GREATER SOUTHERN
AREA HEALTH SERVICE
NSW HEALTH

AREA HEALTH ADVISORY COUNCILS (AHACs)
and
THE CHILDREN'S HOSPITAL ADVISORY COUNCIL (CHAC)

Annual Report

2006 - 2007

GREATER SOUTHERN AREA HEALTH SERVICE

Greater Southern Area Health Advisory Council

Chair's Year in Review 2006-2007

In June 2006 Dr Robert Byrne resigned from his position of Greater Southern Area Health Advisory Council (GS AHAC) Chair. As the successful candidate of the recruitment process, I was officially appointed on 27 November 2006 and commenced my direct involvement with the Advisory Council in February 2007.

At the outset I would like to express my gratitude and that of the Council to AHAC members Professor Amanda Barnard, Ms Jane Ayers and Mr Ray Gamble for their able chairing of meetings between the time of Dr Byrne's resignation and my appointment.

AHAC business for 2007 began with revision of the Work Plan. While the original AHAC Work Plan had been developed in January 2006, the appointment of new Chief Executive Heather Gray and the new Chair, resulted in an updated Work Plan being finalised during February 2007.

Greater Southern AHAC meetings have continued to be held across the region. Meetings were held at Narrandera, Queanbeyan, Cooma and Yass in March, April, May and June. The meeting held on the 19th April coincided with a successful Community Participation Forum. This was attended by ninety participants who heard from the Chief Executive and other executive members about progress being made by the Area in terms of financial improvement, clinical workforce recruitment and advances in programs related to mental health and illness prevention, among other things.

I had two opportunities to attend meetings in Sydney with senior health officials during 2007. On 20 April the biannual meeting of AHAC Chairs and Area Chief Executives was held at NSW Health headquarters in North Sydney. Still in my discovery phase, I did more listening than talking. I learned much that day. The second meeting was the regular NSW Health Care Advisory Council meeting on 13 June at which the Chair of the Sydney South East-Illawarra Area Health Service (SSEIAHS) AHAC and I were asked to make presentations about our work and the challenges we faced. It was interesting to hear Professor Bob Farnsworth of SSEIAHS express many of the same challenges as did I, the two most prominent being the great demographic diversity across our areas and the difficulty of interesting younger community members in getting involved with Area or even Local Health Councils.

Priorities

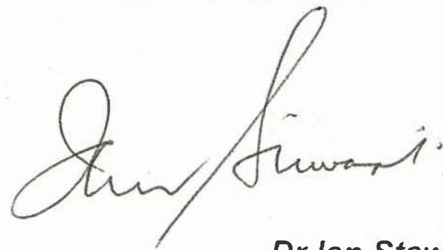
1. Capital Works: a number of important capital works are either planned or are in the process of construction across the area. Griffith Base Hospital Emergency Department is undergoing extensive refurbishment. Wagga Wagga Base Hospital and the Bega Valley Hospital are in the planning stage for major redevelopment. Numerous other ventures are under construction. The AHAC is maintaining an interest in these projects with the intention of conveying, through its communication network, regular progress reports to the communities involved. At the same time, AHAC is gathering feedback from the communities to pass on to the Area's Executive and beyond.

2. Site Visits: We regard the face-to-visit as being vital to both the communities visited, who are uniformly appreciative of the personal opportunity, and ourselves because of the chance to "get the feel" of the local health scene. We are working on ways of overcoming difficulties that some members have of travelling long distances to meetings. Advances in video conferencing technology may present an alternative for some members and some of the meetings.
3. Portfolio Allocations: our AHAC has distilled nine areas of high priority from the NSW State Health Plan to focus on. Each of the nine represents a 'portfolio group' and is allocated to two or three of the AHAC members. To involve clinicians and consumers in planning and delivery of health services, the Chief Executive requests advice from relevant portfolio groups. Members of AHAC and the Chief Executive found this process to be useful in both directions i.e. the provision of community input on a particular topic can be provided to the Chief Executive and provision of opportunities to appraise community issues which are being actively pursued by the Area.
4. Communication Link Improvement: with the increasingly smooth running of the Cluster and Local Health Committees and Councils and the regular involvement of AHAC members in these forums, we are pleased with the progress of development of communication links. The challenge is to maintain them and the enthusiasm which each level of committee has thus far developed.

The GS AHAC has seen two far-reaching issues raised by local communities in 2007 which were referred to the relevant investigative bodies for assessment and decision-making. The first was the range of inequity in the Isolated Patient Transport and Accommodation Scheme (IPTAAS) and aspects in consent for medical treatment in the ACT. A Senate Inquiry was set up to examine the first. To this the GS AHAC made a comprehensive submission incorporating advice from local committees. The inquiry is complete. In its report it has made 16 recommendations for improvements to the scheme.

With regard to the complex matter of 'consent-for-treatment' in the ACT, relating to patients who are not legally capable of consenting for procedures and treatment, ACT Health's Legal Department has called for submissions regarding improvement in this area. We have made our submission and await the outcome with interest.

The GS AHAC looks forward to the challenges of 2007-2008 and will continue our work with clinicians and communities to deliver high quality rural healthcare to the people we serve.



Dr Ian Stewart
Greater Southern Area Health Service

Greater Southern Area Health Advisory Council

Area Health Advisory Councils were established in each Area Health Service to enable clinicians (including doctors, nurses and allied health professionals), health consumers and local communities to have a stronger voice in health decision-making. In Greater Southern Area Health Service (GSAHS), the AHAC has 12 members in addition to the Chair, and can co-opt people with specialist knowledge or skills if needed. The AHAC has a balance of clinicians and community members, with at least one community member being an Aboriginal person.

