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LOXTON AND DISTRICTS
HEALTH ADVISORY COUNCIL

The Hon. J. Snelling, MP

Minister for Health,

PO Box 2555

ADELAIDE SA 5001

21st August 2014

Dear Minister,

The Loxton and District Health Advisory Council received the Premier's letter dated 8.7.14. relating to his wish to reform South Australian government boards and committees.

We understand the Premier's desire to achieve reform in this area, and appreciate the questions he has raised in his letter. We have reviewed the way in which the Loxton and Districts Health Advisory Council carries out its duties in line with the Premier's enquiries, and believe that we can successfully demonstrate that we completely achieve the Premier's objectives.

At the recent Combined HAC Conference in Adelaide, we were grateful for the insights you gave us, particularly the focus you gave to particular issues. We have further reviewed our response, and how we could respond in the future to particular issues, and how we can strengthen our collaboration with both CHSA and with other HACs in our region. We now attach our submission for the continuation of the Loxton & Districts HAC as a unique and distinct entity.

We ask that you review our submission and recommend to the Premier that Loxton & Districts Health Advisory Council continue serving our community and our health services.

Yours sincerely,

SALLY GOODE
Presiding Member
Loxton & Districts Health Advisory Council Inc.

c.c. Ms. Maree Geraghty, CEO, CHSA

Mr. Wayne Champion, Regional Director, Riverland Mallee Coorong

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LOXTON AND DISTRICTS
HEALTH ADVISORY COUNCIL

SUBMISSION TO THE MINISTER FOR HEALTH

FROM

THE LOXTON AND DISTRICTS HEALTH ADVISORY COUNCIL INC.

SUBMISSION TO THE MINISTER FOR HEALTH, Hon. Jack Snelling MP

In response to a letter from the Hon. The Premier, Jay Weatherall MP, dated 8th July 2014 regarding the proposed abolition of all statutory Boards and Committees.

The Loxton & Districts Health Advisory Council has received and noted the Premier's letter, and we respond to the various points raised by the Premier in his letter.

EFFICIENCY

"is it considered more cost effective to undertake functions in another way?"

Without repeating the 16 functions of the Health Advisory Council (HAC) as set out in our Constitution, our primary function is "to act as an advocate to promote the health interests of the Community", and secondly "to provide advice to the Minister and Chief Executive about any aspect of the provision of health services in the Local Area by Country Health SA Hospital Incorporated from the perspective of consumers of those services and of carers and volunteers who interface with the services."

Since the advent of Health Advisory Councils in 2008, Loxton & Districts HAC has been energetically involved with its interface with our community of interest. Our evidence of that involvement can be found in: -

- The surveys we ran as part of the 10 year plan and our attendance at the workshops involved with that plan;
- Our involvement with the three year plan;
- Our constant encouragement of politicians etc to visit the hospital;
- Our public meetings in relation to the Patient Assistance Transport Scheme (PATS);
- Our excellent relationship with local media which provides many positive stories about the hospital;
- Our regular interaction with Loxton Waikerie District Council, and the support and assistance provided by the Council
- Our continued support of the Loxton Hospital Complex in purchases of equipment, redecoration and refurbishing and major renovations to the complex.
- The high level of financial support given by the Community.

This relationship with our community has indeed enabled us to provide accurate and appropriate advice to the Minister when requested in the form of the 10 year plan and the 3 year plan. We have also advised the Minister of the outcome of our PATS public meetings, and through our Annual Reports provided him with information about matters pertinent to the Complex. The Loxton & Districts HAC has been so successful in promoting its relationship with its community that our Presiding Member has been appointed as the Riverland Representative to the Presiding Members

Panel. In addition, she was also appointed to the Advisory Committee for the review of the Patient Assistance Transport Scheme in 2013.

We have participated in, and indeed engaged our own training opportunities to become effective advocates for our community. This training has included Corporate Governance training, Community Engagement training, membership of consumer bodies and specific HAC training provided by our Regional Director. We also, as a HAC, schedule frequent "HAC Education" opportunities with invited speakers to our regular HAC meetings.

