase support to people and their families during the terminal phase of their illness.

An Acute and Aged Care Taskforce is developing a statewide model of 'hospital in residential aged care' to ensure that people residing in an aged care facility avoid unnecessary hospital admissions, and are cared for and can die with dignity in their place of choice.

The new *Advance Care Directive Act 2013* (SA) empowers adults to make legal arrangements for their future health care, end of life, preferred living arrangements and other personal matters.

Working efficiently and remaining sustainable

20. 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.

Qualified

Spending on health care will always increase, however, SA Health continues to identify, implement and monitor strategies so we spend our money wisely including efficient ward configurations, product standardization, the negotiation of improved procurement terms, optimized pathology and pharmacy costs, and voluntary redundancies. Many of these programs will continue to deliver benefits across the forward estimates.

21. Develop strategies that will improve length of stay by identifying patients that can be better cared for in non-acute hospital settings.

Supported

New out-of-hospital strategies are being developed as part of the Transforming Health program.

A Residential Aged Care Policy Directive is in final stages of consultation. The policy will provide a framework to assist LHNs in the timely placement of individuals in residential aged care where patients are unable to return home. This policy has a focus on complex cases and includes escalation process if delays in placement result in a prolonged length of stay in the acute setting. In addition, there is provision for the timely transfer of patients from hospital to a supported interim residential aged care bed for a time limited period for those who are medically fit for discharge.

A proposed model of care for residential aged care and supported acute care is being developed to manage acutely unwell residents and includes alternative and direct pathways

for common emergency department presentations (e.g. falls) and emergency department telephone consultation service.

Country Health SA Local Health Network continues to support the transition of older people from metropolitan hospitals to access Residential Aged Care, Multipurpose Services, respite or Transitional Care Packages as required.

22. 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.

Supported

Changes to workforce policy and practices are central to the implementation of the Transforming Health program, which aims to improve the quality and consistency of health care. For example, Transforming Health reforms anticipate greater access to senior clinical decision makers, seven-day access to allied health and clinical support services, such as diagnostic imaging.

Other significant initiatives to increase the responsiveness and diversity of the workforce include the development of a revised Aboriginal Workforce Strategy for SA Health and the Aboriginal Health Practitioner Project. This latter project aims to develop the Aboriginal Health Practitioner profession.

23. Develop strategies and implement efficiencies that will reduce growth in cost per casemix to a nominated target (eg. Consumer Price Index) to bring down the South Australian average to the national average over a five year period.

Supported

In addition to the response at Recommendation 20, Transforming our Health System is a means to structure our system around a central focus on quality. Improving patient outcomes and quality, through networked services, single governance arrangements where appropriate, improved flow and better access to services will contribute to economies of scale.

Engaging with the community

24. 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.

Supported

Safety and Quality Branch coordinates the 'Partnering with Consumers and the Community' program. As the lead contact, it provides advice and assists health services in planning for assessment against the National Safety and Quality Health Standard 2 – Partnering with Consumers.

The *Framework for Active Partnership with Consumers and the Community* and *Guide for Engaging with Consumers and the Community* were released in 2013 and are due to review in November 2015.

The SA Health Partnering with Consumers and Community Advisory Group was set up in March 2013. The group is established under the governance structure of the SA Health Safety and Quality Strategic Governance Committee.

SA Health funds the Health Consumers' Alliance (HCA) as the peak agency in South Australia for consumer engagement. SA Health is collaborating with the HCA to co-create consumer and community engagement strategy and principles to support changes under the *Transforming Health* initiative. The Consumer and Community Peak forum will report to the Transforming Health board.

25. Commission a Consumer Experience Survey of Aboriginal and culturally and linguistically diverse South Australians to complement its existing mainstream survey.

Supported

The SA Consumer Experience Surveillance System (SACCESS) is a telephone survey where consumers are interviewed soon after an overnight stay in a metropolitan or country public hospital using a set of internationally validated questions. Since 2010, over 7180 patients have been interviewed. SA Health will continue to identify where gaps may exist such as Aboriginal health and culturally and linguistically diverse South Australians to increase the number of consumers sharing their experience with the health service and SA Health.

Improving SA population health data collection and analysis

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.

Agree in principle

Under an agreement with SA Health, the Population Resource and Outcome Study Unit at the University of Adelaide currently manages the South Australian Monitoring and Surveillance Survey (SAMSS). SAMSS includes data items such as Country of Birth, Indigenous Status and Language Spoken at Home, and captures information about carers, prevalence of disability and South Australians who are Veterans. Information on lesbian, gay, bisexual, transgender, intersex and queer people is not collected other than in a small community health services. Some of this group may not wish to be identified through administrative data collections, particularly if it is not relevant to their current treatment. As many population groups are small, the administrative burden of collecting the data and cost of changes to data capture systems may not be of benefit. SA Health will investigate whether other survey tools (including internationally) capture information on gender identity and sexual orientation and, if so, whether this could be incorporated into the SAMSS tool.