The AHAC in GSAHS has the following broad functions:

- Obtain the views of clinicians, patients and community about the accessibility, quality, and safety of health services provided by GSAHS, ensuring that appropriate local consultation mechanisms are in place.
- Incorporate the views of clinicians, patients and the community in planning delivering, monitoring and evaluating health services provided by GSAHS including the Area Health Services Plan.
- Work with the Clinical Excellence Commission to promote delivery of safe and quality clinical services based on best available evidence and the most clinically and financially effective models.
- Report to the community and clinicians about Council and GSAHS activities to improve health services accessibility, quality and patient safety.
- Provide advice to the Health Care Advisory Council about GSAHS activities that may have state-wide implications for the delivery of accessible, quality and safe health care services.
- Monitor GSAHS's performance in promoting and establishing clinical networks.
- Monitor GSAHS's performance in relation to major health initiatives and annual clinical and consumer performance targets based on key performance indicators (the 'dashboard' indicators).
- Develop a two year work plan for the approval of the Chief Executive.

The Greater Southern Area Health Advisory Council does not have a role in the operations or management of the health service.

Greater Southern Area Health Service Advisory Council Members

The NSW Minister for Health appointed Dr Ian Stewart as Chair of the GS AHAC in November 2006.

Dr Stewart graduated from the University of Sydney and has specialised in obstetrics and gynaecology. Practicing in Sydney and the United Kingdom before moving to Wagga Wagga, Dr Stewart has been instrumental in establishing a teaching program for obstetrics and gynaecology within the Clinical School at Wagga Wagga Base Hospital. Dr Stewart is highly regarded in rural NSW for his work over three decades in medical practice and community involvement.

The GS AHAC has a broad professional base of membership. Members of the GS AHAC include:

- Ms Jane Ayers
- Associate Professor Amanda Barnard
- Mr John (Jack) Barron
- Ms Fay Campbell
- Mr Ray Gamble
- Ms Robyn Haberecht
- Mr Robert McCully
- Ms Anne Napoli
- Ms Karen Pollard
- Dr Trish Saccasan-Whelan
- Dr Paul Sevier
- Rev Tom Slockee

Dr Stewart, Chair of the AHAC, is a specialist doctor in Obstetrics and Gynaecology and resides in Wagga Wagga. Practicing in Sydney and the United Kingdom before moving to Wagga Wagga, Dr Stewart has been instrumental in establishing a teaching programme for obstetrics and gynaecology within the Clinical School at Wagga Wagga Base Hospital. Dr Stewart is highly regarded in rural NSW for his work over three decades in medical practice and community involvement.

Ms Jane Ayers is a registered nurse with extensive experience in palliative care. She is the General Manager of Mercy Health Service Albury. She was awarded the Albury Electorate Woman of the Year in 2005. Ms Ayers resides in Albury.

Associate Professor Amanda Barnard is Associate Professor of Rural Medicine and Director of the Rural Health Unit at the Australian National University. She has worked as a General Practitioner in urban and rural areas in Western Australia and at the Sexual Assault Referral Centre in Western Australia. Her clinical interests include women's health and asthma.

Mr John (Jack) Barron is a farmer and student from Ungarie where he has been involved in health services as an active community member in Ungarie for over 20 years through work on health committees and most recently with the Ungarie Medical Centre Committee. He is a former member of the Greater Murray Area Health Service Network Three Health Council.

Ms Fay Campbell is a former Mayor of Bombala. She operates a grazing property and was Chair of Bombala Hospital Board from 1983 to 1994. Ms Campbell has a long history of involvement in improving mental health services in rural NSW, serving on many boards and committees. Ms Campbell resides in Bombala.

Mr Ray Gamble is from Griffith and is Managing Director of Associated Media Investments Pty Ltd which operates radio stations throughout Australia. He is Chairman of the Griffith Health Services Committee and Vice President of the Griffith Palliative Care Group.

Ms Robin Haberecht is the Health Service Manager in Jerilderie. She has 10 years experience in management, health services planning, consumer consultation and management. Ms Haberecht is a former registered nurse.

Mr Robert McCully is from Hay and is managing director and major shareholder in The Riverine Grazier newspaper in Hay. He is Chair of the Hay Multi Purpose Service Committee and was previously Chair of Hay Hospital Advisory Committee.

Mrs Anne Napoli is an Italian born Australian citizen from Griffith who is a councillor on Griffith City Council. Mrs Napoli is a strong advocate for improved services for people living with a disability and is a member of the Multicultural Disability Advocacy Association of NSW.

Ms Karen Pollard has a background as clinician and consumer. She is a lecturer in Medical Imaging at Charles Sturt University, Wagga Wagga. Ms Pollard was previously a radiographer at the Hunter Breast Cancer Screening Program and Royal Newcastle Hospital. Ms Pollard resides in Wagga Wagga.

Dr Trish Saccasan-Whelan is director of Goulburn Base Hospital Emergency Department. She was also the Area Disaster Coordinator (HSFAC) for the former area health service. Dr Saccasan-Whelan played a significant role in the Thredbo disaster when Goulburn was used as a Regional Disaster Coordination Centre. She lives in Goulburn.

Dr Paul Sevier is a General Practitioner and resides in Young. He is an active health provider in the region and is aware of the challenges involved in providing health services particularly in the rural areas.

Rev Tom Slockee is an Anglican Church priest. He is a former Chair of the Southern Area Health Service Board. He has a particular interest in Aboriginal Health and has extensive involvement in many Aboriginal corporations. Mr Slockee resides in Mogo.

Vision and Goals

Our vision:

Better health for rural people

Our vision reflects this focus and is supported by the four goals shown below.

Our goals:

To keep people healthy

To provide the health care that people need

To deliver high quality services

To manage health services well.

