

Area Health Advisory Councils

A clear voice for clinicians and the community

In July 2004, I announced reforms to the state health system to improve the way Area Health Services deliver health care.

The *Planning Better Health* reforms will deliver a more efficient health system, with 17 Area Health Services being amalgamated into eight larger Areas to reduce administrative duplication and direct more resources to frontline clinical care.

The reforms will also encourage the building of better clinical networks, enhance academic and teaching links and improve the distribution of the health workforce.

One of the key principles of the reforms is to provide clinicians, health consumers and local communities with a greater say in the planning and delivery of health services at both a state and local level.

Area Health Advisory Councils (AHACs) are being established for each of the eight new Area Health Services to give clinicians – including doctors, nurses and allied health professionals – health consumers and local communities a stronger voice in health decision-making.

A similar Advisory Council will be established to provide clinician, consumer and community input into the health service planning of the Children's Hospital at Westmead.

The Government is also establishing a new Health Care Advisory Council as the peak clinical and community advisory body for the Minister for Health.

Statewide consultation

In August, I appointed a *Clinical and Community Advisory Group (Advisory Group)* to consult with health professionals, health consumers and community representatives on the functions, composition and operation of AHACs.

The *Advisory Group* was co-chaired by the Rt Hon Ian Sinclair AC and Ms Wendy McCarthy AO. Other members of the Group were:

- Professor Judy Lumby, Executive Director, The College of Nursing
- Mr Noel O'Brien, former Chair, New England Area Health Board
- Professor John Overton OAM, retired anaesthetist and Deputy Executive Director, Children's Hospital at Westmead
- Dr Sue Page, National President, Rural Doctors Association of Australia
- Mr Tom Slockee, former Chair, Southern Area Health Board.

During the period from 16 August to 29 September, the *Clinical and Community Advisory Group* held 62 public meetings at 35 locations across the state.

The meetings were attended by more than 2,300 people, representing clinicians, consumers, carers, staff, volunteers, members of local health participation groups and other bodies. The *Advisory Group* also received 190 written submissions.

Advisory Group Report and recommendations

The *Clinical and Community Advisory Group* has now completed its statewide consultation and has presented its report.

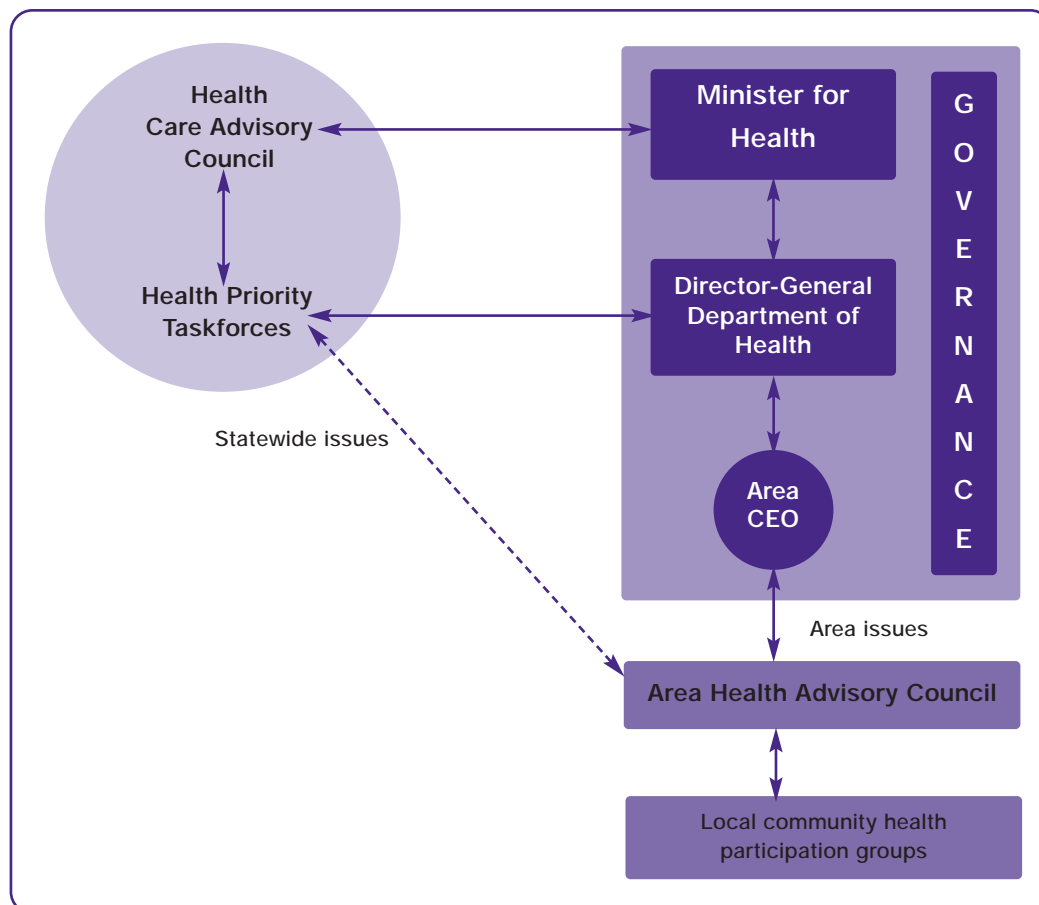
The *Advisory Group* reported there was widespread support for proposals to strengthen the involvement of clinicians and community representatives in health care decision-making.