4. How Healthy are South Australians

The Health Performance Council identified areas where SA Health is performing well, recognising that SA Health is improving services to the South Australian community. It also identifies areas where additional focus may improve health outcomes for South Australians. The formal response provides information on SA Health's strategies and activities to improve identified challenges.

Health Performance Council identified improvements

- > Fewer women are smoking during pregnancy
- > Fewer children aged 5-9 are obese but overall rate remains high
- > The number of adults that don't smoke is growing
- > Aboriginal smoking rates are falling but overall rate remains high
- > Chronic bronchitis or emphysema rates are decreasing
- > Perinatal deaths are the lowest in Australia
- > Deaths from circulatory diseases are decreasing but are still in the top three causes of death
- > Deaths from colon cancer are decreasing but are still above the national average
- > More children are fully immunised
- > More children are having health checks
- > More children are being seen on time in emergency departments
- > More older people are having annual health assessments
- > More people are getting community follow-up in 7 days after psychiatric hospitalisation
- > Cancer survival rates are getting better
- > Infections associated with healthcare are very low and reducing
- > South Australians are spending less time in hospital
- > Most South Australian children participate in organised sports or dancing, with seven out of ten children participating in these physical activities, slightly better than the national average
- > Life expectancy in South Australia is increasing and the majority of life is expected to be lived in relatively good health, with less than 10 years expected to be lost to disability. The vast majority of South Australians feel that they are in good health.
- > The incidence of melanoma has been consistently lower than the national average over the last four years.
- > Nine in ten Aboriginal South Australians have access to support from outside the household which is higher than the Australian average. The large majority of South Australians agree that cultural diversity is good.
- > Just under one in five South Australians volunteer, the second highest nationally.
- > 11.8 per cent of South Australians provide unpaid care, help or assistance because of a disability, the highest rate nationally
- > There has been a slow decrease in smoking and the trend has been downwards from 2009. 40.3 per cent of Aboriginal people smoke but this has dropped nearly 7 percentage points in the last five years and South Australia's rank on this indicator nationally has improved
- > There has been a slight downward trend in chronic bronchitis or emphysema in the last five years
- > The South Australian death rate for all age groups has been trending down since 2009. Since 2008, the male death rate has been consistently higher than the female death rate, however in recent years the gap between the male and female death rate has gradually closed
- > The median age of death for South Australians is trending up, and now stands at 80.0 years for males, and 85.5 years for females
- > South Australia's perinatal death rate is lowest nationally, including for Aboriginal perinatal deaths. The infant death rate in South Australia has been trending down since 2008

- > Deaths from colon cancer have been trending down over the last six years, from 12.1 per 100,000 person in 2007 to 8.2 in 2012. While South Australia is still above the national average its ranking against other states and territories has dropped since 2010

Health Performance Council identified challenges

- > The rate of awareness of the benefits of folic acid intake before and during pregnancy continues to decrease.

SA Health Perinatal Practice Guideline *Vitamin & Mineral Supplementation in Pregnancy* provides information for clinicians, and the general community, on dietary requirements, therapeutic levels and suggested subsequent supplementation regime. SA Health's website provides additional information for the general community who are seeking folic acid advice. Information leaflets are also available in GP surgeries, family planning clinics and reproductive medicine clinics. Folic acid is now required to be added to bread-making flour through a national food standard.

It should be noted that the PROS (Population Research and Outcome Studies) indicator report 2010 - 2011 shows awareness of folate's benefits in SA among adults was found to be 14.9 per cent. There is no data available to indicate it is increasing or decreasing.

- > Smoking during pregnancy is higher in areas of socioeconomic disadvantage and country areas.
- > Almost one in nine South Australian women and one in two South Australian Aboriginal women are at their first antenatal visit, but the overall trend has been decreasing over the last five years.
- > Aboriginal babies born with a low birth weight more than double the non-Aboriginal rate.

Since 2010, the SA Health 'SA Pregnancy Record' has included a prompt for perinatal clinicians to assess the smoking status of pregnant women at each antenatal visit.

SA Health funds Cancer Council SA to deliver the Quitline service, which provides cessation support for pregnant women. Drug and Alcohol Services SA worked in partnership with Women's and Children's Health Network in developing the South Australian Safe Infant Sleeping Standards. They include Standard 4 that guides staff to inform families of the need to avoid exposing babies to tobacco smoke during pregnancy, and to provide quit smoking support and referral.

SA Health has a key commitment to reduce smoking rates of Aboriginal women during pregnancy. Under the Aboriginal Health Care Plan 2010-2016, a SA Health Priority Initiative is for Regions to report on progress in achieving the target of a 2.1 per cent annual reduction in smoking during pregnancy for Aboriginal women.

Under the Closing the Gap program Quit Smoking initiatives, SA Health funds the Aboriginal Health Council of SA to deliver the Maternal Health program, designed to reduce smoking during pregnancy. Aboriginal Maternal and Infant Care workers engage smokers directly. SA Health funds the delivery of 'Give up Smokes for Good', a community based campaign which encourages smoke-free homes and cars.