GSAHS mission:

To promote and deliver accessible quality health services for all people living in the Greater Southern Area through an integrated health system.

GSAHS will:

- Ensure the delivery of quality specialty and Area-wide services
- Set directions and develop Area-wide standards
- Allocate resources to support optimal health outcomes
- Measure, monitor and report on performance
- Foster the creation of knowledge and innovation through research and learning

The values identified by the organisation are:

- Patients First, Best Value, Results Matter, Improvements through Knowledge and [being] open to innovation and research.

The concepts underpinning and activating these values are:

- Accountability, Integrity, Respect, Competence, Leadership, Quality and Equity
- Respect, caring and trust will characterise all our relationships.

The seven strategic directions for NSW Health underpin our vision and goals.

The Seven Strategic Directions:

1. Make prevention everybody's business
2. Create better experiences for people using health services
3. Strengthen primary health and continuing care in the community
4. Build regional and other partnerships for health
5. Make smart choices about the costs and benefits of health services
6. Build a sustainable health workforce
7. Be ready for new risks and opportunities

SECTION A – Advise providers and consumers of health services and other members of the local community, as to the Area Health Service's policies, plans and initiatives for the provision of health services.

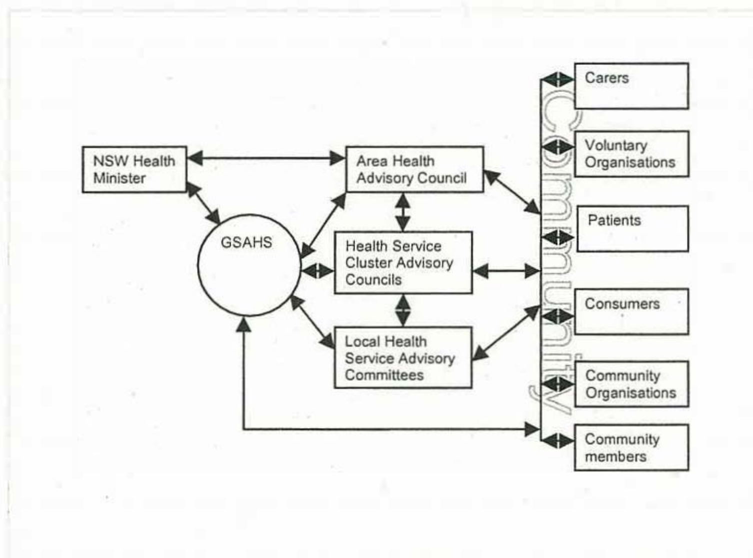
Indicators 1 & 2

Review and document the existing consultation and engagement structures with consumers, the Area Health Service, community and health service providers.

In GSAHS, three levels of consumer and clinician participation have been established:

- Area Health Advisory Council (AHAC)
- Health Service Cluster Advisory Councils (HSCAC)
- Local Health Service Advisory Committees (LHSAC)

Their inter-relationship is best categorised in the diagram below:



Forty six LHSACs have been established across the health region, with a membership of over 230 community representatives and clinicians. The establishment of 10 Health Service Cluster Advisory Councils was finalised in December 2006. The three-tiered structure established an effective communication mechanism between the community, the AHAC and the Area Health Service.

The GS AHAC has reviewed and documented the existing Area Health Service's consultation and engagement structures in the following ways:

- LHSACs and HSCACs are a key mechanism for engagement of communities. AHAC members sought and obtained the views of consumers and clinicians in regards to their experience and satisfaction with the health service. A nominated member of the AHAC attended each Health Service Cluster Advisory Committee meeting, strengthening communication between the two groups.

- Discussion of existing consultation and engagement structures with local government shire councils occurred during the 10 monthly meetings. To review the consultation process, each AHAC meeting was held at a different site across the Greater Southern Area. AHAC members experienced different health service models and community settings. The visits proved an effective mechanism for communication and provided clinicians and communities with opportunities to participate in local health issues. AHAC members heard first hand about health related issues from regional communities, health care providers, Medical Staff Councils and local government representatives. AHAC members became familiar with the issues and concerns of each site they visited and had an opportunity to respond. The effectiveness of rotational cluster visits was reviewed in June 2006 with a determination to continue holding meetings across the health region during the last twelve months.

- Engagement structures were reviewed with consumers and staff at the annual community participation forum in April 2007. Interactive workshops with documented outcomes formed a framework to which the Chief Executive reports progress to the AHAC quarterly.

Indicator 3

Advise on the development, implementation and monitoring of recommended consultation/communication pathways.

The AHAC has supported the Area Health Service in development, implementation and monitoring of recommended consultation/communication pathways in the following ways:

- Circulation a monthly summary of AHAC priorities and activity to LHSACs and Cluster Councils within a week of monthly AHAC meetings. The summary provided LHSACs with timely information to ensure important issues where promptly and effectively communicated to local clinicians and communities.

- AHAC members monitored the delivery of accessible health care services in the 10 individual GSAHS Clusters regularly consulting with these communities. Council members attended Cluster Council meetings where participants from LHSACs discussed local health care issues and common themes. In addition, AHAC members used this forum to provide clusters with information about health care developments and AHAC activities and priorities.

- Endorsed copies of AHAC meeting minutes were disseminated to LHSACs, Cluster General Managers and GSAHS executive members for circulation to other members of committees, managers and staff. The AHAC minutes have also been made available on the GSAHS website.

- The AHAC Charter and Work Plan have been made accessible to the general community by dissemination to LHSACs and are posted on the GSAHS website.

- Regular public relations opportunities have been provided to all forms of media and have highlighted AHAC activities to communities and staff. Media releases were issued inviting media to a brief press conference with the Chair on the day of each AHAC meeting. Results of monthly meetings were issued as media releases and published in the GSAHS Staff Newsletter. All media releases were posted on the GSAHS web site.