We have responded to this our major function consistently and successfully at minimal expense. The Loxton & Districts HAC was represented at the workshops and seminars for the 10 year Plan and the subsequent 3 year plan. We have sought input from the community by using our good relationship with the Loxton News to get press coverage, and using community radio. During the PATS reviews we accessed community venues willingly offered to us by other community groups, so that all this community engagement was achieved at no cost.

We have hosted stands at the Riverland Field Days, and last year HAC members carried out surveys at the Field Days.

We maintain an excellent and supportive relationship with our local Council, and our Local Government Representative comes to all our meetings, and reports regularly to Council on our activities. We are currently in discussions with Loxton Waikerie Council to be a "link" on the Loxton Waikerie Council website, so that we can advertise our presence to the community via the internet.

A major function of the Health Advisory Council, as defined in Section 4.16 of our Constitution is to "solicit gifts to the Fund from members of the public". Notwithstanding that the Gift Fund was unable to be set up until 2013 (through circumstances outside of our control), our HAC continued to assiduously fund raise for the Complex.

We inspired confidence amongst the local community that monies raised would be exclusively used for the benefit of Loxton Hospital Complex, to the extent that since 2008, we have received approximately $100,000 per annum in donations, interest and special fundraising. We were the first hospital in the Riverland to introduce the concept of the community wall, whereby those members of the community wishing to show their support for the hospital buy an engraved brick – with the result that we have an inspiring long wall at the front of the hospital that is testimony to community ownership of the complex.

We devise new and innovative methods of fund raising – such as our Poochibald Art and Photographic Competition this year, which attracted entries from Adelaide.

Our community has such strong feelings towards its hospital complex that it is commonplace for Loxton funerals to request donations to the hospital in place of flowers – this alone brings in approximately $15,000 per annum to the Gift Fund.

The Loxton Health Advisory Council's community engagement and community profile, and its very successful fundraising comes about because of the deep feelings of ownership the community associates with the Complex.

This successful fundraising enables us to buy equipment, undertake renovations and redecorating so that Loxton Hospital Complex always looks bright and fresh, and gives confidence to patients that this is a well resourced hospital, and to relatives that their aged loved ones are in the best of care.

We have therefore fulfilled the requirements of our functions as a Health Advisory Council to great effect, and as a voluntary body, we have done this at minimal cost to the South Australian taxpayer, so that the cost effectiveness of the Loxton & Districts HAC cannot be in dispute.

However, we understand that whilst technically the Health Advisory Councils are zero cost, as they are all volunteers, the presence of CHSA Executives at our meetings is a cost to CHSA. Whilst we appreciate the presence of the Regional Director at our meetings, now that we receive vastly improved written information each month from both the Regional Director and the Director of Nursing and Midwifery , we believe that it is quite appropriate for this presence to be significantly reduced. Indeed, as a cluster of four HACs within the Riverland, we suggest that the Regional Director could rotate through one HAC meeting each month, thereby reducing his meeting load by 75%. We are well aware that if any particular issue arose we could seek his advice and counsel, but as a general rule, our Minutes of our meetings will provide sufficient information to keep him informed of our activities.

INDEPENDENCE

" do the functions require a level of separation from government to ensure objectivity?"

The Loxton & Districts HAC is convinced that functions of the HAC are better served by maintaining a level of separation from government. From the inception of the Health Advisory Councils in 2008, we have sought to present ourselves as advocates for our community in the provision of their health services. From a very early stage we determined that having a logo would enable us to be recognised, and we sought input from our local high school in a logo competition. The winning logo was quickly adopted, with the result that every communication about the HAC, or from the HAC goes out with our logo, and we are now well recognised within the Riverland community.

Being volunteers and members of the community that we serve, we are able to engender objectivity and a level of trust in changes to health services not experienced by government officials. An example of this is demonstrated by the changes to the PATS scheme in 2010, which caused considerable distress and concern to members of the community. The HAC lobbied against some of the changes, and then held a public meeting to go through the changes and explain them to affected residents. This public meeting was attended by a number of senior CHSA executives, all of whom were very pleased with the conduct and outcome of the meeting.