The proportion of low birthweight live births is consistently higher in Aboriginal babies, but these rates may show variation from year to year due to small numbers. Notwithstanding, national and international literature indicates that the complex nature of risk factors make it difficult to address. The Aboriginal Family Birthing Program specifically targets this issue and since implementation of the program low birth rates have been decreasing. Antenatal care programs which address risk factors and provide preconception education have been implemented progressively. These include education relating to smoking, use of alcohol and illicit drugs, nutrition and medical conditions. Programs include Anangu Bibi Aboriginal Family Birthing program at Port Augusta, Tjurni Miminis Birthing Program at Whyalla, Nyuntju Tjuta Iti Tjuta Aboriginal Birthing Program at Ceduna, Tumake Tinyeri Aboriginal Birthing Program at Murray Bridge, and the Aboriginal Family Birthing Program at Gawler, the Metropolitan Aboriginal Family Birthing Program, Nganampa Health Council Child and Maternal Health Program, Northern Women's Community Midwifery Program and Muna Paendi and the Southern Aboriginal Maternity Care Project.

The *SA Health Perinatal Practice Guideline: Fetal Growth Restricted* outlines appropriate care and referral pathways for pregnant women with fetal growth restriction.

- > Over half of South Australian women giving birth are overweight or obese.
- > Nearly a quarter of South Australian children are overweight or obese but South Australia is still below the national average.
- > Highest rate of gestational diabetes in Australia.

In 2012, SA Health endorsed the *Standards for the Management of Obese Obstetric Women* as a state-wide directive, to assist health care staff in safe patient management. SA Health funds the *Get Healthy* information and coaching service. This free telephone coaching service offers personal professional support to help promote healthy eating, increase physical activity and manage weight. It is suitable for use by pregnant women. WCHN is working with relevant clinical networks to identify opportunities for intervention to prevent excessive gestational weight gain.

OPAL (Obesity Prevention and Lifestyle) is a community-based, childhood obesity prevention initiative which reaches 400,000 people (25 per cent of the population). OPAL has been operating in 19 of the most disadvantaged SA council areas since 2009. SA Health is co-funding Nature Play SA, which aims to make unstructured, outdoor play an everyday part of childhood. The SA Health *Healthy Living* website provides information on healthy weight. In 2014, more than 26,000 resources targeting children and families were distributed.

The Public Health Partnerships Branch, and the Department of the Premier and Cabinet, are collaborating on a 'Healthy Children's Menu Options' project. The project, being led by industry, aims to create a more supportive environment for healthy eating by increasing the number of healthy menu options for children in restaurants, cafes, clubs and hotels across the State.

In relation to gestational diabetes, obesity or overweight may be a risk factor. Women and Children's Health Network advises supportive antenatal and prenatal care for women to manage gestational diabetes and referrals to primary health providers.

- > The rate of caesarean births remains high but has been steady since 2007 but the rate is significantly higher than the OECD average.

Under proposed standards in Transforming Health program, clinical groups have called for the South Australian Perinatal guidelines to be used 'when caesarean sections are appropriate and parents should be informed of risks' (standard 218) and for categorisation of emergency caesarean sections to reduce 'misunderstanding between health care professionals' (standard 241).

- > South Australia has the lowest breastfeeding initiation rate nationally.

South Australia's Breastfeeding Initiation rates are greater than 90 per cent as reported through the Baby Friendly Health Initiative (BFHI), a joint UNICEF and the World Health Organization (WHO) project. This rate is comparable to national breastfeeding initiation rates.

'Baby Friendly' accreditation is a quality assurance measure that demonstrates a commitment by the facility to offer the highest standard of maternity care. All SA Health Metropolitan Maternity Hospitals and many country hospitals are accredited by the Baby Friendly Hospitals Initiative (BFHI).

- > Almost a quarter of South Australian students overall and over a half of South Australia's Aboriginal students in their first year of school are developmentally vulnerable.

Offering support to vulnerable Aboriginal children begins with culturally inclusive maternal and infant care, and continues by connecting carers of vulnerable children with quality early learning, child care and appropriate parenting and health services.

The Aboriginal Family Birthing Program supports increased engagement between Aboriginal Maternal Infant Care workers, midwives, general practitioners and obstetricians. *SA Health's Aboriginal Infants*

Support Service (AISS) provides a culturally appropriate, psycho-social model of services to highly vulnerable infants and parents experiencing adversity.

A wellbeing team and children's program coordinator at Watto Purrinna Health Service promote health in childcare centres and preschools through the provision of programs that support good parenting and healthy eating programs.

The *Aboriginal Early Childhood Health Promotion* program promotes health and wellbeing for Aboriginal children and families through supporting and training staff in early childhood settings. More than 1300 children and family members have attended health promotion events focussed on active play, child safety, personal care and child development. Following these events, more than 500 referrals were made to other services including immunisation, dental and allied health. The *Under Five Ear Health Program* provides ear health and hearing screening services to Aboriginal children up to five years.