It also observed that the AHAC structure provides an important opportunity for clinicians and community members to

work in partnership to represent all health stakeholders, including clinical staff, consumers and carers.

I welcome the *Advisory Group's Report* as a blueprint for the new AHACs and for setting the future direction of local clinician, consumer and community involvement in the planning and delivery of health services.

The following diagram outlines the relationship between AHACs, NSW Health governance bodies, statewide clinician and community advisory bodies and local community health participation groups.



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Health Services Amendment Bill 2004

In recognition of the importance of AHACs, the NSW Government believes they should be enshrined in legislation rather than established as purely administrative bodies.

The *Health Services Amendment Bill 2004* will:

- require an AHAC to be established in each Area Health Service
- set out the broad role and functions of AHACs
- provide for AHAC membership
- provide for the establishment of an AHAC Charter.

Role and functions of Area Health Advisory Councils

The role of AHACs will be to facilitate the involvement of clinicians, health consumers and 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.

AHACs will have the following broad functions:

- to advise clinicians, health consumers and the local community on the Area Health Service's policies, plans and initiatives for the provision of health services.
- to seek the views of clinicians, health consumers and the community as to the Area Health Service's policies, plans and initiatives, and to advise the Area's chief executive of those views.

- to advise the chief executive on how best to support, encourage and facilitate the organisation of community, health service consumer and clinician involvement in the planning of health services in the area.
- to confer with the chief executive about the performance of the Area Health Service against agreed performance targets.
- to liaise with other AHACs in relation to both local and statewide initiatives for the provision of health services.
- to report on its work and activities.

I expect AHACs to play an important role in advising Area Health Service chief executives on ways to improve the interaction and cooperation between public health, primary health, aged care and community care services within their communities.

AHACs will support and work with existing Area advisory bodies, such as Medical Staff Councils and local community health participation groups. An important part of the AHAC's role will be to review existing local level community participation arrangements to maximise grassroots input into health service planning and delivery.

The Charter for AHACs, recommended by the *Advisory Group* and provided for in the Bill, will provide greater detail on the responsibilities and accountabilities of AHACs and their members. The Charter will be developed in consultation with the incoming AHAC Chairs.

Membership of Area Health Advisory Councils

The four geographically largest Area Health Services – Greater Western, Greater Southern, Hunter and New England, and North Coast – will have an AHAC of up to 13 members.

The remaining AHACs will have nine members, although there will be scope for membership to be increased up to 13 members in special circumstances.

Each AHAC will have a balance of clinician and consumer/community representation, with the majority of members and the Chair living within the Area Health Service's boundaries.

There will be at least one Aboriginal person on each AHAC. This will enable Aboriginal representatives to have a direct say in how health services for Aboriginal people can be improved.



Morris Iemma, MP
Minister for Health

October 2004

AHAC appointments will generally run for four years, although some of the initial appointments will be for shorter periods. This will ensure that the terms of experienced members do not expire at the same time. Members will not be able to serve combined terms of more than eight years.

Area chief executives will be required to personally attend all AHAC meetings, although they will not be AHAC members. The performance agreements of all chief executives will contain key performance indicators for the way they relate to AHACs.

Advertisements seeking expressions of interest for AHAC membership will be lodged as soon as Parliament passes legislation establishing AHACs, with appointments to be made shortly after the new Area Health Services are established on 1 January 2005.