Our lobbying was successful, and together with the public meeting we changed the community's anger and concern into understanding and acceptance. When the 2013 PATS review went out for consultation our community was eager to have input and presented a variety of views and accepted the changes to the system knowing that their voices had been heard.

The Loxton & Districts HAC has been actively involved with the introduction of National Safety & Health Quality Standard 2 Partnering with Consumers. Consumer and community involvement and empowerment are inherent in the National Safety and Quality Health Standards. We believe that the HAC is ideally suited to be part of the successful implementation of this standard by the very nature of its independence and its acceptance by the community as a consumer representative. The HACs are well placed and are a cost effective means to demonstrate achievement against all sections of Standard 2. The volunteer members of the HACs are also ideally suited to collaborate with the hospital staff and carry out much of the negotiation required to set up and run focus groups on behalf of the staff, relieving time constraints and pressure.

Without a community elected, voluntary HAC the government will not have any certainty that the community's voice has been properly heard, and the Premier's wish to improve the way government engages with community will have a poorer outcome.

AMALGAMATION

"Could the functions of our Health Advisory Council be merged with another or could its functions be carried out in an alternative way."

We have grave reservations that a single merged Riverland HAC could have the same beneficial result as a specific locally representative HAC for the following reasons:

Rural towns are unique – their very existence depends upon their citizens supporting each other and supporting the necessary organisations in their towns. They are individual, and one town is not like another, thanks to the origins of the towns, their productivity, their populations, their demographics and their income levels. Each town must be examined individually to determine its needs.

"Taking a multifaceted approach to defining 'rural' allows the uniqueness of each rural place to be fully transparent, thereby elucidating the attributes and challenges of each rural place in creatively and innovatively addressing the complex and problematic professional context of rural care provision....These complexities and difficulties of rural areas and rural care must be considered carefully, especially if we are to make serious attempts to improve care provision in, and research and teaching about, this significant part of our societies." [1] *(Page 113)*

[1] Williams, A., & Cutchin, M. (2002). The rural context of health care provision. *Journal of Interprofessional Care, 16*(2), 107-115.

Loxton and Districts encompasses a population quite different to other Riverland towns, in that our community of interest for our core services covers the Loxton-Waikerie East local statistical area from Kingston on Murray down to Peebinga in the Mallee. For our specialised services, such as obstetrics and elective surgery, we have a broader catchment to the south and west.

Loxton is a service town for the surrounding districts and is a significant citrus and summer fruit growing area with the district including large vineyards, wineries, almond and olive production, dry land and sheep farming together with associated industries such agricultural machinery and chemical suppliers. Loxton has a diverse retail/business sector and a thriving Chamber of Commerce. Loxton also provides a range of aged care and disability support services. Historically the area has a large contingent of post-war soldier settler properties and a long established population of Germanic Lutheran background settlers who moved up from the Barossa Valley.

Our community of practice therefore contains the following defining characteristics:

- *A sense of joint enterprise (bound together by collectively developed understanding of their community and how to hold each other accountable for this);*
- *Mutual engagement (interactions, established norms, and relationships of mutuality reflecting these interactions);*
- *A shared repertoire of communal resources including language, routines, artifacts and stories.* [2] *(Page 72)*

Recent literature indicates that communities of practice act with collective wisdom, build knowledge/expertise, share feedback, ideas and resources and provide support and networking. This gives them the potential to improve organisational performance and efficiency. (Current research is taking place in this area)[3]. Loxton demonstrates this by consistent audit successes – thanks to the generosity of the community which enables the HAC to provide materials and equipment which improve standards, and environmental upgrades which benefit both patients and staff.

A combined HAC will lessen Loxton's voice. Loxton HAC Members are made up of a complete cross section of our community of interest. Each member brings a specific set of skills to the table, and a different perspective to the group, and thus we have a broad access to information about the needs and wants of the whole community. A combined Riverland HAC will obviously have a smaller number of Loxton representatives and the corporate understanding of the needs of the Loxton community will be less. HAC members are volunteers, most of whom have full time jobs or other day time responsibilities. To be as fully informed about the community's concerns as the HAC is now will require activities that take up time that our volunteers simply do not have, and should not be expected to undertake.