- > One in five South Australians has a disability, and 5.5 per cent of South Australians have a need for assistance due to a profound or severe disability. Both of these rates are the second highest nationally.

SA Health is involved in the implementation of the National Disability Insurance Scheme (NDIS) to enable people with a disability to access appropriate services. Significant work on scoping and costing services has occurred. The health system has responsibility for the diagnosis, assessment and treatment of health conditions, while the NDIS is responsible for supports that assist a participant to undertake activities of daily living required due to the person's disability.

An executive level committee has been set up between the Department of Communities and Social Inclusion and SA Health to discuss key issues relating to aged care, disability services and health and community services.

- > Almost a third of South Australians adults are living with two or more risk factors and this is higher in country areas and areas of socioeconomic disadvantage.
- > One in five South Australians has high blood pressure, one in six has high cholesterol and one in eight smokes cigarettes. This is on, or above, the national average. High cholesterol and smoking are more prevalent in country areas.
- > High blood pressure & high cholesterol rates are increasing with higher cholesterol rates for those living in country communities.
- > Around 1 in 13 South Australians aged 16 years or more are living with cardiovascular disease or its consequences. The prevalence of cardiovascular disease is higher in country areas and is almost twice as high in males than females.
- > Obesity rates are increasing with higher rates for Aboriginal adults and those living in country communities.
- > One in four South Australian adults are overweight or obese, and this trend has been increasing since 2009 (2009- 21.6 percent; 2013- 24.1 percent). Obesity rates are significantly higher in country SA. Overweight and obese in Aboriginal people is high at 70 percent, but below the national average.
- > South Australia has the highest rate of diabetes nationally.
- > About 8 percent of South Australian adults have diabetes. The rate of diabetes in South Australia has been increasing over the last ten years and is now the highest in Australia and a percentage point above the national average.
- > One in six South Australians is living with multiple chronic conditions. The prevalence of multiple chronic conditions increases with age and socioeconomic disadvantage.

- > Over a quarter of South Australians are drinking at risky levels. This is higher for men and for those living in country areas.*

SA Health is working in partnership with not-for-profit, community and primary health care providers on a number of strategies aimed at improving the management of chronic disease conditions. This includes the *Strategy to Provide Integrated Chronic Disease Care Planning and Care Coordination*, and the *Strategy to Increase the Primary Health Care Response to Chronic Disease*. SA Health has a partnership with the Royal Australian College of General Practitioners to deliver training for GPs to increase their knowledge about current best practice for identifying high-risk individuals, interventions to prevent chronic disease and practice models to support preventative care.

In addition, SA Health is developing an Intermediate Care Services model to support people in the community with highly complex chronic conditions. Intermediate Care Services target complex patients, often (but not always) older people, who are frequently admitted to hospital or present at an emergency department.

GP Plus Super Clinics at Noarlunga and Modbury and six GP Plus Health Care Centres provide a range services to support people with chronic disease. A multidisciplinary Ambulatory Consulting Service (MACS) is provided at the Royal Adelaide Hospital and the Queen Elizabeth Hospital.

The *Get Healthy* telephone coaching service is aimed at preventing chronic diseases such as Type 2 diabetes, but also offers support to adults to help promote physical activity and manage weight.

Healthy Workers – Healthy Futures initiative works with industry peak bodies, unions and regional business associations, such as Primary Producers SA, to improve the chronic disease risk factors of smoking, poor nutrition, harmful alcohol consumption and physical inactivity. This initiative targets high-need male dominated industries.

The SA Health-funded *Strength for Life* is a balance and strength training program implemented by the Council on the Ageing. Its primary aim is to prevent falls in adults aged over 50 years. Improved strength and balance also improve mobility and allow individuals to be more physically active which assists with preventing and managing chronic diseases such as heart disease and Type 2 diabetes. Up to 10,000 people have participated in this program since it commenced in 2004.

SA Health's *Obesity Prevention and Lifestyle* program is working with local government, including 11 regional councils, to introduce healthy food policies, water fountains and community gardens. Specific Aboriginal-community programs by OPAL include Aboriginal Family Fun Days, an edible school garden grant at Raukkan Aboriginal School and the Ngaityu Wardli (My Home) Healthy Eating and Physical Activity Program.

Dieticians work with Aboriginal Community Controlled Health Organisations to deliver healthy eating messages in chronic disease programs. SA Health also funds the delivery of smoking cessation television advertising designed to help reduce smoking prevalence. A range of quit smoking ads are regularly played across South Australia at an average of 400 target audience rating points (TARPs) per month and target audiences include people from lower socioeconomic backgrounds and people living in rural areas. SA Health funds Cancer Council SA to deliver the Quitline telephone counselling service. SA Health funds the services to support smoking cessation in metropolitan and regional locations under the Closing the Gap commitment.

