

Bill introduced on motion by Mrs Jillian Skinner, read a first time and printed.

Second Reading

Mrs JILLIAN SKINNER (North Shore—Minister for Health, and Minister for Medical Research) [4.10 P.M. p.m.]: I move:

That this bill be now read a second time.

I am pleased to bring before the House the Cancer Institute (NSW) Amendment Bill 2012. The bill makes minor amendments to the Cancer Institute (NSW) Act 2003 and the Health Services Act 1997 to revise the governance structure of the Cancer Institute to bring the institute more into line with other similar health entities, such as the Clinical Excellence Commission and the Agency for Clinical Innovation, while still preserving the independence and functions of the Cancer Institute, which was established in 2003 with the aim of enhancing the care and treatment of persons with cancer and research into cancer. The objects of the institute as set out in the Cancer Institute (NSW) Act include increasing the survival rate of people with cancer, reducing the incidence of cancer in the New South Wales community, improving the quality of life of people with cancer, and their carers, and being a source of expertise on cancer control.

The functions of the institute focus on cancer-related research, review and evaluation of cancer-related programs, and consultation, collaboration and cooperation with public health organisations, consumers, health professionals, government agencies, non-government agencies and other persons or bodies involved in cancer control. In the years since the Cancer Institute commenced its work there have been major gains in the ongoing fight against cancer, including an increase in the five-year cancer survival rate from 61 per cent in 2001 to more than 66 per cent, which is on par with the best health systems in the world. We have achieved a decrease in smoking prevalence from 22.3 per cent in 2003 to 14.7 per cent in 2011. We have achieved a 32 per cent increase in access to multidisciplinary cancer teams in rural and regional areas of New South Wales, which helps to ensure that people with cancer, regardless of where they are treated, receive the best possible care.

The institute, in collaboration with the cancer control community, has played a critical role in these achievements as well as a lead role in a number of New South Wales programs, including: the provision of specialised cancer service positions across the State, including directors of cancer services, cancer system innovation managers, cancer care coordinators, psycho-oncologists, social workers and genetic counsellors; the launch of an online tool—eviQ—which gives more than 21,000 health professionals the latest evidence-based treatment information at the point of care; the Canrefer website, designed to link general practitioners and their patients with tumour-specific multidisciplinary care teams as close to home as possible, which has had 38,000 hits since it was launched in February 2012; the establishment of seven translational cancer research centres, bringing together researchers and clinicians to ensure that people with cancer more rapidly receive the best treatments possible; and the rolling out of digital mammography equipment across the State.

In the period since the Cancer Institute (NSW) Act was passed in 2003, the public health system has developed and changed. One of the major changes has been the establishment of further specialist expert bodies, or pillars, to focus on key areas and enhance clinician involvement, to support the health system and to provide advice and support to the Ministry and the Minister. The role of the pillars was further revised and clarified as a result of the 2011 review of health governance, Future Arrangements for Governance of New South Wales Health, in order to remove overlap, improve collaboration between all parts of the New South Wales Health system and put the patient front and centre of everything we do.

Today there are five pillars that support the health system. These have grown from recommendations made by Peter Garling following his review of acute care across New South Wales some years ago. The current five pillars are the Agency for Clinical Innovation, the Bureau of Health Information, the Clinical Excellence Commission, the Health Education and Training Institute and, most recently, New South Wales Kids and Families. Each of those pillar organisations is a statutory health corporation established under the Health Services Act and, as such, they are all public health organisations and form part of the larger New South Wales public health system with administrative, delegated and legislative reporting lines through to the Director General of the Ministry of Health and the Minister.

The Cancer Institute currently sits outside of the public health system in New South Wales. However, as the Cancer Institute's specialist role very much aligns with the roles and functions of the pillar organisations in supporting the health system, it is appropriate to bring the Cancer Institute into the public health system to enable participation in a more collaborative and cohesive fashion with other New South Wales public health organisations. At the same time the Government recognises the successful work of the Cancer Institute to date and the importance of retaining a separate legislative focus on cancer control. The bill therefore aims to bring the Cancer Institute into the fold of the public health system while still maintaining its independence and key statutory functions.

The bill achieves this by amending the Cancer Institute (NSW) Act and the Health Services Act to effectively deem the institute to be a statutory health corporation and thereby bring the institute into the New South Wales public health system, to ensure consistency and foster closer relationships across the health system. However, the bill does not affect the objects, functions, guiding principles or independence of the Institute. The bill will amend the Cancer Institute (NSW) Act to require the membership of the board of the institute to be constituted by between five and 11 members who can be appointed for up to four years. This will bring the membership of the Cancer Institute into line with the boards of the pillar organisations.

The staffing arrangements of the institute will also be amended to ensure that, as with the pillar organisations, staff are employed under the Health Services Act and form part of the New South Wales Health Service. The bill will insert a new section 11 into the Cancer Institute (NSW) Act to include a provision based on section 52 of the Health Services Act to allow board members of the institute to be removed by the Governor and replaced with an administrator. While section 52 of the Health Services Act is used sparingly, it is an important provision to ensure that, in the very rare event of a failure of board management, the board can be removed and an administrator appointed.

I turn now to the changes to the review and oversight provisions. Currently, there is a review provision in the Cancer Institute (NSW) Act. Section 21 enables the Minister to appoint an independent panel of experts to review and report to the Minister on the performance of the

Cancer Institute in achieving its objectives. Such appointments can be made "from time to time". However, section 21 is of limited use as there are no other provisions in the Act to provide guidance on managing the ongoing relationship between the Minister and director general and the institute, or for more regular oversight of performance or reporting.

The terms of chapter 10 of the Health Services Act establish a more comprehensive and transparent accountability and oversight regime that already applies to all statutory health organisations, including the other pillar organisations. It includes section 122, which allows the director general to inquire into the administration, management and services of any public health organisation and section 126, which provides for the director general to enter into performance agreements with public health organisations. The applicability of section 126 will be important to the Cancer Institute as it will formally provide the basis for the Cancer Institute and the director general to enter into a formal compact outlining the agreed objectives for each year.

Section 126 will also formally bring the institute into the existing service and performance agreement framework, which will strengthen not only its relationship with the Ministry, but also enhance the capacity of the Institute to coordinate its work with the work of the other pillar organisations. To that end, the bill will remove the existing section 21 and instead insert a new section 21A into the Cancer Institute (NSW) Act. The new section 21A provides that chapter 10 of the Health Services Act applies to the Cancer Institute as if it were a statutory health corporation. This will ensure that the review and oversight provisions applicable to the pillar organisations apply to the Cancer Institute. The Cancer Institute has provided an independent voice with respect to cancer control that will continue under the changes set out in this bill.

However, the changes will align the administrative and governance structures of the Cancer Institute with the other important health organisations that form the pillars supporting our public health system. This will ensure that the institute effectively forms part of the public health system. The changes in the bill will therefore allow for a greater collaboration between the different organisations within the health system together with a greater utilisation of the specialist skills and knowledge of the Cancer Institute by other public health organisations while preserving the functions, principles and independence of the institute. The Chief Cancer Officer and the board of the Cancer Institute have been consulted and support this proposed legislative change. I commend the bill to the House.