- AHAC has supported the Area Health Service in the consultation process of policy development. The AHAC was asked to provide advice to the Chief Executive on behalf of clinicians and consumers on new and revised policies.

Indicator 4

Ensure there are mechanisms to test and advise that the Area Health Service is documenting and communicating how to access information in relation to policies, plans and initiatives.

The AHAC has ensured that the Area Health Service is documenting and communicating avenues of access to information on policies, plans and initiatives in the following ways:

- GS AHAC members are provided with a comprehensive monthly written report from the GSAHS Chief Executive and executive members which incorporates: a financial report; health service performance targets and state plan targets; planning and initiatives; safety and quality; policy development; education and research; key issues; community involvement; corporate operations; and communications.

- Relevant policies, protocols, guidelines and planning and initiative documents are disseminated to AHAC members to enable the provision of advice to the Chief Executive. The GS AHAC prioritised 10 areas from the NSW State Health Plan and the GSAHS Strategic Plan on which to focus. Each of the 10 represents a 'portfolio group' and is allocated to two or three AHAC members. The Chief Executive formally requests written advice in relation to policies and plans from the relevant portfolio group. Advice provided to the Chief Executive from the portfolio group may be directed to NSW Health, relevant Area Executives, clinicians and local communities.

- The AHAC reviewed the GSAHS website and monitored the posting of health service plans, policies and initiatives. These included Local Health Service Plans for individual facilities and clusters and monitoring capital works projects. AHAC members actively sought to ensure that information about the capital works projects at Griffith Base Hospital, the Multi-Purpose Service developments and Queanbeyan Health Facility were accessible via regular media updates.

- The AHAC reviewed LHSAC access to local policies and plans and requested that local managers provide committees with written reports documenting information on policies, plans and initiatives.

- The AHAC Chair and Chief Executive have conducted biannual video-conferences with Greater Southern Cluster Chairs to further ensure and test that relevant information is flowing to local communities.

SECTION B – Seek views of providers and consumers of health services, and the community, on Area Health Service's policies, plans and initiatives for the provision of health services and advise the Area Health Service Chief Executive of those views.

Indicator 1

Define the structure and processes for consultation with consumers, providers and the community. Outline communication mechanisms to inform the Area Health Service Chief Executive of these views.

Consultation is the process used for capturing the views of a diverse range of people. Consultation builds on information gained through communication with consumers, communities and health service providers. The AHAC determined a range of methods that would be used to ensure flexibility and sensitivity in consultation processes. The AHAC consulted with consumers, health care providers and communities in the following ways:

- The community engagement structure was finalised to facilitate the two-way flow of information from the community to and from the AHAC to the community. Forty six (46) LHSACs were established across GSAHS. LHSACs act as a conduit between the community and local health services. A full listing of LHSACs is included in the Community Engagement Report. Each LHSAC committee comprises of community representatives, health service providers and clinicians and local health service management.

- LHSACs met monthly and information/issues from these meetings were relayed to HSCAC meetings. An AHAC member attended these meetings and provided a summary to the next meeting of the AHAC. The Cluster Councils form a link between the LHSACs and the AHAC.

- The monthly meetings of the AHAC were held in different locations around the Area. This afforded the AHAC an opportunity to meet with representatives of the local community, and local government. Additionally, separate time is set aside for meeting with health workers at each site.

- In their roles as community members and fellow health workers, AHAC members come into conversation with community members in both groups on a regular basis.

The AHAC has informed the Area Health Service Chief Executive of the views of consumers, providers and the community in the following ways:

- The agenda for each AHAC meeting included discussion of reports from HSCACs. This allowed AHAC members to advise the Chief Executive and other AHAC members of issues within their area and the views of the community, clinicians and service providers.

- AHAC meetings have included discussion about consultation with community groups, enabling AHAC members to ensure the Chief Executive is informed about relevant health issues.

- The AHAC Chair and Chairs of the HSCACs met with the GSAHS Chief Executive bi-annually.

- Presenting advice to the Chief Executive when asked via the 'Portfolio Groups' method was utilized by the GS AHAC. Each group was given a task to comment on particular issues that affect communities within the Area. The contact that AHAC members have with their constituents allows for information from these sources to be included in the comments.

- Portfolio groups provide information to the Chief Executive on the following areas:

1) Make prevention everybody's business
2) Create better experiences for people using health services
3) Strengthen primary health and continuing care in the community
4) Build regional and other partnerships for health
5) Make smart choices about the costs and benefits of health services
6) Build a sustainable health workforce
7) Be ready for new risks and opportunities
8) Delivering accessible Aboriginal Health services in GSAHS
9) Building Mental Health Services
10) Creating opportunities for community interface

SECTION C – Confer with Chief Executive of the Area Health Service in connection with the operational performance targets set by any performance agreement to which the Area Health Service is a party under section 126.

Indicator 1

Establish a process for reviewing and providing advice to the Chief Executive in relation to the Area Health Service Performance Agreements.

The AHAC has established a process to review and provide advice to the Chief Executive on Area Health Service Performance agreements during the year:

- Quarterly presentations by the Chief Executive to the AHAC have outlined GSAHS performance as per Health Service Performance Agreement (HSPA). The quarterly presentations and reports included dashboard indicators and data outlining the health service performance. The written monthly reports outlined GSAHS Directorate's performance and achievements to HSPA targets. The process allowed for the provision of data and information on performance relating to targets, significant achievements, past performance and emerging trends.
- AHAC meetings have a quarterly agenda item for conferring with the Chief Executive on agreed identified priorities relating to the Area Health Service Performance Agreements
- Members of the GSAHS Executive Team were invited on occasions to meetings to provide updates on activity and key performance targets. This provided an opportunity to discuss the progress of operational targets with the senior executive staff.
- In particular the AHAC advised the Chief Executive that GSAHS improvements with performance targets, including the reduction of waiting lists for surgery and access to emergency care, were assisting in building community confidence.