An allied health and community nursing prioritisation process is being implemented across country areas that has a stronger emphasis on shorter response timeframes for those clients at higher risk of clinical deterioration. The process allocates a higher priority to those who have complex needs, including socioeconomic disadvantage and remoteness. The *Better Care in the Community* program is available at 13 sites across country South Australia, and continues to support clients with chronic conditions. Services may include inpatient or outpatient chronic condition education, cardiac rehabilitation, pulmonary rehabilitation, insulin titration clinics and care planning. During 2013-14, the program supported more than 5000 clients resulting in more than 2000 admissions avoided, and more than 1000 bed days saved.

SA Government intends to introduce smoke-free outdoor dining areas by July 2016. There are display restrictions on all tobacco retail points of sale across South Australia, including from 1 January 2015 all 'specialist tobacconists' must have their displays out of sight to further decrease exposure to tobacco products by young people. Smoking is banned at all covered public transport waiting areas and within 10 metres of children's public playground equipment. Smoking is banned on all SA Health premises throughout South Australia and the SA Health Smoke-free Policy requires that all consumers are to be assessed for tobacco smoking status and intention to quit.

Drug and Alcohol Services South Australia (DASSA) has implemented a range of treatment, policy and population health monitoring approaches to address alcohol misuse. This includes contributing to government policy deliberations on alcohol regulations, oversight of the Public Intoxication Act; telephone counselling and triage through the Alcohol and Drug Information Service and by providing and funding withdrawal and treatment services throughout the State.

The *South Australian Public Health Act 2011* and State Public Health Plan, 'South Australia: A Better Place to Live' have introduced the concept of Public Health Partner Authorities. Their development is an opportunity to collaboratively improve health and wellbeing for South Australians.

* Note amendment to indicator: More than 18 per cent of South Australians are drinking alcohol at levels that pose a long-term risk. This is higher for men, and for those living in country areas.

- > One in eight South Australians adults has asthma. Overall, rates are higher among women than men.

Asthma is a condition that is often well managed by sufferers in partnership with GPs, but the public health system provides support with emergency, specialist outpatient, and inpatient services. In 2013-14 there were 1856 inpatient admissions to metropolitan hospitals for asthma that could potentially (with increased access to comprehensive primary care management) be avoided. This is a reduction from 2012-13 when there were 2119 potentially avoidable admissions. As part of the Transforming Health program, self-care plans will be promoted and alternative models of care will be developed. SA Health will contribute to the development of a new National Asthma Strategy for 2016–2020.

- > South Australia is ranked highest nationally for prevalence of back pain/problems or disc disorders.
- > Osteoporosis in South Australia is four times more prevalent in women than men. It affects one in four South Australia over 75 years.
- > Arthritis rates are the second highest nationally with higher rates for those living in country communities.
- > Arthritis is the most prevalent chronic condition in South Australia with one in five of South Australian adults living with the condition and the prevalence of arthritis is statistically significantly higher in country SA. SA is ranked second highest of the states and territories.

Only a small proportion of patients with lumbar disorders, arthritis or osteoporosis require scans or specialist consultation. For those patients, SA Health is working with Medicare Locals to develop and promote best practice pathways and GP referral guidelines. SA Health provides a range of inpatient and outpatient acute services, including exercise physiology, physiotherapy, podiatry, social work, psychology, rehabilitation and hydrotherapy. The remainder of patients are best managed through accessing community-based health care services according to recommendations that can be provided by their General Practitioner.

Under the Transforming Health program, allied health and integrated rehabilitation services will be expanded. A single statewide model of care for orthogeriatric services will be developed.

- > There has been a 4 percentage point increase in ear/hearing problems in Aboriginal people over ten years. South Australia is now ranked highest in terms of ear/hearing problems nationally and is 3.5 percentage points above the national average of 12.3 per cent.

Closing the Gap funding between 2011 and 2014 was directed at improved ear health services to remote Aboriginal communities, and to ensure improved access to ear, nose and throat medical specialists and audiologists. Access to specialist ear health services to Aboriginal children living in

rural and remote South Australia has improved and remains a priority. Equally important is the early detection and effective treatment of otitis media ear infections to prevent potential hearing loss.

SA Health chairs the SA Aboriginal Ear Health Reference Group, which meets every eight weeks and includes representation from the Aboriginal Health Council of SA, Watto Purrunga Aboriginal Health Service, Southern Adelaide Aboriginal Family Health Service, Country Health SA LHN, CaFHS, Rural Doctors Workforce Agency, Hearing Australia and a number of private audiological and ENT service providers. The group undertakes planning for statewide activity to improve Aboriginal ear health and hearing.

Since mid-2013, Nganampa Health Council has taken responsibility for coordinating visiting ear health specialist services. Ceduna Hospital coordinates the visits of ENT specialists to the remote communities of Oak Valley and Yalata. The Rural Doctors Workforce Agency supports ear health outreach audiology services. Training of remote health clinic staff in the revised Clinical Care Guidelines on the management of otitis media has occurred in 2012 and 2013.

