

# Joint statement from SACOSS and endorsing partners seeking amendments to the *Health Care (Governance) Amendment Bill 2020*

**Endorsing partners:** South Australian Council of Social Service  
Health Consumers Alliance of SA  
Aboriginal Health Council of SA  
Lived Experience Leadership & Advocacy Network  
Australian Association of Social Workers (SA)  
Occupational Therapy Australia  
SA Network of Drug and Alcohol Services  
Australian Health Promotion Association SA  
Public Health Association of Australia SA  
Mental Health Coalition.

## 1. Oversight and independent safeguarding bodies

Retain the **Health Performance Council as a mechanism for an independent line of accountability.**

- Therefore oppose clauses 4, 5, 8, 18, 22 and 23 of the Government's Bill. If the Government wishes to replace the Health Performance Council (HPC) with a new Commission, it should come to the Parliament with a Bill to enshrine that Commission, its powers, oversight, reporting and independence – before abolishing the HPC.
- Amend the Act to give consumers and those with lived experience an independent voice. This could be done by inserting at section 7, that the Chief Executive shall ensure a percentage (to be set by regulation) of the funding amount allocated to the LHNs, through their service agreements, is directed to an independent, non-government health consumer organisation, for individual and systemic representation and advocacy, and to enable evidence-informed consumer and community engagement in health care services policy, planning and services.
- Statutorily enshrine the **Mental Health Commission** as an independent statutory body under the Act – with appropriate powers, independence and resourcing.

## 2. Driving whole of system improvements to ensure quality and safety

- The amendments in the Government's Bill that propose the inclusion of preventative and primary health care, including those services provided to Aboriginal and Torres Strait Islander peoples, in local communities as well as the provision of services provided in local government, aged care and disability sector are supported.
  - To this end, amendments to the **functions of the Health Chief Executive** are supported, including those regarding:
    - a focus on health promotion and primary health care, including in policy and practical programs,

- ongoing engagement with external stakeholders and consumer representatives to inform and influence health care services policy, planning and services,
  - public reporting of the performance, population health outcomes and patient reported outcome measures (PROMS) at a local level and systemic level to inform and influence services policy, planning and services, and
  - the ability to direct broad-based systemic change and specific programs and service.
- Amend the **functions of the Boards** in s33(2) of the 2008 Act to give the LHNs more focus on health promotion, primary and Aboriginal health care in their local areas – the functions as drafted are currently very hospital-focused.
  - In a bid to align with the Government’s stated commitment to consumer and community engagement, all Boards should endeavor to have a designated position allocated to a member with lived experience and a consumer perspective.
- The **Service Agreements** in Clause 9 of this Bill must be developed in consultation with community representatives and peak bodies and with reference to the applicable standards on primary health, health promotion, Aboriginal health, consumer engagement to ensure inclusive non-discriminatory health care services, as well as policy and planning that is informed and influenced by evidence-based consumer and community engagement.
- Amend the Bill to reflect the requirement for the public health system and services to work in a cohesive way to ensure integrated care around a person’s needs. The health system should be inclusive of private providers, Primary Health Networks and public health services provided across local government, aged care, disability and Aboriginal specific health services. A requirement should be inserted for LHN Boards' Service Agreements and functions, and the role and functions of the Health CE, to specify that barriers to access arising from the fragmentation of services, should be measured and reduced over time.

### 3. Probity of Boards

- Delete Clause 12, which broadens the eligibility of Board members to include people who are **‘engaged’ with the LHN**. This could include people who are on boards of private pathology companies, or part of a consultancy to the LHN etc.

Dated: 29 June 2020.