SECTION D – Advise the Chief Executive on how best to support, encourage and facilitate community, consumer and health service provider Health Service.

Indicator 1

Review the current Area Health Service approach to health service provider and community consultation in the planning of health services.

The AHAC has reviewed the Area Health Service approach to consultation in the planning of health services in the following ways:

- The GSAHS Director Population Health, Planning, Research and Performance provided the AHAC with regular reports on planning processes within GSAHS. The updates reported progress on development of Health Service Plans for all sites and Health Clusters by September 2006 and completion of asset plans in partnership with NSW Health by the same date. This process includes extensive community consultation, a series of community information sessions and formation of Health Service Planning Steering Committees. There is LHSAC representation on these local committees, along with community members, local Health Service Managers and GSAHS planning and Asset Management staff. AHAC members actively participated in planning processes for health services in their local area.
- AHAC members were briefed on the progress of planning for health services in GSAHS. In particular, a comprehensive briefing was provided at the sites visited by the AHAC.
- AHAC members also received advice from community members at the bi-monthly Health Service Cluster Advisory Committee meetings.
- The AHAC maintained an interest in planning for redevelopment and capital works projects and reported progress to the communities involved. At the same time, AHAC gathered feedback from communities to relay to the Area Executive and beyond. On occasion, council members contributed to capital works steering committees and were included in value management studies.
- Requests for advice from the Chief Executive to the Portfolio Groups have on occasions had bearing on the planning of health services. Among these have been the differentiation of services to Aboriginal groups depending on their locality and specific needs, the problem of patient transport cost support and devolvement of medical oncology treatment to local sites.

Indicator 2

Work with the Area Health Service and the community to confirm that consumer, community and health service provider engagement plan is appropriate and how the Council is testing this.

The AHAC has worked with the Area Health Service to ensure that engagement is appropriate. The AHAC has used the following mechanisms to test this appropriateness:

- AHAC members met with other community representatives including Local Government representatives, Volunteers and Hospital Auxiliaries to facilitate discussion about health services, issues and the effectiveness of participation structures implemented by GSAHS.

- Implementation of the Community Participation Framework was completed by 30 July 2006. Following establishment, AHAC worked towards developing evaluation tools to review the effectiveness of local committees and the satisfaction of members. Evaluation of the community engagement framework will be undertaken after twelve months of operation at the end of 2007. The results of the review will be reported back to the communities, and will identify recommendations for improvement.

- Evaluation measures included the progress of LHSAC establishment and development of the HSCACs. To date 46 LHSACs have been established, with ten Health Service Cluster Advisory Councils in operation.

- A number of communities have demonstrated the value and quality of the consultation process by working in partnership with the Area Health Service to implement new models of care. LHSACs in partnership with AHAC members, have advised the health service on how best to support communities and clinicians during the introduction of an Integrated Ambulance Service, Integrated Primary and Community Health Models, Oncology Shared Care Service and new Aged Care and Mental Health services.

SECTION E – Liaison with other AHACs in relation to both local and State-wide initiatives for the provision of health services.

Indicator 1

Indicate level of participation in twice yearly meetings of AHAC Chairs and Chief Executives. AHACs may also wish to include any other activities which provided an opportunity to liaise with other AHACs.

The AHAC Chair and GSAHS Chief Executive participated in meetings held in 2005/06 and 2007. The first workshop on 22/23 August 2005 focused on community engagement training and development. The second workshop on 2 March 2006 focused on developing a series of Performance Indicators for Health Advisory Councils. Meetings held on 8 September 2006 and 20 April 2007 focused on reporting and communication, including common issues and challenges facing all AHACs.

The AHAC also liaised with other Area Health Advisory Councils in the following ways:

- The GS AHAC participated in a presentation to the NSW Health Care Advisory Council in conjunction with the Chair of the Greater Western AHAC.

SECTION F – To publish reports (annually or more frequently) as to its work and activities.

Indicator 1

AHACs report annually to the public on progress against AHAC key performance indicators (both state and local), according to standardised headings developed by NSW Health.

Note: AHACs may wish to report more frequently at the local level via means such as website, newsletters, etc.

The Greater Southern Area Health Advisory Council Annual Report 2005-2006 was submitted to the Minister for Health by 31 December 2006. The Annual Report was published and made available on the Area Health Service website on 30 December 2006.

Information on AHAC progress was also provided to the public in the following ways:

- The AHAC 2005-2006 Annual Report was incorporated in the GSAHS 2005-2006 Annual Report and launched at the Annual Forum held on 19 April 2007. It was disseminated widely to community groups, GSAHS facilities, tertiary providers, Divisions of General Practice and local Shire Councils.

- Minutes of AHAC meetings and a monthly one page activity summary were distributed widely within the Area Health Service, to community representatives and NSW Health for inclusion on the NSW Health internet site. Minutes and media releases relating to AHAC are posted on the GSAHS website, and a summary of each AHAC meeting is distributed to all staff and LHSACs via the GSAHS Weekly News Bulletin.

SECTION G – Other functions as are conferred or imposed on it by the regulations.

Indicator 1

AHACs are implementing two-year work plans which include an agreed AHAC budget and AHAC key performance indicators.

The GS AHAC implemented a two-year Work Plan 2006-2008 in September 2006.