Attention to early detection and assertive follow up by remote health clinic staff remains an ongoing strategy. The Women's and Children's Hospital Ear, Nose and Throat (ENT) Department has been working with Nganampa Health Council, to develop and maintain a regular visiting ENT service to the APY Lands. The aim is for ENT surgeons to provide a service to two communities and visit these communities twice yearly. This model commenced approximately 18 months ago. It is also envisaged groups will be brought to Adelaide for surgery two to three times a year. In April 2015, seven Aboriginal children and their families travelled to Adelaide for surgery. Another surgical list is planned for October 2015.

The Under Fives Ear Health Program provides screening and management of middle ear disease in the north and west of Adelaide for Aboriginal children under the age of five. Since the program commenced, a number of partnerships with local schools and early childhood settings have been strengthened, resulting in more than 500 children receiving initial screening and 130 children being re-screened. Management pathways are being continually strengthened.

An additional service is provided by the Australian Hearing Association which provides amplification devices for children and adults with hearing loss.

- > One in six South Australians are living with a doctor-diagnosed mental health condition. Prevalence is higher for women and those living in disadvantaged areas. The trend has been increasing over the last 5 years, up from 14.4 per cent in 2009 to 16.9 per cent in 2013. The metro Adelaide rate is statistically significantly higher than country SA in 2013. Psychological distress is also relatively high in SA.
- > Highest rate of women with perinatal depression in Australia.
- > Intentional self-harm is now the main cause of death for South Australians aged 15 to 44 years.
- > Although suicide rates in South Australia are low, the rate among men is three times that of women.
- > Psychological distress in the Aboriginal population is exceptionally high and one of the highest nationally and is around three and a half times that of the general SA population.

SA Health has invested in multiple well-being strategies, and acute and community-based mental health services. It is also working with the South Australian Health and Medical Research Institute under its 'Mind and Brain' theme to translate research for future treatments.

Many SA Health mental health services employ lived experience workers whose role is to provide peer based services to consumers and carers to support their wellbeing and develop strategies for addressing mental health issues.

The National Perinatal Depression Initiative (NPDI) has been better put into practice in SA than through the rest of Australia (with resultant high rate). Screening has become universal at all public and some private hospitals in SA including country. There has been a strong focus during 2014-15 to provide training and education for GPs, perinatal nurses and midwives, and other relevant service providers to ensure they are equipped to continue with the initiative as part of everyday business after the cessation of the funding for the program on 30 June 2015.

Suicide rates are a critical area which requires ongoing investigation and policy development. SA Health's Mental Health Unit has specific policy officer focussing on suicide prevention strategies and community based interventions.

The South Australian Suicide Prevention Strategy 2012-2016: *Every life is worth living* (SASPS) was released in September 2012. The SASPS takes a whole of community, whole of government approach to suicide prevention. Among the goals of the strategy are to improve the evidence base and understanding of suicide and suicide prevention, and to implement standards and continuous practice improvement in suicide prevention. Examples of this work include 10 Suicide Prevention Networks across SA, and postvention services, *Standby Response* and *Living Beyond Suicide*, to reduce the impact of contagion in suicide. In addition, Anglicare have started 'A Cry for Help' program in the Flinders Medical Centre to engage with the suicidal person and their families.

Work to reduce the rate of suicide in men is continuing. This is a nation-wide phenomenon and has been recognised in the SASPS. The Suicide Prevention Networks are addressing the 'help-seeking behaviour' of men in their action plans. Dr Conrad Neumann is doing a PHD on understanding the needs of men in distress presenting to the Emergency Department. A 2014 project in the Lyell McEwin Emergency Department has resulted in changes in the way staff respond to the suicidal person. Applied Suicide Intervention Skills Training (ASIST) was offered to emergency staff. Consumers are contacted and encouraged to keep follow-up appointments for ongoing care. SA Health has produced the second iteration of *Engaging with the Suicidal Person* a handbook for clinicians in Emergency Departments and clinical settings.

SA Health will continue to advance recommendations of the *Aboriginal Mental Health Action Plan*. The Aboriginal Mental Health Reference Group has been established and is providing strategic direction to LHN based working groups to coordinate activity. LHN working groups have developed implementation plans relevant to local services and communities. A survey of access to services by Aboriginal people experiencing mental health issues has been completed to guide strategies to address barriers including cultural competence and safety training. The Aboriginal Suicide Prevention Working Group was convened in 2013 to develop a South Australian Aboriginal Suicide Prevention Action Plan. SA Health provides a range of mental health services, including health promotion and prevention, education and information targeting Aboriginal young mothers and fathers and health professionals, a targeted program for young Aboriginal people in the justice system and targeted programs for the APY Lands through Child and Adolescent Mental Health (CAMHS) and SHine SA. The Strategic Mental Health Quality Improvement Committee monitors 7 day follow-up rates across LHN services as part of the suite of high risk indicators. The additional reporting of rates specific to Aboriginal consumers will be submitted to the committee for action.

