

3 May 2019

Mr Stephen Wade MLC
Minister for Health and Wellbeing

Forwarded via email ministerforhealth@sa.gov.au

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Dear Minister,

RE: Feedback on Health Care (Governance) Amendment Bill 2019

As you know, SACOSS is the overarching peak body for the non-government health and community services sector and a strong advocate for disadvantaged South Australians. We therefore have a longstanding interest in matters relevant to the health and wellbeing of our population and we appreciate the opportunity to engage with government on the Health Care (Governance) Amendment Bill 2019 (hereafter referred to as the Amendment Bill).

In preparing this feedback, SACOSS attended the briefing provided by your department and held a meeting with members and stakeholders, which included representation from the Australian Medical Association SA, Aboriginal Health Council SA, Mental Health Coalition of SA, Health Consumers Association SA, Public Health Association (SA), Lived Experience Leadership and Advocacy Network and Australian Association of Social Workers SA.

As background, we understand the Amendment Bill follows from a pre-election commitment made by the government to establishing a new governance and accountability framework for the South Australian health system. A key aspect to the new framework will be the establishment of the Local Health Network Governing Boards. This new system of decentralized and devolved decision making may have benefits. However, we are concerned there are some key challenges that arise as the system as proposed in the Amendment Bill.

A key concern raised by our partners is the dismantling of independent lines of accountability that are currently in operation, with no replacement proposed. The dissolution of the Health Performance Council is case in point. Dissolving the Council will remove a crucial piece of architecture, which as we recall, was put in place to ensure independent examination and review of the health system. Its removal will reduce the accountability of the health system because there will no longer be an independent body examining statewide data trends and identifying and tracking emerging issues. This function has not been replaced and so will no longer be available, and therefore nor will data and evidence about the performance of the health system.

The defunding of the Health Consumers Alliance (HCA), with its function as a key safeguard in protecting the interests of consumers and ensuring high quality service delivery, is another example of where crucial independent advocacy, that aims to improve and hold our health system accountable, has been

diminished further reducing transparency and accountability. As importantly, it adds to the likelihood of increased adverse events and poor service quality.

From many stakeholders there is in fact significant appetite for the strengthening mechanisms of accountability. SACOSS highlighted this in a recent submission responding to the recent Mental Health Governance Review, we said:

SACOSS urges the SA Government to take special note of the response at the feedback sessions where there was wide support strongly in favor of keeping the SA Mental Health Commission. In this context we believe the SA Mental Health Commission should actually be strengthened and given a clear role.

Further, SACOSS strongly supports the idea that the Commission should become a Statutory Authority. Some of the key roles for the Commission should include being a trusted conduit for lived experience voices to influence policy, strategy and services. Being a Statutory Authority will enable the Commission to increase its effectiveness in working with other stakeholders including government departments and agencies to implement the Strategic Plan painstakingly developed over the last year or two.

This overarching legislative reform process must therefore aim to maintain key streams of independent advice and strategic input, such as the Health Performance Council and the SA Mental Health Commission, or categorically establish new improved systems of accountability. This will provide solid foundations for sustainable progress in areas where the evidence-base is strong, but where service improvement initiatives fail to gain ground in the struggle to attract funding within health. We do not accept that the Commission on Excellence and Innovation in Health is a replacement for the Health Performance Council as its functions, independence and authority are yet to be defined.

Sustainable change in health is difficult to achieve, especially in non-hospital areas relating to public health, wellbeing and mental health. In our consultations and work regarding key health issues, there are constant references to pilot projects or initiatives that were evaluated and found highly successful but failed to attract ongoing funding commitment or rollout to other areas. The newly de-centralized governance of the health system will pose a significant challenge to ensuring broad-based systemic change, whether advocated by external peak organizations or directly from the Department of Health.

To this end we believe it would be essential to ensure the core elements of Service Level Agreements are made visible in the legislation so as to ensure concerns about driving systemic change on either a population basis or on a disease basis will be enacted.

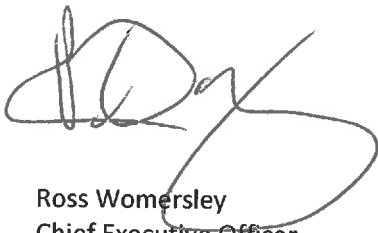
It's hard to be sure from the information currently available, how the Minister/CEO/Department will ensure consistent investments in early and targeted intervention and/or primary health are being made across all local networks. Similarly, what provisions does the legislation make to ensure all services are likely to be delivered in a culturally safe manner? On the other hand, what authority does the Chief Executive have to rule if there is a dispute about LHN borders and who should be responsible for paying for service delivery (e.g. someone who lives in the northern metro area but presents at the Central Adelaide Network with mental health concerns, etc).

We believe there is an essential role for prescriptiveness, authority and accountability on a wide range of these types of issues and the mechanisms for this are not reflected in the legislation as drafted.

Finally, we note that this whole reform process does clearly lead to increased costs that arise because it establishes more Boards and replicates senior management structures across several new bodies. We are concerned these increased cost will lead to more pressure to save money elsewhere in health. Such pressures are simply likely to further reduce the capacity to focus on 'deeper' analysis of data and sharing of good practice to improve performance.

We would be pleased to discuss these issues in person and believe the network of key stakeholders would happily come together for that purpose. In the absence of this we look forward to the issues we've identified being taken up as the legislation is considered by the Parliament.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Ross Womersley', written over a faint circular stamp or watermark.

Ross Womersley
Chief Executive Officer
South Australian Council of Social Service

cc Aboriginal Health Council SA
 Australian Medical Association
 Mental Health Coalition
 Health Consumers Alliance
 SA Network of Drug and Alcohol Services
 Public Health Association
 Australian Association of Social Workers
 Lived Experience Leadership and Advocacy Network
 Health Promotion Association