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## Independent health research and advocacy

### Background

- Given the persistent inequities across the health care system and the lack of inclusion of consumer perspectives regarding their health experiences and outcomes, it is essential that appropriate mechanisms are in place to enable consumer voices to be heard, for consumer data to be collected, and for active and responsive independent health research and advocacy to be undertaken.
- While the role and functions of Wellbeing SA and the Commission for Excellence are recognised, their status is not independent, their focus is different, and they are not accountable to the broader community of health consumers.
- In the absence of the Health Consumers Alliance, there is no cross-sectoral peak body for the community health sector. While the Aboriginal Health Council is recognised as the peak body for its constituent organisations, it does not represent the entire community health sector. In the absence of a peak body, there is a need to establish a body and associated mechanisms to facilitate engagement and input into consultation processes, more especially in relation to government health policies, research and analysis of population health issues, and a consideration of the social determinants of health.
- The Health Performance Council (HPC) was established in 2008, under the *Health Care Act 2008*, as an independent body to review the performance of South Australia's health systems and provide advice to the Minister for Health and Ageing. It was tasked with conducting four-yearly performance reviews of the South Australian health system and providing advice to the Minister for Health and Ageing about the performance of the health system; health outcomes for South Australians and, as appropriate, specific population groups; and the effectiveness of methods used within the health system to engage communities and individuals in improving their health outcomes.
- While amendments to the *Health Care Act* to dissolve the HPC were attempted, these were not passed by the SA Parliament in late 2020. The HPC continues to exist and the Chair and new Council members have been appointed. However, the focus, functions and resourcing of the Council remain unclear.

### Policy Response

- It will be important to ensure that any changes to the HPC do not result in a decrease in monitoring, data analysis and accountable reporting, in conjunction with the use of active community and consumer engagement mechanisms.
- To this end, it is essential that priority be given to the public provision of accessible health systems data, based on rigorous analysis and enabling transparent monitoring and reporting. It is therefore critical that there are clear mechanisms that detail how the Local Health Networks' (LHNs) governing boards are able to ensure that their governance

arrangements reflect all aspects of quality and safety, and access and equity, within the LHNs and collectively across the health system for the benefit of all consumers and communities.

- For this to occur, data needs to be routinely collected and stored so that it can be used effectively and transparently to inform both clinicians and consumers and enable the scrutiny and accountability of system performance, and the examination of the efficacy of care across the state and for different user-groups.
- In order to design and implement sound health policy and implementation strategies, informed by consumer engagement and input, it will be essential that a reliable evidence base is established in the form of high-quality information and data analytics.

### **SACOSS Proposal**

1. Ensure the continuation of the provision of independent health research and data analysis through an adequately resourced and reinvigorated Health Performance Council, so as to provide health consumers, the community health sector, policy-makers and clinicians with reliable information.