- > The rate for Aboriginal people for avoidable, preventable and treatable deaths is three times higher than for all persons in South Australia

While this is a shared responsibility, SA Health aims to connect Aboriginal people with to effective and accessible services, and acknowledges Aboriginal people require access to services and supports which are safe, culturally respectful and responsive. This can be achieved through respectful engagement with Aboriginal people.

SA Health continues to implement a whole of health sector approach to providing health care, which is relevant to the Aboriginal population in the management of chronic and acute conditions and preventative health measures.

As stated in the response to Recommendation 9, there is an agreement amongst all LHNs and the Aboriginal Health Branch, as part of the Aboriginal Health Care Plan Steering Committee, to develop a cultural competency framework across SA Health. The aim is to support an approach through workforce development that ensures SA Health employees have the required essential minimal skills and knowledge to be culturally competent and be flexibly responsive to the needs of Aboriginal people in their care.

Aboriginal people (like the non-Aboriginal population) may be seen in general health and mental health facilities (including public mental health services, Drug and Alcohol Services of South Australia,

Medicare Locals and SA Health funded non-government organisation psychosocial support services). Aboriginal people may also access Aboriginal Community Controlled Health Services. Each of these services promotes referral to, and sharing of appropriate information, with other relevant health agencies or service providers to allow for collaborative and culturally respectful assessment, treatment and care.

SA Health's mental health services are integrating the Flinders Closing the Gap Program of chronic disease self-management into treatment plans. The program aims to assist Aboriginal consumers to develop goals to help co-manage their conditions in partnership with other services, organisations and individuals.

SA Health staff utilise the cultural knowledge of Aboriginal Liaison Officers, who assist consumers with clinical liaison and interpreters. Ceduna, Coober Pedy and Port Augusta Hospital have Aboriginal Patient Pathway Officers. Aboriginal Step Down Services are available at Ceduna and Port Augusta.

> 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

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

See earlier South Australian Monitoring and Surveillance Survey (SAMSS) response.

5. Health Performance Councils' specific areas of focus during 2011-2014

Effectiveness of Country Health Advisory Councils

The report *Review of Country Health Advisory Councils' Governance Arrangements* was released on 4 April 2012. It identified that the Health Advisory Councils (HACs) were adapting to their new roles and functions under the *Health Care Act 2008*, as they transitioned from boards to HACs. At that time, many had developed a good understanding of their role as an advisory group and were involved in

robust community engagement initiatives, while some HACs expressed a desire to return to the previous board structure.

The Country Health SA Local Health Network (CHSALHN) has developed improvements to strengthen the HAC's role, along with better communication and reporting between itself and HACs. Quarterly performance reports, including finance summaries, quality and safety reports, and hospital activity data, are now provided to HACs. CHSALHN supports HACs to develop community partnerships with other agencies including Medicare Locals and local government. HACs are represented in the recruitment process for senior positions and in health service planning.

CHSALHN established a Presiding Member Panel as a sub-committee to the Governing Council to provide effective liaison between local HACs and the Governing Council. The Panel has operated since January 2014 with representative Presiding Members from each region. This mechanism has strengthened communication. All incorporated HACs now have gift fund trusts endorsed for Deductible Gift Recipient status and hence can solicit and receive donations and bequests. In February 2014, the Minister for Health and Ageing announced changes to how Special Purpose Funds can be accessed. HAC funds can now be accessed as needed in line with the objectives of the fund and CHSALHN governance procedures.

The recent Premiers' Review of all Government Boards and Committees provided an opportunity for HACs to reflect on their role and function. All HACs strongly advocated for their retention. The outcome was for local HACs to be reclassified under the Boards and Committees system, but remain with no HAC related changes to the *Health Care Act 2008* and no changes to their constitutions.

Mental Health in Rural and Remote Communities

The report *Mental Health in Rural and Remote South Australian Communities* was released on 26 August 2013. It showed that while many rural and remote residents understood that specialist services could not be maintained in every location, a gap in mental health services existed compared to metropolitan services, and there was a variation between country regions. Country Health SA Local Health Network (CHSALHN) sought to redress this situation by introducing a range of services in several country locations and to raise awareness of the availability of mental health services.

CHSALHN has been successful in recruiting more than 50 new clinical and non-clinical staff into country locations for inpatient and community rehabilitation services. Improvements include intermediate care services in four locations, eight Nurse Practitioners with specific scope of practice in country locations, inpatient units in the country general hospitals at Whyalla, Berri and Mt Gambier (scheduled to open in mid-2015) offering six beds each and a local country-based psychiatrist, a targeted youth mental health service and temporary community rehabilitation services in Mt Gambier and Whyalla. In addition, the introduction of a Digital Telehealth Network has improved timely access to psychiatric assessments and other services. These new services have more assertive follow-up, which is being reflected in data and consumer records. Other initiatives include local campaigns to de-stigmatise mental health conditions, shared care programs with General Practitioners and regular forums to engage with communities, hosted by 'Experts by Experience' Development Officers.