A draft work plan was developed in February 2006. The work plan undertook to ensure the Council was working towards a confident position understanding and fulfilling its given role, making best use of member's skills and experience and available resources. This plan was reviewed in September 2006 and the two year Greater Southern Work Plan was finalised.

The AHAC has developed a 2006-2008 work plan that includes the following key areas for action:

- Strengthening current communication pathways to ensure the views of the community are acknowledged and feedback is provided.
- Monitoring the effectiveness of the community engagement framework including an evaluation of the framework after 12 months in operation. This is due to take place in June 2007.
- A renewed emphasis on listening to communities and clinicians and providing the mechanisms for response.

A report on progress against the key areas for action is attached.

Indicator 2

Area Chief Executives to report on the effectiveness of AHAC advice.

Promoting positive participation in healthcare is a crucial component of delivering the right care to the right people in the right place. The GS AHAC, a team of respected clinicians and committed community representatives, provides the health service with a conduit to local communities and brings the voice of clinicians and consumers to the executive team.

Our goal is to ensure that everyone in the Greater Southern region has access to the kind of health services they need, when they need them, regardless of where they live. The people we serve remain at the centre of what we do and it is their needs that drive the solutions we create.

Communicating with communities and clinicians requires a robust system that enables the AHAC to effectively listen and respond to local communities and provide advice to the Chief Executive. It is in this area that the Council has gained the most momentum in the last twelve months.

Using the AHAC Charter for guidance, the Council has developed mechanisms to enable the functions and roles of the Council. The 2006-2008 Work Plan reflects the uniqueness of our rural organisation and is aligned with the strategic directions of the Health Service, the local health facilities/programs and the key directions of NSW Health. The Work Plan maximised opportunities for AHAC members to provide a community and clinician perspective in the planning and provision of health services.

AHAC members have actively sought the views of providers and consumers of health services. Through participation in HSCAC, members have brought feedback on Area policies, plans and initiatives to the Chief Executive. Further work this year was undertaken to ensure community concerns were formally addressed with appropriate feedback.

The most significant advance in the provision of advice to the executive team has been the introduction of the AHAC portfolio groups. Portfolio groups provide advice in a formal report to the Chief Executive following the review of policy and guidelines, strategic planning, and health service performance.

The AHAC conferred with the Chief Executive on performance targets and important issues challenging the Health Service. In particular, the AHAC identified clinical workforce issues as a major factor impacting on the efficient and effective delivery of services in the Greater Southern Area.

GSAHS values the commitment rural community's display towards their local health services. The Area Health Service is committed to assisting communities to convert this commitment into understanding and knowledge about the planning and provision of health services

I would like to acknowledge the work and achievements of the Council members. Their positive engagement with communities and health service providers is ensuring constructive input into the planning and development of integrated rural health services.

Heather Gray
Chief Executive

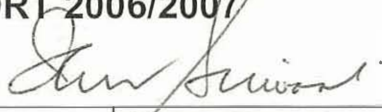
Table A. Attendance at AHAC meetings 2006/2007

Attendance of AHAC Chair and Members in 2006/2007

AHAC	July 06	Aug 06	Sept 06	Oct 06	Feb 07	Mar 07	Apr 07	May 07	June 07
*Dr Ian Stewart HSP - **Chair***					✓	✓	✓	✓	
*Dr Nigel Lyons **A/ Chief Executive***	✓	✓	✓						
*Ms Heather Gray **Chief Executive***				✓	✓	✓	✓	✓	✓
Ms Jane Ayers HSP	✓	✓ A/Chair	✓	✓ A/Chair	✓	✓			
Prof Amanda Barnard HSP	✓ A/Chair	✓	✓	✓			✓		✓
Mr John Barron CI	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ms Fay Campbell CI	✓	✓	✓	✓	✓	✓	✓		✓

Mr Ray Gamble *CI*	✓	✓ *A/Chair*	✓	✓	*Sick leave*	*Sick leave*	*Sick leave*	*Sick leave*	*Sick leave*
Ms Robin Haberecht *HSP*	✓	✓	✓	✓	✓	✓	✓	✓	*resigned*
Mr Rod McCully *CI*	✓	✓	✓	✓	✓	✓	✓	✓	✓ *A/Chair*
Mrs Anne Napoli *CI*	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ms Karen Pollard *CI*	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dr Paul Sevier *HSP*	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rev Tom Slockee *CI AH*	✓		✓	✓	✓		✓	✓	
Dr Trish Saccasan Whelan- HSP	✓	✓	✓	✓	✓	✓	✓		✓
Meeting Location	Deniliquin July 4-5	Queanbeyan 09 August	Queanbeyan 20 Sept.	Wagga Wagga 24-25 Oct	Batemans Bay 6-7 February	Narrandera 6-7 March	Queanbeyan 19 April	Cooma 1-2 May	Yass 5-6 June

GREATER SOUTHERN AREA ADVISORY COUNCIL ANNUAL REPORT 2006/2007

Approved by: 

CHAIR	Dr Ian Stewart
AHAC	Greater Southern Area Health Advisory Council
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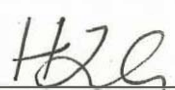
Endorsed by: 

CHIEF EXECUTIVE	Heather Gray
AREA	Greater Southern Area Health Service
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Submitted by:

AREA HEALTH ADVISORY COUNCIL:	Greater Southern Area Health Advisory Council
NAME (officer completing this report)	Jill Ludford
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AREA HEALTH ADVISORY COUNCIL

GREATER SOUTHERN
AREA HEALTH SERVICE
NSW HEALTH

Work Plan 2006-2008

Under provisions of the NSW Health Services Act 1997, Greater Southern Area Health Advisory Council (GSAHS AHAC) was established in November 2005. The Area Advisory Council members were appointed by the NSW Minister for Health. In February 2006 the Charter of the GSAHS AHAC was drafted and submitted to the Director General of Health for Government adoption.

