

Chapman, Angela (DPC)

From: Cheltenham EO <Cheltenham@parliament.sa.gov.au>
Sent: Monday, 8 September 2014 3:28 PM
To: DPC:PCU
Subject: FW: Submission re announce re reforming boards, committees, and councils
Attachments: Minister letter re HAC futureRO.doc

Dear PCU,

Please find below and attached correspondence for the Premier's Office

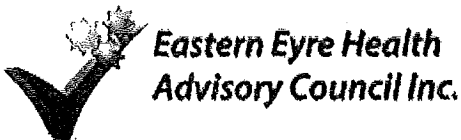
Kind Regards,

Joshua Hage
*Trainee to Jay Weatherill MP
Member for Cheltenham
Premier of South Australia*

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From: Jim Walford [mailto: [REDACTED]]
Sent: Monday, 8 September 2014 2:19 PM
To: Cheltenham EO
Subject: Submission re announce re reforming boards, committees, and councils



The Premier
Hon Jay Weatherill MP
Dear Premier

I attach a copy of the submission to the Minister for Health in response to your letter announcing your intention to reform government boards, committees and councils.
We have demonstrated a need for continuation of local bodies to maintain and build on the network of Health Advisory Councils in the country as the best option to meet the requirements of the Health Care Act, 2008, and to provide meaningful relationships with the small country communities and consumers.

Regards
Lorraine Walford
Presiding Member
EEHAC Inc
[REDACTED]
[REDACTED]
C/- Cowell Hospital
South Terrace
Cowell SA 5602

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Submission to the Minister for Health, Honourable Jack Snelling, MP responding to the letter from The Premier, Honourable Jay Weatherill MP, dated 8 July, 2014, regarding the proposed abolition of all government boards, committees and councils.

In July 2000 the amalgamation of Cleve District Health & Aged Care, Kimba District Health & Aged Care & Cowell Community Health & Aged Care enabled the communities in the District Council areas of Cleve, Franklin Harbour & Kimba to form a Multi Purpose Service and access the Commonwealth Rural Health Service funding for Primary Health Care.

Following the amalgamation there was a huge increase in the primary health focus which is seen as a most valuable service to complement the acute & residential care services. A comprehensive range of health, aged and community services is available to the Cluster communities of Cleve, Franklin Harbour and Kimba. To ensure this range of services is meeting the needs of the three communities and is provided from a cost effective and equitable basis, significant organisational and financial development at Cluster level has taken place.

Geographically Eastern Eyre covers an area approximately 100km by 100km (Mitchellville to Darke Peak, Arno Bay to Buckleboo).

Cost effectiveness

The Eastern Eyre Health Advisory Council Inc was set up to advise (locally and more widely), to ascertain health needs, to advocate on behalf of the community, to hold assets and to undertake activities that it determines will benefit the health services. It is ideally placed to demonstrate effectiveness in achieving these criteria from its Constitution describing the reasons for its establishment, as will be reported in the Annual Report 2013-2014. The use of videoconference for two out of three meetings allows the volunteer members and staff to attend in their home town, or from other locations. Members have also linked in to the videoconference by telephone occasionally when they have been interstate. The Presiding Member has been able to participate in SA Health Partnering with Consumers and the Community Advisory Council meetings and Carers Participation Position Statement Working Group by telephone, reducing the expense for SA Health.

Volunteers have sought community views in public meetings and surveys (including the Eyre Peninsula Field Days 2012 & 2014), joint meetings with the Hospital Auxiliaries & District Councils and are regularly approached informally by consumers. The EEHAC Inc has approached schools, kindergartens, service groups and sports clubs, to name just a few, in effectively carrying out its functions resulting in reliable advice and preparation of plans that reflect the views of the community. In the past year, feedback on End of Life practices, Advance Care Directive and Open Disclosure have been sought and the responses can be relied on to reflect the attitudes of the community.



There is a minimal cost in the activities of the EEHAC Inc or for administrative support, however the volunteer involvement in carrying out the roles and tasks between meetings reduces the time that staff would need to spend to ensure the same result. Overall, the EEHAC Inc is the most cost effective way to carry out the ascertaining of health needs and attitudes of the community, advising on local and wider health issues, and advocating on behalf of the community.