The Loxton community of interest has a history of fighting very hard to retain its hospital, its health services and its Aged Care facilities, which it regards as an essential part of the town's infrastructure. The community expects high standards in its hospital, and expects that its aged citizens will live in

[2] Filstad, C. (2014). Learning and knowledge as interrelations between CoPs and NoPs. Learning Organization, The, 21(2), 70-82.

[3] Wenger, E. (2008). Communities of Practice: a brief introduction.

clean and comfortable surroundings with a high standard of care. To that end, Loxton residents generously donate to the Complex, and trust the Health Advisory Council to spend that money in line with the community expectations.

If the Loxton & Districts HAC is merged into an amorphous Riverland HAC, that close link between the community and the Loxton HAC will evaporate, and the community will no longer have the confidence to donate to the Complex. The community will inevitably fear that their donations will go into general funds, and not to Loxton. This is not an exaggerated fear, but has happened with many HACs since 2008. It is to Loxton HAC's credit that we worked so hard to identify and quarantine our community donations, and inform the community that their money was safe and being used for the purpose for which it was donated.

Another major reason why the Loxton HAC rejects the concept of amalgamation is the legal issue of land titles. In 2009, with minimal consultation, CHSA indicated that it intended to transfer all country hospital land titles into the name of Country Health SA Hospital Incorporated. For country hospitals this was a shattering decision. Many country hospitals came into existence through the sheer hard work of the pioneer settlers, with the grant of Crown Lands to build their own community hospital. Without going extensively into Loxton Hospital's history, the land upon which the hospital stands was gifted to the then Board by the Loxton Council in 1984, preparatory to the incorporation of the hospital under the SA Health Commission Act.

The Loxton community has little concern for conveyancing legalities, and in the minds of Loxton residents, the Complex will be forever in the possession of the Loxton Community. CHSA's 2009 decision about the transfer of Land Titles was a step too far for country hospitals and there was a huge outcry. The then Minister, John Hill, quickly realised the strength of opinion in this matter, and generously reversed the decision. Even so, it took more than a year for Loxton HAC to receive the correct land titles, showing that the two titles relevant for Loxton Hospital Complex were in fact in the name of Loxton Health Advisory Council Inc.

If Loxton HAC becomes amalgamated into a Riverland HAC, then clearly Loxton HAC will cease to exist and the land titles will have to be changed again. Knowing as we do the strength of the community's feelings about the need for the name of Loxton to be on the land title, we can be certain that an amalgamated HAC will not be accepted by the community.

However, we are well aware that we are not a body in isolation, and that we need to collaborate with the other Riverland HACs to achieve quality health services for our communities. To this end, the Riverland HAC Presiding Members meet regularly either in person or by video conference to discuss local issues. Presiding Member Panel information is forwarded by the Riverland Presiding Member Panel representative, and Riverland HAC responses are sought when necessary. We welcome the initiative of our Regional Director who has arranged a combined Riverland Mallee Coorong Conference on Thursday 6th November, in Karoonda, the first such combined conference.

ALTERNATIVE MODEL

"Could the Loxton & Districts HAC function be carried out in an alternative way?"

We also considered this aspect of the Premier's letter, but we were unable to find a solution that will give the community the same input and confidence into matters affecting their hospital, with as little cost.

Obviously an alternate solution would need to have strong consumer representation, and the closest model we could find was the Health Consumers Alliance. This body, funded by SA Health certainly has consumer needs uppermost, but it is very poorly represented amongst country health consumers. For CHA to provide the feedback and input into country health services currently provided by HACs will require significant expenditure, which is surely not the objective of the Premier. Such a solution would also leave the issue of community funds and land assets unresolved without major changes to the incorporation of Consumers Health Alliance. The fact that the Consumer Health Alliance is funded by SA Health also brings into question its level of independence.

We note that the Premier is enthusiastic about using electronic and social media, and we note his comment - *"Community expectations today favour a direct say, transparency, immediacy and greater use of technology to enable collaboration in public policy development"*.