The following has been incorporated into the GSAHS AHAC Charter:

> *The role of an Area Health Advisory Council is to facilitate the involvement of providers and consumers of health services, and of other members of the local community, in the development of the Area Health Service's policies, plans and initiatives for the provision of health services (Health Services Act 1997, Section 27)*

The role is further elaborated in the GS AHAC Charter:

1. The role of the Area Health Advisory Council (AHAC) is **advisory** in matters of:
   - Strategic planning
   - Priority setting
   - Policy development
   - Workforce availability/capacity
   - Monitoring
     - health status
     - health service delivery
     - performance
     - development of clinical networks
     - the appropriateness and effectiveness of the engagement processes with clinicians and the community
2. GS AHAC does not have an operational or management role.
3. A key function of the AHAC is to ensure views of clinicians, patients and the community about accessibility, quality and safety of health services provided by GSAHS are being obtained by the GSAHS and given due consideration in decision making. The AHAC also has a role in facilitating local consultation mechanisms.
4. GS AHAC will undertake this function by working with GSAHS to ensure that clinicians, patients and communities are effectively engaged and consulted and local consultation mechanisms are effectively operating. This may include holding AHAC meetings in different locations within the GSAHS.

Relevant functions are defined in the Act:

1. To liaise with other Area Advisory Councils in relation to both local and Statewide initiatives for the provision of health services,
2. To publish reports (annually or more frequently) as to its work and activities,

A draft Work plan was initially developed in February 2006. The draft undertook to ensure the Council was working towards a confident position understanding and fulfilling its given role, making best use of member's skills and experience and available resources. The draft work plan was reviewed and developed in September 2006.

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Work Plan 2006 – 2008

Goal: 1): Orientation to AHAC role

Timeframe	Activities	What is the basis of the Action	Measured By
November 2005 Inaugural AHAC meeting	1.1 Orientation Workshop for AHAC members by Greater Southern Area Executive Team.	AHAC members require introduction: - To role and functions of AHAC - To each member - To CEO - To GSAHS services, planning organisational structure and performance.	Workshop Evaluation of AHAC members and Area Executive Team
November 2005 Inaugural AHAC meeting	1.2 Introduction to GS Area Executive Team	AHAC members require understanding of the roles and responsibilities of each directorate.	Workshop Evaluation of AHAC members and Area Executive Team
Draft by Dec 2005 Adopt Feb 2006 Review 08-2006	1.3. Development of AHAC Charter	The AHAC Charter Template provides a basis for further informing AHAC members of their role and responsibilities.	Survey members in Dec 2006 as to their understanding of the AHAC role and function

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Goal: 2) Confer with the Chief Executive on Operational performance targets

Timeframe	Activities	What is the basis of the action	Measured By
2.1 April 06 July 2006 October 06 → quarterly	2.1 Quarterly GSAHS performance review at AHAC Meetings: Area executive to provide **a performance presentation** and seek feedback and advise from the AHAC	Establish a process for reviewing and providing advise to the Chief Executive 2.1 AHS quarterly presentation to include dashboard indicators as per Health Service Performance Agreement (HSPA) Targets and State Plan Targets Monthly reports from Directorates will include HSPA Targets and State Plan Targets. AHAC members to have a regular agenda item to provide feedback on reports and presentations	2.1 Number of performance reviews provided Advise to CE and AHS response documented in the minutes
2.2 March 07	2.2 Participation in the **Annual Forum**	A regular agenda item for conferring with the CE on agreed identified priorities in respect of the Area Health Service Performance Agreements	Survey AHAC members as to whether minute documentation reflects consultation

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Goal: 3) Listening to communities and clinicians and providing response

Timeframe	Activities	What is the basis of the action	Measured By
June 2006 Then ongoing	3.1 AHAC members to attend meetings with Health Service Cluster Advisory Councils and other consumer forums. Cluster GM to provide a report to be tabled at AHAC meeting.	3.1 Local Health Service Advisory Committees (LHSAC) and Health Service Cluster Advisory Councils (HSAC) are a key mechanism for engagement of communities. AHAC members **seek and obtain views** of consumers and clinicians in regards to their experience and satisfaction with the health service.	3.1 Cluster reports are a standing item on meeting agenda Community feedback and AHS response documented in AHAC minutes
Feb 06 to Feb 07 → review	3.2 Meetings to be held in varied locations across GSAHS to seek views of various groups including consumers and clinicians	AHAC members experience different health service types and community settings. Clinicians and communities can provide information about effectiveness of mechanisms for communication.	Reviewed September 2006- meetings with LGAs, GS staff and LHSAC to be documented with an action list to ensure follow-up is completed.
Commence March 2006	3.3 Receive briefings about clinician participation through councils and committees	Medical practitioners working within the GS have mechanisms such as Medical Staff Councils in place. Clinicians have opportunities to provide feedback the AHAC.	Reviewed September 2006- Briefings to continue

AREA HEALTH ADVISORY COUNCIL

	Goal 3 Listening to Communities and Clinicians and providing response		
September 06	**3.4** Briefings by Cluster General Manager and meetings with local facility staff to hear about health services provision and challenges.	AHAC has a mechanism of communication to hear the views of local clinicians and a forum to provide response.	Evaluate briefings after 6 months- March 2007
Dec 05 June 2006 Feb 2007	**3.5.** Receive bi annual briefings about Aboriginal health issues and perspectives	Aboriginal health is a key health priority for GSAHS. AHAC members should be informed about the mechanisms and effectiveness of communication with Aboriginal clinicians and communities	Evaluate briefings and effectiveness of communication mechanisms with Aboriginal clinicians and communities.