Holding assets and funds locally is vital for maintaining the trust of the community. Many assets were built up over the years of donation of money, volunteer time and in kind support. The trust of the community was shaken by the time taken to vest the assets in the EEHAC Inc and to set up the local Trust Fund for donations. Removal of assets and funds would be detrimental to the future of community support for local health and aged care facilities.

A different way?

Results of a survey conducted at the Eyre Peninsula Field Days (August 12,13,14), Eastern Eyre Peninsula Football/Netball Semi final(August 16) and with senior school students show that social media has gained a foothold but the young are not using it to seek information on health. To try to find information most age groups are using their family, word of mouth, the doctor, the Internet and the hospital. The youngest suggest that approaching schools is the best way to seek or give information, and to involve them. Most do not access on-line surveys. A one-off exercise in Eastern Eyre excludes some age groups. To ensure balance in the survey the gaps were filled by attending a semi-final of the football & netball.

Many people including the young, prefer a 1:1 interaction with a person as it enables clarification of what is said or read; a social interaction; being able to veer off track to explore other issues and to know that someone is trying to understand, is interested in them, and is listening to their point of view. They want the EEHAC Inc members to go to them anywhere that is conducive to discussion.

Use of contracted organisations to conduct campaigns would increase costs and decrease breadth of cover. Many of these consultation exercises in the past have been held in major regional centres. At two recent Government sponsored meetings, the EEHAC Inc Presiding Member was the only participant present from outside Whyalla in one instance and Port Lincoln for the other. There was little effective information sharing with the communities of Eyre Peninsula and the views expressed were highly biased towards the major centres.

EEHAC Inc has considered alternative options and rejects them for our geographical area. Some other methods would be less cost effective, give less reliable information and reach a more limited community cross-section. Collaboration, involvement and empowerment of consumers and the community in the country can be achieved by retaining the existing HACs.



Could the functions of the HAC be merged with another HAC(s)?

EEHAC Inc is an amalgamation of the health services in Cleve, Franklin Harbour and Kimba District Council areas. It covers an area approximately 100km by 100km (Mitchellville to Darke Peak, Arno Bay to Buckleboo). Its members act collaboratively in the best interests of the whole community. Medical services to Cleve and Kimba have been merged and Elliston included in the Mid Eyre Medical Practice. Community Health Services cover Cleve, Franklin Harbour and Kimba District Council areas. At this time, there is little interaction through sport, health or education across the wider areas of Eyre Peninsula.

Amalgamating may appear to be feasible in the future but local ownership of assets and funds must be maintained and already considerable distances are involved. At the Eyre Peninsula Field Days (August 2014), 6% of people asked, suggested an alliance could include Streaky Bay, Wudinna, Tumby Bay and Cummins, while 26% suggested that a whole of Eyre Peninsula could be appropriate for some functions (advise on health needs outside the local area and planning an integrated health system).

However amalgamating HACs would reduce the level of community representation and increase the effort required by the members to meet the provisions of the Health Care Act 2008 that established the HACs. EEHAC Inc would not reflect the wishes of the community if it amalgamated its functions with another HAC(s). We reject amalgamation and support the status quo with combined regional meetings of the HACs, Presiding Member Panel and all HACs.

EEHAC Inc demonstrates the use of technology in its meeting structure (videoconference) and uses email effectively (between meetings to approve correspondence). The region grasped the opportunity to amalgamate to form the Multi Purpose Service to provide extended Community Services and Aged Care than was previously available. This united health service is well established but the combined Mid Eyre Medical Practice is still experiencing problems, with Kimba after hours on call by videoconference, necessitating ambulance transport to Cleve Hospital that was not predicted, and locum cover giving a disjointed level of care.

It has been suggested that all of the requirements of the National Safety and Quality Health Service Standard 2 Partnering with Consumers will become core for accreditation of health service providers. Consumer and community involvement and empowerment are inherent in the standards. EEHAC Inc believes it is ideally suited to be part of the implementation of Standard 2 with independence, experience in the use of videoconference facilities and community trust. Many HACs have sought greater involvement and empowerment in their operations and are well placed and a cost effective way to demonstrate achievement against all sections of Standard 2.

The principle of Patient Centred Care seems to suggest that retention of the EEHAC Inc is the best way to ensure that decision making is made available to the patient, family and local community.