We accept that social media does provide more immediate responses, which is why we are in discussions with the Loxton Waikerie to piggy back onto their web site. However, while such modern technology may suit younger people and city areas, in small country towns like Loxton we have an ageing population – higher than the State average – many of whom are the major users of the area's health services. These are the people who prefer face to face conversations, who come to our public meetings, and who do not use social media to convey their opinions. If they are denied a local body to whom they can voice their opinions, their wishes will not be heard, and they will be in effect disenfranchised.

We have had the opportunity to peruse the document *"Government Boards and Committees Information Listed by Portfolio As At 30 June 2013"* from the Department of the Premier and Cabinet, as available from the yourSAy website quoted by the Premier in his letter. We can understand the Premier's concern about the multitude of Boards and Committees, and his wish to seek more contemporary approaches.

It would seem to us that as Minister of Health you have, in the Health Advisory Councils, an unparalleled resource of community centred, grass roots input not available to any other Minister, and at minimal cost. The very fact that HACs have a direct link to the Minister and cover a large number of communities throughout country SA exactly responds to the Premier's stated wish of giving a broader range of organisations and individuals more direct access to government advisory and decision making processes. Individual HACs are in touch with their communities in a far more direct manner than any larger, centralised or regionalised committees can be.

We believe we embody the concept of community ambassadors as outlined in Section 4 Partnerships in the Draft Strategic Plan 2014-2019 and look forward to being part of an active partnership with Health.

HOW COULD WE IMPROVE THE DELIVERY OF OUR FUNCTIONS?

The Loxton & Districts HAC would like to see better communication between CHSA and the HAC – we are a very powerful voice in our community, and a very trusted voice, but CHSA does not step up and use that voice. Instead we receive endless pages of "drafts for consultation" which are in effect finished documents, because our requested input is a box ticking exercise to show that somewhere along the line the document went out for consultation. When major changes are being considered, the HACs should be utilised at the very beginning, and given sufficient time to actually seek opinions from our community. We can then feed in those opinions at an early planning stage.

The recent review into PATS was an excellent example of meaningful consultation – opinions were sought early in the process, we were able to hold a public meeting to explain proposed changes, further suggestions were made and incorporated into the final document. Our community was kept fully informed during the process and there is high acceptance of PATS in our community.

There is now another opportunity for community education which we believe is ideally suited for HACs. The Advance Care Directives Package is now being promoted, and as a HAC, we were asked for suggestions on where the ACD Package could be located within the community so that they can be easily accessed. There is no reason why HACs should not be able to run public information sessions to inform the community about the ACD Package – it is a difficult topic for individuals to process on their own, and the Health Advisory Council is exactly the kind of supportive community group able to assist residents with comprehending the package.

As a qualified trainer, our Presiding Member is more than happy to design a presentation in collaboration with CHSA, for HACs to use to inform their communities.

SUMMARY .....→

SUMMARY

The Loxton & Districts Health Advisory Council has demonstrated that it is :

- Efficient and cost effective, and our cost effectiveness could be further enhanced by reducing the number of HAC meetings attended by CHSA executives;

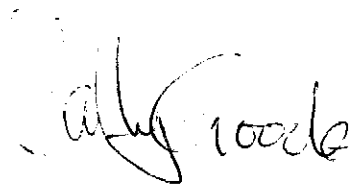
- Independent, and thus ensures objectivity and focus on its functions;

- Opposed to amalgamation because such an outcome will result in a lower level of community engagement within Loxton, and decreased input into the provision of health services. However we are more than happy to continue collaborating with other Riverland HACs as we already do;

- has considered whether its function could be better achieved under an alternative model, and does not believe it can. However, we believe the current HAC model could be better utilised by being used as a conduit for health information between CHSA and our community.

The Loxton & Districts Health Advisory Council strongly believes that it is an integral part of the consumer voice as required by National Safety & Health Quality Standard 2 Partnering with Consumers. We have an essential purpose that cannot be met as successfully by other means.

We respectfully ask the Minister of Health to recommend that Loxton & Districts Health Advisory Council Inc. be exempt from the Premier's intended list of Boards and Committees to be abolished.



SALLY GOODE

Presiding Member

Loxton & Districts Health Advisory Council Inc.

21 August 2014

LOXTON AND DISTRICTS
HEALTH ADVISORY COUNCIL