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Goal: 4) Consumer, Community and Health Service communication pathways			
Timeframe	**Activities**	**What is the basis of the action**	**Measured By**
	4.1 **Regional Health Planning** Collaborate with local government and LHSACs to obtain views on AHS planning of health services 4.2 **Monitor Capital Works projects** Seek and obtain views of LHSACs, consumer groups and HS providers on community consultation in capital works projects 4.3 **Aboriginal Health** Consult with community partners and AHS on measures to enhance and strengthen partnerships. Consult with Aboriginal community : Otitis Media Screening, Housing project, family violence 4.4 **General Practitioners** Receive updates from AMSEC and Divisions of Practice as part of the process of providing integrated primary and community care.	Reviewing the current Area Health Service approach to health service provision and community consultation will enhance health services planning Working with Area Health Service and communities GS AHAC will confirm that consumer and health service provider participation is appropriate	Review clinician / community participation in Health Service Planning Review clinician / community participation in Capital Works projects

AREA HEALTH ADVISORY COUNCIL

Goal: 5) Providing Advise to CE and Area Executive Team

Timeframe	Activities	What is the basis of the action	Measured By
Feb 2006 June 2006 October 06 Feb 07 June 07 Nov 07	5.1 Providing input to GSAHS planning processes- presentations by CE and Director of Population Health, Performance, Planning and research.	AHAC can provide advice at relevant points in GS AHS service planning cycles	Minute Documentation
November 2006	5.2. Assignment to AHAC members of 'lead reviewer' or 'portfolio' status for review of Plans	There will be many Service Plans where AHAC will be invited to provide advice. The workload associated with reading the full documentation of all will be overwhelming.	Number of plans reviewed. Reviews to be documented in AHAC minutes
April 06 July 2006 October 06 then quarterly	5.3. Provide advice to CEO on operational performance targets of GSAHS. **It is proposed that AHAC assigns portfolio/s for review for sections of the Performance reports**	AHAC routinely receives performance reports and is expected to provide relevant advice. These reports keep AHAC members aware of key issues for the administration of GSAHS. Arrangements are in place for AHAC members to review reports.	Feedback and advise received by CE.
Monthly at meetings	5.4 Provide advice to CE on relevant issues as they arise. There will be a standing agenda item for discussion of current issues raised by either the CE or AHAC.	AHAC can provide advice on a needs basis as the CE identifies need and as the AHAC members identify need	Survey AHAC March 2007 as to effectiveness of advise

AREA HEALTH ADVISORY COUNCIL

Goal: 6) Communicating the role and activities of AHAC effectively			
Timeframe	**Activities**	**What is the basis of the action**	**Measured By**
Coms plan draft when new Chair appointed	6.1 Development of Communication strategy and plan that is grown as AHAC develops in its role	A Communication Strategy and Plan will highlight: • Information to be communicated? • To Whom? • By what media? • By whom? • With what resource?	Survey HSCAC as to their understanding of the role of the AHAC Feb 2007
August 2006	6.2 Establishment of the AHAC website	There are obligations on AHAC for its Charter to be accessible on the NSW Health Website as well as on the GSAHS website. It has been agreed that minutes of AHAC will be placed on the GS website.	Survey LHSAC on access to website May 2007
September 2006	6.3 GS AHAC minutes to be forwarded to GS Cluster Chairs after each monthly meeting	Dissemination of AHAC minutes to Cluster Council will enable minutes to cascade to LHSAC	Survey LHSAC on access to AHAC minutes May 2007

February 2006	6.4 Media Releases to be issued before the AHAC meeting inviting Media to a brief press conference with Chair on day of meeting. Results of monthly meetings issued as media release following each meeting and published in the GS Staff Bulletin.	Regular media and photographs will highlight the activities of the AHAC to the community and staff.	

Goal: 7) Liaison with other AHACs

Timeframe	Activities	What is the basis of the action	Measured By
Attend March 2006 Forum	7.1 Attendance at state meetings of AHAC Chairs and CEOS by GS AHAC Chair, CE and members as appropriate	Participation in State meetings with Chairs and CEOs of other AHSs is helpful in defining roles, responsibilities and considering approaches.	Chair and CE attendance at state meetings
Commence May 2006	7.2 Liaise with other Rural AHACs on workforce issues. Establish a working party to complete a Rural Workforce Paper to take to State Advisory Group	Participate in twice yearly meetings of AHAC Chairs and Chief Executives.	Evaluation of consultation with other Rural AHAC 03-07 Completion of Rural Workforce Paper 04-07 Paper to be tabled at State Advisory Group TBA

AREA HEALTH ADVISORY COUNCIL

Goal: 8) Reporting

Timeframe	Activities	What is the basis of the action	Measured By
March 2007 Monthly after meetings September 2006	8.1. Presentation to the Annual forum 8.2 Provide regular plain English media and community releases to inform the community regarding the activities of the AHAC. 8.3 Ratified monthly Meeting minutes to be posted on the GSAHS website.	AHAC reports annually to the public on progress against AHAC key actions.	Survey LHSACs for Consumer and Clinician access to AHAC charter, minutes and media releases
30 Nov 2006 Dec 2006	8.4 Completion of AHAC Annual Report Annual Report to be published in December of each year	6.2 AHAC Reports on an identified public communication strategy to NSW Health by December 2006.	Completion of Annual report Availability of Annual Report.

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Goal: 9) Other Functions			
	Activities	**What is the basis of the action**	**Measured By**
Nov 2006	9.1. Chief Executives to report on effectiveness of AHAC advice	8.1 AHAC has developed a two year work plan, which includes an agreed budget and AHAC key activities.	