Removing HACs, even amalgamating, would be counterproductive to demonstrating Partnering with Consumers. Volunteer members of HACs are ideally placed to collaborate with hospital staff and to



carry out much of the negotiation required to set up and conduct focus groups on behalf of staff, relieving time constraints and pressures.

The draft CHSALHN Strategic Plan 2014-2019 sets out the vision and direction for the health system in rural South Australia. Collaboration and customer focus are values that rate consumers, their family and community highly. Using existing HACs provides the framework to assist in demonstrating these values in practice. Engagement of the community and consumers is a Pillar of Excellence involving consumers in decision making about their health care. Community access through the HACs already exists and should be enhanced. Partnerships engaging community ambassadors and recognising and pursuing the power of combined local community interests will also be achieved through increased involvement of the network of HACs and will strengthen the relationship between CHSALHN and the local communities. Recognition of the many valued local health services is only possible if the communities also are recognised as individual with unique values, needs, facilities and talents.

Retention of the HACs will allow SA Health and CHSA to have confidence that the community voice has been reflected accurately and the consumer is at the focus of health care.

Independence

The functions of the EEHAC Inc require a level of independence to best advocate on behalf of the community and to receive donations. Voluntary members, nominated by the community and elected at the AGM, are able to demonstrate more objectivity than a staff member with allegiance to and constrained by SA Health or CHSALHN. Consumers and community members will confide in EEHAC Inc members when they may be reluctant to speak to a staff member. This places the EEHAC Inc in a privileged position to advocate on behalf of the community.

EEHAC Inc recognises that there are many points of view and that minority voices should be heard. The local members are in an ideal position to be able to identify and seek out the relevant stakeholders, rather than to allow the vocal few to dominate the debate.

A level of independence has also been useful in gaining donations as in our area people have a sense of ownership of and support for the local health facilities.

Improvements in delivery of functions

EEHAC Inc and the community show a willingness to be involved in technology, particularly the use of videoconference for meetings and medical consultations. We would also become more involved in social media if we were convinced that it would serve a useful purpose. We know that for groups of health consumers Facebook is a means of support, but our healthy young people are telling us they are not using it to access information or to express their opinions about health issues.



HACs form a network of volunteers across country South Australia providing an interface between the Minister, SA Health, CHSALHN executive team and Governing Council and the community. We look forward to a higher level of collaboration, involvement and empowerment in our interactions.

Conclusion

Eastern Eyre Health Advisory Council Inc has demonstrated that it is

- A cost effective way of fulfilling the requirements of the provisions of the Health Care Act 2008
- Representative of a widespread community with an amalgamated health service
- Unlikely to be replaced by a technological advance in the foreseeable future
- In a better position than an amalgamated body, new organisation or contracted organisation to fulfil those requirements
- Serving the community effectively due to its independence
- Open to negotiations for the future of the health of our communities

EEHAC Inc believes that it is an important interface for the community in line with the National Safety and Quality Health Service Standard 2 Partnering with Consumers. It believes that there are no other ways of providing the functions required by the Health Care Act 2008.

We respectfully request the Minister for Health to recommend that Eastern Eyre Health Advisory Council Inc and all HACs across country South Australia be exempted from the Premier's list of boards, committees and councils to be abolished.

Lorraine Walford

Presiding Member

Eastern Eyre Health Advisory Council Inc
c/- Cowell Hospital
South Terrace
Cowell SA 5602

2 September 2014

PREM14D04777



Hon Jay Weatherill MP
Premier of South Australia

Ms Lorraine Walford
Presiding Member
Eastern Eyre Health Advisory Council Inc
C/- Cowell Hospital – South Terrace
COWELL SA 5602

Dear Ms Walford

The Hon Jay Weatherill MP, Premier of South Australia has asked me to thank you for sending him a copy of your email of 8 September 2014 to the Minister for Health, the Hon Jack Snelling MP, about the Boards and Committees reform.

The Premier appreciates receiving a copy of your correspondence.

Yours sincerely

A handwritten signature in black ink, consisting of several loops and a trailing line.

**Premier's Correspondence Unit
Office of the Premier**

16 September 2014

cc: Office of the Hon Jack Snelling MP, Minister for Health