In addition to the Aboriginal Mental Health Team based in Rural and Remote Mental Health Services, CHSALHN has introduced Aboriginal Cultural Support Workers as a key element of the workforce for new inpatient services, and cultural awareness training for all new staff, and community rehabilitation services. SA Health, in partnership with CHSALHN will continue to develop strategies for the exit of Commonwealth-funded crisis respite, older persons, perinatal, community rehabilitation and intensive home-based support.

Aboriginal Health in South Australia

The report *Aboriginal Health in South Australia 2011-2104: A Case Study* was released publicly on 6 November 2014. It showed instances of successful programs, and the challenges for SA Health to improve health care for Aboriginal people. By taking a 'whole of health' approach and by engaging with Aboriginal people about culturally appropriate programs and care, SA Health has made improvements to health services, and is better managing chronic and acute conditions.

Under SA Health's commitment to Closing the Gap, a range of preventative and primary health care programs, in partnership with the Aboriginal community controlled sector, including Aboriginal Well Health Checks and Aboriginal Child Health Checks, are supported. This investment delivers better access to antenatal care, reproductive and sexual health services, mental health services, child and maternal health services and integrated child and family services which focus on quality early learning, child care and parent and family support. For example, a state-wide Aboriginal immunisation program has achieved a significant increase in Aboriginal child immunisation rates across all age groups with a reversal of the gap for the 12-15 months and the 60-63 months age cohort in the January to March 2015 quarter. [Additional details of relevant programs are provided in the body of this Interim Response.]

SA Health is strengthening its efforts to provide safe, culturally respectful and responsive health services. The Aboriginal Health Care Plan Steering Committee has established a Cultural Competency working group to develop a framework for Cultural Competency. Traditional Healer Brokerage Access program provides access to traditional healing for Aboriginal clients and patients within the South Australian public health system.

Improving End of Life Care in South Australia

The report *Improving End of Life Care for South Australian* was released publicly on 19 December 2013. It detailed progress on the implementation of SA Health's *Palliative Care Services Plan 2009-2016* and reviewed ways to improve the quality of life for South Australians at the end of life. The implementation of Advance Care Directives (ACDs) and Resuscitation Plan 7 Step Pathway provides support for clinicians to make appropriate resuscitation and end of life care decisions which are person-centred and in advance of an acute crisis.

Implementation tools for ACDs have included broad education, awareness raising and information across the community, including seniors groups, carer and support groups, as well as to professionals in the aged, community and disability care and legal sectors. Education continues across LHNs and the SA Ambulance Service, led by 350 mentors and trainers. In 2015 there is a focus on General Practitioner and Practice Nurse education through the support of the Royal Australian College of General Practitioners, and the Rural Doctors Workforce Agency.

The inaugural *Planning Ahead: take control of your future today Day* to promote the use of legal tools available to document personal choice in the event of future incapacity was held on 4 September 2014. This year's activities, led by the Office of the Ageing, build on well-established collaborations. The Do-it-Yourself Advance Care Directive Kit is continuing to be promoted, including access through the ACD web site. Feedback on the ACD forms and kits will be reviewed in July 2015 to ensure it remains easy to understand and use. The Advance Care Yarning Booklet is being revised to align with the ACD Kit but with more specific advice for Aboriginal people. Similar work is being undertaken in collaboration with culturally and linguistically diverse population groups.

The Resuscitation Planning 7 Step Pathway policy, guideline and Resuscitation Alert Form have been developed after extensive consultation. These materials identify people at, or approaching, the end of life in a standardised, non-discriminatory, and person-centred manner, and support a consistent approach to decision-making for resuscitation planning.

SA Health has various strategies and program in place to support people to receive palliative care in their homes, including a Palliative GP Shared Care Model, as outlined earlier in this report. An Acute and Aged Care Taskforce is developing a statewide model of 'hospital in residential aged care' to ensure that people residing in an aged care facility avoid unnecessary hospital admissions, and are cared for and can die with dignity in their place of choice.

6. Conclusion

The South Australian health care system is changing.

The State Government's vision for *Transforming Health* is to deliver health care where quality is the focus. It is for all South Australians to have equitable access to the best and most reliable health care

possible, and the system is sustainable into the future. It is where an innovative service culture is developed across the whole health care system.

The alignments and service changes are being made to meet crucial clinical standards, overlooked by the Minister's Clinical Advisory Group (including doctors, nurses, midwives, scientific and allied health professionals).

SA Health acknowledges that in enhancing the care we offer, and meeting the full set of clinical standards, we will improve services and care to the whole community, but more particularly, to some of the most vulnerable South Australians.

As SA Health works to update the models of care to reach the goals of best practice, patient-centred care, consultation will continue with consumers, staff and bodies, including the Health Performance Council.

Every part of the system will be renewed to achieve consistent, safe, quality care. The program for transformation is not solely about hospital configuration and services, but it begins where the impact is greatest, metropolitan hospitals. The whole-of-system transformation will occur over the next four years.

For more information

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